

Greater Manchester **Cancer**

Urology Pathway Board

**Urology Pathway Board Meeting**

Minutes of the meeting held on

20<sup>th</sup> September 2017

**Members in attendance**

Satish Maddineni (Chair)	Pathway Director	Noel Clarke	Consultant Surgeon
Mike Thorpe	User representative	Rose Garvey	User representative
Stephen Bromage	Consultant Surgeon	Dan Burke	Consultant Surgeon
Jeremy Oates	Consultant Surgeon	Hazel Warburton	Consultant Surgeon
George Yeung	Consultant Radiologist	Tony Elliot	Clinical Oncology
Tom Waddell	Consultant Surgeon	Anna Tran	Clinical Oncology
Rono Mukherjee	Consultant Surgeon		

**In attendance**

Rebecca Price	GM Cancer
Natasha Smith	GMC MCUI

**1. Welcome and introductions**

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

**2. Minutes of the last meeting**

These were accepted as a true record and there were no matters arising.

**3. The Greater Manchester Cancer plan**

**3.1 62 day delivery**

Discussion summary	The Board reviewed the tabled report on the 62 day performance in Urology. Whilst the board found this useful they felt that it needed to be broken down further by tumour type and reason for breach to help improve future reviews. The board also felt that data was possibly not accurate as numbers of patients appeared to be very low.
Conclusion	The Board noted this report and asked for the detail to be provided.
Actions & responsibility	<b>JL to meet with data analysts and add the required data to future reports,</b>

**3.2 Guideline update**

Discussion summary	In SB's absence, SM tabled follow up guidelines written by SB for discussion. JL to circulate document for review and final agreement at the next pathway board meeting. The board felt that extensive further discussion is needed to agree on how the board plans to stratify follow ups for patients and agree scan type/ timing protocols at the next pathway board meeting. Bladder guidelines, nephron sparing, prostate and renal guidelines are still being written by designated leads and agreed to be finalised at the next pathway board meeting.
Conclusion	The Board noted this discussion.
Actions & responsibility	<b>Nominated Board members to progress each relevant review. All nominated reviewers to refresh the relevant guideline.</b>

**3.3 Board education event**

Discussion summary	SM asked the board to send ideas for talks to take place at the board education event (March 2018). This is proposed to be a half day education targeted at all interested parties, with a focus on GP's and primary care staff. SM explained the rationale behind the creation of Gateway C GP education tool, the board agreed to support any project work related to this.
Conclusion	The Board agreed to support organising of and education event and any work needed to help the Gateway C teams in creating an education tool
Actions & responsibility	<b>JL to finalise planning for the education event and circulate information to the board.</b>

**3.4 GM Policy on template biopsies**

Discussion summary	This item was addressed as part of the discussion on the National Best Timed Prostate Pathway project
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**3.5 Review of MDT Structures & processes**

Discussion summary	JO presented 3 options for reform of the Bladder MDT. (Supporting document to be circulated to the board). The board discussed the feasibility of cutting down pathology support time in meetings by reviewing and not discussing all pathology (especially low grade/low risk patients) allowing pathology to only attend for more complex / high risk cases. Information was shared by members to say that outside of the board smaller local subgroups are looking into triaging this idea of triaging cases prior to discussion in smaller groups rather than stratifying an entire MDT. The board agreed that this work would be beneficial to take note of this work and take learning from it before making further decisions on this. On behalf of SB, SM presented 2 options for reform of the renal MDT. No consensus was agreed in the meeting on how to manage this going forward. Further discussion is needed outside of the meeting to agree a way forward for this.
Conclusion	The board agreed to look at all models in greater detail and provide comments.
Actions & responsibility	<b>JL to circulate MDT proposed new model documents for the board to review and submit comments prior to the next pathway board meeting.</b>

#### 4. Board projects updates

##### 4.1 Jansen Project

Discussion summary	SM updated the group on the progress of this project. He explained that due to issues around access to data from Pennine this project has stalled in making headway over the last few months. SM explained that due to this may subsequently be decommissioned. SM will update the board on this should there be any progress made on this at the next meeting. The board felt that that a review of the projects issues should be done in retrospect to learn from any mistakes made.
Conclusion	The Board noted this discussion.
Actions & responsibility	<b>There were no actions for the Board following this discussion.</b>

#### 5. Transformation update

Discussion summary	DB provided the Board with a update of the second meeting of the Urology implementation group. He explained that further subgroups are to be set up imminently to look at different element of the pathway. The cancer lead for this project is yet to be appointed.
Conclusion	The Board noted this discussion.
Actions & responsibility	<b>There were no actions for the Board following this discussion.</b>

#### 6. Research update

##### 6.1 NIHR report Q1 2017/18

Discussion summary	TE presented the urological cancer trials report activity portfolio for Q1 17/18 . No issues were highlighted. The board are encouraged to continue to consider appropriate patients for all trials and to contact TE for support should anyone be facing issues in doing so.
Conclusion	The Board noted this discussion.
Actions & responsibility	<b>There were no actions for the Board following this discussion.</b>

##### 6.2. Audit topics

Discussion summary	The board discussed to what audit topics they felt would be clinically meaningful for the board to undertake. The board agreed that auditing metastatic pick up rate post 5 years treatment for initial disease.
Conclusion	The Board noted this discussion.
Actions & responsibility	<b>DB agreed to find volunteers to conduct this audit and will update the group at the next pathway board meeting.</b>

**7. National Best Timed Prostate Pathway –update**

Discussion summary	<p>SM provided an update on this project explaining that GM was leading on this national project in collaboration with London Vanguard partner organisations.</p> <p>He outlined the work completed so far and spoke to the tabled documents of pre-referral and treatment phases of the pathway. The Board had a wide ranging discussion on these drafts and agreed to keep it under review as the project develops.</p> <p>The Board also discussed the impact on the provision of Template biopsies in GM.</p>
Conclusion	The Board noted this discussion and asked to be updated as the work progresses.
Actions & responsibility	<b>There were no actions for the Board following this discussion.</b>

**8. User involvement update**

Discussion summary	<p>The board welcomed Natasha Smith as the board's new user involvement manager supporting the user representatives on the board.</p> <p>NS informed the board that a lady called Sarah Haworth, has been appointed as the new Programme manager, for this work stream completing the recruitment for the user involvement team.</p>
Conclusion	The Board noted this discussion.
Actions & responsibility	<b>There were no actions for the Board following this discussion.</b>

**9. Any other business**

Discussion summary	None noted.
Conclusion	
Actions & responsibility	

**Date and time of next meeting**

**Tuesday 14<sup>th</sup> November, 14.00 – 16.00hrs SRFT  
Meeting room 3, Mayo building, SRFT**