

Greater Manchester **Cancer**

Oesophago-gastric Pathway Board

OG Clinical Pathway Board

Minutes of the meeting held on

24th November 2017

Members in attendance

Mr J Vickers	Salford (Chair)	Dr R Hubner	Christie
Ms R Melhado	SRFT	Mark Abraham	Christie
Ann Anderton	WWL	Michelle Eden- Yates	SRFT
Dr R George	PAT	R A Li	CMFT
Dr A Law	Bolton	Mr B Abduljalil	Tameside
Dr M Hohmann	GP representative		

In attendance

Mel Atack	GMC Macmillan UIT	Sarah Darley	Respect 21
James Leighton	GMC	Julie Fletcher	GM Cancer Director Ops group
Gill Barnard	GMC Commissioning		

Members sending apologies and no deputy

Dr K Koss	East Cheshire	Sue Liong	UHSM
Dr R Willert	CMFT	Mr S Galloway	UHSM
Dr S Hayes	Salford	Mr B Smajer	Bolton
Mr David Ardern	Patient Representative	Dr B Rameh	PAT
Mr B Alkhaffaf	CMFT	Louise Porritt	Stockport
Colin Jackson	Patient Representative	Dr L Bhatt	Christie
Dr R Keld	WWL		

1. Welcome and introductions

JV welcomed all to the meeting and noted the apologies received.

2. Minutes of the last meeting.

These were accepted as an accurate record of the meeting.

- Matters arising not on the agenda

Service Guidelines – JV asked for the guidelines to be recirculated and ask for comment from the sites. He proposed that this would be an agenda item and aim to be signed off at the next meeting.

Action – JL to circulate the guidelines and add to the agenda of the next board meeting.

Dates of future meetings – JV confirmed that the Board meetings in 2017 would commence at 10.00am and be held on a Tuesday, Wednesday or Thursday. JL had circulated the dates and would send calendar invites to Board members.

Action – JL to send calendar invites to Board members

3. GM Cancer plan

3.1 62 Days achievement

Discussion summary	<p>JF spoke to a report outlining the Q2 performance for 62 day and the causes of Breaches. She confirmed that overall the upper GI performance had deteriorated since Q1. She also explained that -</p> <ul style="list-style-type: none"> • Overall performance was 66% • No provider achieved 85% <p>The Board then had a wide ranging discussion on this and discussed the issue of multiple MDT reviews. The Board agreed that gastric would be relatively straightforward but oesophagus and junctional patients would be less so. JF agreed to provide a report to the next Board on those breaches that took more than 3 MDT reviews.</p> <p>A discussion then took place on how and who should review the breaches and it was agreed that this should be undertaken by each MDT and then the summary would be reported to the Board.</p> <p>The Board also felt that there was a need to use protocols to assist the MDTs with actions and prevent multiple reviews of cases.</p>
Conclusion	The Board noted this discussion
Actions & responsibility	Action - JL to add to the agenda of the next meeting

3.4 Pre-habilitation service

Discussion summary	JL informed the Board that GM Cancer have been having discussions with Dr John Moore on the ERAS+ programme. He explained that JM would be invited to attend the next meeting of the Board. Further discussion was deferred until then.
Conclusion	The Board noted this invitation.
Actions & responsibility	JL to confirm Dr John Moore attendance at the next meeting

3.5 Recovery package

3.5.1 Treatment summaries

Discussion summary	<p>JL outlined that the Board were being asked to agree a standardised treatment summary format. He talked to a tabled report of the heading to be contained within the treatment summary.</p> <p>He confirmed that these headings were drawn from the Macmillan version and an example in use at Pennine. The Board then discussed at which point these would be sent to the GP and the patient. They agreed the headings and asked that the nursing group draft a proposal as to when the summaries are provided.</p>
Conclusion	The board agreed to adopt the content headings for the summary.
Actions & responsibility	MEY to table a draft publication summary at the next meeting of the Board

3.5.2 Health and well-being events

Discussion summary	<p>JL outlined the current provision from other boards and the board then had a wide ranging discussion on how they felt this should be delivered. MEY explained some of the challenges in running these events and the limitations of running just a local event.</p> <p>The Board agreed that there was a lack of standardisation and lack of clarity in the objective of the day.</p>
Conclusion	The Board noted this discussion
Actions & responsibility	Action – JL agreed to draft a position paper and proposal for the next meeting of the Board

3.5.3 Map of long term consequences of treatment

Discussion summary	JL confirmed that this was a piece of work that was still to be completed.
Conclusion	The Board noted this discussion
Actions & responsibility	Action - LP to update the Board on the next agenda

3.6 Follow-up protocols

Discussion summary	<p>JV outlined that this item was to agree a standardised follow-up process that informed patients how and for how long they would be followed up. He explained that it should reflect the treatment, both surgical and non-surgical.</p> <p>The Board agreed that there was a need to standardise follow-up care where appropriate and agree the process for the service. However the Board were mindful of the forthcoming NICE guidance.</p> <p>The Board had a wide ranging discussion on this and felt that there were 4 groups of patients -</p> <ul style="list-style-type: none"> • Patients on clinical trials and research pathways (should be followed up according to trial protocol) • Palliative patients would not benefit from protocol based follow-up • Those receiving surgical treatment • Those receiving radical non-surgical treatments <p>In a wide ranging discussion on when to discharge treated patients because it was felt that the follow-up had no benefit to the patient, the Board agreed there should be a point to formally discharge these patients.</p> <p>The Board also agreed that there should be an access route if symptoms reoccur. Also that patients on a best supportive care pathway are not seen in clinic unless symptoms develop that need review.</p> <p>JV asked if the therapists would review the follow-up for endo-therapy.</p>
Conclusion	The Board noted this discussion and agreed to develop guidance on follow-up care
Actions & responsibility	JV to draft a principals document for the Board to review at the next meeting.

4. Service transformation and the single service

4.1 Clinical Pathway

Discussion summary	<p>JV provided an update from the latest meeting of the implementation group where a draft clinical pathway was drawn up. He explained the purpose of the document which was to support the operational work of the implementation group.</p> <p>The Board reviewed this pathway document and acknowledged the limitations identified. JV confirmed that this was for information at this stage and work was still on-going.</p>
Conclusion	The Board noted this discussion
Actions & responsibility	Action - JV to update the Board at the next meeting.

5. Research and education

Discussion summary	<p>RH reported on the upper GI study day held recently at the Christie which was well attended and would be held again next year and encouraged that the Board support this event in the future.</p> <p>In terms of the NIHR portfolio he reported that GM was doing reasonably well and then outlined progress on individual trials.</p> <p>RG asked if there was a collection point on the published papers coming from providers in GM. JL confirmed that this could be held on the GM Cancer website and would contact providers for the detail.</p>
Conclusion	The Board noted this item and agreed to support future study events at the Christie and collating the published papers record.
Actions & responsibility	JL to contact centres asking for papers published in last two years and set up a record on GM cancer website.

7. Any other business

Discussion summary	<p>JV informed the Board on a Consultant post that was going to advert in the next few weeks.</p> <p>The Board noted that this was RG's last meeting and thanked him for his contribution over the last few years.</p>
Conclusion	The Board noted these discussions
Actions & responsibility	

8. Date and time of next meeting –

Tuesday 30th January 10.00 – 12.00hrs (Meeting room TBC, Mayo Building, SRFT)

Meeting dates for 2018 – TBC

Wednesday 28th March 10.00 – 12.00hrs

Thursday 24th May 10.00 – 12.00hrs

Tuesday 31st July 10.00 – 12.00hrs

Wednesday 26th September 10.00 – 12.00hrs

Thursday 29th November 10.00 – 12.00hrs