

Manchester Cancer Skin Pathway Board – 4th December 2015 Minutes of Meeting

The Christie

Time: 2.00 - 4.00 pm

IN ATTENDANCE	
John Lear	Pathway Director
Hodan Noor	Pathway Manager
Tim Kingston	Consultant Dermatologist
Lucie Francis	User Involvement Manager
Chris Duff	Plastic Surgeon (UHSM)
Gavin Wong	Dermatologist and lead LSMDT (South, central and Trafford Central, Wythenshawe & Trafford CCG)
David Mowatt	Plastics Lead (Christie)
Neil Cutler	Patient Rep
Christina Wong	MDT lead
Luisa Motta	Hisopathology lead
Sue Taylor	Nurse rep WWL
Rebecca Brooke	Consultant Dermatologist
Loma Gardener	Consultant Dermatologist

AGENDA ITEM	ACTION
<p>1. Apologies None given</p>	
<p>2. Minutes from the last meeting The minutes from the last meeting were agreed to be an accurate record.</p> <p>a) <i>Summary of actions still to be completed from 04th September Meeting are as follows:</i> JL to speak to the clinical director of the Head & neck board once appointed. JL to continue work with MC to develop a project for commissioners re Gorlins Clinics. CU/KB to send RP the distribution list for all of the North west nurses that have been invited to the network forum.</p>	
<p>3. MC objective 1 – Improving outcomes / survival rates</p> <p>a) Update of Skin Guidelines / 5b) SLNB Guidelines</p> <p>Previously the board posed the idea of making links with all of the institutions offering SLNB to access what their current practice is, how they are interpreting the guidance and whether current practice would contradict what NICE has issued within their guidance.</p>	<p>Action: JL to contact DO Re research into sentinel lymph node biopsy</p>

<p>CD has spent some time researching and reviewing other centres LSMDT & SSMDT guidelines, reviewing annual reports and trusts local published guidelines to better establish what other centres are doing. CD concluded that there wasn't much evidence to support a making a change to guidance currently being followed by the board.</p> <p>JL agreed to contact Deemesh Oudit to gain feedback from his research into sentinel lymph node biopsy guidelines. Item to be discussed at the next pathway board.</p>	<p>guidelines. board.</p>
<p>4. Objective 2 – Improving Patient experience</p> <p>a) Manchester Cancer User Involvement</p> <p>NC and LF started updated the board on background work they had previously conducted aiming to increase the use of user involvement work by the board and possibly strengthen the board's membership. NC discussed his ideas that he thought that the board could aim to think about adopting going forward into 2016.</p> <ul style="list-style-type: none"> - Recruiting GP representation onto the board - NC explained that he feels GP representation on the board would aid with establishing better links with Primary care in the community. This would hopefully allow the board to build a platform in which educational information could be circulated amongst other Primary care centres. JL discussed the ways in which the board had previously tried to obtain GP representation for the board and not been successful. Hodan Noor explained that this is a common issue face by many of the other Manchester Cancers boards and this is now high on the Manchester Cancer agenda. JL agreed to contact a GP he feels would be Possibly suitable and will report back to board with the progress of this. - NC felt it would be useful to recruit a peer user involvement rep for them to work together on projects. He feels it would be beneficial to get another patients perspective on some of the issues discussed by the board. The board agreed that they would like to work to find someone to compliment the great work Neil has been doing already. - Setting up a Skin Cancer support group – NC and LF have completed some research to see what support networks are out there for skin cancer patients by way of support groups. They found there seems to be a large gap in the market where this is concerned and felt it may be a good idea to seek to set up a Manchester Cancer skin cancer patient support group. KB & LF have agreed to compile a questionnaire to be given to patients attending clinics to derive if patients feel there is a need for this service and if so what they would like it to be. The board agreed to circulate this questionnaire once it has been approved at the net board meeting. LF is to email this out to the board to review the document before the next meeting. <p>a) Gorlins Project – Update</p> <p>JL updated the Board with the progress of the Funding application recently submitted to Macmillan for development of this project. Funding was requested to employ a part time project manager to set up a initial scoping project assessing the need for a specialised Gorlins clinic and whether it would be beneficial to develop the existing clinic further. The funding application has been granted and Macmillan and the Christie are looking to recruit to this post in the upcoming months</p> <p>b) Virgincare MDT proposal</p> <p>JL informed the board of recent correspondence he had been having with Virgincare surrounding the commissioned plans for Virgin are to take over the Oldham / Pennine dermatology service.</p>	<p>Action: JL to make links with GP contact re Joining the Board.</p> <p>Action: KB, NC & LF to create a patient questionnaire accessing the local need for a skin support group.</p> <p>Action: JL to continue to liaise with</p>

<p>JL expressed concerns that the proposed plans still despite guidance from himself did not appear accurately reflect a full dermatology service as there appeared to be no future provisions for a Skin MDT at present. While the patients were currently being discussed on the Tameside MDT discussions had been taking place prior to the meeting to establish how or even if this could continue as Tameside felt this was no longer a viable option to use their resources to support the Virgin care skin service</p> <p>JL agreed to set up a meeting between himself Virgincare, Tameside skin service and Oldham CCG to discuss a way forward regarding this matter.</p>	<p>Virgincare, Oldhams CCG nag TGH and report back to the board.</p>
<p>5. Objective 3 – Research & Clinical innovation</p> <p>a) Centralisation of Melanoma Surgery ('Standardising pathways for Head and Neck melanoma')</p> <p>JL to speak to the clinical director of the Head & neck board, Susie Penny now she is in post.</p> <p>b) NIHR CRN Pathway report 'Q1' FY2015-16</p> <p>The board briefly recapped and summarised what trials and trial set up is currently active or due to commence.</p>	<p>Action: JL to speak to the director of the Head & neck board.</p>
<p>6. Objective no 4 – Improving & standardising high quality care across the whole service.</p> <p>a) Education Event</p> <p>JL reminded the board of plans to hold an education event on 11th February 2016.</p> <p>The board felt that the venue may be too small for the numbers expecting to attend, so have asked RP to look to see if we can possibly obtain a larger room.</p> <p>JL to create and finalise the agenda and send this to RP to circulate to the board.</p> <p>b) Potential Skin Cancer Follow up project (Update on work between R Wain and C Duff)</p> <p>CD presented rationale around the need for a follow up project, this being how Drs across the patch appear to be working to different follow up standards. He recognises that Drs may be more inclined to follow and guidance created off the back of any project the board embarks on if there is research to support the need for a more uniform approach.</p> <p>Both CD and Richard Wain have spent time compiling and comparing research results on the rates of reoccurrence with different cancer diagnosis's and then comparing the differing levels of follow up support provided thereafter and whether there is any proven benefit to each service strategy.</p> <p>Following CD's presentation the board agreed there was a need to establish regional guidance, to be used alongside NICE guidance, within this area and welcomed Ideas on how this could become a more rounded project, possibly including the creation of an informative website or</p>	<p>Action: JL to create agenda for education day.</p> <p>RP to look to find a larger venue if possible.</p> <p>Action: KB to circulate minutes of the meeting and Terms of reference to the board.</p> <p>Action: JL & CD to meet to develop this project.</p>

<p>distribution of simplified guidance leaflets</p> <p>CD and JL to meet to discuss how they could explore developing this project further.</p> <p>a) Greater Manchester Cancer Vanguard</p> <p>HN gave the board a brief update of Manchester’s Cancer position within the Vanguard application. She explained that one of the proposed plans was to continue to use Manchester Cancer’s already established Pathway boards as clinical reference groups to be used when the Vanguard begins to pilot projects within the greater Manchester cancer care network.</p> <p>Plans will not be finalised until the Vanguard team have fully established the remit of the programme and agreed this to the appropriate parties involved.</p> <p>The board were unanimous in agreement that the Vanguard will bring welcomed change to the current cancer provision within Greater Manchester.</p> <p>The Vanguard team have communicated that they welcome any positive suggestions that my aid service improvements and would be happy to receive any suggestions via email.</p> <p>c) Nursing Forum update</p> <p>Katie Bailey informed the group of the recent progress made on the development of a nursing forum. This has now been fully established and held their first meeting on 8th October.</p> <p>KB explained that she and the members of the forum would be keen to help develop the previously mentioned skin cancer support network questionnaire and have agreed to work with LF on this going forward. KB also informed the board of a already established Facebook support page being run by one of the members of the nursing forum that she felt would be a advantageous to patients if they were signposted to this by clinicians in clinic. KB to provide the board with details of how patients can access this page.</p> <p>KB to circulate minuets of the meeting and Terms of reference to the board.</p>	
<p>7. AOB</p> <p>d) East Cheshire NHS LSMDT continued inclusion in the Manchester Cancer Network</p> <p>It was agreed that east Cheshire would continue in the network as their MDT was being transferred with exactly the same personnel and exactly the same high compliance rates expected</p>	
<p>Next meeting – Friday 4th March 2016, 2.00-4.00pm, Trust Administration, The Christie</p>	

