

Greater Manchester **Cancer**

Gynaecology Pathway Board

**Minutes of the Pathway board meeting held on
Friday 8th March 2019 - 13.00-15.00hrs,
Paediatric Board Room, Room number 126, 3rd Floor, RMCH**

Attendance	Representation
Dr Lisa Barraclough (Chair)	Christie
Karen Blackburn	Lead Manager, Cancer Services, MFT (Wythenshawe)
Dr Carolyn Walker	GP representative - HMR CCG
Lenny St Jean	Transformation Mangers Group
Mr Jim Wolfe	SRFT
Coral Higgins	Greater Manchester Cancer - Commissioning
Noreen Bailey	Service User Representative
Hisham Abouzeid	Consultant Gynaecologist, Pennine
Ms Nadia Ali-Ross	Bolton
Karen Johnson	Christie
Mr Mike Smith	Christie
Mr Sean Burns	MFT (Wythenshawe)
Paula Hyder	Christie
Michelle Mackintosh	MFT (Oxford Road Campus)
Mr Kyle Gilmour	Tameside
J Abida	Tameside
Julie Dale	Pennine
Anne Lowry	MFT (Oxford Road Campus)
Dr Andrew Clamp	Christie
Mr Raha Latheef	WWL
Rhona McVey	MFT
Apologies	
Mr Vincent Hall	Macclesfield
Mr Suku George	Stockport
Dr Ann Mills	Bolton
Sabine Fornacon-Wood	MFT (Wythenshawe)
Ms Rebecca Thompson	Mid-Cheshire
Samantha Dunne	Service User Representative
Miss Cathrine Holland	MFT (Oxford Road Campus)
Dr Richard Hale	Consultant Pathologist
Miss Eva Myriokefalitaki	Christie
Amanda Jackson	Service User Representative
Mr Rick Clayton	MFT (Oxford Road Campus)
Vanessa Hilton-Watts	East Cheshire NHS Trust
Laura Bradley	The Christie
Ms Jo Dzyra	Stockport
Julie Kiernan	MFT (Wythenshawe)
Karen Blackwood	WWL

Mr Brett Winter-Roach	Christie
Mr Richard Slade	Christie
Ms Birgit Schaefer	Pennine
In attendance	
Michelle Leach	Pathway Manager, Greater Manchester Cancer
Natasha Smith	User Involvement Manager GM Cancer

1. Welcome and introductions

LB welcomed all to the meeting and introduced and did a round of introductions followed. LB noted the apologies received.

2. Minutes of last meeting

The minutes of the last meeting were recorded as being accurate

Matters arising

I. 2week wait referral form

Discussion summary	<p>CW explained that the referral criteria needed to be updated on the suspected cancer referral form. LB went through every item and noted the following changes:</p> <p>Take the sentence out of the 'Referral reason' after the text in red and put this is mandatory</p> <p>CA125 added as a box under the ferritin box</p> <p>Add 2 questions under 7 mandatory questions as follows:</p> <ol style="list-style-type: none"> 1. If the referral is on the basis of a scan report and it is not attached it will be rejected 2. If the referral reason box is not completed the referral will be rejected <p>Only tick one suspected cancer type or explain why not in the free text box</p> <p>Ovary ok</p> <p>Endometrium - USS the 3rd box needs removing</p> <p>Cervix – ok</p> <p>Vulval - ok</p> <p>Vaginal - ok</p> <p>The group discussed how we can get all the required clinical information rather than just the mandatory first 7 questions. The quality of referrals and ways the form could be changed to reflect these were debated. The board also discussed that it would be good to have a pathway that wasn't cancer but was quicker than the general referral route. SB asked how others were triaging referrals because he needed to protect his scan and hysteroscopy scan slots so if he thought a patient didn't need that he could triage to another clinic. Some of the group agreed they do similar but it was then difficult to try and get the patient into the appropriate clinic due to lack of information.</p>
Conclusion	The board noted the discussions and will proceed to the agreed actions.
Actions & responsibility	CW agreed to make the required changes to the form and feedback to Sarah Taylor who is leading on this piece of work.

3. Delivering the Recovery Package

Discussion summary	<ul style="list-style-type: none"> Treatment summaries - cervical cancer treatment summary JW will make amends on template and send back to NAR Stratified FU – deferred to next meeting Feedback from Bolton on quality of referrals NAR presented the following highlights: 68 TWW referrals broken down as follows: 46 endometrial 38-40(82-86%) 9 cervical 7-8(77-88%) 8 ovarian 1(13%) 3 vulval 2 (67%) 1 vaginal ? 1 ?uterine ? Overall: 48-51/68 =71-75% appropriate LB thanked NAR for her presentation on behalf of the board.
Conclusion	The board noted the discussions and will proceed to the agreed actions.
Actions & responsibility	<p>Treatment Summaries: JW to make amends to cervical cancer treatment summary and forward to NAR</p> <p>Stratified Follow Up LB to continue to feedback on the work undertaken by the subgroup NS & AL to co-produce a leaflet for patient on stratified follow up.</p> <p>Feedback from audit at Pennine on quality of referrals LB thanked NAR for her update. Stockport, SRFT, WWL, Wythenshawe, Leighton and Tameside to present at the next meeting</p>

4. The GM Cancer Plan

Discussion summary	<p><u>62 Day Performance Data</u> Gynae as a whole failed 62 day target with the total for Q3 71.84%</p> <p><u>Service improvement across 62 day standard</u> LB explained that KB is trying to do some service improvement on the 62 day standard and they needed to map them against the time lined pathways. The last available were from 2012 and needed updating. LB went through the pathways with the group and agreed to make the changes discussed and distribute to the group for final sign off. These can then be uploaded to the GM Cancer website. LB noted that our guidelines are due for updating and this should be put on the agenda for a future board meeting.</p>
Conclusion	The board noted the update.
Actions & responsibility	<p>KB to continue to update the board on the 62 day figures LB to update the time lined pathways and send round to the group ML will then upload to the GM Cancer website ML to put guidelines on agenda for updating at future meetings</p>

5. Service transformation update

Discussion summary	<p><u>Standards Document feedback</u> HA hasn't received feedback from the document he has distributed. He agreed to</p>
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	forward to ML so she could distribute to the entire group for any comments to be returned within 2 weeks.
Conclusion	The board noted the update.
Actions & responsibility	ML to forward standards document to the group for update then HA to update the standards document and distribute the final document for ratification

6. Service User Representative Update

Discussion summary	NB wished the group happy national women's day.
Conclusion	The board noted the update
Actions & responsibility	NA

7. Trials Report

Discussion summary	LB highlighted the tabled report.
Conclusion	The group noted the tabled report.
Actions & responsibility	NA

8. Education

Discussion summary	Deferred to the next meeting
Conclusion	The discussions were noted by the board
Actions & responsibility	NA

9. AOB

Discussion summary	<u>Cervical cancer staging by FIGO and a potential implementation date across our network.</u> LB asked the group to agree a date to start using the new staging. The group said that the CWP wasn't updated yet so they couldn't begin immediately. LB will chase the change up and disseminate to the group with a start date by 1 st April
Conclusion	The discussions were noted by the board
Actions & responsibility	LB to notify the group of an agreed start date for using the new staging

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

3rd May - Meeting Room 6, The Christie.

5th July, Paediatric Board Room, Room number 126, 3rd Floor, RMCH

13th September, Meeting Room 4/5, The Christie

1st November, Paediatric Board Room, Room number 126, 3rd Floor, RMCH