

## Vacancy list

### Pathway Boards

The table below includes all the current vacancies for Pathway Boards. If you would like to apply to be a patient and carer representative on a Pathway Board, you need to have experience of the relevant type of cancer tumour.

Pathway Board	Vacancies for patient / carer representatives	Description
Brain and Spine	<ul style="list-style-type: none"> <li>• Vacancy</li> <li>• Vacancy</li> </ul>	<p>The Brain and Spine Tumour Pathway Board is responsible for driving improvement across the whole care pathway for brain and spinal tumours – from initial symptoms, through diagnosis, treatment, palliative care and living with and beyond cancer.</p> <p>It is working on the reconfiguration of neuro-oncology surgical services, transitioning from having three to two surgical centres in north central and east London. Evidence shows that this will improve outcomes for patients. The Board has also developed a unique brain and spine performance dashboard, allowing comparison of patient outcomes at different Trusts.</p> <p>In 2018 it plans to:</p> <ul style="list-style-type: none"> <li>• improve the quality of urgent suspected brain and spine cancer referrals from GPs</li> <li>• update clinical guidelines on best practice care</li> <li>• improve access to rehabilitation services</li> <li>• pilot a new model of follow-up in primary care for acoustic neuroma patients who have completed treatment (stratified follow-up).</li> </ul>
Breast	<ul style="list-style-type: none"> <li>• Patricia Dean</li> <li>• Lesley Cousins</li> <li>• Deborah Glover</li> </ul>	No vacancies currently.
Colorectal	<ul style="list-style-type: none"> <li>• Patricia Jupp</li> <li>• Vacancy</li> </ul>	<p>The Colorectal Tumour Pathway Board is responsible for driving improvement across the whole care pathway for colorectal tumours – from initial symptoms, through diagnosis, treatment, palliative care and living with and beyond cancer.</p> <p>It has been focusing on the early detection of colorectal cancer, by increasing the number of people who participate in bowel cancer screening. It has also developed a national best practice timed pathway, which maps the possible steps in a patient's journey from the day they were referred with suspected cancer to the first day of treatment. The best practice timed pathway advises on the ideal timeline, and is designed to reduce the time patients spend waiting for diagnosis and treatment.</p> <p>It is also undertaking a large pilot study of qFIT (Quantitative</p>

		<p>Faecal Immunochemical Test) - a low cost, non-invasive test that detects hidden blood in stools, which can be a symptom of cancer. qFIT is being evaluated with over 2,000 patients with high risk symptoms. It could prove to be an inexpensive, non-invasive alternative to a colonoscopy for lots of patients.</p> <p>In 2018 the Colorectal Tumour Pathway Board plans to:</p> <ul style="list-style-type: none"> <li>• Continue the qFIT pilot</li> <li>• Implement the colorectal best practice timed pathway</li> <li>• Implement a new model of follow-up in primary care for patients who have completed treatment (stratified follow-up)</li> <li>• Improve the effectiveness of Multi-Disciplinary Team (MDT) meetings, where a variety of health care professionals discuss individual patients' cases and make recommendations for their care and treatment.</li> </ul>
Gynaecology	<ul style="list-style-type: none"> <li>• Patricia Jupp</li> <li>• Susan Boyde</li> <li>• Vacancy</li> </ul>	<p>The Gynaecology Tumour Pathway Board is responsible for driving improvement across the whole care pathway for breast cancers – from initial symptoms, through diagnosis, treatment, palliative care and living with and beyond cancer.</p> <p>It has undertaken a gap analysis of ovarian and endometrial cancer services, to understand where there are areas of good practice, and to make recommendations for improvement.</p> <p>It organises an annual research day, with an emphasis on ovarian cancer. It also introduced routine HIV testing for all patients with gynaecological cancers.</p> <p>In 2018, it plans to:</p> <ul style="list-style-type: none"> <li>• Scope the possibility of introducing 'one-stop clinics' for urgent referrals of suspected cancer</li> <li>• Organise training and education for professionals using ultrasound to diagnose gynaecological cancers</li> <li>• Implement a new model of follow-up in primary care for patients with endometrial cancer who have completed treatment (stratified follow-up)</li> <li>• Enable more patients to participate in research and clinical trials</li> <li>• Improve the effectiveness of Multi-Disciplinary Team (MDT) meetings, where a variety of health care professionals discuss individual patients' cases and make recommendations for their care and treatment.</li> </ul>
Haematology	<ul style="list-style-type: none"> <li>• Gilly Angell</li> <li>• Peter Bion</li> <li>• Vacancy</li> </ul>	<p>The Haematology Tumour Pathway Board is responsible for driving improvement across the whole care pathway for blood cancers – from initial symptoms, through diagnosis, treatment, palliative care and living with and beyond cancer.</p> <p>It has produced a series of films for patients on common tests and procedures used to diagnose blood cancers. These have been translated into 9 different languages.</p> <p>In 2018, it plans to:</p>

		<ul style="list-style-type: none"> <li>• Develop education modules for GPs on different blood cancers</li> <li>• Publish guidelines for the treatment and care of all blood cancers, to be implemented across London.</li> <li>• Develop a specification for patient experience across the pathway.</li> </ul>
Head and Neck	<ul style="list-style-type: none"> <li>• Tony Smith</li> <li>• Vanessa Smith</li> </ul>	No vacancies currently.
Lung	<ul style="list-style-type: none"> <li>• Judy Cass</li> <li>• Vacancy</li> </ul>	<p>The Lung Tumour Pathway Board is responsible for driving improvement across the whole care pathway for lung cancers – from initial symptoms, through diagnosis, treatment, palliative care and living with and beyond cancer.</p> <p>It has focused on early diagnosis, and is supporting a large pilot study, called ‘Summit’, for a lung health screening programme for 55-80 year olds at high risk of developing lung cancer.</p> <p>It is committed to implementing the national best practice timed pathway, which maps the possible steps in a patient’s journey from the day they were referred with suspected cancer to the first day of treatment. The best practice timed pathway advises on the ideal timeline, and is designed to reduce the time patients spend waiting for diagnosis and treatment.</p> <p>In 2018, it plans to:</p> <ul style="list-style-type: none"> <li>• Support the implementation of the best practice timed pathway, addressing possible barriers.</li> <li>• Roll out a new model for collecting data on outcomes which matter most to patients with lung cancer (through collaboration with the International Consortium for Health Outcomes Measurement, known as ICHOM)</li> <li>• Continue to support the Summit study, including recruitment of participants across north and east London.</li> </ul>
Skin	<ul style="list-style-type: none"> <li>• Chris Devereux</li> <li>• Clare Runacres</li> <li>• Ryszard Zaluski-Zaluczkowski</li> </ul>	No vacancies currently.
Upper GI (gastro-intestinal) – OG (oesophago-gastric)	<ul style="list-style-type: none"> <li>• Brian Hill</li> <li>• David Holden</li> <li>• Vacancy</li> </ul>	<p>The Upper GI (OG) Tumour Pathway Board is responsible for driving improvement across the whole care pathway for oesophago-gastric cancers – from initial symptoms, through diagnosis, treatment, palliative care and living with and beyond cancer.</p> <p>It has reconfigured oesophago-gastric surgical services, merging the surgical centres at Barts Health and UCLH. Evidence shows that this improves clinical outcomes for patients. It has also supported training opportunities for surgeons.</p> <p>It is supporting a research study investigating a possible ‘rule out’ breath test for diagnosing oesophageal cancer.</p>

		<p>In 2018, it plans to:</p> <ul style="list-style-type: none"> <li>• Explore ways to improve dietetic support for patients, including digital options</li> <li>• Improve the effectiveness of Multi-Disciplinary Team (MDT) meetings, where a variety of health care professionals discuss individual patients' cases and make recommendations for their care and treatment.</li> <li>• Evaluate the impact of the reconfiguration of surgical services, to identify positive impacts and identify any problems which need to be addressed.</li> </ul>
Upper GI – HPB (hepato-pancreatic-biliary)	<ul style="list-style-type: none"> <li>• Graham Wyles</li> <li>• John Lancaster</li> </ul>	No vacancies currently.
Urology	<ul style="list-style-type: none"> <li>• Jane Smith</li> <li>• John Sandell</li> <li>• Veronica Brinton</li> </ul>	No vacancies currently.

## Expert Reference Groups (ERGs)

The table below includes all the current vacancies for Expert Reference Groups.

Expert Reference Group	Vacancies for patient / carer representatives	Description
Acute Oncology	<ul style="list-style-type: none"> <li>• Vacancy</li> <li>• Faz Hussain</li> </ul>	<p>The Acute Oncology ERG is a source of expert advice on acute oncology (management of patients experiencing complications of their cancer diagnosis and treatment, that require intervention in an acute hospital) for the Pathway Boards and other ERGs. It explores opportunities to improve patient outcomes and experience, by gathering intelligence and sharing best practice.</p> <p>It has been focused on increasing participation in research and clinical trials. It has also updated guidelines on urgent referrals from GPs for patients where it is not known where in the body the cancer began (cancer of unknown primary). It has also collaborated with the Royal National Orthopaedic Hospital on the spinal tumour pathway.</p> <p>In 2018, it plans to:</p> <ul style="list-style-type: none"> <li>• Develop education and training resources, including for primary care professionals (GPs)</li> <li>• Enable more patients to participate in research and clinical trials</li> </ul> <p>Complete an audit of malignant spinal cord compression services (this is a medical emergency affecting some patients when cancer has developed in the spinal cord, and it can result in disability).</p>

Chemotherapy	<ul style="list-style-type: none"> <li>• Katie Ruane</li> <li>• Vacancy</li> </ul>	<p>The Chemotherapy ERG is a source of expert advice on chemotherapy for the Pathway Boards and other ERGs. It explores opportunities to improve patient outcomes and experience, by gathering intelligence and sharing best practice.</p> <p>It has worked with the Breast Tumour Pathway Board and pharmaceutical industry partners to develop a new way for patients to receive certain breast cancer drug treatments at home, rather than having to travel to hospital.</p> <p>In 2018, it plans to:</p> <ul style="list-style-type: none"> <li>• Continue developing new models for patients to receive some forms of chemotherapy out of hospital – either at home or in community settings.</li> <li>• Develop guidelines for managing the care of patients who experience adverse events from immunotherapy, in collaboration with pharmaceutical industry partners.</li> <li>• Pilot monitoring in community settings for patients undergoing Abiraterone treatment (a hormone therapy for men with prostate cancer)</li> </ul>
Living with and beyond cancer	<ul style="list-style-type: none"> <li>• Tee Fabikun</li> <li>• Daphne Earl</li> </ul>	No vacancies currently.
Nursing	<ul style="list-style-type: none"> <li>• Denis O’Conor</li> <li>• Vacancy</li> </ul>	<p>The Nursing ERG is a source of expert nursing advice to Tumour Pathway Boards and other ERGs. It explores opportunities to improve patient outcomes and experience, by gathering intelligence and sharing best practice. It also feeds into the Pan-London Lead Cancer Nurse Group.</p> <p>It has been supporting a learning and development programme for Clinical Nurse Specialists (CNSs). It has also developed a pan-London Cancer Care Passport, which ensures that nurses’ training in giving cancer therapies is up-to-date and consistent. It means that nurses will not need to repeat training if they begin a new job, which avoids duplication.</p> <p>In 2018, it plans to:</p> <ul style="list-style-type: none"> <li>• Focus on implementing the Recovery Package, which aims to improve quality of life and support self-management for patients</li> <li>• Continue to hold educational events to engage the nursing workforce</li> <li>• Contribute to work to improve the effectiveness of Multi-Disciplinary Team (MDT) meetings, where a variety of health care professionals discuss individual patients’ cases and make recommendations for their care and treatment.</li> <li>• Contribute to updating clinical guidelines and audits of current practice.</li> </ul>
Psychosocial	<ul style="list-style-type: none"> <li>• Daphne Earl</li> <li>• Vacancy</li> </ul>	The Psychosocial ERG is a source of expert advice on psychosocial issues and the services required to support them, for Tumour Pathway Boards and other ERGs. It explores opportunities to improve patient outcomes and experience, by

		<p>gathering intelligence and sharing best practice.</p> <p>It also collaborates on pan-London work, and has been particularly focused on developing a pan-London pathway and service specification for psychological care.</p> <p>It has developed learning and education for Clinical Nurse Specialists (CNSs) and psychological specialists, and has also produced educational videos about supporting carers, family members and children.</p> <p>In 2018, it plans to:</p> <ul style="list-style-type: none"> <li>• Translate its video about better communication with children affected by cancer into different languages</li> <li>• Continue to improve training and support for CNSs</li> <li>• Promote and support implementation of the new pan-London Psychological Care Pathway.</li> </ul>
Radiology	<ul style="list-style-type: none"> <li>• Vacancy</li> <li>• Vacancy</li> </ul>	<p>The Radiology ERG is a source of expert advice on radiology to Tumour Pathway Boards and other ERGs. It explores opportunities to improve patient outcomes and experience, by gathering intelligence and sharing best practice.</p> <p>This ERG is newly established.</p> <p>In 2018, it plans to:</p> <ul style="list-style-type: none"> <li>• Help improve the effectiveness of Multi-Disciplinary Team (MDT) meetings, where a variety of health care professionals discuss individual patients' cases and make recommendations for their care and treatment.</li> <li>• Contribute to development of best practice timed pathways for different cancers, giving radiological input.</li> <li>• Offer training and sharing of good practice across the region.</li> </ul>
Radiotherapy	<ul style="list-style-type: none"> <li>• Patricia Dean</li> <li>• Vacancy</li> </ul>	<p>The Radiotherapy ERG is a source of expert advice on radiotherapy (the use of high-energy rays to treat cancer, which works by destroying cancer cells) to Tumour Pathway Boards and other ERGs. It explores opportunities to improve patient outcomes and experience, by gathering intelligence and sharing best practice.</p> <p>It has undertaken a survey to understand patient experience, and aims to benchmark across the region. It has also worked with Trusts to address local capacity and staffing issues.</p> <p>In 2018, it plans to:</p> <ul style="list-style-type: none"> <li>• Conduct a review of all radiotherapy guidelines</li> <li>• Implement the newly published national service specification</li> <li>• Work with the Centre for Cancer Outcomes to improve data collection.</li> </ul>
Rehabilitation	<ul style="list-style-type: none"> <li>• Vacancy</li> <li>• Vacancy</li> </ul>	<p>The Rehabilitation ERG is a source of expert advice on rehabilitation services and approaches to Tumour Pathway</p>

		<p>Boards and other ERGs. It explores opportunities to improve patient outcomes and experience, by gathering intelligence and sharing best practice.</p> <p>It has mapped all physical activity programmes available for people with cancer and included these in a service directory. It has identified top priorities for rehabilitation across London, and is working with the Cancer Commissioning Board to address these. It is also undertaking an audit to determine the numbers of people with lymphoedema symptoms (fluid retention, which can occur as a side effect after radiotherapy or surgery), the severity of their symptoms, and the gaps in service provision for this condition.</p> <p>In 2018, it plans to:</p> <ul style="list-style-type: none"><li>• Complete the lymphoedema audit, and agree recommendations as a result</li><li>• Embed physical activity into cancer pathways</li><li>• Embed access to rehabilitation into cancer pathways</li><li>• Improve the quality of data collection for rehabilitation services, which will be used to inform commissioning decisions.</li></ul>
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