

**Greater Manchester Cancer**  
Oesophago-gastric Pathway Board

**OG Clinical Pathway Board**  
Minutes of the meeting held on  
27<sup>th</sup> January 2017

**Members in attendance**

Mr J Vickers	Salford (Chair)	Mr S Galloway	UHSM
Mr David Ardern	Patient Representative	Dr L Bhatt	Christie
Mr B Smajer	Bolton	Dr R Hubner	Christie
Dr K Koss	East Cheshire	Dr A Law	Bolton
Dr R Willert	CMFT	Louise Porritt	Stockport
Dr S Hayes	Salford	Mr A Li	CMFT
Dr R Keld	WWL	Dr R George	PAT
Michelle Eden- Yates	SRFT	Sue Liong	UHSM
Colin Jackson	Patient Representative	Dr B Rameh	PAT
Tina Foley	UHSM		

**In attendance**

James Leighton	GM Cancer	Catherine Perry	Respect 21
Michelle Leach	Macmillan UIT	Sarah Darley	Respect 21
Jane Rogan	100K Genome		

**Members sending apologies and no deputy**

Dr L Bhatt	Christie	Mr B Abduljalil	Tameside
Ann Anderton	WWL	Dr A Law	Bolton

**1. Welcome and introductions**

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


- Matters arising not on the agenda
  - a. Proposed pathway audit

JL confirmed that this audit will take in collaboration with the Cancer Manager group. He explained that alongside this an audit tool was being created that would allow the Board to see up to date pathway data much earlier and that this may help with future audits.

The issue of those patients on a surgical pathway only and how they would be audited remains unresolved and JL hoped to have a proposal to the next meeting.

There were no other matters arising.

**2. 100k Genome project**

Discussion summary	Jane Rogan, the Project Lead, presented to the board on the 100K Genome Project. The Board discussed how recruitment could be supported and identified possible barriers. The Presentation is below   100000 Genomes Project - Manchester.
Conclusion	The board thanked JR for her contribution and agreed to support the project. The board asked that this item remains on the board agenda for regular review.
Actions & responsibility	<b>JL to add to future agendas.</b>

**3. Service guidelines**

Discussion summary	The board noted the existing guidelines and agreed how they were to be reviewed. The Board went onto to discuss the draft endoscopy guidelines presented by RW.
Conclusion	The Board thanked RW for his work on the endoscopy guidelines and subject to the proposed amendments these will be adopted at the next meeting of the board. Board members also agreed to review the existing guidelines.
Actions & responsibility	<b>JL to draft a qualifying statement for the guidelines.</b> <b>The following would take the lead for the relevant section -</b> <b>AL - Oesophagus</b> <b>BA – Gastric</b> <b>SG -</b> <b>WM- Palliative care</b> <b>LB &amp; RH - Oncology</b>

**4. Vanguard Best practice timed Pathway project**

Discussion summary	JL informed the board that work, in collaboration with the Vanguard programme, was about to begin on agreeing a single pathway for OG cancer that could then be rolled out nationwide. He confirmed that only one tele-conference had taken place so far but that he would keep the board updated on progress.
Conclusion	The board noted the discussion.
Actions & responsibility	<b>JL to add to the agenda of future board meetings</b>

**5. Service transformation and the single service**

- Implementation board Update

Discussion summary	JV informed the board that the next step to establishing the single service was to set up an implementation board. He confirmed that this would be a small group and have clinical representation and operational manager from each SMDT site. They would also undertake an impact assessment on the impact on associated services.  He advised that the Pathway Board would take on the function of providing assurance on the decisions taken by the implementation group.
Conclusion	The board noted the discussion
Actions & responsibility	<b>There were no actions from this item</b>

- SMDT - transformation

Discussion summary	The board reflected on the previous discussion on this topic. JV stressed that this would be an important matter for patients and clinical staff and that the best model possible needed to be agreed.  Following the model proposed at the last meeting by RH, JV explained another proposed model based on sectors.  BS also proposed another model with four levels of SMDT with the patients divided not by sector but by nature of expected treatment. All of them would have all key clinical representation and will be pre-filtered by local hospitals. Each SMDT – <ul style="list-style-type: none"> <li>• Resection, for radio/chemo, for pal.</li> <li>• Care and dysplasia SMDT will have their focused SMDT with all representation ( but for example resection SMDT will have five surgeons, whereas palliative only one surgeon)</li> </ul> Surgeon who sits in non-resection SMDT will have to rotate to ensure active participation.
Conclusion	The board noted the discussion and agreed to identify a preferred model to propose to the implementation board.
Actions & responsibility	<b>JL to table all three models for review at the next meeting of the board.</b>

**6. Research and education update**

Discussion summary	This item was deferred to the next meeting of the board
Conclusion	
Actions & responsibility	

**7. 2WW referral forms - feedback**

Discussion summary	The board noted the request from Dr Taylor for feedback on the trial of the 2WW referral forms. The Board discussed this and proposed that there was a need for more free text and less reliance on tick boxes.
Conclusion	JV agreed to feedback to Dr Taylor on the views of the board
Actions & responsibility	<b>JV to discuss with ST</b>

**8. Any other business**

JL informed the board the GM Cancer plan was close to publication and should be available for the next meeting of the board.

---

**9 Date and time of next meeting –**

**Friday 31<sup>st</sup> March 14.00 – 16.00hrs**

**Meeting room TBC, Mayo Building, SRFT**

---

**Meeting dates 2017**

**Friday 16<sup>th</sup> May 14.00 – 16.00hrs**

**Friday 28<sup>th</sup> July 14.00 – 16.00hrs**

**Friday 29<sup>th</sup> September 14.00 – 16.00hrs**

**Friday 24<sup>th</sup> November 14.00 – 16.00hrs**