



# Head & Neck Cancer Pathway Board Constitution 2015



**Web** | [manchestercancer.org](http://manchestercancer.org)  
**Twitter** | [@GM\\_Cancer](https://twitter.com/GM_Cancer)  
**Email** | [info@manchestercancer.org](mailto:info@manchestercancer.org)  
**Phone** | 0161 918 2087

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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 1<sup>st</sup> 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-101i)

### 2.1. Specialist MDTs

There are three upper aerodigestive tract (UAT) Specialist Multi-Disciplinary Teams (SMDTs) whose remits are described below. There is also one (separate) Thyroid MDT covering the whole of Manchester Cancer.

#### Central SMDT

This SMDT deals with salivary gland tumours, UAT cancer and UAT cancer involving the skull base.

- Designated site of UAT resection and extradural surgery: Manchester Royal Infirmary (CMFT)
- Designated site of intradural surgery: Salford Royal
- Designated site of MDT meetings/clinics: The Christie

Populations served: Central Manchester, Salford, Trafford, Wigan (MaxFac), Bolton (ENT), Tameside (ENT)

#### North SMDT

- This SMDT deals with salivary gland tumours and UAT cancer.
- Designated site of surgery: North Manchester General Hospital
- Designated site of MDT meetings/clinics: North Manchester General Hospital

Populations served: All Pennine PCTs plus Tameside (MaxFac)

#### South SMDT

- This SMDT deals with salivary gland tumours and UAT cancer.
- Designated site of UADT resection surgery: Wythenshawe hospital
- Designated site of MDT meeting/clinics: The Christie

Populations served: South Manchester, Stockport, East Cheshire (MaxFac and ENT), Wigan (ENT)

### Thyroid cancer MDT

This MDT deals exclusively with thyroid cancers and serves the population of the whole network (3.3 million). All Trusts in the Network refer patients to the Thyroid MDT at Christie Hospital for thyroid cancer.

All hospitals whom have surgeons listed as core members of this MDT perform primary thyroid surgery. If cancer is inadvertently diagnosed by a non-core member, our policy is for completion surgery, if deemed necessary following discussion at the MDT, to be performed by a core member.

When lateral neck dissections are necessary, onward referral to one of the surgeons designated as performing lateral neck dissection, as listed on page 15 is required.

Designated site of MDT meeting/clinics: The Christie

### MDT contacts

| MDT Type    | Location                     | Co-ordinator    | Contact   | Lead Clinician        |
|-------------|------------------------------|-----------------|---|-----------------------|
| 2 - UAT     | Central Manchester/ Christie | Sam Barrett     | Tel: 0161 446 3491<br>Fax: 0161 918 7273<br>Email:<br>Sam.Barrett@christie.nhs.uk | Mr Jarrod Homer       |
| 2 - UAT     | Pennine Acute                | Kath Nolan      | Tel 0161 720 2799 (42799)<br>Fax 0161 720 2251 (42251)<br>Kath.Nolan@pat.nhs.uk   | Mr Andrew Baldwin     |
| 2 - UAT     | South Manchester/ Christie   | Sam Barrett     | 0161 918 7272<br>Sam.Barrett@christie.nhs.uk                                      | Mr Andrew Birzgalis   |
| 3 - Thyroid | Christie                     | Ben Hilldevries | 0161 918 7272<br>0161 918 7273<br>Ben.Hilldevries@christie.nhs.uk                 | Interim Mr S Loughran |

The host organisations for the specialist teams will also provide access to their local Clinical Commissioning Group populations for diagnosis and assessment of patients with head and neck symptoms.

#### **Outflows from Manchester Cancer**

- Bolton (MaxFac only) to Blackburn

#### **Non-surgical treatment**

The Christie Hospital is the Tertiary Referral Centre for the pathway and delivers radiotherapy and chemotherapy on its central main site and in addition, there are “Christie at” satellite units based at Royal Oldham Hospital and Salford Royal. Most chemotherapy and clinical trials will continue to be delivered from The Christie Hospital, although local chemotherapy is currently available at:

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

## 2.2. Designated hospital for diagnostics and assessment (14-1C-102i)

| Trust  | Designated Hospital  | Contact Point   | MDT   |
|--|--|---|---|
| Pennine Acute Hospitals NHS Trust                          | North Manchester General Hospital, Royal Oldham Hospital, Fairfield General Hospital<br>Rochdale Infirmary | <b>Manchester Integrated Care Gateway</b> Tel: 0161 443 0631 Fax: 0161 443 0632<br><b>Bury RBMS</b> Tel: 0161 762 3155 Fax: 0161 762 3078<br><b>Oldham Referral Information Centre</b> Tel: 0161 627 7490 Fax: 0161 785 0421<br><b>Heywood and Middleton RBMS</b> Tel: 0161 655 1544 Fax: 0161 655 1592 | <b>Pennine</b>  |
| Central Manchester and Manchester Children's NHS Trust     | Manchester Royal Infirmary   | <b>RBMS</b> Fax: 0161 276 8756 Email: <a href="mailto:cmm-tr.cancer-referrals-cmft@nhs.net">cmm-tr.cancer-referrals-cmft@nhs.net</a>  | <b>CMFT / Christie</b>  |
| Tameside Acute NHS Trust                                   | Tameside General   | <b>Central Referrals Office</b> Tel: 0161 331 6334 Fax: 0161 331 6339   | <b>CMFT / Christie – ENT only</b><br><b>Pennine – Maxfax only</b> |
| Stockport NHS Foundation Trust                             | Stepping Hill  | <b>Call Centre</b> Tel: 0161 419 5901 Fax: 0161 419 5599  | <b>UHSM / Christie</b>  |
| South Manchester University Hospitals NHS Foundation Trust | Wythenshawe  | <b>Call Centre</b> Tel: 0161 291 5121 Fax: 0161 291 5127  | <b>UHSM / Christie</b>  |
| Trafford Healthcare NHS Trust                              | Trafford General   | <b>Central Booking Office</b> Tel: 0161 934 8601 Fax: 0161 746 2040   | <b>CMFT / Christie</b>  |
| East Cheshire NHS Trust                                    | Macclesfield   | Via Choose and Book or Fax: 01625 661 027   | <b>UHSM / Christie</b>  |
| Mid Cheshire Hospitals NHS Trust                           | Leighton Hospital  | Via Choose and Book or via electronic referral to <a href="mailto:urgent.cancer@mcht.nhs.uk">urgent.cancer@mcht.nhs.uk</a> or fax: 01270 612 545  | Aintree   |
| Salford NHS Foundation Trust                               | Salford Royal  | <b>RBMS</b> Tel: 0161 212 4292 Fax: 0161 206 1048   | <b>CMFT / Christie</b>  |
| Bolton Hospitals NHS Trust                                 | Royal Bolton   | TAC Tel: 01204 390400 Fax: 01204 390463   | <b>CMFT / Christie – ENT only</b>                                 |
| Wrightington, Wigan and Leigh NHS Trust                    | Royal Albert Edward  | <b>RBMS</b> Tel: 01942 773017 Email: <a href="mailto:wwl-tr.2wwreferrals@nhs.net">wwl-tr.2wwreferrals@nhs.net</a>   | <b>CMFT / Christie – Maxfax</b><br><b>UHSM / Christie - ENT</b>   |

### 2.3. Agreed Named Hospital for Surgical Treatment Delivery

The following table lists the hospitals in the Network where the curative surgical treatment for head and neck cancer takes place along with the named MDTs associated with each hospital and the designated head and neck ward. These hospitals provide a full diagnostic and assessment service for head and neck cancer.

| Hospital   | Designated Head & Neck Ward            | MDT                         |
|--|--|-----------------------------|
| Wythenshawe  | F9                                     | South Manchester/Christie   |
| Manchester Royal Infirmary   | Head & Neck Cancer Unit<br>Edale House | Central Manchester/Christie |
| North Manchester General   | B1                                     | Pennine                     |
| Salford Royal<br><br>(For base of skull surgery - Patients are all discussed at the Central Manchester/Christie MDT and the neurosurgeon attends this discussion. Surgery is then carried out at the Salford neuro-surgical site if intracranial / intra-dural. This is a joint surgical procedure with one of the ENT surgeons from Central Manchester Foundation Trust. Follow up after discharge from hospital is by the Central Manchester/Christie MDT and Central Manchester Foundation Trust) | H7                                     | Central Manchester/Christie |

All 3 UAT surgical sites have a designated head and neck cancer ward and have a Band 5 + nurse, trained in tracheostomy care on duty at all times. All 3 have 24/7 on call facility for flap failure and there is an agreement in place between Central Manchester and Wythenshawe to provide cross cover if needed. All 3 surgical centres have HDU and ITU facilities on site.

- ENT clinicians in green
- Maxillofacial clinicians in blue

| Trust                      | Designated Hospital  | Designated Head & Neck Clinicians  | Designated Thyroid Clinicians   | Neck Lump Clinic | Specialist Thyroid Clinic              | Haem - onc  |
|----------------------------|--|--|---|------------------|--|-------------|
| Bolton Hospitals NHS Trust | Royal Bolton   | Mr Simon Hargreaves<br>Mr Christopher Lobo<br>Mr Neel Umapathy                                       | Mr Simon Hargreaves<br>Mr Neel Umapathy   | Yes              | No - Integrated with neck lump clinic  |             |
| CMFT                       | Manchester Royal Infirmary   | Mr Jarrod Homer<br>Mr Sean Loughran<br>Miss S Penney<br>Mr Tim Blackburn<br>Mr M Maranzaro           | Mr Jarrod Homer<br>Mr Sean Loughran<br>Mr Neil Parrott<br>Miss S Penney<br>Mr T Augustine<br>Mr Forgacs | Yes              | No - Integrated with neck lump clinic  | Dr K Ryan   |
| East Cheshire NHS Trust    | Macclesfield   | Mr Manu Patel<br>Mr A Birzgalis<br>Mr Camilleri  | Mr A Birzgalis<br>Mr Camilleri  | Yes              | No - Integrated with neck lump clinic  | Dr J Hudson |
| Pennine Acute NHS Trust    | North Manchester General Hospital,<br>Royal Oldham Hospital,<br>Fairfield General Hospital | Mr Andrew Baldwin<br>Mr Robert Woodward<br>Mr C Katre<br>Mr. W. Aleid<br>Mr Prad Murthy<br>Mr Sharma | Mr Prad Murthy<br>Mr Ian Shepherd   | Yes*             | No - Integrated with neck lump clinic* |             |
| SRFT                       | Salford Royal  | Mr Sean Loughran<br>Miss R Aggarwal<br>Mr A Kalantzis  | Miss Helen Doran<br>Mr Iain Anderson<br>Mr Sean Loughran  | Yes              | Yes                                    |             |



|                                |                     |  |  |     |                                       |            |
|--------------------------------|---------------------|--|--|-----|---------------------------------------|------------|
| Stockport Foundation NHS Trust | Stepping Hill       | Miss Laxmi Ramamurthy<br>Mr Vivek Kaushik<br>Mr M Iqbal                | Miss Laxmi Ramamurthy<br>Mr Vivek Kaushik            | Yes | No - Integrated with neck lump clinic | Dr M Haj   |
| Tameside Acute NHS Trust       | Tameside General    | Mr Yakubu Karagama<br>Mr Rajiv Bhalla<br>Miss S Penney<br>Mr. W. Aleid | Mr Simon Ellenbogen<br>Ms S Penney                   | Yes | Yes                                   | Dr H Baden |
| Trafford Healthcare NHS Trust  | Trafford General    | Mr Atef El-Kholy<br>Mrs Astrid Bieger-Farhan<br>Mr A Kalantzis         | Mr Al-Dabbagh  | Yes | No - Integrated with neck lump clinic |            |
| UHSM                           | Wythenshawe         | Mr Andrew Birzgalis<br>Mr Vijay Pothula<br>Mr Manu Patel<br>Mr M Iqbal | Mr A Birzgalis<br>Mr Ashu Gandhi<br>Mr Vijay Pothula | Yes | No - Integrated with neck lump clinic | Dr S Watt  |
| WWL                            | Royal Albert Edward | Mr Vijay Pothula<br>Mr Steve Izzat<br>Mr S Clarke<br>Mr M Maranzaro    | Mr Nirmal Kumar<br>Mr Vijay Pothula                  | Yes | Yes                                   | Dr H Patel |

## 2.4. Named Surgeons Authorised to Perform Lymph Node Resections (14-1C-107i)

The surgeons named in the table below who are linked to the Head & Neck SMDTs are the only surgeons authorised to perform lateral lymph node resections on thyroid cancer patients. This policy excludes simple excision of lymph nodes for diagnosis. **All of the named surgeons are designated core members of the UAT SMDTs or Thyroid MDT.**

The named surgeons are agreed by the Chair of the Pathway Board and the lead clinicians of the SMDTs.

| Surgeon              | Associated SMDT                    | Hospital Site where Neck Dissection carried out |
|----------------------|------------------------------------|---|
| Mr S Loughran        | Central Manchester UAT and thyroid | Manchester Royal Infirmary and Salford Royal    |
| Mr J Homer           | Central Manchester UAT and thyroid | Manchester Royal Infirmary                      |
| Mr Prad Murthy       | Pennine UAT and thyroid            | Pennine   |
| Mr Vijay Pothula     | Thyroid                            | University Hospital South Manchester            |
| Mr Andrew Birzgalis* | South Manchester UAT*              | University Hospital South Manchester            |
| Ms Susannah Penney   | Central Manchester UAT and thyroid | Manchester Royal Infirmary                      |

\* Mr Birzgalis is a member of the UAT MDT but not the thyroid MDT and cases requiring thyroidectomy as well as lateral neck dissection are operated on jointly with a core thyroid MDT member performing the thyroid surgery

## 2.5. Distribution of role and local support teams (14-1C-103i)

The named local Head & Neck support teams will:

- Be the team, other than the MDT, which manages the aftercare and rehabilitation of head & neck cancer patients for a named geographical area of coverage
- Work with head & neck cancer MDTs which deliver the definitive anti-cancer treatment and immediate support, and refer patients to the local support team
- Work according to protocols agreed with the referring MDTs regarding which types of care are delivered by the local support team and for which parts of the patient care pathway
- Covers the entire Network

| Local Support Team | Designated Hospital | Locality           |
|--------------------|---------------------|--------------------|
| Salford            | Salford Royal       | Salford            |
| South Manchester   | Wythenshawe         | South Manchester   |
| Central Manchester | MRI                 | Central Manchester |
| Mid Cheshire       | Leighton            | Central Cheshire   |

|                                      |                                   |                            |
|--------------------------------------|-----------------------------------|----------------------------|
| Bolton                               | Royal Bolton                      | Bolton                     |
| Trafford                             | Trafford General                  | Trafford                   |
| North East sector locality (Pennine) | North Manchester General Hospital | North East sector locality |
| Wrightington, Wigan and Leigh        | Royal Albert Edward               | Wigan                      |
| Tameside and Glossop                 | Tameside General                  | Tameside                   |
| Stockport                            | Stepping Hill                     | Stockport                  |
| East Cheshire                        | Macclesfield                      | Eastern Cheshire           |

## 2.6. 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
- Wrightington, Wigan and Leigh NHS Foundation Trust

## 2.7. Pathway Board

The Head & Neck network Site Specific Group (NSSG) was in existence supported by Greater Manchester and Cheshire Cancer Network. Due to the reconfigurations of Networks' nationally the former NSSG was dissolved and a Head and Neck Pathway board was formed.

In principal the basis of the old NSSG is the same as the pathway board with members 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. Alongside this the board plan to increase patient representation during 2015/16 year with the support of the User Involvement Team of Manchester Cancer.

The purpose of the board is to ensure that services for patients with suspected or diagnosed Head & Neck or Thyroid cancer are being delivered in accordance with NICE Improving Outcomes Guidance, Peer Review Cancer Quality Measures and create an opportunity to further develop standards of care.

Below are the board's terms of reference and membership.

## **2.8. Pathway Board Terms of Reference (14-1C-105i)**

These terms of reference were agreed on 18<sup>th</sup> June 2014 by Dr Gillian Hall, Pathway Clinical Director for Head and Neck Cancer, and Mr David Shackley, Medical Director of Manchester Cancer, on behalf of Manchester Cancer Services Provider Board. The terms of reference will be subject to future review.

### **2.8.1. The Pathway Board**

The Head and Neck 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 Head and Neck cancer care in Greater Manchester. The Pathway Board also has membership and active participation from primary care and patients representatives.

The Head and Neck Cancer Pathway Board reports into and is ultimately governed and held to account by Manchester Cancer Provider Board.

### **2.8.2. Manchester Cancer Services Provider Board**

Manchester Cancer 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.

### **2.8.3. Purpose of the Pathway Board**

The purpose of the Pathway Board is to improve cancer care for patients on the Greater Manchester Head and Neck 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 Manchester Cancer 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 Head and Neck 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.

#### **2.8.4. Role of the Pathway Board**

The role of the Head and Neck Cancer Pathway Board is to:

Represent Manchester Cancer professional and patient community for Head and Neck 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 Manchester Cancer 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 Manchester Cancer, 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 Manchester Cancer for assistance.

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

Share best practices with other Pathway Boards within Manchester Cancer.

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.

### **2.8.5. Membership principles**

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

Provider trusts not part of Manchester Cancer Services can be represented on the Pathway Board if they have links to the Manchester Head and Neck 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 Manchester Cancer 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.

### **2.8.6. Frequency of meetings**

The Head and Neck Cancer Pathway Board will meet every two months.

### **2.8.7. Quorum**

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

### **2.8.8. 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 Manchester Cancer 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 Manchester Cancer Provider Board by 31<sup>st</sup> 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 Manchester Cancer website once this has been developed

### **2.8.9. Administrative support**

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

## 2.9. Pathway Board membership (14-1C-104i)

| Name                  | Trust                  | Profession/ specialty                  |
|-----------------------|------------------------|--|
| Gillian Hall          | -                      | Pathway Clinical Director              |
| Kerenza Graves        | Bolton                 | CNS                                    |
| <b>Francis Ascott</b> | CMFT                   | <b>SLT</b>                             |
| Jarrold Homer         |                        | Consultant                             |
| Philip Bryce          |                        | CNS                                    |
| Debbie Elliott        | Christie               | Thyroid CNS                            |
| Kate Garcez           |                        | Oncologist                             |
| Suzi Bonington        |                        | Consultant Radiologist                 |
| Manu Patel            | East Cheshire and UHSM | Consultant Oral Maxillo Facial Surgeon |
| Andrew Baldwin        | Pennine                | Surgeon                                |
| Maria Round           |                        | Macmillan Head & Neck CNS              |
| <b>Chetan Katre</b>   |                        | <b>Consultant</b>                      |
| Kate Hindley          | SRFT                   | CNS, SRFT                              |
| Katie Foster          |                        | Dietician                              |
| <b>Helen Doran</b>    |                        | <b>Consultant Surgeon surgeon</b>      |
| Laxmi Ramamurthy      | Stockport              | Consultant ENT surgeon                 |
| Susi Penney           | Tameside               | Consultant Head and neck surgeon       |
| Mazhar Iqbal          | UHSM                   | Maxillo Facial Surgeon                 |
| Cath Cameron          | WWL                    | Head and Neck Cancer Nurse Specialist  |
| Mr V Pothula          |                        | Consultant Head and neck surgeon       |
| David Makin           | -                      | Patient representative                 |



### 3. CLINICAL GUIDELINES

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](http://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](http://www.manchestercancer.org).

#### 3.1. Clinical Guidelines – UAT Cancer (14-1C108i)

The network follows ENT UK guidelines uploaded on Manchester Cancer website: <http://www.manchestercancer.org/services/head-and-neck/>

A copy can also be found using the link below

[https://www.entuk.org/sites/default/files/files/head\\_and\\_neck\\_cancer.pdf](https://www.entuk.org/sites/default/files/files/head_and_neck_cancer.pdf)

#### 3.2. Clinical Guidelines – Thyroid Cancer (14-1C-109i)

The network follows the British Thyroid Association Guidelines for the Management of Thyroid cancer can be found on Manchester website (as per the link above).

A copy can also be found using the link below

<http://www.baets.org.uk/wp-content/uploads/2014-British-Thyroid-Association-guidelines-on-the-management-of-thyroid-cancer.pdf>

#### 3.3. Chemotherapy Treatment Algorithms (14-1C-110i)

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

#### 3.4. Patient Pathways (14-1C-111i/112i)

All Head & Neck Patient Pathways can be viewed on the Manchester Cancer website: <http://www.manchestercancer.org/services/head-and-neck/>

For the teenage and young adult cancer pathways developed under the old Greater Manchester and Cheshire Cancer Network see

<http://www.manchestercancer.org/services/teenagers-and-young-adults/>

### **3.5. Network Referral Proforma (14-1C-113i)**

Organisations have come a long way in developing referral proformas which are now embedded, however the network has developed referral form for general primary dental practitioners (GDPs) which has been identified as an area for improvement.

<http://manchestercancer.org/services/head-and-neck/>