

Greater Manchester **Cancer**

Urology Pathway Board

**Pathway Board Meeting**

Minutes of the meeting held on 8<sup>th</sup> May 2018

**Members in attendance**

Satish Maddineni (Chair)	Pathway Director	Rose Garvey	User representative
Mike Thorpe	User representative	John Calleary	Consultant Surgeon
Jane Booker	CNS	Vijay Ramani	Consultant Surgeon
Anna Tran	Consultant Oncologist	Mike Scott	Consultant Pathologist
Maryna Lewinski	Consultant Radiologist	Steve Elliott	GP representative
Tom Waddell	Consultant Surgeon		

**In attendance**

James Leighton	GM Cancer	Sarah Darley	RESPECT 21
Natasha Smith	UI manager	Lindsey Wilbey	LWB project manager
Astrid Greenberry	Macmillan Bolton	John Moore	Clinical Lead ERAS+

**1. Welcome and introductions**

SM welcomed all to the meeting and noted the apologies received. SM welcomed Vijay Ramani, who replaces Hazel Warburton on the board, and Astrid Greenberry from Bolton NHS FT.

**2. Minutes of the previous meeting and matters arising**

The meeting agreed that the minutes were an accurate record and there were no matters arising.

**3. ERAS+ and Urology**

Discussion summary	<p>SM introduced Dr John Moore to the meeting and invited him to speak on the application of ERAS+ in the Urology pathway.</p> <p>JM outlined the principles of ERAS+, the latest evidence and explained how it could be used with patients. He then went onto to explain how ERAS+ worked and how it benefitted the patient and clinical teams.</p> <p>JM outlined how patients are supported as they undertake the programme.</p> <p>In discussion the Board also reviewed how it would apply to non-surgical treatments and its incorporation with existing programmes.</p>
Conclusion	The Board noted this presentation and thanked Dr Moore for his contribution
Actions & responsibility	<b>There were no actions for the board.</b>

**4. Living with and beyond Cancer**

Discussion summary	<p>SM introduced Lindsey Wilbey, the GM Cancer project manager for LWBC and invited her to present to the meeting.</p> <p>LW went onto outline and explain the recovery package and the standardised approach to deploying it across GM. She also spoke to the tabled document on pathway mapping and explained the purpose of this.</p> <p>In discussion the Board reviewed how this programme could be applied to services and how it was to be funded. They also discussed how the health needs assessment (HNA) could best be undertaken. JB explained how specialist therapy Radiographers could be utilised to provide the HNA.</p> <p>TW asked if the HNA assessment would be undertaken with patients on a non-curative pathway and had the impact of this been assessed. LW confirmed it would and that the CNS' would pick this up.</p>
Conclusion	The Board noted this presentation and thanked Lindsey for her contribution
Actions & responsibility	<b>There were no actions for the board.</b>

**5. Template Biopsy policy for GM**

Discussion summary	SM explained that with the identified increase in Template biopsies in GM he proposed that a policy on Templates was required and that he would ask Jacob Cherian to lead on this work on behalf of the board.
Conclusion	The Board noted this discussion
Actions & responsibility	<b>SM to discuss with JC</b>

**6. Transformation update**

Discussion summary	<p>SM confirmed the implementation group continued to meet and he would update the Board accordingly. HE confirmed that the first step would be to transfer the prostate work to the Christie and a review of the MDT Structure and processes.</p> <p>He went onto say that there was a preliminary implementation schedule in place but this was subject to review.</p> <p>TW asked about the number of hubs across the city and SM explained that there was different needs for benign and cancer work and the confirmed number is yet to be agreed.</p>
Conclusion	The Board noted this report.
Actions & responsibility	<b>There were no actions for the board.</b>

**7. Research update**

Discussion summary	SM advised that in TE's absence this item would be deferred until the next meeting of the Board.
Conclusion	
Actions & responsibility	<b>There were no actions for the board.</b>

**8. Respect 21 Update**

Discussion summary	<p>CP provided the Board with a report on progress of the RESPECT 21 study. She began by outlining the study and how it was being conducted.</p> <p>She went to present the findings of the Discreet Choice Experiment that was recently published, with regard to the choices patients, professional and the public might make when service changes are undertaken.</p> <p>The Board then had a wide ranging discussion on the report and how it's finding and methodology.</p> <p>CP then went to explain the next stage of the study on service change and the management of this change.</p>
Conclusion	The Board noted this report.
Actions & responsibility	<b>There were no actions for the board.</b>

**9 Prostate mpMR protocol - update**

Discussion summary	<p>SM updated the Board on the progress of the Best timed pathway work that was recently completed in collaboration with NHSE. He explained the timescales involved and confirmed that funding to drive this work was being sought form the GM HSCP transformation fund.</p> <p>He then invited ML to update the Board on how front line MR scanning could be developed to support the pathway. She confirmed that the key issue was that the scan report was of the same standard across the city. She confirmed that the first step in this would be to standardise and optimise the MR scanners.</p> <p>This would be followed by the reporting processes and who would undertake the reporting to the required standard. This would most likely be achieved by creating a bank of staff and the provision of common training.</p> <p>She urged caution on the projected volumes of scanning and explained this may need to review on a regular basis to match the scanning capacity available.</p> <p>The Board then had a wide ranging discussion on this report that examined funding and commissioning, and the standardisation of the scanning and reporting.</p>
Conclusion	The Board noted this report.
Actions & responsibility	<b>There were no actions for the board.</b>

**10. CWT standards - New CWT standards**

Discussion summary	JL provided the board with an update report on the new metrics that will be used to measure CWT standards. He explained that diagnostic Trusts have 38 days to diagnose/refer and treating Trusts have 24 days to treat.
Conclusion	The Board noted this report.
Actions & responsibility	<b>There were no actions for the board.</b>

**11. User involvement update**

Discussion summary	MT updated the Board on the establishment of a “small community” of prostate patients and carers that can now support the work of the Board. He expected that the creation of this would widen the scope user involvement to the Board.  NS confirmed that a similar community would soon be established for renal cancer.
Conclusion	The Board noted this report.
Actions & responsibility	<b>There were no actions for the board.</b>

**8. Any other business**

There were no items of any other business.

**9. Date and time of next meeting**

Thursday 4<sup>th</sup> July 2018

14.00- 16.00hrs Humphrey Booth Lecture Theatre, Mayo Building, Salford Royal NHS FT