GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

Greater Manchester Cancer

Urology Pathway Board

Pathway Board Meeting

Minutes of the meeting held on 15th November2018

Meeting Room 1, Brooke building, SRFT

Members in attendance

Satish Maddineni (Chair)	Pathway Director	**Euan Green**	Consultant Surgeon
Mike Thorpe	User representative	**Jane Booker**	CNS
Rose Garvey	User representative	**Jacob Cherian**	Consultant Surgeon
Amar Mohee	Consultant Surgeon	**Maryna Brochwicz - Lewinski**	Consultant Radiologist
George Yeung	Radiologist	**Helen Johnson**	CNS
Jo Blood	Cancer Manager	**Steven Bromage**	Consultant Urologist
Jane Booker	CNS	**Catherine Perry**	Respect 21
Sophie Yates - item 4	CCG Rep	**Michael Scott**	Pathologist
Jeremy Oates - item 4	Consultant Urologist		

In attendance:

Fiona Lewis	GM Cancer	**Astrid Greenberry**	Transformation Manager
Natasha Smith	User Involvement Manager	**Kate Rogerson**	NHS Transformation Unit
Lindsay Wilby	GMC LWBC		

Apologies:

Tom Waddell	Consultant Oncologist	**Anna Tran**	Consultant Oncologist
Helen Johnson	CNS	**Andy Thompson**	Consultant Surgeon
Steven Elliott	SRFT CCG	**Tony Elliott**	Consultant Oncologist

1. Welcome and introductions

Board members were welcomed. Members were invited to introduce themselves.

2. Minutes of the previous meeting and matters arising

Discussion summary	The Board were invited to review the minutes of the last meeting on 11 September 2018.
Conclusion	The Board agreed the minutes as an accurate record of the meeting.
Actions & responsibility	FL to add to the Greater Manchester website

3. Patient User Involvement

Discussion summary	NS circulated a questionnaire and introduced the attached document where she highlighted main aims and objectives and key areas of the GMC UI programme • Early Intervention and Prevention • Best timed pathways and wait times • Psychological support
Conclusion	Members to note the above document and respond to NS with any actions.
Actions & responsibility	**Pathway Board member to identify work in Urology which would sit in these areas where MT and RG could involve his wider group of service users.**

4. Living with and beyond Cancer - Recovery package

Discussion summary	**The members discussed the eHNA and Treatment Summary** This was discussed in some detail. The HNA and treatment summary is to support patients diagnosed, living with and beyond a diagnosis of cancer and is detailed in various documents including National Cancer Strategy 2015 -20, NHS Operational Plan 2017-19, GM Cancer Plan). **Resources** - Macmillan has funded each Trust with a Recovery Package Manager some with a team and some not. Some Trusts such as PAHT have asked for funding for a team of B5 nurses to help with HNA, it is accepted that there is a challenge to be fully resourced to be able to offer every patient a HNA. LW asked each Trust to request to make similar arrangements. **Audit feedback** - showed the roll out to offer HNA whether by paper or electronically is variable across GM. Feedback relates to lack of resource and time. LW explained that this is a national must do by March 2020 and although there is funding from Macmillan and GMC to support in the short term, it is insufficient and not sustainable. **Process** - Long discussion reviewing the point at which the end of each treatment summary would be needed (end of surgery, chemo, and radiotherapy and at discharge). In urology, SM explained that in some cases, it would be more sensible to wait until there is a definitive diagnosis (e.g. post TURBT, post adjuvant chemo and possibly post cystectomy which can happen in a short period of time). A definitive EoTS may be more useful to the GP with a comprehensive summary and future management plan. This would be more useful than the GP having three separate treatment summaries. **Ratifying Treatment Summaries -** SM referred to the templates which had been circulated as examples of good practice and covering the standards requested by Macmillan.

	Discussion followed around the accountability, as this lies with the person signing off the treatment summary. In some instances when treatment is on different sites it may be better that the treatment summary is sent then, but this very much depends on the individual treatment. SB informed the group that there was not enough consultant resource but agreed to trial it at Stockport. Discussed that templates need to be in clinic and LW advised to work with transformation manager to get these adapted with drop down boxes and onto IT or secretarial systems. **It was agreed each trust to take through their management/governance boards for local tweaking and approval**
Conclusion	It was agreed that the templates circulated were comprehensive. The Pathway board validated the templates and are happy for these to be refined locally, reviewed locally by governance boards and utilised across GM.
Actions & responsibility	FL to recirculate and request each member to feedback to their trust for feedback/additions to refine as necessary. Finalised templates to be reviewed at next meeting.

5. Template Biopsy policy for GM

Discussion summary	JC informed the group that he has been working on standardising the protocol for GM and presented the draft copy. **Practice of targeted biopsy in GM was discussed**. MBL felt this would be worth auditing. **Reporting and scans** - MBL informed the group that the uro-radiology group is scoping capacity and demand management in GM with assessment of scanners for suitability within each sector. The possibility of mobile units was discussed to temporarily help with the increased demand. Confidence of reporting was also discussed. A formal 2 day course for intermediate standardised practice will be organised in the next 3-4 months.
Conclusion	The members discussed the various elements of the draft document and agreed some amendments.
Actions & responsibility	**ACTION - SM thanked JC for work to date. JC to update policy from the feedback**

6. Bone Profile Policy (Prostate Cancer patients)

Discussion summary	AM reviewed and presented the available guidance and literature with regards bone health in men with prostate cancer. The following key points were discussed:- • Assessment of risk for bone fractures • Capacity and cost of Dexa scans against other options • Impact to MDT's if 'at risk' patients to be discussed

	• Cost benefit analysis for all patients on ADT to undergoing Dexa scans to identify at risk patients vs prescribing all patients bone preservation therapy. Post fracture morbidity is ~80%. • The bisphosphonate work for breast cancer patients to be shared with AM. • Agreed approach to be protocol driven (involving other specialists) to manage patients through the pathway. (* see more detailed notes attached)
Conclusion	SY and FL to link in with AM on the next steps and bisphosphate papers
Actions & responsibility	**SY to contact Coral Higgins to forward the breast bisphosphonate pathway and financial work for FL/AM to inform this piece of work.**

7. Update on Surveillance project

Discussion summary	JO reviewed the AS protocol (1st policy written 4 years ago). He highlighted the key issues:- • There was some disparity between what NICE recommended (2012/2015) and what GM felt as acceptable. • Need policy on rescans and r-biopsy • Variable practices in GM MDT's. • No age parameters set -need to consider guidance. • No information on disease volume. • Guidance needed on PSA density ratio to the size of the gland. • Ethnicity - not mentioned specifically. A discussion followed on the following points: • It was felt that due to huge variation in cases and risk assessments that a protocol would be difficult. • Currently need to tailor the guidance to individual patients and need the flexibility to make decisions for low or high risk patients. • Inclusion into active surveillance criteria agreed needs to be tightened up. • Agreed that inclusion criteria need to be more considered and stringent Consider follow-up of patients (MR vs Bx)
Conclusion	Agreed a review and tightening of the guidance is needed but not for a rigid protocol. Current practice is variable in light of evolving data. JO to circulate suggestions to relevant parties and will update at the next meeting.
Actions & responsibility	JO to bring back to the next meeting.

8. Prostate pathway PID

Discussion summary	• SM updated the group that the Project managers post to start 1 March with CNS and navigator role be advertised in Feb 2019. FL confirmed the funding has been released. • A CNS and a Navigator for each of the sectors - likely based at SRFT, SHH, Oldham, MFT. This is to expand what is currently happening in SRFT. • The navigator role was agreed to be of high value by both staff and patients

	• A sub group to convene to support this project going forward from March.
Conclusion	Members to note
Actions & responsibility	No actions

9. Transformation Update

Discussion summary	KR updated the group on the transformation work for Urology and in the sub groups • Bladder specification complete from the subgroup. • More work needed on the Kidney sub group. • More work needed on the on call rota (both cancer and benign). Workshop discussed a skills based rota. TU to undertake a prospective audit to ascertain how often urology is called to theatre and for which specialties/cases. This would help inform potential job plans to accommodate skill sets capacity availability. • Scheduling of MDT's - consensus has been reached (Tuesdays for renal / Thursdays for prostate/bladder). • Review of impact on Uro-radiology/Urology pathology meetings • Open bladder and kidney moving from Christie to MFT South • Next stage discussion are taking place to possibly move the open work from MRI to MFT South • Ethos to deliver a single prostate service.
Conclusion	Board members to note
Actions & responsibility	

10. Research Update

Discussion summary	TE will update at the next meeting.
Conclusion	
Actions & responsibility	**Defer to next meeting**

11. CWT Standards - 62 days compliance in urology

Discussion summary	JB presented CWT data. The group asked for more detailed tumour specific data. A discussion followed around how to get data for TWW referrals for prostates to try and establish MRI scan requirements. This would be something the navigators could be able to collate.
Conclusion	
Actions & responsibility	**JB to speak to Nicola at PAHT**

12. AOB

Discussion summary	It was mentioned that some of the pathways are out of date. It was suggested that updates to link to NICE guidance would be more productive rather than duplicating documents. The Board agreed this.

Date and time of next meeting:
Tuesday 15th January at 2pm - Seminar Room 10, SRFT