

London Cancer Brain and Spine Pathway Board

Date: **Friday, 21st April 2017, 09.15-11.00**

Venue: **Trustees Meeting Room, 5th Floor, 250 Euston Road, NW1 2PG**

Chair: **Jonathan Pollock, Pathway Director**

1. Welcome, Apologies and minutes of last meeting

Members of the board were welcomed, introductions were made and apologies heard. The minutes of the last meeting were accepted as an accurate record of proceedings.

- Previous actions discussed. Robert Bradford, Dimitrios Paraskevopoulos, Jonathan Pollock are still to meet Sharon Cavanagh to develop a brain and spine stratified follow up pathway. JP suggested that the three need to work out how to get patients onto 1 central database.
- Sharon confirmed that the outcome of the UCLH Cancer Collaborative transformation bid for a 1WTE project manager (for one year) to conduct STP level mapping of specialist and generalist rehabilitation services is still unknown. SC to keep the board updated.

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| <ul style="list-style-type: none">• ACTION – SE to set up new meeting between JP, SC, Robert Bradford, Dimitrios Paraskevopoulos re stratified follow up. |
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2. Reconfiguration of Neuro-oncology Surgical Services

- EM reported that discussions are ongoing as to how a closer collaboration between Barts and BHRUT may work in practice.
- A meeting was held on 23rd March between Kathy Pritchard-Jones, Ajit Abraham, Jonathan Pollock, Lewis Thorne, Mark Johnson, Jon Melbourne, Suresh Pushpanathan and Malik Ramadhan to discuss the reconfiguration.
- At the meeting, the principle that there should be two large neuro-oncology surgical centres serving the London Cancer population was confirmed. Barts wish to explore whether a larger centre in the East of London rather than at NHNN is more beneficial to patients.
- With the radiotherapy and trauma function remaining at the Royal London it was agreed that assurance that these services are appropriately covered is necessary.
- Ajit Abraham (medical director, Barts) is to confer with the executive team and develop a formal response to London Cancer.
- The MDT move should be unaffected by the delay in Barts' response and could happen in the moderately near future.
- The effect on pathology of a possible bigger centre at Queen's Romford discussed. In particular, SB stated that NHNN offer state of the art molecular diagnosis and receives a high volume of requests for 2nd opinion from BHRUT.

JP confirmed that the aim of the reconfiguration is to guarantee uniform quality. Planning is still to start as to how quality can be guaranteed for pathology. All options are possible including increasing capacity in NHNN or combining Cambridge and BHRUT pathology. It was reiterated that the

reconfiguration has given us the mandate to design the best model for care in the future, this of course includes pathology.

- EM confirmed that the Royal London are very happy with the pathology service. However, they still lack a pathologist in MDT. It was felt the upcoming MDT move should solve this issue.
- SB noted that any new model would need to include an IT solution and a full appreciation of the costs incurred by NHNN (for 2nd opinions etc.).
- Barts and BHRUT are meeting every month to discuss the above MDT move, there are also plans to include a CNS meeting.

ACTION: Pathologists at Romford and NHNN to be included in reconfiguration talks. JP and EM to meet BHRUT pathologists.

ACTION: KG to set up meeting with CNS' and MDT coordinators at BHRUT and RLH

3. Centre For Cancer Outcomes Dashboard

- JP introduced two of the main issues that Brain and Spine have had in terms of data, namely the lack of outcome data and the use of different systems (Infoflex and Somerset) that means separate Trust data is difficult to collate and compare.
- Sean Hessian, Senior Analyst at the Centre for Cancer Outcomes, presented the draft version of the dashboard that presents metrics and cancer outcomes from various sources in one place. SH acknowledged that initially the dashboard will be most useful for highlighting data quality issues.
- Key features include:
 - The presentation of data before it is sent to COS-D helping to drive data quality improvements.
 - The dashboard has a space for tumour specific metrics, therefore in the near future members of the board will be asked to define the most useful metrics for brain and spine.
 - Patient level data is included so we can interrogate data before it is sent to the registry.
 - The database can incorporate data from any source meaning it can link into Trust systems and the national audit.
 - The system works via an N3 system so the site can be reached via any device.
- The system is first being tested on UCLH before going out to further Trusts.
- Data sharing between Trusts remains an obstacle to sector wide comparisons.
- Rehab and palliative care issues should also be included. JM is to discuss with his colleagues but mortality, biopsy without treatment and treatment without biopsy rates would all be valuable.

ACTION: JP to discuss which brain and spine specific metrics should be added. SE to send email to the board requesting input.

ACTION: Modified version of the dashboard to be presented at next PB.

4. 2WW Audit

- SE presented an overview an audit of 2ww referrals conducted by the UCLH Cancer Collaborative's Earlier Diagnosis team.
- The Earlier Diagnosis team have designed an audit that gives GPs feedback on the referrals an improve quality. They have conducted audits based in individual CCGs and in individual tumour sites.

- The process requires a lead at each Trust to answer a set of questions on each referral over a period of time. The results are then analysed and recommendations made. The results are disseminated via CCGs and via CRUK facilitators.
- Should the board wish to join the audit they should specify the questions in the audit before nominating a lead to go through referrals.

ACTION: JP to lead on behalf of BHRUT. Other sites to nominate potential leads.

5. 2017 Guidelines Review

- The guidelines are now due for review and updating.
- EM is to revise surgery guidelines and NF has volunteered before the meeting to review the oncology guidelines.
- It was noted that NICE guidelines on Gliomas and Mets are to be published by the end of 2018.

ACTION: SE to send word version of the guidelines to EM, NF, JM (re palliative care) and SC (re follow up).

6. Recruitment into clinical trials

- It was agreed that understanding numbers that London Cancer Trusts are entering into trials should also be quantified. SE to confer with Rachel Clarke.
- Trials data to be a standing item on the agenda.

ACTION: SE to explore upgrading our clinical trials data.

7. AOB

Discussion points:

- A London Cancer pathology ERG is to be established, interested parties should await publicity before applying to join.
- The final board of the year will be held on Friday 13th October.

8. Next Meeting

Monday	03-Jul-2017	09.15-11.30	Brain and Spinal Pathway Board	6 th Floor (West) Meeting Room, 250 Euston Road, NW1 2PG
Friday	13-Oct-2017	09.15-11.30	Brain and Spinal Pathway Board	6 th Floor (East) Meeting Room, 250 Euston Road, NW1 2PG

Attendees

Name	Role	Trust/Organisation
Jonathan Pollock	Neurosurgeon, Pathway Director (Chair)	BHRUT (CHAIR)
Edward McKintosh	Neurosurgeon	Barts Health
Simon Evans	Project Manager	<i>London Cancer</i>
Sebastian Brandner	Pathologist	UCLH
Kim Grove	CNS	<i>Barking, Havering and Redbridge University Hospitals</i>
Jonathan Martin	Consultant Palliative Care Physician	<i>UCLH</i>
Sharon Cavanagh	Programme Lead	<i>UCLH Cancer Collaborative</i>

Apologies

Name	Role	Trust/Organisation
Anish Bahra		UCLH
Naomi Fersht	Oncologist	University College London Hospitals - National Hospital for Neurology and Neurosurgery
Jane Evanson	Radiologist	Barts Health
Emma Townsley	Neuro-onc CNS	UCLH
Anish Bahra	Clinical Lead for Neurology	Barts Health