GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

Greater Manchester Cancer

Head and Neck Pathway board

Meeting Head and Neck pathway board

Minutes of the meeting held on 23rd November 2016

Christie, Trust HQ.

Attendance	**Representation**
Miss Susi Penney	Consultant ENT Surgeon, Tameside FT, Pathway Director
David Makin	Patient representative
Mark Price	Patient representative
Claire O'Rourke	Pathway Manager, Greater Manchester Cancer
Hannah Kelly	Dietician, CMFT
Rachel Hall	Pathologist, Pennine
Philip Bryce	CNS, CMFT
Maria Round	Macmillan Head & Neck CNS, PAT
Debbie Elliott	CNS, Christie FT
Kate Garcez	Oncologist, Christie FT
Karen McEwan	Macmillan GP, Stockport
Suzi Bonington	Consultant radiologist
Jonathan Hobson	ENT Consultant, UHSM
Kate Hindley	CNS, SRFT
Helen Rust	SLT, Christie FT
Simon Hargreaves	ENT Consultant Royal Bolton
In attendance	
David Slater	Specialist Biomedical Scientist, CMFT
David Shelton	Consultant Non-Gynaecological Cyto-pathologist
Rana Durgesh	Consultant Cytopathologist, CMFT
Narine Nadira	Lead Biomedical Scientist, CMFT
Apologies	
Helen Doran	Consultant Thyroid Surgeon, Salford FT
Catherine Cameron	Head and Neck CNS, WWL
Kerenza Graves	CNS, Bolton FT
Mazhar Iqbal	Maxillo Facial Surgeon, UHSM
Laxmi Ramamurthy	Consultant ENT Surgeon, Stockport FT
Lucie Francis	Macmillan User Involvement Manager, Manchester Cancer
Mr V Pothula	Consultant Head and Neck Surgeon, WWL
Frances Ascott	SLT, CMFT
Chetan Katre	Consultant, PAT
Mr Manu Patel	Consultant Oral Maxillo Facial Surgeon, UHSM
Katie Hindley	CNS, SRFT
David Thomson	Oncologist, Research representative, Christie
Yatin Jain	Consultant radiologist, the Christie

1. **The minutes of the last meeting were reviewed and approved with some minor changes.**

2. **Matters arising:**

   - Feedback on the standards requested from all board members, comments and amendments Laxmi aspirational pathway, there will be some changes, radiology cross cutting group and pathology. May change. Appendix 2 who should be in the MDT.
   - David discussed travel and parking with patients as a very contentious issue, urology developing a system where patients have an early afternoon appointment, could that be built in to the standards and discussion. Hospital mergers mean this will become an even bigger issue.
   - Date set for a response back on this, January. Discussion at the next board meeting.

3. **Helen Rust, Speech and language therapist (SALT),** Christie: audit on the development of a risk stratification approach to effectively target SALT in head and neck patients.

Discussion summary	In Greater Manchester SALT services are often is attached to the surgical head and neck team. There are large volume of patients (approx. 500) attending for treatments, who receive a poor service and SALT support, 50% of patients not receiving the full standard. A consequence of poor SALT support has led to severe issues for patients. 80% of patients have significant problems. McMillian agreed to fund a project with 30 patients, to try and assign patients on risk stratification. 1. A service evaluation of a best practice model of Speech Therapy care. 2. Applying and evaluating a risk stratification approach to dysphagia care. Outcomes were: • New approach allowed for patients to be given preventative exercises. • Early indications show reductions in negative outcomes compared to Speech Therapy audit data in 2014: • Admission rates have reduced from 58% to 35% • Reduced need for feeding tube from 62% to 25% • Reduced trismus (restricted mouth opening) • Awaiting full statistical analysis on complete dataset. Excellent feedback on the service from patients and clinicians.
Conclusion	Presentation attached. The board agreed this was an excellent project and await the outcomes of the data analysis. HR discussed the need to review how many SALT are needed per patient, i.e. a therapist per 100 patients potentially.
Actions and responsibility	**This will be embedded into the standards as discussed by SP. All patients need to be assessed by SALT for swallowing risk by as per NICE guidance.**

4. **Review of Thyrogen letter.**

Discussion summary	This has been sent round to all the GP's. Potential it was putting a delay in the pathway.

	This need to be tied in with Out of hour's services or get CNS support for this? Useful to gauge a response for the clinical teams on this. There was an issue with push back from district nurses due to the capacity of the service. Tell the patients to attend if the patient is coming through the acute services.
Conclusion	This is all part of the review of thyroid services. Could these patients come into the ward as they are for other services such as calcium? Can some patients self-administer? As an agreed pathway
Actions and responsibility	**This will be reviewed at the next meeting Karen to feedback at next board meeting if there are any updates.**

5. Patient experience: GM Cancer User Involvement: Mark Price update

Discussion summary	MP provided an update on the meeting that took place with SP, COR, LF and 2 patient users. A more in-depth review of the additional points on the standards. Template to be sent out to the board. Main issue was allocation of a CNS, identified by all 4 patients. DM discussed this issue as the GM cancer systems board and the need to review and resource. Key is sign posting and this should come from the surgical team and this should be made clear to the patient and CNS's should be present at diagnosis. This is also cross cutting to the other boards as well as head and neck.
Conclusion	All patients should get copy letter and contact details of CNS, and this is a basis standard.
Actions and responsibility	**Agreement to ensure this is included in the standards, and review at next board.**

6. Fine Needle Aspirate (FNA) audit: presentation (attached)

Discussion summary	RD presented on behalf of the team on a new FNA audit. The first FNA audit was conducted over 3 months from January-march 2013. It Identified many problems and several issues with compliance. A re audit was done in 2014 with little improvement. The new audit involved: • Audit period January to March 2016 • All FNA samples taken at TGH were retrieved from laboratory computer systems • Samples taken at ENT H&N were assessed for adequacy and compared to that of 2013 and 2014 • Essential data on request forms were determined. In order to improve the services a clinic started at Trafford on Wednesdays head and neck clinic, a BMS from central site attended the clinic in the afternoon. This has been identified as gold standard and best practice. BMS are annotating what sample is adequate. The results of the audit were outstanding following the new intervention and clinic.
Conclusion	• ENT clinic with BMS and sample taker training introduced Dec 2015

	• Now full compliance with audit standard • Increase in adequacy rate 45% (2013) to 94.1% (2016) post implementation of: 1. Dedicated ENT H&N clinician using U/S guidance 2. On site BMS adequacy assessment 3. Dedicated cytopathology reporting consultant team. 4. Action plan in place to ensure this is followed. The service identified a 10 mins adequacy results are present; results can be given to the patient there and then. SP and board discussed that this audit should dictate a set of standards for FNA's that can be rolled out across the region, as currently a Postcode lottery still exists for this service and all board members agreed we must address this. This disparity in services is clearly causing delays diagnosis and treatments. DM and MP both commented that from a patient perspective that this audit has been vital to highlight best practice and to inform a set of standards going forward to improve care. Need to ensure training of biomedical scientists and consultants need training. SPR training is done.
Actions and responsibility	**SP to write to individual hospitals for FNA rates, agreed to email departmental manager.** **COR to send out audit information to the board and report back in for next board meeting.** **SP asked for the team at CMFT to write the standards for FNA quality standards as such an important diagnostic pathway**

7. Innovation fund update: SP updated.

Discussion summary	Health and well-being event continue central MDT patients have access to these. MR next one at Pennine due to poor turn out, so link in with one of the local area groups. DM recommended contacting health watch. Patients are phoned up to ensure they attend, but this is difficult to put manage still.
Conclusion	Final report will be published in January 2017 on all innovation funds.
Actions and responsibility	**COR will chase Lindsay Wilby regarding final report.**

8. <u>Any other business:</u>

- Date and time of next meeting (meeting room to be confirmed):
- 13th feb 2-4pm Christie
- 28th April 10-12pm CMFT
- 5th July 2-4pm Tamside
- 9th October 10-12pm Chritsie