



Oesophago-gastric Pathway Board Constitution 2015



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1. INTRODUCTION

Cancer services in Greater Manchester and East Cheshire changed in 2013/14. The Greater Manchester and Cheshire Cancer Network ceased to exist in March 2013 when cancer networks nationally were amalgamated into strategic clinical networks as part of the NHS reorganisation. In Greater Manchester this coincided with the creation of Manchester Cancer, an integrated cancer system for Greater Manchester and East Cheshire.

Twenty Manchester Cancer Pathway Clinical Directors were appointed in late 2013 and took up their roles on 1st January 2014.

These clinical leaders have formed Pathway Boards, multi-professional clinical groups from across the region. Most Pathway Boards began meeting in spring 2014. For the purposes of the National Cancer Peer Review Programme, Manchester Cancer Pathway Boards are taken to be the *network group* for the relevant tumour type or cancer area.

2. CONFIGURATION (14-1C-101f)

2.1. Local Oesophago-Gastric Cancer Teams

The Network Board has agreed with PCT leads for the catchment population of GMCCN that primary care practitioners will refer all patients defined by the “urgent, suspicious of cancer” guidelines for Oesophago-Gastric Cancer to the contact point of a single named diagnostic or diagnostic / local team as named below¹:

Local Oesophago-Gastric Cancer Teams	MDT Lead Clinician	CCGs in Catchment	Catchment Population
Bolton Hospitals NHS Foundation Trust	Mr Joseph Varghese	Bolton	297,258
Central Manchester University Hospital Foundation Trust	Mr Alan Li	Manchester (Central) Trafford	215,295 236,996
East Cheshire NHS Trust	Dr Konrad Koss	Eastern Cheshire	204,353
Mid Cheshire Hospitals NHS Foundation Trust		South Cheshire Vale Royal	278,945**

¹ The Provider Board and commissioners recognise that both the nature of the Greater Manchester health system and the patient choice agenda mean that some patients will be referred to another of the providers in the conurbation and not necessarily to the designated provider for their PCT catchment area.

³ Patients from Mid Cheshire are referred to the SMDT at University Hospital of North Staffordshire NHS Trust (part of Greater Midlands Cancer Network) and clinicians from Mid Cheshire attend the clinical subgroup in that network

Pennine Acute Hospitals NHS Trust	TBC	Bury HMR Manchester (North) Oldham	196,730 223,934 193,497 242,669
Salford Royal NHS Foundation Trust	Miss Laura Formela	Salford	253,112
Stockport NHS Foundation Trust	Mr Bart Decadt	Stockport	301,096
Tameside Hospital NHS Foundation Trust	Mr Abduljalil BenHamida	Tameside and Glossop	241,875
University Hospital of South Manchester NHS Foundation Trust	Mr Ian Welch	Manchester (South)	168,678
Wrightington, Wigan and Leigh NHS Foundation Trust	Dr Richard Keld	Ashton, Leigh and Wigan	321,084
TOTAL			3,375,522

*Figures from <http://www.england.nhs.uk/wp-content/uploads/2013/12/ccq-allocation-big-table-v2.pdf>

** based on combined 2013/14 population figure for South Cheshire Health CCG and Vale Royal CCG

Local Oesophago-gastric teams provide local care for their own catchment area and collaborate on clinical decisions within sector-based MDTs with a full core complement of specialists. Patients will be treated in their own locality or at a specialist treatment centre, according to the decision of the MDT and by the appropriate specialist member of the MDT, in discussion with the patient.

The procedures and treatments classed as local are:

- Staging investigations – CT and EUS can be provided locally by local agreement
- Palliative treatment options:
 - Relief of symptoms
 - Prolong good quality of life
 - Endoscopic stent
 - Nutritional assessment
 - Pain control
 - Macmillan specialist palliative care referral
 - Hospital
 - Community
 - Hospice

2.2. Specialist Oesophago-Gastric Teams

Specialist Oesophago-Gastric Cancer Teams	SMDT Lead Clinician	Referring MDTs	Catchment Population
Central Manchester University Hospital Foundation Trust	Mr Alan Li	Central Manchester (including Trafford)	452,291
		Stockport	301,096
		Tameside	241,875
			995,262
Salford Royal NHS Foundation Trust	Miss Laura Formella	Salford	253,112
		Pennine	856,830
		Bolton	297,958
		Wigan	321,084
		1,728,984	
University Hospital of South Manchester NHS Foundation Trust	Mr Ian Welch	South Manchester	168,678
		East Cheshire	204,353
			373,031
TOTAL			3,097,277

*Figures from <http://www.england.nhs.uk/wp-content/uploads/2013/12/ccq-allocation-big-table-v2.pdf>

Specialist teams undertake the following range of treatment:

- Post-operative adjuvant chemotherapy or radiotherapy
- Radical chemotherapy
- Neoadjuvant chemotherapy
- Chemotherapy
- Radiotherapy
- Staging investigations
 - PET
 - PET/CT
 - EUS
 - Laparoscopy
- Pre-operative work up.
- Surgical resection and immediate aftercare.
- Palliative treatment options:
 - Palliative chemotherapy
 - Palliative radiotherapy
 - Ablative therapy

Outreach and the maintenance of high quality local services should enable around 50% of all patients to undergo tests and treatment at their local hospital following local and centre MDT discussions. A further 25% may need to travel to the specialist centres for staging investigations or fitness assessment, but can then receive treatment at a local hospital.

2.3. Manchester Cancer

Manchester Cancer covers a population of over 3 million served by the following organisations:

- Bolton NHS Foundation Trust
- Central Manchester University Hospitals NHS Foundation Trust
- East Cheshire NHS Trust
- Pennine Acute Hospitals NHS Trust (Bury, North Manchester, Oldham, Rochdale)
- Salford Royal NHS Foundation Trust
- Stockport NHS Foundation Trust
- Tameside Hospital NHS Foundation Trust
- The Christie NHS Foundation Trust
- University Hospital of South Manchester NHS Foundation Trust
- Wroughtington, Wigan and Leigh NHS Foundation Trust

The Christie Hospital is the tertiary referral centre for the region. Radiotherapy is delivered at Christie Hospital and the satellite radiotherapy units based at Royal Oldham Hospital and Salford Royal.

Some chemotherapy and clinical trials will continue to be delivered from Christie Hospital, although local chemotherapy is currently available at:

- Wigan
- Bolton
- Oldham
- East Cheshire
- Mid Cheshire

2.4. Pathway Board

The Oesophago-Gastric pathway board is a multi-professional group chaired by Mr Jonathan Vickers, who is a Consultant Upper GI Surgeon at Salford Royal NHS Foundation Trust.

The core of the pathway board is drawn from the MDT lead Clinicians from each specialist and local team, and clinical support services involved in tumour management along the patient care pathway. However, to contribute effectively to planning and commissioning, the pathway board will need to be supported and receive from local organisations both representation and core planning information about local services.

The purpose of the pathway board is to strive to ensure that services for patients with suspected or diagnosed Oesophago-Gastric cancer are being delivered in accordance with NICE Improving Outcomes Guidance and Peer Review Cancer Quality Measures and the objectives of Manchester Cancer.

2.5. Pathway Board Terms of Reference (14-1C-103f)

The pathway board will comprise of nominated membership from all organisations, who wish to nominate, within the network area. The group will identify and recommend membership of other appropriate professionals, commissioners and patient and user representatives required to achieve the objectives of the group.

The Oesophago-Gastric pathway board will be recognised as:

- The Manchester Cancer's primary source of clinical opinion on issues relating to Oesophago-Gastric cancer
- Having corporate responsibility, delegated by Manchester Cancer Provider Board, for co-ordination and consistency across the conurbation area for Oesophago-Gastric cancer policy, practice guidelines, audit, research, and service improvement
- Responsible for consulting with other pathway boards on issues involving chemotherapy, radiotherapy, diagnostic imaging, histopathology and laboratory investigations, radiotherapy, and specialist palliative care.

The following terms of reference for the Oesophago-Gastric pathway board were reviewed and agreed by the board at its inaugural meeting held on 25th April 2014.

These terms of reference were agreed on April 25th 2014 by, Mr. Jonathan Vickers, Pathway Clinical Director for Oesophago-gastric Cancer, and Mr. David Shackley, Medical Director of Greater Manchester Cancer Services, on behalf of the Greater Manchester Cancer Services Provider Board. The terms of reference will be subject to future review.

2.5.1. The Pathway Board

The Oesophago-gastric Cancer Pathway Board is a cancer care specific board with responsibility to improve cancer outcomes and patient experience for local people across Greater Manchester and areas of Cheshire (a catchment population of 3.2 million). This area is synonymous with the old Greater Manchester and Cheshire Cancer Network area.

The Pathway Board is led by a Pathway Clinical Director and is formed of a multidisciplinary team of clinicians and other staff from all of hospital trusts that are involved in the delivery of Oesophago-gastric cancer care in Greater Manchester. The Pathway Board also has membership and active participation from primary care and patients representatives.

The Oesophago-gastric Cancer Pathway Board reports into and is ultimately governed and held to account by the Greater Manchester Cancer Services Provider Board.

2.5.2. Greater Manchester Cancer Services Provider Board

The Greater Manchester Cancer Services Provider Board is responsible for the service and clinical delivery arm of Manchester Cancer, Greater Manchester's integrated cancer system.

Manchester Cancer has two other arms: research and education (see appendix for the structure of Manchester Cancer).

The Provider Board is independently chaired and consists of the Chief Executive Officers of the ten acute hospital trusts in the Greater Manchester area:

- Bolton NHS Foundation Trust
- Central Manchester University Hospitals NHS Foundation Trust
- East Cheshire NHS Trust
- Pennine Acute NHS Trust
- Salford Royal NHS Foundation Trust
- Stockport NHS Foundation Trust
- Tameside Hospital NHS Foundation Trust
- The Christie NHS Foundation Trust
- University Hospital of South Manchester NHS Foundation Trust;
- Wrightington, Wigan and Leigh NHS Foundation Trust;

The Provider Board regularly invites representatives of commissioners, the Strategic Clinical Network, and Manchester Cancer to its meetings.

2.5.3. Purpose of the Pathway Board

The purpose of the Pathway Board is to improve cancer care for patients on the Greater Manchester oesophago-gastric cancer pathway. Specifically, the Pathway Board aims to save more lives, put patients at the centre of care, and improve patient experience. The Board will represent the interests of local people with cancer, respecting their wider needs and concerns. It is the primary source of clinical opinion on this pathway for the Greater Manchester Cancer Services Provider Board and Greater Manchester's cancer commissioners.

The Pathway Board will gain a robust understanding of the key opportunities to improve outcomes and experience by gathering and reviewing intelligence about the oesophago-gastric cancer pathway. It will ensure that objectives are set, with a supporting work programme that drives improvements in clinical care and patient experience.

The Pathway Board will also promote equality of access, choice and quality of care for all patients within Greater Manchester, irrespective of their individual circumstances. The Board will also work with cancer commissioners to provide expert opinion on the design of any commissioning pathways, metrics and specifications.

2.5.4. Role of the Pathway Board

The role of the Oesophago-gastric Cancer Pathway Board is to:

Represent the Greater Manchester Cancer Services professional and patient community for Oesophago-gastric cancer.

Identify specific opportunities for improving outcomes and patient experience and convert these into agreed objectives and a prioritised programme of work.

Gain approval from Greater Manchester's cancer commissioners and the Greater Manchester Cancer Services Provider Board for the programme of work and provide regular reporting on progress.

Design and implement new services for patients where these progress the objectives of commissioners and Greater Manchester Cancer Services, can be resourced, and have been shown to provide improvements in outcomes that matter to patients.

Ensure that diagnosis and treatment guidelines are agreed and followed by all teams in provider trusts, and are annually reviewed.

Ensure that all providers working within the pathway collect the pathway dataset measures to a high standard of data quality and that this data is shared transparently amongst the Pathway Board and beyond.

Promote and develop research and innovation in the pathway, and have agreed objectives in this area.

Monitor performance and improvements in outcomes and patient experience via a pathway scorecard, understanding variation to identify areas for action.

Escalate any clinical concerns through provider trusts.

Highlight any key issues that cannot be resolved within the Pathway Board itself to the Medical Director of Greater Manchester Cancer Services for assistance.

Ensure that decisions, work programmes, and scorecards involve clearly demonstrable patient participation.

Share best practices with other Pathway Boards within Greater Manchester Cancer Services.

Contribute to cross-cutting initiatives (e.g. work streams in living with and beyond cancer and early diagnosis).

Discuss opportunities for improved education and training related to the pathway and implement new educational initiatives.

Develop an annual report of outcomes and patient experience, including an overview of progress, difficulties, peer review data and all relevant key documentation. This report will be published in July of each year and will be the key document for circulation to the Provider Board. A template for this report is available so that all Pathway Boards complete the report in a similar manner.

Ensure that future clinical appointments are made in line with the needs of the service.

2.5.5. Membership principles

All member organisations of Greater Manchester Cancer Services will have at least one representative on the Pathway Board unless they do not wish to be represented.

Provider trusts not part of Greater Manchester Cancer Services can be represented on the Pathway Board if they have links to the Greater Manchester Oesophago-gastric cancer pathway.

All specialties and professions involved in the delivery of the pathway will be represented.

The Board will have at least one patient or carer representative within its membership

One professional member of the Pathway Board will act as a Patient Advocate, offering support to the patient and carer representative(s).

The Board will have named leads for:

- Early diagnosis
- Pathology
- Radiology
- Surgery
- Oncology
- Specialist nursing
- Living with and beyond cancer ('survivorship')
- Research
- Data collection (clinical outcomes/experience and research input).

It is possible for an individual to hold more than one of these posts. The Pathway Clinical Director is responsible for their fair appointment and holding them to account.

These named leads will link with wider Greater Manchester Cancer Services Boards for these areas where they exist.

All members will be expected to attend regular meetings of the Pathway Board to ensure consistency of discussions and decision-making (meeting dates for the whole year will be set annually to allow members to make arrangements for their attendance).

A register of attendance will be kept: members should aim to attend at least 5 of the 6 meetings annually and an individual's membership of the Pathway Board will be reviewed in the event of frequent non-attendance.

Each member will have a named deputy who will attend on the rare occasions that the member of the Board cannot.

2.5.6. Frequency of meetings

The Oesophago-gastric Cancer Pathway Board will meet every two months.

2.5.7. Quorum

Quorum will be the Pathway Clinical Director plus five members of the Pathway Board or their named deputies.

2.5.8. Communication and engagement

Accurate representative minutes will be taken at all meetings and these will be circulated and then validated at the next meeting of the Board.

All minutes, circulated papers and associated data outputs will be archived and stored by the Pathway Clinical Director and relevant Pathway Manager.

The Pathway Board will design, organise and host at least one open meeting per year for the wider clinical community and local people. This meeting or meetings will include:

- An annual engagement event to account for its progress against its work programme objectives and to obtain input and feedback from the local professional community
- An annual educational event for wider pathway professionals and interested others to allow new developments and learning to be disseminated across the system

Representatives from all sections of the Greater Manchester Cancer Services professional body will be invited to these events, as well as patient and public representatives and voluntary sector partners.

An annual report will be created and circulated to the Medical Director of the Greater Manchester Cancer Services Provider Board by 31st July of each calendar year.

The agendas, minutes and work programmes of the Pathway Board, as well as copies of papers from educational and engagement events, will be made available to all in an open and transparent manner through the Greater Manchester Cancer Services website once this has been developed.

2.5.9. Administrative support

Administrative support will be provided by the relevant Pathway Manager with the support of the Greater Manchester Cancer Services core team. Over the course of a year, an average of one day per week administrative support will be provided.

2.6. Pathway Board membership (14-1C-102f)

The pathway board will comprise of representatives nominated by the cancer units and the cancer centres within the Manchester Cancer area. Core membership of the Oesophago-Gastric pathway board can be found in table 1.

Table 1: Named Oesophago-Gastric pathway board Members and agreed roles

Dr Amanda Law	Consultant Radiologist	Bolton
Dr David Bisset	Consultant Histopathologist	
Mr Joseph Varghese	Consultant Surgeon	
Dr Lubna Bhatt	Clinical Oncology	Christie
Dr Richard Hubner	Medical Oncology	
Mr Alan Li	Consultant upper GI surgeon	CMFT
Dr Rob Willert	Consultant Gastroenterologist	
Dr Konrad Koss	Consultant Gastroenterologist	East Cheshire
Dr R George (Until March 15)	Gastroenterology	Pennine
Mr S Senapati (Until April 15)	Surgeon	
Mr J Vickers	Pathway Director	SRFT
Miss Rachel Melhado	Consultant OG surgeon	
Mrs Michelle Eden-Yates	Lead OG CNS	
Dr. Stephen Hayes	Consultant Histopathologist	
Louise Porritt	CNS	Stockport
Colin Jackson	Patient representative	
Mr Abduljalil Benhamida	Consultant Upper GI surgeon	Tameside
Andrew Macdonald	Consultant OG Surgeon	UHSM
Tina Foley	Lead UGI CNS	
Dr Sue Loing	Consultant Radiologist	UHSM
Dr R Keld (Cover Dr P Begum)	Consultant Gastroenterologist	WWL
Ann Anderton (Cover Chris Peel)	Upper GI Cancer Nurse Specialist	
Dr Liam Hosey	GP representative	Wigan CCG

3. PATHWAYS & GUIDELINES

3.1. Clinical guidelines (14-1C-105f)

Manchester Cancer Pathway Boards have been in place since spring 2014 and are going through the process of reviewing the clinical guidelines and patient pathways inherited from the old cancer network groups.

Where they exist, updated guidelines and pathways have been posted to the relevant pages of the Manchester Cancer website www.manchestercancer.org.

Where guidelines and pathways are yet to be reviewed and updated then the legacy documents from the cancer network continue to be current. Where they exist, these legacy documents have also been posted to the relevant pages of the Manchester Cancer website www.manchestercancer.org.

The pathway board have reviewed their guidelines. The Clinical Guidelines have been updated to reflect the adoption of nationally published guidelines and also to include guidelines on High Grade Dysplasia. The Imaging, Pathology and Oncology guidelines have been reviewed and remain unchanged. All guidelines can be found on the Manchester Cancer website:

<http://manchestercancer.org/services/oesophago-gastric/>

3.2. Patient pathways (14-1C-107f)

See appendix 1 for the 62-day pathway.

For the teenage and young adult cancer pathways developed under the old Greater Manchester and Cheshire Cancer Network see <http://manchestercancer.org/services/teenagers-and-young-adults/>

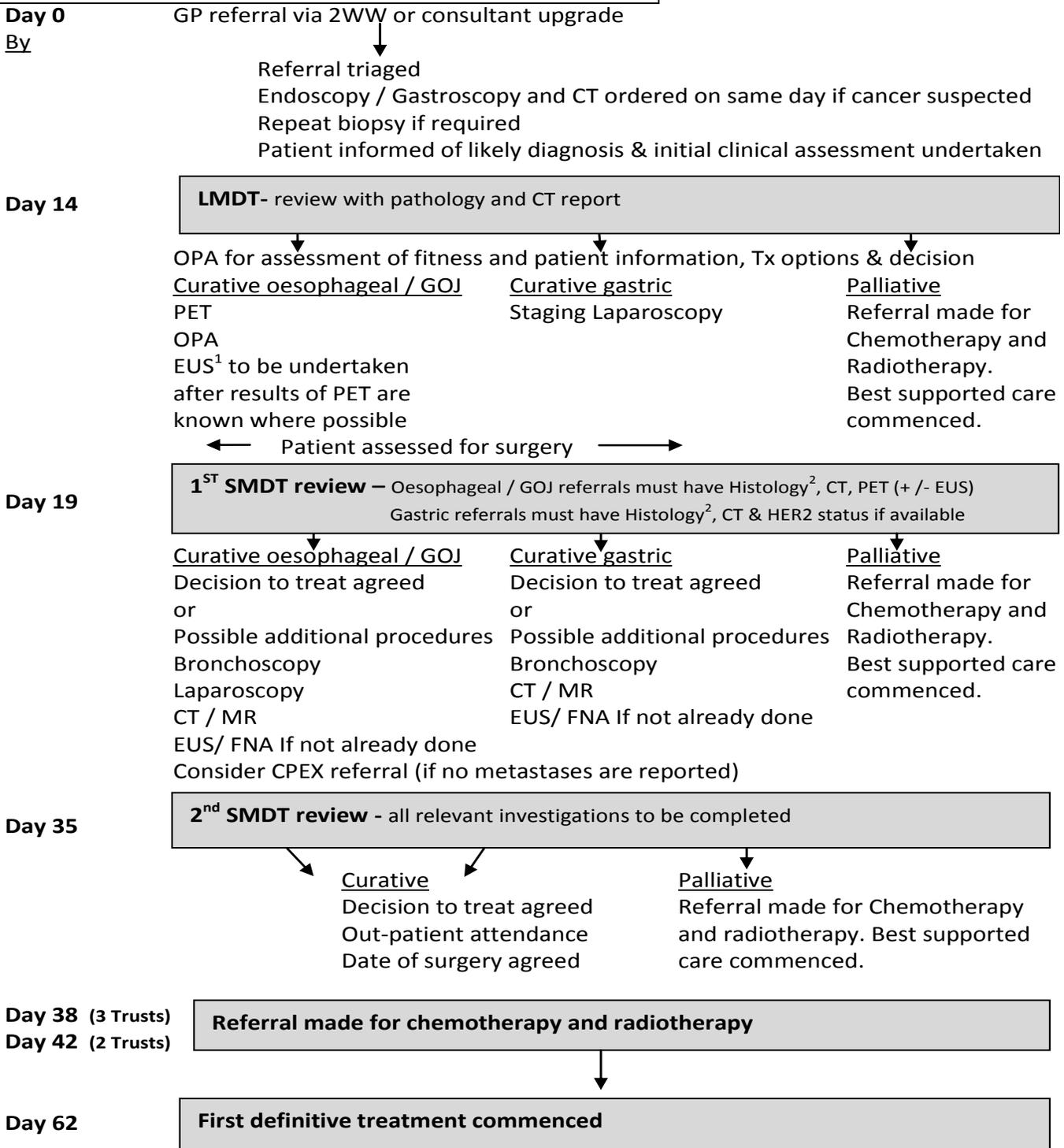
3.3. Chemotherapy algorithms (14-1C-106F)

All chemotherapy algorithms can be accessed via the intranet of The Christie NHS Foundation Trust. These are live documents:

<http://nww.christie.nhs.uk/documents/default.aspx?Category=Y&Category1=1>

Search for:
Policies & Guidelines

Sub-category 1:
Chemotherapy protocols



1 Whilst both the PET and EUS may be booked using existing arrangements to expedite the process, it is important that, where possible, the results of the PET are known to the relevant clinician before an EUS is undertaken. This is to avoid patients with confirmed metastatic disease being cancelled on the day of the EUS or having an unnecessary examination.

2 Including HER2 status where appropriate.