

Greater Manchester **Cancer**

Gynaecology Pathway Board

**Minutes of the Pathway board meeting held on  
Friday 2<sup>nd</sup> November 2018 - 14.00-16.00hrs,  
Seminar Room A/B, 5<sup>th</sup> Floor, St Marys, MFT**

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

Ms Birgit Schaefer	Pennine
Murray Luckas	Mid-Cheshire
<b>In attendance</b>	
Michelle Leach	Greater Manchester Cancer
Mel Atack	User Involvement Manager GM Cancer
Alison Armstrong	Programme manager GM Cancer
Kate Rogerson	NHS Transformation Unit

**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**

<p>Discussion summary</p>	<p><u>Treatment summaries</u></p> <p>Treatment Summary (TS) changes from NAR now completed and circulated. 1 minor change on the borderline ovarian one is to take the word cancer out of the title of the letter. These can now be used by all units with the word document forming the base for information but utilising the Trusts own dictation or electronic system such as Somerset</p> <p>Clinical Oncology – Need sending to Patients for ratification - still outstanding</p> <p>Med Oncology – Still outstanding</p> <p>St Mary’s Surgical –done</p> <p>Christie’s Surgical – done</p> <p>Radiotherapy – KJ said will forward to ML</p> <p>LB asked all to continue to use the treatment summaries and report any issues back to the board.</p> <p><u>Stratified Follow Up</u></p> <p>LB explained that the findings of the away day were discussed at the last follow up sub-group. She reiterated the outcomes from the away day and asked the group if they would be happy to start trialling patient initiated follow up for low and intermediate risk endometrial cancer. A discussion ensued about the Leicester model which was presented at the away day. LB asked NB how she feels about stratified follow up from a patient perspective, she replied that now she understands that she has rapid re-entry into this system and it is initially for low risk patients she thinks it is a good idea. The group agreed that as long as the expectations of the patients were managed well i.e. via an information leaflet which could be given out early on in their journey this would work really well. NS agreed to work with the Gynae small community of service users to develop a leaflet for this purpose and bring back to the next board.</p> <p><u>Feedback from audit at Macclesfield Hospital on quality of referrals</u></p> <p>VH Updated the group on the outcome of the quality of referrals audit he did, the</p>
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	<p>outcomes were as follows:</p> <ul style="list-style-type: none"> <li>• 50 consecutives HSC205 referrals therefore for small numbers, but complies with NHSI methodology</li> <li>• 26/50 not NG12 compliant</li> <li>• HSC referrals (would be appropriate to see but routinely)</li> <li>• 0/6 vaginal or vulva cancers were not compliant</li> <li>• 7/8 for suspected ovarian cancer were not compliant</li> <li>• 4 postcoital bleeding, not compliant</li> <li>• 10/33 PMB not compliant (4 had actually had appropriately normal scans and where still referred)</li> <li>• 2/3 cervical cancer referral was not compliant</li> </ul> <p>To conclude if we could affect the quality of referrals we could significantly reduce the diagnostic work load and time pressure, most of these women needed seeing but in a routine time frame.</p> <p>Caveats – I assessed the referrals and the notes and made the judgements</p> <p>A discussion ensued about VH’s work. LB said what is the next step from the outcomes of this audit should be that GP’s need to be educated to carry out vaginal examinations and know what they are looking for. NAR said the way forward may be support from the CCG and feedback inappropriate referrals to them. LB thanked VH for his update on behalf of the board.</p>
<p><b>Conclusion</b></p>	<p>The board noted the discussions and will proceed to the agreed actions.</p>
<p><b>Actions &amp; responsibility</b></p>	<p><b>Treatment Summaries:</b>                  LB to speak to MS and AL regarding whether the surgical TS’s are being done for patients as standard.                  ML to speak to James Turner at The Christie regarding how numbers of Treatment summaries are being recorded.                  ALL units to begin using the TS’s NAR has updated.</p> <p><b>Stratified Follow Up</b>                  LB to continue to feedback on the work undertaken by the subgroup                  NS to co-produce a leaflet for patient on stratified follow up.</p> <p><b>Feedback from audit at Macclesfield Hospital on quality of referrals</b>                  ALL – to do a similar audit within their Trust, LB stated you can either use local or NICE guidance but make clear which in your outcomes. This should be presented at the next meeting.</p>

**4. The GM Cancer Plan**

<p>Discussion summary</p>	<p><u>62 Day Performance Data</u></p> <p>KB explained that the cancer managers are currently reporting on both the old and new policies which is taking up a lot of time. At the time of the meeting Gynae specific validated data was not available for quarter 2 but early indication is that GM has failed as a whole. Validated Q3 tumour site data will be available in tumour type for the next board.</p>
<p><b>Conclusion</b></p>	<p>The board noted the update.</p>
<p><b>Actions &amp;</b></p>	<p><b>KB</b> to continue to update the board.</p>

responsibility	
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**5. Service transformation update**

Discussion summary	<p>Kate Rogerson from the NHS Transformation Unit updated the group on the work carried out so far. She explained that she has been working with Richard Edmondson to visit all the diagnostic units to find out some of the issues they are encountering and then run workshops. They will need to do some education sessions on the CWP and there are also a list of clinicians that would need honorary contracts between Christi and MFT which will require some job planning. LB's had been asked by the Transformation Clinical sub-group to ask the board "What is a World class service and how do we measure it"? A discussion ensued and the board expressed that earlier diagnosis, the speed in which we diagnose patients, improved survival and diminishing morbidity would all be good measures. Patient experience should also be measured and a the group spoke about having a patient questionnaire specific to Gynae, ML stated that the reality of this is that it is difficult to administer, patients have survey fatigue as they are being asked to fill so many in. LB suggested this be done as a short electronic form which could be carried out at the follow up chat; LB will speak to the UI team about this further outside of the meeting. RH asked if there are any QOL metrics and LB and KR agreed to think about this. LB stated that "World Class" is also reputational; she believes that by becoming a single site they will have access to more international trials and have combined survival data etc. which is measured in a reliable way.</p> <p>LB asked for a volunteer to refresh the Standards Document which was written a year ago, HA said will have a look in the first instance if LB forwards this to him.</p>
Conclusion	The board noted the update.
Actions & responsibility	<p><b>LB to forward standards document to HA for updating</b>  <b>LB to continue to update the group.</b></p>

**6. Service User Representative Update**

Discussion summary	No new updates
Conclusion	NA
Actions & responsibility	<b>NA</b>

**7. Trials Report**

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

**8. Any other business**

Discussion summary	<ul style="list-style-type: none"> <li>• Patient Impact Statement – This has now been introduced in to the Christie MDT there have been 310 patient impact statements offered of those the form was completed in 48 cases. Issues were identified were about</li> </ul>
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	<p>recovery, reassurance, anxiety, family commitments i.e. carers, co-morbidities, chemo, and fertility. LB asked the group if they thought we had full buy in from the CNS group, KJ agreed to take this to the next Gynae CNS meeting.</p> <ul style="list-style-type: none"> <li>• ML asked the board if they were happy with the dates circulated for next year, there was a change of the January meeting to 11th January and then rotate between St Marys and the Christie as previously decided.</li> </ul>
Conclusion	The discussions were noted by the board
Actions & responsibility	<p><b>KJ</b> to ask CNS group if they agree and are signed up to the patient impact statement at the next CNS meeting</p> <p><b>ML</b> to book rooms and circulate to the group</p>

**Future meeting dates 2019, All Friday 2-4pm:**

11<sup>th</sup> January - Meeting Room 6, The Christie.

1<sup>st</sup> March, Paediatric Board Room, Room number 126, 3rd Floor, RMCH

3<sup>rd</sup> May - Meeting Room 6, The Christie.

5<sup>th</sup> July, Paediatric Board Room, Room number 126, 3rd Floor, RMCH

13<sup>th</sup> September, Meeting Room 4/5, The Christie

1<sup>st</sup> November, Paediatric Board Room, Room number 126, 3rd Floor, RMCH