

Joint Cancer Leads

Minutes - 16th May 2014

In attendance

(and attendance list signed)

Bev Meenan	Lead Cancer Nurse	Stockport
Louise James	Dep Cancer Services Lead Manager	UHSM
Julie Emerson	AHP 'Lead' Network	Christie/Salford
Alison McCarthy	MacMillan Lead Cancer & Palliative Care Nurse	Pennine
Rayaz Chel	GM	Bolton
Maire Hosey	Director of Performance	Christie
Carol Diver	Lead Cancer Nurse	Tameside
Maryna Lewinski	Lead Cancer Clinician	Stockport
Roger Prudham	Deputy Medical Director	Pennine
Ian Brett	Lead Cancer Clinician	Tameside
Ram Sundar	Cancer Clinical Lead	WWL
Leah Robins	Trust Cancer Manager	SRFT
Angela Heer	Cancer Services Manager	Stockport
Julie Orford	Lead Cancer Nurse	UHSM
Julie Fletcher	Performance Manager	WWL
Kelly Curtis	Clinical Service Lead	Stockport

1. Introduction to Manchester Cancer

Dave Shackley gave an introduction to Manchester Cancer.

2. Updates from Professional Groups

Maryna Lewinski – Clinical Leads

ML stated that the group was very operationally driven and sought to recognise variability and drive up professional standards across the region. ML noted that the group's main issue was a lack of understanding of exactly where/how it fits into Manchester Cancer. She stated that this was vital for the group to feel that it was being heard and that it could make a difference. ML noted that a joint forum would very useful, both for the formal elements and the informal networking opportunities.

Bev Meenan – Lead Cancer Nurses

BM confirmed that this group has continued to meet since the cancer network dissolved. She noted that it has developed a work plan and has future meetings planned but that these meetings are not currently aligned with the proposed Manchester Cancer Joint Cancer Leads meeting. BM also expressed a desire for the Lead Cancer Nurses group to have a formal place within Manchester Cancer and noted that cancer nurses are often at the forefront of care.

Leah Robins – Cancer Managers

LR noted that the Cancer Managers group had ceased to meet but had been asked by the Directors of Operations group to reform to focus on performance against the 62 day target. The group heard

that the cancer managers are currently focussing on trying to achieve the 62-day target in three key pathways prostate, oesophago-gastric and lung.

Julie Emerson – AHP Group

The group heard that the allied health professionals (physios, occupational therapists, dieticians, and speech and language therapists) involved in cancer care from across the region continue to meet. JE noted that the key challenge was to ensure equity of services across Greater Manchester. The group heard that the AHP group was keen to be formalised within Manchester Cancer.

3. Discussion of Key Topics – Tom Pharaoh

It was acknowledged that work was needed to formalise each group's position within Manchester Cancer – **ACTION TP**

The Lead Cancer Nurses agreed to share their work plan with the core team – **ACTION BM**

There was some discussion regarding data collection and reference was made to the work that Jac Livsey and the Christie Clinical Outcomes Unit are developing. It was clarified that this work was currently exploratory and that no change had been proposed or agreed. DS stated that the Pathway Directors had been tasked to focus on data that will be meaningful to their pathway.

ML asked for feedback from both Provider Board and Pathway Board meetings and the group heard that all minutes will be available on the Manchester Cancer website: www.manchestercancer.org

4. Conclusion

There was a discussion of how best to involve trust leads in the work of Manchester Cancer. It was noted that, while the joint meeting had been useful on this occasion, it was not the right format for the group in future.

It was agreed that a Trust Leads Board should be formed, with a membership of up to 30 members, using representation from each trust. The board will have a formal role in the governance of Manchester Cancer, providing vital operational input and acting as a conduit from Pathway Boards and the core team to the trust cancer management.

It was agreed that it should meet bi-monthly and meetings should be held at Salford. A preferred day and time was discussed and Friday 2.30-4pm emerged as the favoured option.

It was suggested that each institution could bring an informal paper to each meeting outlining progress and issues. It was also suggested that key Pathway Clinical Directors could attend with updates from their Boards.

It was agreed that the Manchester Cancer core team should set up an initial meeting date and draft a proposal and terms of reference for the group – **ACTION TP/DS**