

Log No.	Date Created	Status	Discussion summary	Action	Action Lead	Update
7	10.07.2020	Open	<p><b>Title: Stratified Follow Up</b>  <b>To: Update</b>  <b>Owner: AG/NAR</b>  <b>Project Proposal</b>            A presentation was shown to help implement Personalised Stratified Follow up. The aim is implement a PSFU pathway for endometrial stage 1 &amp; 2 cancer patients, using the model and protocol developed and agreed through the Clinical Pathway Board</p> <p><b>Eligibility Criteria</b>            General eligibility criteria for PIFU (BGCS recommendations &amp; guidance on PIFU paper) was presented to the group. The group discussed the criteria and the rates of potential recurrences that could be missed by adopting this form of follow up. Some of the group felt that Stage 1, 1a or 1b should be piloted first before rolling out. MS advised that we need to look at the numbers for Greater Manchester area to ensure the population are not missing out on Best Practice. Look to do as a Pilot, collate the data to see if safe.</p> <p>AL from MFT advised that they had previously had an issue with patients re-accessing the system, however this should not be a problem going forward. If using Info flex this should be straight forward.</p> <p>It was agreed that a patient leaflet outline the follow up and comprehensive treatment summary are imperative. AG/ML and UI Team to look at a Patient information leaflet and Treatment summary and bring back to the board.</p>	<p>Look to do as a Pilot for low grade endometrial, collate the GM data to see if safe.</p> <p>An information leaflet is in draft and AG will edit. Then provide feedback.            Treatment summary to be circulated, and added to next Agenda</p> <p>Bring back Patient information leaflet to next pathway board.</p> <p>End of treatment letter and information to be linked in together. NAR to discuss with AG</p>	<p>AG</p> <p>AG</p> <p>ML</p> <p>AG/NAR</p>	14.08.20 An update will be presented at the October meeting
8	10.07.2020	Open	<p><b>Title: AOB</b>  <b>To: Discuss</b>  <b>Owner: NAR/ALL</b>  <b>NCPES Survey</b>            ML had circulated the link to the group for the data from last years survey. NHSE are pushing forward to carry out the survey later this year despite covid. GM Cancer would like to have a GM Specific Survey but not currently at this stage.</p> <p>The group discussed patients who need translation as the figures from the survey showed 0 translations requested. This means that the system is missing feedback from lots of patients if they are not included in the survey, and preventing them from getting their say. Statistics showed that half of the participants are over 70, so does not provide a true reflection of our patient cohorts. PD the UI Lead will look into this as she has a call with NHSE &amp; feed back to the group</p> <p>Future Meeting Dates            Friday 14th August 2-4pm Virtual            Friday 9th October 2-4pm Virtual            Friday 4th December 2-4pm Virtual</p>	<p>PD has a call scheduled in 2 weeks time regarding the survey so will liaise with NHSE and feedback.</p> <p>ML to send out invitations</p>	<p>PD</p>	
9	14.08.2020	Closed	<p><b>Title: Welcome &amp; Apologies</b>  <b>To: Discuss</b>  <b>Owner: NAR</b>            Apologies were provided and noted. NAR ran through the organisations present on the call to check that the meeting was Quorate.</p>	<p>For information, no action noted</p>		
10	14.08.2020	Open	<p><b>Title: Meeting Summary/Action Log and Matters Arising</b>  <b>To: Discuss</b>  <b>Owner: NAR</b>            The Action and Summary log had been distributed and agreed that they reflected an accurate record of the last meeting.</p>	<p>14.08.2020 : The action log was agreed as an accurate record.</p>		

11	14.08.2020	Open	<p><b>Title: Covid 19 Update - Surgical Hub Data</b>  <b>To: Update</b>  <b>Owner: NAR</b>  Covid levels generally across the county are currently static but are going up in places, however there is a need to be alert in respect of a second wave.  The phase 3 letter from Simon Stevens regarding the recovery plans across all of areas of the NHS was distributed in regards to Cancer in order to resolve normal out patient clinics by September 2020 and 90% surgical treatment by September. This is a massive ask and individual providers need to think how they will approach this. The letter addressed and highlighted capacity issues, patient initiated follow up and plans for clearing the backlog and restoring capacity.  A slide was shared showing the current overview of all the tumour groups. Cancer referrals are increasing but they are still below pre-covid levels. The May data for Gynae was around 50%. There are currently 2673 patients on the cancer list beyond 62 days for all cancer groups. For Gynae the May data showed 120 women were over 62 days on a Gynae pathway.</p> <p><b>Restoration and Recovery Programme through GM Cancer</b>  <b>GM Cancer recovery plans post covid</b> are underway and part of this is the Tableau data platform which provides live and up to date information on patients. There is a national focus on delayed patients particularly of over 104 days and patients on the cancer pathway over 104 days now require a harm assessment. There will be more real time feed back to provider leads when patients are found to be on the waiting list without a date and when they are facing breaches of 62 and 104 days. the coming weeks. The work on our best time pathway has has tied in nicely with the RDC programme and should help expedite patients through the pathways.  Preparation for a second wave of covid on top of the winter pressures anticipated which means its imperative we initiate backlog backlog clearance proactively. GM Cancer are to undertake a safe surgery audit to look at the outcomes of all of our patients who have had</p>	14.08.2020 : ML will share slides after meeting	ML	ML shared slides 20.08.20
12	14.08.2020	Open	<p><b>Title: BTP - sign off/update funding</b>  <b>To: Update</b>  <b>Owner: NAR/ALL</b>  NAR presented the slightly altered pathways after taking into account suggested amendments from board members. The pathways were agreed as being ratified by the board.  Sarah Taylor the GP Cancer Lead for GM has approached Nadia about working up changes to the ovarian suspected cancer referral forms in line with the new pathways the board agreed on the following criteria:</p> <ul style="list-style-type: none"> <li>· abdo/pelvic mass not obviously fibroids</li> <li>· any ovarian cyst on USS &amp; raised ca125</li> <li>· suspicious ovarian cyst (solid/cystic) on USS with normal/raised Ca125</li> <li>· ascites and raised ca125</li> </ul>	ML to email out to the Pathway Board members with suggested updates for comments by close of business 19.08.20		24.08.20 - Sarah Taylor returned comments saying that ascites will need to be left off the form at the moment as it is part of the NG12 guidelines and RDCs are not established across the city yet.
13	14.08.2020	Open	<p><b>Title: Performance Targets - 7, 28 &amp; 62 days</b>  <b>To: Discuss</b>  <b>Owner: CW</b>  A Presentation on the 62 day targets for Quarter 1 were shared with the board. In Quarter 1 across GM an achievement of 67.2% is marked as an improvement.  <b>28 Days</b> : This will start to be reported nationally from September.  <b>7 Days</b> : Figures were not available and will be presented at the October meeting</p>	No Action noted		
14	14.08.2020	Open	<p><b>Title: PHE - Cervical Screening Update</b>  <b>To: Discuss</b>  <b>Owner: NAR</b>  It was noted that there is a lot of activity to be involved in order to return to a pre-covid level. The PHE Screening Programme is working hard and from June the services should be at 100% Smear tests are being carried out at GP surgeries and the slide shown provided a summary of the current position. Colposcopy services have mainly resumed normal treatment and are seeing all high risk women. Support is being provided to primary care services and Trusts, however there are still fewer smears been carried out than pre-covid. There is a media campaign scheduled to run to improve numbers of patients presenting with worrying symptoms</p>	No Action noted		

15	14.08.2020	Open	<p><b>Title: Stratified Follow up - Update</b>  <b>To: Update</b>  <b>Owner: ML/NAR</b></p> <p>This was discussed at the last meeting and there is no new information, however it has been highlighted by GMCancer to be looked as a body of work to improve and is included in the phase 3 letter by Simon Stevens as one of the areas to help restore services. A full update will be provided at the next meeting in October.</p>	Review PSFU at October 2020 meeting with an update by Astrid Greenbury.	ML/NAR	
16	14.08.2020	Open	<p><b>Title: AOB - NCPES Survey - UI Update</b>  <b>To: Discuss and Update</b>  <b>Owner: PD</b></p> <p>PD updated the group on the challenges of hard to reach groups not completing the survey. If we don't have responses that represent our communities then it cannot reflect improvement. PD sits on an NHSE improvement collaborative for the NCPES and explained that herself and service users can use this opportunity to ensure changes are made. The Translational service needs to be reviewed, as it has not been possible to amend in respect of what is run, this will be looked at for next year as there is ongoing work to be done.</p>	PD to continue to update the group		
17	14.08.2020	Open	<p><b>Title: AOB - CNS</b>  <b>To: Discuss</b>  <b>Owner: ALL</b></p> <p>It was asked if there are any issues for CNS Service during Covid? SFW stated that CNS's had remained in post at Wythenshawe. On the whole capacity was an issue due to staff availability during the pandemic and virtual clinics had been put in place where possible. Clinics are starting to re-open and a return to pre-covid ways of working being re-established.</p> <p>It was asked if the peripheral outreach clinics will be resumed? It was confirmed that they will be reinstated when they have identified the best place to set up in October time. NAR will provide feedback.</p>	NAR to provide feedback around Outreach Clinics	NAR	
			<p><b>Title:</b>  <b>To:</b>  <b>Owner:</b></p>			