

Greater Manchester **Cancer**

Head and Neck Pathway board

Meeting Head and Neck pathway board

Minutes of the meeting 19th December 2017

Meeting Room 6, THQ, The Christie

Attendance	Representation
Miss Susi Penney	Consultant ENT Surgeon, Tameside FT, Pathway Director
David Makin	Patient representative
Mark Price	Patient representative
Michelle Leach	Pathway Manager, Greater Manchester Cancer
Philip Bryce	CNS, CMFT
Laxmi Ramamurthy	Consultant ENT Surgeon, Stockport FT
Kerenza Graves	CNS, Bolton
Kate Hindley	Salford Royal
Karen McEwan	Macmillan GP, Stockport
Debbie Elliot	CNS, Christie
Ellie Thorpe	Dietician, MFT
Angela Wright	Head and neck CNS, Wigan
Cath Cameron	Head and neck specialist nurse, WWL
Frances Ascott	SLT, CMFT.
Marie Round	Macmillan CNS, PAT
Rohit Kumar	ENT consultant, CMFT

In Attendance	Representation
Michelle Leach	Pathway Manager, Greater Manchester Cancer
James Leighton	Senior Pathway Manager, GM Cancer
Natasha Smith	UI Manager, GM Cancer

Apologies	Representation
Kate Garcez	Oncologist, Christie FT
David Thomson	Oncologist, Christie.
Helen Rust	SLT, Christie FT
Rachel Hall	Consultant Histopathologist, PAT
Suzi Bonington	Consultant radiologist
David Shelton	Cytopathologist, CMFT

1. Welcome and Apologies

2. Minutes of the last meeting

Were approved as being a correct reflection of the last meeting

3. Patient User Update:

I. HPV vaccination programme (MP)

Discussion summary	<p>MP has been in touch with Peter Baker from HPV Action and informed him of the work of the pathway board and the consensus event. The Mail on Sunday also have a campaign to get boys vaccinated which MP has been interviewed for by a journalist called David Rose. MP shared some American research which talks about an epidemic of HPV related cancer by 2020. MP's view is that the Joint Committee on Immunisation and Vaccination (JCVI) decision not to vaccinate boys is wrong and their method of evaluating is questionable as they are based on historic/current figures and all treatment modalities are not being considered. SP explained that the LW&B cancer long term effects haven't been taken into consideration. MP suggested that there are also welfare costs which haven't been taken into account. Esther McVey (Marks MP) has taken this up with JCVI and MP will meet with Esther after the consensus meeting on 28th Feb.</p> <p>SP thanked MP for his work and input into this</p>
Conclusion	<p>MP believes that a stronger position needs to be taken regarding the risks of the vaccination as he feels these are being expressed in a scare mongering way. DM said he is concerned about public education and awareness on HPV vaccination in Manchester and asked if this could be backed by the board moving forward. SP said Head and Neck cancer awareness week is 10th to 14th September and 12th to 16th October is Oral Cancer awareness week she wants volunteers to work on the Macmillan Bus to raise awareness around HPV as well as general awareness.</p>
Actions and responsibility	<p>SP to email all asking for volunteers for the Macmillan Bus JL/ML will liaise with public health and the MEN to see if we can proceed to a local campaign after taking advise from the Comm's team at the GM Health & Social Care Partnership MP will feedback the outcomes of the conversation with Ester McVey and JCVI</p>

II. UI Away Day and Steering Group update

Discussion summary	<p>DM and MP explained that it was a very good day and the work plan for the UI team will come out of the results from this day. .</p> <p>They went on to talk about priorities from the cancer plan as the attendees were all asked to vote on importance. The outcomes were:</p> <ol style="list-style-type: none"> 1. Prevention and early diagnosis 2. Waiting times from referral to treatment (62days) 3. Psychological support – living with and beyond 4. Patient experience 5. Supportive and Palliative Care 6. Recovery Package
Conclusion	<p>NS explained that Sarah Haworth is producing a paper on the outcomes of the day</p>
Actions and responsibility	<p>NS will share a copy of the report from the away day and ask CoR to put it on the agenda for the next meeting.</p>

4. Matters Arising:

I. 62 Day Update

Discussion summary	<p>SP explained about the actions in the tabled report. Head & Neck were compliant for quarter 3 in GM. One of the outcomes for GM Cancer was a best timed pathway which LR has already developed. SP stated that Cancer waiting times are changing she explained the parameters of this and asked the group to work with their cancer managers to understand and implement them. SP said if we have any hope of fulfilling these targets we need to be adhering to the new best timed pathway. Discussion ensued on the new cancer waiting times parameters.</p> <p>SP went onto to discuss patient awareness with the group and the patients knowing they are being referred into a suspected cancer pathway. A patient leaflet has already been co-produced that could be given out by GP's, SP has spoken to Sarah Taylor about utilising this leaflet in an electronically generated way this may help us achieve the best timed pathway. KMc said that GP's often only do their referrals at the end of the day by which time the patient has gone. Discussion ensued about the merits of letting the patients know they have a suspected cancer.</p>
Conclusion	<p>SP clarified that and that from the 1st April there will be changes. SP suggested the group to start collecting data on cancer waiting times with regards to the new parameters that will enable them to gap analyse.</p> <p>SP asked for consensus on using the co-produced patient leaflet and that each Trust liaises with their CCG for implementation of this and it could be badged as GM Cancer.</p>
Actions and responsibility	<p>ALL to work with their cancer managers to achieve compliance with regards to cancer waiting time</p> <p>ALL to liaise with CCG lead or manager to implement the patient leaflet</p>

II. Recovery package

Discussion summary	<p>SP explained most Trusts now have a transformation team working on delivering the recovery package. SP asked that all engage with the teams in their Trusts to deliver this. A discussion was had about the employment of band 4 co-ordinators. MR explained that Pennine were the pilot site for this and explained about the system they are now using, Salford are also doing similar. The board discussed the progress within individual Trusts. SP stated that treatment summaries need to be clinician led.</p>
Conclusion	<p>SP asked that SRFT and Pennine share the methodology with the group.</p>
Actions and responsibility	<p>MR to share treatment summary templates with the group and any other practical help and information.</p>

5. GM Cancer Plan update

Discussion summary	<p>Annual Report 2017 - The tabled report was discussed</p> <p>Funding - The tabled document was discussed including funding for the GM Cancer Team.</p>
Conclusion	<p>Annual report 2017 – SP explained that attendance will now be monitored much more robustly along with the outcomes of the board in order to communicate the work of the pathway board back to Trusts and the input of their representatives in this work.</p> <p>Funding – SP stated that funding was secured for the GM Cancer core team for 2 years which means that the pathway boards would continue to function for this period of time</p>
Actions and responsibility	No further actions

6. Education Events

Discussion summary	<p>HPV Consensus Event: ML updated the group on attendance secured for the event which is to take place on 28th February at the MCRC Lecture Theatre and the content of the day. MP asked about media attendance and discussion ensued on the merits of this. JL stated that they would again seek guidance from the GM Health & Social Care Partnership.</p>
Conclusion	SP asked all to attend the event or send a representative
Actions and responsibility	CoR to feedback the outcomes at the next board meeting

7. Any other business:

Discussion summary	<p>Position Paper on HPV - LR spoke about the position paper on HPV from Australia and said she will distribute to the group</p> <p>Pathology Audits – KMc is liaising with the GP's on the audits.</p> <p>MDT Reform – SP said a paper was sent round last year on the need for a change to MDT's. She explained that protocols are being worked up for MDT. SP said she will write to the Trust Leads and will visit them to explain about MDT reform and support them through the process.</p> <p>TNM8 in Head and Neck – SP stated SCC is not moving to TNM8 but all others are.</p>
Conclusion	NA
Actions and responsibility	NA

Future meeting dates 2018 (rooms to be confirmed at The Christie):

- May 21st 2-4pm

- August 10th 10-12pm
- November 19th 2-4pm