

Greater Manchester **Cancer**

Oesophago-gastric Pathway Board

OG Clinical Pathway Board

Minutes of the meeting held on

31st July 2018

Members in attendance

Mr J Vickers	Salford (Chair)	Colin Jackson	Patient Representative
Christie Peel	WWL	Elaine Hayes	Patient Representative
Amanda Law	Bolton	Michelle Eden- Yates	SRFT
Louise Porritt	Stockport	Marc Abraham	Christie
Stephen Hayes	SRFT		

In attendance

James Leighton	GMC	Catherine Perry	Respect 21
Fiona Lewis	GMC	Julie Fletcher	GM Cancer Director Ops group
James Turner	Christie LWBC	Anne Raftery	GMC Palliative care

Members sending apologies and no deputy

Dr K Koss	East Cheshire	Sue Liong	UHSM
R A Li	CMFT	Mr S Galloway	UHSM
Mr B Smajer	Bolton	Mr B Abduljalil	Tameside
Dr M Hohmann	GP representative	Dr B Rameh	PAT
Mr B Alkhaffaf	CMFT	Dr R Willert	MUFT
Dr R Keld	WWL	Ms R Melhado	SRFT
Ann Anderton	WWL		

1. Welcome and introductions

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

He informed the Board that Lubna Bhatt and Richard Hubner had now stepped down from the Board and he thanked them for their contribution to the Board over the last few years.

JV noted the number of apologies received and the number of Board members that haven't attended for a number of meetings. He offered to discuss attendance with these members ahead of the next meeting.

ACTION – JV to review membership attendance before the next meeting

2. Minutes of the last meeting.

These were accepted as an accurate record of the meeting.

National best-timed Pathway – JV updated the Board on the progress made since the last meeting. JL confirmed the limitations of the draft pathway circulated with the papers and confirmed that work on this is progressing.

Draft guidelines –JV confirmed that this will be deferred until the next meeting of the Board.

3. Palliative Care provision on OG Pathway

Discussion summary	<p>AMR, the GM Cancer Pathway Director for Palliative care, introduced herself to the meeting and discussed the provision of palliative care and enhanced supportive care on the OG pathway.</p> <p>He explained the early access to palliative care, 7-day access and how enhanced supportive care (ESC) contributed to the patient's care. She went onto outline the strategy of the GM C palliative board and how this could contribute to the care and experience of OG cancer patients.</p> <p>In her presentation she explained the "Goals of care" initiative, the objectives of this and how this was to be piloted. She then discussed with the Board the position statement and asked how confident the service was in meeting this standard.</p> <p>This led to a wide ranging discussion on palliative care and the use of ESC which covered areas such as MDTs, communication between providers and with patients.</p>
Conclusion	The Board noted this discussion
Actions & responsibility	JL agreed to circulate the patient from the Gynae MDT

4. Terms of reference of the pathway Board

Discussion summary	JL explained the revision of the terms of reference and outlined the changes proposed.
Conclusion	The Board noted and approved this change to the terms of reference
Actions & responsibility	There were no actions for the Board.

5. 62 Day review

Discussion summary	<p>JF spoke to this and outline the recent report produced by the RM partners and raised the issue of how the pathway could address the low rates of compliance.</p> <p>MEY discussed the inconsistencies in referral management and how acceptance of referrals can vary depending on individual preferences. JV explained that the behaviour of staff could help by not waiting for MDTs to make all the decisions but that standardised decision making between meetings could help.</p>
Conclusion	The Board noted this change
Actions & responsibility	There were no actions for the Board.

6. Service transformation and the single service

Discussion summary	JV confirmed that establishment of the single service is largely now complete and the service was working towards a commencement date of early September. He also explained that the underpinning MDT structure, including the centre MDT, would go live in early August. The Board recognised the scale of the achievement in getting the service established in GM and that it was now the largest OG service in the country.
Conclusion	The Board noted this discussion
Actions & responsibility	There were no actions for the Board.

7. Research Updated

Discussion summary	JL spoke to the tabled report and advised that a fuller report will be provided at the next meeting.
Conclusion	The Board noted this proposal.
Actions & responsibility	JL to put on the agenda of the next meeting

8. Any other business

Discussion summary	JV advised that he had discussed that in relation to the service reconfiguration that some work would be done with the associated specialities. He explained that he had asked SH to provide some feedback to the Board on the consequences of the reconfiguration and that this would be tabled at a future meeting. JV advised the Board that this was to be JL's last meeting as pathway manager as he was retiring. The Board noted his contribution to their work over the past years.
Conclusion	The Board noted this change
Actions & responsibility	JL to table a Pathology report update at the next meeting of the Board

8. Date and time of next meeting – Wednesday 26th September 10.00 – 12.00hrs

Meeting dates for 2018 –

Thursday 29th November 10.00 – 12.00hrs
