

Greater Manchester Cancer

Oesophago-gastric Pathway Board

OG Clinical Pathway Board
Minutes of the meeting held on
26th May 2017

Members in attendance

Mr J Vickers	Salford (Chair)	Dr K Koss	East Cheshire
Ms R Melhado	SRFT	Mr A Li	CMFT
Louise Porritt	Stockport	Michelle Eden- Yates	SRFT
Dr L Bhatt	Christie		

In attendance

Mel Atack	Macmillan UIT	Sarah Darley	Respect 21
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Members sending apologies and no deputy

Sue Liong	UHSM	Mr B Abduljalil	Tameside
Ann Anderton	WWL	Mr S Galloway	UHSM
Dr S Hayes	Salford	Dr R Keld	WWL
Mr David Ardern	Patient Representative	Colin Jackson	Patient Representative
Mr B Alkhaffaf	CMFT	Dr B Rameh	PAT
Mr B Smajer	Bolton	Dr R George	PAT
Julie Fletcher	WWL	Dr R Hubner	Christie
Dr A Law	Bolton	Dr R Willert	CMFT

1. Welcome and introductions

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

2. Minutes of the last meeting.

Other than amending the record to record Dr Hayes' attendance, these were accepted as an accurate record of the meeting.

- Matters arising not on the agenda

Attendance – JV noted the attendance at the meeting and asked the meeting if it would be better to hold the meeting at an alternative time. It was agreed to review the attendance after the September meeting.

3. GM Cancer plan**3.1 62 Days achievement**

Discussion summary	JV outlined that the OG pathway was prominent in terms of monitoring because of the number of breaches that regularly occur. JL confirmed that in the reports upper GI will be separated into OG and HPB. The Board also discussed the tabled document reporting on first line treatment and noted the difference in 1 st line treatment when compared with London. The Board had a wide ranging discussion on this and asked if clarity could be provided on the data gathering. JV asked JL to try and get some more detail from the data analyst.
Conclusion	The Board noted this discussion
Actions & responsibility	JL to contact the Vanguard data team and address the questions asked by the Board

3.2 Service guidelines

Discussion summary	JL confirmed that the guidelines review was now complete and these would now be uploaded onto the GM Cancer website. JV thanked all for their contribution. The Board also noted the advice receive from the Palliative Care Board and were happy to support the guideline.
Conclusion	The Board noted this discussion
Actions & responsibility	JL to upload onto GM Cancer Website

3.3 Joint surgical and oncology clinics

Discussion summary	JV explained that there had been no real progress in this form the last meeting of the Board. The Board then had a wide ranging discussion on this item. The Board noted the inherent logistical and geographical difficulties in setting up this model. One model that was discussed was that of having a clinical on Friday afternoon following on from the MDTs. The Board felt it would be useful to know which patients would be seen in a joint clinic, how many of this group there are and how can they be fitted into a clinic.
Conclusion	The Board noted this discussion
Actions & responsibility	The Board agreed to review this in future meetings.

3.4 Pre-habilitation service

Discussion summary	JL informed the Board that GM Cancer have been having discussions with John Moore on the ERAS+ programme. He explained that this was at an explanatory stage and would update the meeting as this progresses.
Conclusion	The Board noted this discussion
Actions & responsibility	JL to provide an update at the next board meeting.

3.5 Recovery package**3.5.1 End of treatment summaries**

Discussion summary	JL outlined that the Board were being asked to agree a standardised end of treatment summary format. The board were tabled a number of examples. It was recognised that that there was great similarities between and that the fields were mandated. The group felt that the title should be “Treatment summary” and not “End of Treatment” summary. LB raised the issues that are particular to the Christie and that roll out of this was limited by the systems at the Christie.
Conclusion	The board approved the concept and agreed to adopt this content for the surgical form in the first instance
Actions & responsibility	JL to table a heading list at the next meeting of the Board

3.5.2 Health and well-being events

Discussion summary	ME Spoke to this and outlined what was being provided across GM. JL explained that the commissioners have a tariff for these events and can be accessed by each Trust’s contract.
Conclusion	The Board noted this discussion
Actions & responsibility	There were no actions

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. TF had completed it for the South sector and JL agreed to share this with LP and MEY to help complete for their sectors
Conclusion	The Board noted this discussion
Actions & responsibility	JL to send out the document to LP and MEY for completion.

3.6 Follow-up protocols

Discussion summary	JV asked that this was deferred to the next meeting as there was still work to do on gathering information.
Conclusion	The Board noted this discussion
Actions & responsibility	To add to the agenda of the next meeting.

4. Service transformation and the single service**4.1 Re-structure of the MDT process**

Discussion summary	JV and AL provided an update in the latest meeting of the implementation group. They confirmed that the group had agreed on a structure for the new service. JV explained that there would be 3 sector MDTs, each with approximately 1m population, under-pinned by a GM SMDT for non-straight forward and curative patients. This SMDT will have a core membership and will require clinical oncology support for PAT and oncology support for the SMDT. It was explained that this proposal was going to the clinical group meeting on the 7th August.
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	<p>The board had a discussion on this and felt that the important thing was to ensure that the decision making across the city was standardised.</p> <p>JV went onto explain that interim plans were be drawn up to start to re-direct patients from the South sector. He explained that there had been informal discussions with colleagues and work was starting on consulting on the impact of the change on current employment contracts.</p>
Conclusion	The Board noted this discussion
Actions & responsibility	JV to update the Board at the next meeting.

5. Research and education

Discussion summary	<p>This item was deferred until the next meeting of the Board.</p> <p>RH had circulated the notice of a meeting to be held in October and asked that Board members circulate within their teams.</p>
Conclusion	The Board noted this item.
Actions & responsibility	Board members to circulate the flier within their organisation

6. Dietetic representation on the Board

Discussion summary	JV asked that Board members nominate dieticians form their own Trust and forward names to JL for co-ordination and inclusion.
Conclusion	The Board agreed to progress this issue
Actions & responsibility	Board members to identify possible dietetic representative(s)

7. Any other business

Discussion summary	There were no items of other business
Conclusion	
Actions & responsibility	

8. Date and time of next meeting –

Friday 29th Sept 14.00 – 16.00hrs

Meeting room TBC, Mayo Building, SRFT

Meeting dates 2017

Friday 24th November 14.00 – 16.00hrs