

## Manchester Cancer Oesophago-gastric pathway board minutes

Date of Meeting            29<sup>TH</sup> January 2016

Time of meeting            14.00 Hrs – 16.00hrs

Venue                         Urology seminar room, Department of Urology, Hope building, SRFT

Attendance	Representation
Mr Jonathan Vickers	Pathway Director
Dr Liam Hosey	GP ALW CCG
Amanda Law	Consultant, Royal Bolton NHS FT
Dr Robert Willert	Consultant Central Manchester NHS FT
Dr Stephen Hayes	Consultant SRFT
Mr A Benhamida	Consultant Tameside NHS FT
Mr R Chaparala	Consultant SRFT
Ann Anderton	CNS WWL
Louise Porritt	CNS Stockport NHS FT
Mr Andrew MacDonald	Consultant UHSM
Colin Jackson	Patient representative
Apologies	
Mr S Bohdan	Consultant Royal Bolton NHS FT
Dr Konrad Koss	Consultant East Cheshire NHS Trust
Dr Richard Hubner	Consultant Christie
Dr Reggi George	Consultant Pennine Acute NHS Trust
Mr A Li	Consultant Central Manchester NHS FT
Dr S Liong	Consultant UHSM
Michelle Eden Yates	CNS SRFT
Dr Richard Keld	Consultant WWL
Julie Wolfenden	CNS Pennine Acute NHS Trust
Tina Foley	CNS UHSM
Mr B Rameh	Consultant Pennine Acute
Dr Lubna Bhatt	Consultant Christie
In attendance	
James Leighton	Manchester Cancer
Michelle Leach	Manchester Cancer
Lisa Galligan-Dawson	Cancer managers group
Catherine Perry	Respect 21 – Manchester Business School

Jonathan Vickers (JV) welcomed everyone to the meeting and noted the apologies received.

### 1. Minutes of last meeting

These were accepted as a true record of the meeting.

#### a. Matters arising not on the agenda

There were no matters arising not on the agenda.

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### 2. Objective no 1 – Improving outcomes, with a focus on survival

#### a. Service transformation

JV noted the letter from the GM NHS Transformation team, dated Jan 16, thanking the board for supporting the transformation process with their work on devising a set of service quality standards.

He confirmed that the contribution from the board had now come to an end and any board member who participates in the subsequent workshops would be doing so as a member of their clinical team or organisation and not as a representative of Manchester Cancer.

The board asked for clarity on the decision making process and timescales to conclusion. JL and JV confirmed they did not have this knowledge, however would put his request to the Transformation team.

**Action – JL to ask the GM NHS Transformation team for detail on consultation and decision making processes**

#### a. Standardised OG pathway – review of audit

JL reported to the board the outcome of the audit into the OG pathway. He confirmed that all providers submitted detail on the last 20 (or maximum no available) patients to complete the pathway.

He explained that this detail came in a variety of formats and content, therefore the audit only looked at the common to all data. This was date of frontline diagnostics (CT & OGD), first MDT review, dates of PET, EUS, Staging lap and decision to treat.

These dates were then assessed against the relevant milestones with the pathway of day 14 (1<sup>st</sup> MDT) day 19 (1<sup>st</sup> SMDT) and day 38 (DTT to allow referral to oncology). The audit would not be used to assess the reasons for breaching the target but to identify the patterns of activity and how common these patterns were across the conurbation.

The board noted the content of the audit report and then devoted almost the whole meeting to reviewing the pathway.

Points to note from the board discussion -

- The board asked for more detail on the number of OGDs & CTs undertaken and how many occurred before day 14. **Action - JL to review CT & OGD provision and timings**
- Staging OGD need to be booked on the day of CT
- Average times of PET is 9 pathway days (including reporting) and 11 pathway days for EUS
- The milestones on days 19, 38 and 40 are fixed dates on the pathway due to the GM and East Cheshire reallocation policy
- Staging Laparoscopies needs to occur by day 35 at the latest
- There is a potential need for another SMDT between day 19 and 38
- Local sites needs to book PET and EUS based on local MDT review
- The Pathway board need to produce referral guidelines to help local sites in referring these patient **Action - JV to produce referral guidelines for PET scanning by local MDT sites**
- No patient can be referred on for PET or EUS until their diagnosis has been discussed with them
- SMDT review milestones need to occur at different days of the pathway for gastric and Oesophageal /Junctional diagnoses

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The board asked that JL redraft the pathway based on the previous discussions. JL informed the board that he will also report the audit report at the next Director of Operations meeting and Cancer managers meeting (both on 12<sup>th</sup> February) and would circulate the redraft following these meetings.

**Action – JL to redraft the pathway and circulate to board members for review**

**b. Find out faster – new cancer standard to note**

The board noted the content of the circulated paper and felt it was addressed as part of the pathway discussions. They did feel it would be advantageous for the whole OG pathway to be a pilot site so that compliance with the revised pathway could be assessed. JL agreed to discuss this with the SCN.

**Action - JL to offer the OG pathway as a pilot site for the “Find out faster” process**

**c. Living with & beyond cancer questionnaire**

The board noted the request from the Living with and beyond cancer pathway board to complete a questionnaire. JL suggested that this was distributed to the CNS' on the board for completion and this was agreed.

**Action – JL to send questionnaire out the CNS members of the board**

### **3. Objective no 2 – Improving patient experience**

**i. User involvement team report**

No report available so this item is deferred until the next meeting.

### **4. Objective no 3 – Increasing research and innovative practice**

**i. No items tabled**

No report available so this item is deferred until the next meeting. However Richard Hubner (RH) did ask that the board to note the

### **5. Objective no 4 – Delivering high quality, compliant, co-ordinated and equitable service**

**a. Manchester Cancer Vanguard feedback from consultation event**

JL provided an update on the recent consultation event held at the AJ Bell stadium, there were no actions from this discussion.

### **6. Any other business**

There were no items of any other business.

### **7. Date and time of next meeting –**

**a. Proposed dates for meetings in 2016 - all at held SRFT with a 14.00hrs start**

- i. 27<sup>th</sup> May 2016**
- ii. 29<sup>th</sup> July 2016
- iii. 30<sup>th</sup> September 2016
- iv. 25<sup>th</sup> November 2016

Note – because of where Easter falls it is difficult to schedule a meeting in March within a meaningful timeframe. As a result there will only be 5 meetings next year. However this will be kept under review as the agenda unfolds in the New Year.