GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

Greater Manchester Cancer

Oesophago-Gastric Pathway Board

Oesophago-Gastric Pathway Board Meeting
Minutes and Actions

Meeting time and date: Thursday 23rd May 2019 10:00-12:00

Venue: The Northern Lawn Tennis Club, Didsbury.

Members in attendance			
Name	**Role**	**Organisation/Representation**	**Attendance 2019/20**
Jon Vickers (JV)	Chair/Consultant Surgeon		1/1
Fiona Lewis (FL)	Pathway Manager	GM Cancer	1/1
Julie Fletcher (JF)	Cancer Services Manager	GM Cancer Managers	1/1
Sue Sykes (SS)	GMC Commissioner	GM Cancer Commissioning	1/1
Javed Sultan (JS)	Consultant Surgeon	Prehab Representative	1/1
Was Mansoor (WM)	Medical Oncologist	Research Representative	1/1
Martin Smith (MS)	User Representative	Macmillan User Involvement	1/1
Elaine Hayes (EH)	User Representative	Macmillan User Involvement	1/1
Bohdan Smajer (BS)	Consultant Surgeon	Bolton NHS Foundation Trust	1/1
Amanda Law (AL)	Consultant Radiologist	Bolton NHS Foundation Trust	1/1
Rob Willert (RW)	Consultant Gastroenterologist	Manchester NHS Foundation Trust (Oxf)	1/1
Abduljalil Benhamida (AB)	Consultant Surgeon	Trafford General Hospital Representative	1/1
Marc Abraham (MA)	Dietician	The Christie NHS Foundation Trust	1/1
Zola Macfarlane (ZM)	Consultant Gastroenterologist	Pennine Acute Trust	1/1
James Turner (JT)	Macmillan Transformation Manager	Macmillan	1/1

Guests in attendance		
Name	**Role**	**Organisation**
Zahra Batool	Senior Team Administrator	GM Cancer
Alison Armstrong	Programme Lead	GM Cancer
Morris Tomlinson	Senior Data Analyst	GM Cancer
Golnoosh Mohamedi	Data Analyst	GM Cancer

Apologies			
Name	**Role**	**Organisation**	**Attendance 2019/20**
Stephen Hayes (SH)	Consultant Histopathologist	Salford Royal NHS Foundation Trust	0/1
Tina Foley (TF)	CNS Rep	Manchester NHS	0/1

		Foundation Trust (S)	
Michelle Eden Yates (MEY)	CNS Rep	Salford Royal NHS Foundation Trust	0/1
Hamid Sheikh (HS)	Clinical Oncologist	The Christie NHS Foundation Trust	0/1
Ganesh Radhakrishna	Clinical Oncologist	The Christie NHS Foundation Trust	0/1

1. Welcome and Apologies	
Discussion summary	JV welcomed members of the board to the meeting and introductions were made. Apologies were noted.
Actions and responsibility	No further actions.

2. Minutes of the last meeting	
Discussion summary	**Actions Arising** Minutes of the last meetings were discussed in depth. Some amendments need to be made to name and clarification of provider trusts **Sarcoma** - Happy with the GIST guidelines of which OG are responsible for. Close action. **HER2** - OG pathway board view has been sent out to members. Close action. **Patient information/leaflet** - currently gathering information to understand what is available in order to produce standardised patient information about what to expect on the single service pathway across the trusts, the detailed individual information will be given by the specialist surgeon or oncologist. The board agreed that the benefit of this is that patients are kept well informed at the right stage of their treatment and that this information is consistent. **The 2WW referral form** action from the last meeting was closed. EH fed back that from a patient perspective, diagnostic and clinical staff were informing patients to keep the next two weeks free setting an expectation - when in practice, it is longer than the two weeks that things tend to happen. SS noted this and suggested the words need reconfiguring as it was originally meant for GP's to ensure investigations would begin within 2 weeks and will take this back. She informed the group that the mandatory fields on the form needs to be filled in before it can be sent but this is only happening in two CCG's. A piece of work is going on to make sure this happens in all CCG's. **Research** - JV had spoken to Dave Shackley about research resource, and agreed this was a service issue and WM clarified that the two should not be confused. NCIR research is paid for and therefore funded. Independent research is a service and job plan issue. • WM presented an update on trials which are currently underway but noted that as a network, we are failing in uptake of trials. • Innovation has taken 4 years and is still in set up. WM noted that this is considered as a failure due to the length in time it has taken to set up.

	• It was also reported that 4 studies have had to be closed down as well as 3 studies with AstraZeneca. • WM suggested that there is a failing due to turning trials away due to many reasons but capacity being a key one. WM suggested to the board that trials and research need the correct leadership and suggested Mr. Bilal Al-Khaffaf as someone who could progress this. It was also noted that visibility is needed across trusts and networks on what trials are taking place and where. The focus of trials still needs to be on providing better outcomes for patients. We need the Northern Care Alliance to have more research nurses and data management A meeting with Steve Woby is arranged to discuss research issues. RW asked for clarity on what trials are included as he is involved in a spit trial and whether this should be included, WM advised that we need to have visibility of all trials and reaching trial targets but ultimately recruiting patients and being on the international platform of recruiters. This is a problem highlighted in all pathway trials but there is a resource issue to this for all Trusts in GM. In the longer term this is an issue for the board to resolve.
Actions and responsibility	1. FL to make amendments to the minutes and ensure on website 2. JV to follow up with Michelle and Vicky and collate information to standardise for patient leaflets. 3. SS to review the advice for GP's to patients on "2WW". 4. Research meeting on 20/06/19 to focus on surgical involvement in clinical trials in the first instance at meeting with an existing action to incorporate all trials in one place. Update will be provided at the next meeting.

3. HER2 Update	
Discussion summary	• JV opened discussion around HER2 testing and how it should be a reflex test at the time of diagnosis at local trust. • SS noted that GM commissioners were not currently aware of funding for HER2 and likely that this is part of the block contract, and unless this test is in the OG pathway, SS won't be able to move this forward. • Discussions around the costing for HER2 per localities were discussed by the board and generally agreed that it costs £80 for the testing and an additional £80 for the FISH test if the first test is not adequate. • Numbers based on OJ, Gastrics (not oesophageal). (WM figures approximately 750 patients seen p.a. The ones require HER2 are approximately 400. (remaining 350 are oesophageal). JV felt these numbers felt right anecdotally and will confirm in writing. • Stockport have expressed confusion on the pathway and that they are not keen to do this but there is no representation today.
Actions and responsibility	1. FL to amend the pathway to include HER2 in the right pathway. 2. FL and SS to discuss the numbers of patients and costs for the next commissioning meeting. JV to help with this and provide information within 1 week (30/05/19).

4. OG service and Pre-hab Update	
Discussion summary	• JS informed the board that Prehab is now live and referrals are underway around 80 community gyms in the GM area. It was noted that the programme is a work in progress but the aim is to help patients optimise their health prior to radical treatment. • Discussions ensued around the board in regards to the programme, its process and data collection. WM expressed his feelings around adverse effects especially when on adjuvant chemotherapy and is working closely with JS on this. • It was concluded that Prehab is a good practice and that Data needs to be collated and shared across trust systems but with the understanding that there is no comparative group to compare data with.
Actions and responsibility	Members to note progress. Referral link via https://www.gmactive.co.uk/prehab4cancer/

5. Update from CNS Forum	
Discussion summary	No update provided. JV suggested that the item should be discussed at the next meeting.
Actions and responsibility	FL/ZB to add this item to next meeting's agenda.

6. Recording of HGD	
Discussion summary	BH expressed concerns that the recording of HGD may not be not registered on Somerset and that it is not seen as a cancer and is therefore not tracked but should be treated as the same as cancer. RW confirmed that it is on Somerset and that it should be tracked on the cancer registry. The board noted that a CT scan for HGD is not helpful thus it's not needed but EUS should be performed instead.
Actions and responsibility	Members of the board agreed to record HGD in Somerset

7.Clinical documents for review	
Discussion summary	JV commented that clinical documents and guidelines were agreed to be reviewed at the last meeting. The board discussed further actions for this agenda item. It was noted that the board decided that guidelines need to be circulated more widely as all clinicians need to be involved and comfortable with the guidelines.
Actions and responsibility	Barret's Low grade - RW to update Pathology guidelines - SH to review. Radiology guidelines - FL to circulate for sign off at the next meeting. Nursing guidelines - MEY to update. Network Guidance - Chemo and Radiotherapy guidelines - GR was nominated

8. Lymphedema GM Project	
Discussion summary	FL provided a brief update on the project for general information. • Following the result of a 2015 Strategic Health Needs Assessment on the provision of lymphedema service in GM, Macmillan has funded a team for 2 years to scope and reduce the variation that was found in GM. • Currently there are very limited services for patients. • The vision for GM is to identify, support self-management, reduce co morbidity and provide timely assessment as well as providing a better quality of life. The key aspects of the project are to understand wider workforce and patient education needs - understand sign and symptoms, self-help, and signposting to professionals, preventing patients from going from stage 2 to stage 3 lymphodema. A questionnaire has gone out to CNS's 83% of nurses advising that they need lymphedema education.
Actions and responsibility	Members to note

9. 62 Day Performance	
Discussion summary	An update was provided by MT on the 62 day performance for OG. The figure for Q4 for 2018/19 stands at 64.73% across GM. • MT explained that the data is currently in a state of flux as the data is sent by Cancer managers and the CIS team can only access this when it is sent across. Currently the CIS team are working on identifying breaches and assessing where and why they occur. • The board recognised that both data and acting on issues that arise need to go hand in hand. Members agreed that data collation is key to presenting blockages to Commissioning and the GM Cancer board. MT explained that GM Cancer does not own data and access will need to be given to the CIS team across trust systems and there is a resource issue when trying to audit this manually in each Trust. • It was agreed that we know where the problems are, we just need the evidence to support this. • AA suggested that the board should choose 4 areas to focus on and audit a cohort of patients in order to assess breaches and any issues arising. The four areas discussed to focus on were: - Pathology at Macclesfield resourced out, causing delay. - PET scan and reporting especially in Wigan - CPEX process delays - EUS capacity across GM The end point of this is to produce a paper that can be presented to the GM Cancer board.
Actions and responsibility	MT to distribute discussed the 4 areas of required data in form of a report to members of the board. AA to discuss with MT about what can be done to capture PET data internally. JV and JF to meet to discuss the detailed requirements

10. Standardised Follow Up – Protocol	
Discussion summary	JV commented that the board had started to look at when patients are followed-up and where and for surgery, this is easy to identify. JV commented that after 5 years, patients may be in the position as not needing regular follow-up and discharged unless a problem arises. There was a discussion around the many options of where to hold follow-ups. One suggestion is to extend outreach clinic models in specific locations. The board discussed how to follow-up patients in the mean-time and suggested that surgical patients could be followed up in surgical centres. WM noted that the information from follow-ups is crucial for patients. There needs to be a system of data collecting and reporting to enable us to see improvements in patient outcomes. In regards to patient follow-up after treatment, the board discussed respective follow ups by med-oncs and clin-oncs taking responsibility for future follow-up unless further surgery is needed. The key point is as long as there is post-op documentation back to the Trust to inform the clinician of the details and future management.
Actions and responsibility	JV to approach Hamid Sheikh in regards to follow ups in Clin-Onc. JV to draft a straw man follow up protocol with the intention for comments The intention is the final to be made available on the website. FL/ZB to add this to agenda for the next meeting.

11. Service transformation and the single service	
Discussion summary	JV explained that there is no update currently, but the main item to be resolved is the need to reduce and reform the MDT service. The first meeting to discuss this further will be in June 2019 with diary invites going out now. It is critical that all organisations are represented at the meeting on MDT reform in June 2019. This will be an opportunity to assess each trust's service and simplify it.
Actions and responsibility	Board members need to relay this information back to their trusts to attend.

12. AOB	
Discussion summary	WM discussed whether there was an action plan arising from the away day suggesting that surgical consultants to take responsibility/ownership of patients. JV informed him that this was not quite ready. JV thanked members of the board for attending the meeting.
Actions and responsibility	

Next Meeting:

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16th July 2019

10:00- 12:00

Seminar Room 6, Mayo Building, SRFT