

# Manchester Cancer

## Gynaecology pathway board minutes

**Date of Meeting**           6<sup>th</sup> May 2016

**Time of meeting**         14.00hrs – 16.00hrs

**Venue**                         Seminar room C&D, Research Department, Central Manchester FT

Attendance	Representation
Dr Barraclough (Chair)	Christie
Mr Suku George	Stockport
Ann Lowry	Central
Julie Dale	Pennine
Dr Andrew Clamp	Christie
Mr K A Abidogun	Bolton
Dr Carolyn Walker	GP representative - HMR CCG
Dr Mike Smith	Christie
Karen Johnson	Christie
Julie Holland	Patient representative
Miss Eva Myriokefalitaki	Christie
Sabina Fornacon-Wood	South Manchester
Dr Richard Hale	Stockport
Mr Vincent Hall	Macclesfield
Dr Ann Mills	Bolton
Robina Malik	Patient representative
Miss Catherine Holland	Central Manchester
Ms Birgit Schaefer	Pennine
Apologies	
Mr S Burns	UHSM
Mr Jim Wolfe	SRFT
Venessa Hilton-Watts	East Cheshire
Mr Brett Winter-Roach	Christie
Mr Rick Clayton	Central
Mr Kyle Gilmour	Tameside
Mr S Ali	Pennine
Mr Richard Slade	Christie
Julie Kiernan	South Manchester
Dr Susan Davidson	Christie
Ms Jo Dzyra	Stockport
Karen Blackwood	WWL
Mrs Sally Petith	Mid- Cheshire
In attendance	
James Leighton	Manchester Cancer

### Welcome, introductions and apologies

LB welcomed all to the meeting and noted the apologies that had been received.

#### 1. Minutes of last meeting

##### a. Matters arising not on the agenda

The minutes of the last meeting were accepted as a true record and there were no matters arising not on the agenda.

#### 2. Objective no 1 – Improving survival rates

##### a. Surgical patient management guidelines

LB confirmed that the existing guidelines had been reviewed by Oncology and radiology. She also noted that the Pathology guidelines were now agreed and ready for publication. LB suggested that it would be opportune to resend these pathology guidelines to MDTs as a refresh.

**Action – JL to publish pathology guidelines on MC website**

**LB to resend pathology guidelines to MDT leads for information**

CH explained that the Vulva guidelines were available but questioned in what format the board wanted to publish all the guidelines. She asked if it would be better to use existing or soon to be published guidelines from organisations such as ESGO and BGCS. The board agreed that this was a sensible proposal and agreed that a link should be built into the MC website to allow access to these guidelines.

For the surgical guidelines on ovarian and endometrial cancer the board agreed to adopt a similar approach and agreed to wait until the current national review was completed. MS agreed to liaise with Mr Clayton with regard to cervical cancer guidelines and aim to complete this in time for the next board.

**Action – MS to co-ordinate the completion of the cervical guidelines**

JH asked if there were any plans to translate the guidelines into a format more accessible to patients. JL confirmed there was merit in co-producing a similar document that reflected the local position. However the board asked that this was done in the context of what patient information already exists, both locally and on-line.

**Action – JL to discuss co-producing a patient version with the MC user involvement team**

##### b. SMDT – proposed restructuring

###### i. Outline proposal

LB provided an explanation of the reasons behind the proposal to restructure the SMDT provision and placed this in the context of the current and future provision.

The board had a wide ranging discussion on this topic and it was the substantive item of the agenda. The topics discussed were –

- The basic principles of the MDT restructure proposal
- The need to audit the current MDT structure

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- The purpose of the SMDT
- The possibility to use protocol based decision making in MDTs
- The need for double reading of Radiology and Pathology reports
- The potential impact on clinical units of restructuring the SMDT

The board agreed that the intention of any redesign must be to ensure that every case was afforded the best review and discussion possible. There was universal support within the board that a whole day SMDT was not seen as a possible solution and therefore should not be considered.

The board proposed that principles of the redesign should be that any SMDT was a robust patient centred meeting that is quality assured in its decision making. This should be drawn from multi-disciplinary expertise. The board then had a discussion on the quality assurance process and how this was delivered at the local Trust level and not just at the SMDT level.

The board also discussed the need to fully understand how the MDT process was working currently and this might consider an audit on MDT outcomes and a stock take of the existing workforce supporting the MDT meetings.

JH and RM asked that the views of the patients were considered as part of the redesign and that consideration was given to having a mechanism to include patients within the MDT meeting.

The board discussed 5 possible models outlined by LB and discounted the status quo option and an all-day SMDT. The remaining models were not discounted as possible options.

LB confirmed that the next meeting of the SMDT providers to discuss was this was planned for 20<sup>th</sup> May and she would inform this meeting about the discussion from this board meeting. LB asked for an increased presence from the board at this meeting and SG and AM agreed to support this. JH asked if it was possible for a patient rep to attend and LB agreed to explore this with the senior team at CMFT.

**Action – LB to establish the MC representation at the MDT redesign team meeting and invite the appropriate board representation**

The board agreed to postpone planning for an away day until the outcome of the meeting with CMFT was better understood.

### 3. Objective no 2 – Improving the patient experience

#### a. Local Patient experience survey report

This item was deferred until Julie Kiernan was able to attend. LB explained that the intention is to provide a pan-Manchester survey and asked for members to support this project as part of the 2016/17 work plan. AM and RM agreed to provide support to Julie Kiernan.

#### b. User involvement update

This item was deferred until the next meeting.

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## 4. Objective no 3 – Research and innovation

### a. Education event 2016 – report on progress

JL confirmed that there were approximately 50 registrants and the meeting is proceeding as planned. He explained that the sponsorship opportunities for companies had been refused by a number of companies and he asked if any board members were aware of any other suitable sponsors. The board agreed to explore this and inform JL accordingly.

## 5. Objective no 4 – Improving service delivery

### a. Follow-up policy

AM asked what the board's plans were for revising the follow-up care currently provided. JL explained that this was a major work-stream for the Vanguard. He suggested that as this meeting had over run that this was made into a substantive item on the agenda of the next meeting. LB agreed to this.

## 6. Any other business

### a. Future constitution of the pathway board

JL explained to the board that given the changes that have occurred within Greater Manchester with regard to devolution and the Vanguard programme, he suggested that the board may want to take a view on their function and constitution to reflect the impact of these developments.

## Date and time of next meeting

<b>Friday 1<sup>st</sup> July 2016</b>	<b>Room 6, Trust administration, The Christie NHS FT</b>
Friday 2 <sup>nd</sup> September	Room 6, Trust administration, The Christie NHS FT
Friday 4 <sup>th</sup> November	Seminar room C&D, Central Manchester FT