

Greater Manchester **Cancer**

Oesophago-gastric Pathway Board

OG Clinical Pathway Board

Minutes of the meeting held on

24th May 2018

Members in attendance

Mr J Vickers	Salford (Chair)	Dr R Hubner	Christie
Ms R Melhado	SRFT	Mr B Smajer	Bolton
Ann Anderton	WWL	Michelle Eden- Yates	SRFT
Dr R Willert	MUFT	Elaine Hayes	Patient Representative
Dr M Hohmann	GP representative		

In attendance

Mel Atack	GMC Macmillan UIT	Catherine Perry	Respect 21
James Leighton	GMC	Julie Fletcher	GM Cancer Director Ops group
James Turner	Christie LWBC	Paula Ridings	SRFT PM

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	Mr B Abduljalil	Tameside
Mr David Ardern	Patient Representative	Dr B Rameh	PAT
Mr B Alkhaffaf	CMFT	Dr L Bhatt	Christie
Dr R Keld	WWL		

1. Welcome and introductions

JV welcomed all to the meeting and noted the apologies received. He welcomed Elaine Hayes to the meeting as the new patient representative, He explained that she replaced David Ardern who had stepped down and he thanked him for his contribution to the Board.

2. Minutes of the last meeting.

These were accepted as an accurate record of the meeting. MH corrected the attendance list to note his attendance.

- 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 June

Use of TNM8 –JV conformed that the TNM8 pathological scoring system was being used.

ERAS+ - JV noted that this was progressing and explained that implementation work had started at SRFT.

Service transformation update

Discussion summary	<p>JV provided an update from the latest meeting of the implementation group and Paula Ridings (PR) was in attendance to support the meeting. He explained that agreement had now been reached with MFT to transfer the service to SRFT.</p> <p>He explained that the transfer would occur between June and September. PR then provided some detail on how the transfer would be planned and managed.</p> <p>JV went to provide more detail on the provision of outreach services and explained that one objective was to have uniformity in how this is provided. SB asked if support would be provided for emergency cases and JV confirmed that this would be the case.</p> <p>The Board then had a wide ranging discussion on this and included a review of the service structure and OP care.</p>
Conclusion	The Board noted this discussion
Actions & responsibility	There were no actions for the Board on this.

Single service Governance structure

Discussion summary	PR spoke to the tabled paper and went onto explain the governance structure for the new service. She outlined how this structure would support the service and how it would inform the work of the Pathway Board.
Conclusion	The Board noted this change
Actions & responsibility	There were no actions for the Board.

Clinical Pathway

Discussion summary	<p>JL spoke to the tabled paper and he explained how it was to be taken forward. He explained that RM Partners would lead this work and the expectation was to complete this by September.</p> <p>The Board reviewed the tabled pathway documents and acknowledged the limitations identified. 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>He went onto to explain that a project group would be established and asked for nominations from the Board. The following agreed to join this work, RW – Gastroenterology RH - Oncology MEY, LP and AA - Nursing</p>
Conclusion	The Board noted this discussion
Actions & responsibility	JV / JL to update the Board at the next meeting.

Board terms of reference

Discussion summary	JL advised the group that the terms of reference of the Board had not been reviewed since the inception of the board in 2014. He suggested that this should be reviewed at the next meeting of the Board.
Conclusion	The Board noted this proposal.
Actions & responsibility	The Board to review the existing terms of reference.

62 Days achievement

Discussion summary	<p>JF explained the changes to the waiting time standards. She outlined that in future the pathway would have 38 days to diagnose and treating trusts would have 24 days to treat. This would have an impact on how breaches are allocated and may then have an effect on Trust performance.</p> <p>She also explained that every time a patient goes for diagnostic a IPT would have to be provided, which would impact on workloads.</p> <p>JF then tabled a paper on Q4 performance for OG. She outlined that no trusts had achieved 85% but what was achieved was comparable with the England average.</p>
Conclusion	The Board noted this report
Actions & responsibility	The Board noted the contents of this report

Service guidelines

Discussion summary	<p>JL updated the group on the feedback received so far. RM proposed that the AUGIS guidelines be incorporated and agreed to do this.</p> <p>RH spoke to the Oncology guidelines, and the group had a wide ranging discussion on the proposed guidance.</p> <p>RW suggested some changes to the Barrett's Oesophagus guidance and agreed to provide these outside of the meeting.</p> <p>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.</p>
Conclusion	
Actions & responsibility	RM to update the guidance with the AUGIS guidance RW to amend the Barrett's oesophagus guidance

Treatment summaries

Discussion summary	<p>MEY explained that the nursing group had reviewed the summaries for surgical and non-surgical patients and that these were now implemented. The Board then had a discussion on how these summaries are to be used.</p> <p>EH suggested that on review to have a maximum time of sending the summaries out in 6 weeks was very generous and not in the interest of the patient and GP. The Board agreed with this.</p>
Conclusion	The board noted the report.

Actions	MEY to change the guidance etc to reduce the time for sending out to less than 6 weeks
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EUS requests – format and process

Discussion summary	JV provided an overview of the service and identified the issues of the service, one of which poor referral information. He advised that rather than redesign the form he suggested that better information was required and a clear diagnostic question posed. He asked that Board members take this back to units for implementation.
Conclusion	The Board noted this discussion
Actions & responsibility	All - Board members to discuss within their units

Research and education

Discussion summary	RH spoke to the tabled NIHR Q4 report. He explained that progress was being made on recruitment in clinical trials. JV explained how the NCA were supporting the single service to better support research. RM went onto provide more detail on the trials available and that a research nurse had been recruited.
Conclusion	The Board noted this report.
Actions & responsibility	There were no actions for the Board.

7. Any other business

Discussion summary	1. JV raised the issue of iron deficient patients and how these are delayed following a request for an iron infusion, as there was a lack of clarity on how to deliver this. Following discussion it was agreed to have a point of contact in each local Trust. MEY suggested that this should be the CNS. MH suggested that this could be delivered in primary care within the patient's home. MH agreed to explore if this was a possibility with a GM GP group. 2. RH informed the Board that he was stepping down and the Dr Mansoor would be replacing him. JV thanked him on behalf of the Board for his support over the years.
Conclusion	The Board noted this change
Actions & responsibility	MH to report back to the next Board on discussions

8. Date and time of next meeting – Tuesday 31st July 10.00 – 12.00hrs

Meeting dates for 2018 –

Wednesday 26th September 10.00 – 12.00hrs

Thursday 29th November 10.00 – 12.00hrs