

Greater Manchester **Cancer**

Gynaecology Pathway Board

**Minutes of the Pathway board meeting held on
Friday 6th July 2018 - 14.00-16.00hrs,
Seminar Room A/B, 5th Floor, St Mary's.**

Attendance	Representation
Dr Lisa Barraclough (Chair)	Christie
Anne Lowry	Central
Dr Richard Hale	Consultant Pathologist
Coral Higgins	Greater Manchester Cancer - Commissioning
Lenny St Jean	Tameside & Glossop ICT
Sabine Fornacon-Wood	South Manchester
Ms Rebecca Thompson	Mid-Cheshire
Mr Kyle Gilmour	Tameside
Mr Jim Wolfe	SRFT
Dr Ann Mills	Bolton
Karen Johnson	Christie
Mr Vincent Hall	Macclesfield
Noreen Bailey	Service User Representative
Hisham Abouzeid	Consultant Gynaecologist, Pennine
Karen Blackburn	Lead Manager, Cancer Services, MFT (Wythenshawe)
Apologies	
Dr Carolyn Walker	GP representative - HMR CCG
Miss Catherine Holland	Central Manchester
Miss Eva Myriokefalitaki	Christie
Mr Raha Latheef	WWL
Amanda Jackson	Service User Representative
Mr Suku George	Stockport
Mr Rick Clayton	MFT (Central)
Ms Nadia Ali-Ross	Bolton
Julie Dale	Pennine
Laura Bradley	The Christie
Dr Andrew Clamp	Christie
Ms Jo Dzyra	Stockport
Mr Sean Burns	UHSM
Julie Kiernan	South Manchester
Karen Blackwood	WWL
Mr Mike Smith	Christie
Mr Brett Winter-Roach	Christie
Mr Richard Slade	Christie
Mrs Sally Petith	Mid- Cheshire
Ms Birgit Schaefer	Pennine
Murray Luckas	Mid-Cheshire
Vanessa Hilton-Watts	East Cheshire NHS Trust

In attendance	
Michelle Leach	Greater Manchester Cancer
Natasha Smith	User Involvement Team GM Cancer

1. Welcome and introductions

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

2. Minutes of last meeting

The minutes of the last meeting were recorded as being accurate

Matters arising

- (i) None raised

3. Delivering the Recovery Package

Discussion summary	<p><u>Standardised approach to delivering the recovery package</u> Treatment Summaries and follow up were to be concentrated on at this meeting. See summaries below.</p> <p><u>Treatment summaries</u> Treatment Summaries from the units nearly completed but NAR was going to make a few changes, ML will follow this up with her. Clinical Oncology – Need sending to Patients for ratification St Mary’s Surgical –AL said there had been an issue with putting them on the Somerset system but it was being sorted. Christie’s Surgical - LB to ask MS if they are completed Medical Oncology - LB will email Claire Mitchell to get these done.</p> <p><u>Stratified Follow Up</u> There will be an away to work on Stratified Follow Up on 12th July in meeting Room 2c, The Children’s Hospital, MFT 9:30 to 16:00Hrs.</p> <p><u>Health & wellbeing events for new patients</u> Not discussed at this meeting</p>
Conclusion	The board noted the discussions and will proceed to the agreed actions.
Actions & responsibility	<p>Treatment Summaries: ML to chase NAR to see if the treatment summaries for units are complete LB to chase Claire Mitchell for Med Onc summaries and send Clin Onc to NS for ratification by patients LB to chase MS for Christie Surgical treatment summaries</p> <p>Stratified Follow Up – All to attend Away Day on 12th July if possible</p>

4. The GM Cancer Plan

Discussion summary	<p><u>62 Day Performance Data</u> The data was discussed as sent out by KB. Q4 last year against Q1 of this year breaches down as a total. Key issues are internal diagnostic delays. Day 7 down from April to May as a percentage.</p>
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	<p><u>Educational</u> Joint Education event 12th June feedback: Day was well received and everyone interacted well.</p>
Conclusion	The board noted the reports and discussion.
Actions & responsibility	LB to send round the summary of discussion document around.

5. Service transformation update

Discussion summary	<p><u>Implementation Board</u> LB explained the last meeting was cancelled due to low numbers. She spoke to the group about the MDT reform. The suggestion from the Transformation team was that a diagnostic MDT and a Treatment MDT these would run concurrently alongside each other to allow cross cover. These should potentially be in the same place and rotate between St Marys and Christie; LB will be pushing to have the MDT on a Friday. Complex MDT would be at the end of the treatment MDT. A discussion ensued around the mechanics of an MDT and job plans and LB explained about the process of changing job plans from the MDT reform 4 years ago. LB asked the board if there were any objections to the MDT running in this way the board were in principal supportive but requested 6 months' notice of change. LB asked anybody who had any objections or reservations after thinking more about it to forward them through to her.</p>
Conclusion	The board noted the update.
Actions & responsibility	<p>LB to continue to update the group. ALL to send through any reservations or thoughts on the MDT changes to LB</p>

6. Service User Representative Update

Discussion summary	<p>NB's question from her support group:</p> <ol style="list-style-type: none"> 1. The group felt that GP Education on gynaecological cancers was an issue as a number of people had been sent away without a referral. LB said this would be addressed in part by the Gateway C initiative and explained the details of these modules to the group. 2. One stop clinics – NB asked when they would be widely available for all patients. LB explained that there was work being done with the transformation team which SB was feeding into and she would continue to update the board as work progressed. 3. Where do people go to after follow up ends if they are worried –LB explained that the Recovery Package work would address this as more formal information would be provided in the form of care plans and treatment summaries this would then enable the GP to do a more thorough cancer care review with patient after discharge. <p>VH asked whether the board should be doing audits about the quality of referrals received so that they could help educate primary care with the results. He is carrying out an audit and he will feed back the results to the group, LB encouraged the rest of the board do the same and feedback.</p> <p>NS fed back that the User Involvement Team had a pathway board representative's</p>
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	<p>away day. She said she will come back to a September's board with a presentation of the work plan and how service users can be involved in a meaningful way. She explained that other service users may rotate round other boards to observe how they operate.</p> <p>LB told the group that the patient impact statement is now on the CWP she will be communicating this to the CNS's in the near future. The 3 questions will then be put onto the MDT referral form to allow patients to have a voice. This will be a pilot and be audited.</p>
Conclusion	The board noted the update.
Actions & responsibility	<p>VH to feedback the results of his referral audit</p> <p>ALL to consider doing a referral audit within their Trust</p> <p>LB to keep the board updated with the progress and audit of the patient impact statement.</p>

7. Trials Report

Discussion summary	LB spoke to the tabled report.
Conclusion	The board noted the report and discussion
Actions & responsibility	NA

8. Any other business

Discussion summary	<p><u>Gateway C</u> - Request for volunteers for endometrial/ ovarian cancer modules KG will help with endometrial and JW said he will assist with either the endometrial or ovarian modules.</p> <p>A number of the other board members asked if there was any information or literature available and if patient input was needed as the user involvement team could become involved.</p>
Conclusion	All agreed more information was needed from Sarah Taylor for distribution to the group.
Actions & responsibility	ML to forward KG and JW's contact details to Sarah Taylor and ask for more information to forward to the wider group.

Date and time of next meeting :

7th September, Meeting Room 6, Trust Admin, 3rd Floor, Christie

Future meeting dates 2017/18, All Friday 2-4pm:

2nd November, Seminar Room A/B, 5th Floor, St Marys, MFT