

Greater Manchester **Cancer**

Oesophago-gastric Pathway Board

OG Clinical Pathway Board

Minutes of the meeting held on

30th January 2018

Members in attendance

Mr J Vickers	Salford (Chair)	Dr R Hubner	Christie
Ms R Melhado	SRFT	Kellie Owen	SRFT
Ann Anderton	WWL	Michelle Eden- Yates	SRFT
Tina Foley	MUFT	Louise Porritt	Stockport
Dr A Law	Bolton	Colin Jackson	Patient Representative
Dr R Willert	MUFT	Mr B Smajer	Bolton

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	Dr John Moore	MUFT
Christine Peel	WWL		

Members sending apologies and no deputy

Dr K Koss	East Cheshire	Sue Liong	UHSM
R A Li	CMFT	Mr S Galloway	UHSM
Dr S Hayes	Salford	Dr M Hohmann	GP representative
Mr David Ardern	Patient Representative	Dr B Rameh	PAT
Mr B Alkhaffaf	CMFT	Dr L Bhatt	Christie
Dr R Keld	WWL	Mr B Abduljalil	Tameside

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

Appointment of Consultant – JV confirmed that an appointment in this post had now been made and due to come into post in May

Use of TNM8 – AL asked about how the TNM8 pathological scoring system was being used. Action JV agreed to discuss this with SH to confirm the position at the next meeting of the Board.

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

Discussion summary	JF spoke to the tabled paper on MDT review and delays within the pathway. The report covered the period of Q2 of 17/18 and was up to the point of treatment. She confirmed that 66% of discussions complied with the pathway. She confirmed that having more than three MDT reviews did have an impact on compliance with the 62 day standard. Subsequently the board had a discussion on this audit and agreed that clarity needed to be provided on the necessity of the extra MDT reviews.
Conclusion	The Board noted this report and thanked JF had her effort.
Actions & responsibility	JV asked that the audit was repeated once the new pathway had been implemented.

3.2 Pre-habilitation service

Discussion summary	JM presented on the ERAS+ programme, how it was used and the potential benefits for OG patients. He provided examples of where the programme was currently in use within GM. The Board had a wide ranging discussion on this with regard to how best to support patients on ERAS+, the future plans for the programme. JM confirmed that GM Cancer were keen to include OG patients onto the programme.
Conclusion	The Board noted this presentation and were keen to support the adoption in OG Cancer.
Actions & responsibility	JV to discuss with the implementation group of the single service.

3.3 Service guidelines

Discussion summary	JV explained to the group that the surgeons had felt that these guidelines required further consultation. JL updated the group on the feedback received so far. RM proposed some changes on the guidance for surgical categories. RW proposed that a new section on GIST be added to this guidance. With regard to the SACT and Radiotherapy guidance it was felt that a new section should be included on FLOT. RH concurred and agreed to revise with the authors.
Conclusion	
Actions & responsibility	RM to update the guidance for surgical classification JV to ask the authors to include a section on GIST FLOT to be included on SACT & Radiotherapy Guidelines

3.4 Treatment summaries

Discussion summary	MEY explained that the nursing group were currently reviewing the summaries and their timing on the pathway. She confirmed that it was intended to have a summary for surgery, palliation and oncology. She agreed to bring these back to the next Board meeting for approval.
Conclusion	The board noted the report.
Actions	MEY to table treatment summary policy at the next meeting

3.5 Follow-up protocols

Discussion summary	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 he felt that this matter should be dealt with the single service implementation group.
Conclusion	The Board noted this discussion and agreed to ask the single service implementation group to take this forward.
Actions & responsibility	JV to discuss with the chair of the single service implementation group.

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. SB asked if lessons could be learned from the service re-configuration of the HPB service to aid the OG service.</p> <p>JV spoke to the tabled pathway and he explained how it was drafted. The Board reviewed this pathway document and acknowledged the limitations identified.</p> <p>JV confirmed that this was for information at this stage and work was still on-going and was further complicated by the national Best Timed OG pathway project.</p> <p>JL spoke to LB's request to audit the pathway and JV confirmed that the Board would be happy to support this.</p>
Conclusion	The Board noted this discussion
Actions & responsibility	JV to update the Board at the next meeting. JL to send out a copy of the draft pathway.

4.2 Service transformation update

Discussion summary	<p>JV recapped on the proposed single service and the work that took place over the last 15 months.</p> <p>He explained that progress has been delayed lately because of the impact on the general surgery capacity within the healthier together programme. He confirmed that proposals to mitigate this were put forward and a preferred option had been identified.</p> <p>The Board then had a wide ranging discussion on this and included a review of the potential MDT structure. JV confirmed that a consensus was now reached on the structure. This was to keep them on a Friday with three sector meetings serving approximately 1m patients each.</p> <p>Each meeting will have the required representation to ensure sound decision making. JV recognised the structural deficiencies that currently exist within the system and plans were being developed to address these.</p>
Conclusion	The Board noted this discussion
Actions & responsibility	There were no actions for the Board on this.

5. Research and education

Discussion summary	JL confirmed that the NIHR Q3 report will be available for the next meeting of the Board. RH commented that as part of the service reconfiguration that research infrastructure should be given due consideration. RM confirmed that this would be part of the discussions with the Northern Care Alliance.
Conclusion	The Board noted this report.
Actions & responsibility	JL to add Q3 report to next meeting agenda.

7. Any other business

Discussion summary	JV advised the group that RM may be unavailable for all of the meetings and so SRFT intended to split the role in future with Mr Chaparala.
Conclusion	The Board noted this change
Actions & responsibility	There were no actions for the Board.

8. Date and time of next meeting – Wednesday 28th March 10.00 – 12.00hrs

Meeting dates for 2018 – Venue TBC

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