GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

Greater Manchester Cancer

Urology Pathway Board

Pathway Board Meeting

Minutes of the meeting held on 24th January 2018

Members in attendance

Satish Maddineni (Chair)	Pathway Director	Maryna Lewinski	Consultant Radiologist
Mike Thorpe	User representative	Rose Garvey	User representative
Jane Booker	CNS	Dan Burke	Consultant Surgeon
Jacob Cherian	Consultant Surgeon	Hazel Warburton	Consultant Surgeon
George Yeung	Consultant Radiologist	Helen Johnson	CNS
Tom Waddell	Consultant Surgeon	Anna Tran	Clinical Oncology
Rono Mukherjee	Consultant Surgeon	Mike Scott	Consultant Pathologist
Jeremy Oates	Consultant Surgeon		

In attendance

James Leighton	GM Cancer	Catherine Perry	RESPECT 21

Members sending apologies and no deputy

Stephen Bromage	Consultant Surgeon	Thomas Hambrock	Consultant Radiologist
Steve Elliott	GP representative	Kieran O'Flynn	Consultant Surgeon
Tony Elliot	Clinical Oncology		

1. Welcome and introductions

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

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. Best timed Prostate Pathway update

Discussion summary	SM presented the proposed pathway and confirmed that the final model had been agreed at a meeting on 16th January with project partners. He confirmed that the group agreed that • 1 PSA was required before referral • Triage was to be undertaken by senior clinician • Review of Patients with UTI should take place so that they could be stepped off the pathway • The provision of a rectal swab should be addressed at a locality level

	• That the pathway would not be age related • The use of PSA density may be indicated in certain circumstances • The Board then had a wide ranging discussion that addressed areas such as pathway milestones, standardisation of and access to MR scanning across GM. ML confirmed that given the logistical issues with supporting patients, pacemakers should remain as a contra-indication to MR scanning. SM confirmed that the pathway would be presented to a meeting of the Cancer alliances on Feb 8th after which NHS E would take responsibility for implementation.
Conclusion	The meeting confirmed that they agree to the principles within the paper.
Actions & responsibility	**There were no actions for the board.**

4. Renal Pathway update

Discussion summary	SM confirmed that the wrong version had been sent out in error and the meeting would be reviewing the most up to date version. As a consequence SM clarified the changes that had been made since the presentation at the December Board meeting. Following this the board had a wide ranging discussion on the document. This included a discussion on – • Practicalities of double reporting of CT scans • Radiology support for the MDTs • Bosniak 2F cases and change in practice • Radiology review of T1 tumours – not fit for active treatment • Doppler reporting SM then discussed the options for creating the sectors to support the pathway. ML asked for clarity on Radiology upgrades and SM advised that the imaging need filtering before being added to the SMDT list. MS asked about additional funding to support the transition to the new pathway and the possible impact on pathology job planning. JL explained that the commissioners were looking to cost each pathway.
Conclusion	The meeting confirmed that, other than the revised Radiology section, they agree to the principles within the paper.
Actions & responsibility	**GY and ML agreed to revise the Radiology section to reflect the discussion**

5. Bladder pathway update

Discussion summary	JO spoke to the paper and outlined the principles contained within and covering the areas that had been amended since the December meeting. These included - • Timing of TURBT • Diagnostics done locally • Use of one stop clinics • Distribution of pathology samples for double reading • Impact on SMDTs JO then went to outline the pathway for low and intermediate risk patients

	and how they could be managed with regard to diagnosis, review and treatment options. The meeting then had a wide ranging discussion on how this pathway could manage the timing and delivery of treatment.
Conclusion	The meeting confirmed that they agree to the principles within the paper and wished to set an aspirational target of 6 weeks to
Actions & responsibility	**There were no actions for the board.**

6. Audit update

Discussion summary	
Conclusion	
Actions & responsibility	

7. Transformation update

Discussion summary	
Conclusion	
Actions & responsibility	

8. Any other business

9. Date and time of next meeting