

London Cancer Brain and Spine Pathway Board

Date: **Tuesday 17th April 2018, 16.00-17.30**

Venue: **Radiotherapy seminar room, Radiotherapy department, Basement, King George V building, Barts hospital, West Smithfield, London EC1A 7BE**

Chair: **Edward McKintosh, Pathway Director**

1. Welcome, Apologies and minutes of last meeting

- Members of the board were welcomed, introductions were made and apologies heard. Phillip Scard, the board's new patient representative was welcomed to the board.
- The minutes of the last meeting were accepted as an accurate record of proceedings.

2. Reconfiguration of Neuro-oncology Surgical Services

- On the 18th April EM is due to meet with Michael Marsh, medical director of specialised services at NHS England alongside senior Barts and UCLH directors and Prof Kathy Pritchard-Jones chief medical officer of UCLH Cancer Collaborative.
- There still exists a diversity of opinion as to whether the reconfiguration can immediately proceed. EM plans to give a more comprehensive update after the meeting.

3. Stratified Follow Up

- EM has been exploring how Endocrinology at Barts use skype based clinics.
- It has proved effective at for relieving stress on outpatient clinics and CNS' generally approve of the system.
- Endocrinology's pilot has revealed unexpected results. There appears no correlation with age for the patients that prefer to use Skype. Contrary to current practice, patients have suggested they preferred to get bad news via skype rather than face to face. Immediately being at home and having as many of their friends and family as they prefer with them improved their patient experience.
- Concerns expressed around getting the correct Information Governance in place for skype clinics. The board should put together a small package of implementation guidance for the area if we decide to pilot.

ACTION: Endocrinology representative to be invited to the next board.

4. MDT Data Items for Audit

- Data items to be included in a potential MDT audit discussed. Suggestions included:
 - No. of patients at MDT meeting with unreported scans.
 - No. of patients deferred.
 - No. of patient not discussed due to lack of scans/pathology.
- PS noted we may wish to explore how to involve patients in MDT decision making.
- EM will look over Prof Mughal's MDT improvement report and suggest some audit metrics to the board.

ACTION – EM to suggest some metrics for MDT audit to the board.

5. Clinical Trials

- We have so far been unable to obtain a central list of clinical trials that includes those not on the NIHR register.
- Members again asked to email trials to SE. SE will request from NF & PM. NF and PM to confirm whether they are happy to share information with the brain tumour charity.

ACTION: Members to send list of open trials or contacts within trials teams to SE.

6. New 28 Day Diagnosis Standard

- NHSE are shortly to introduce a new 28 day standard for confirming with a patient whether or not they have cancer.
- Concern raised that a 28 day diagnosis standard would not improve outcomes for patients and they would find the fast timelines more stressful.
- Getting patients an MRI Head before first OPA and then into the appropriate clinic is a greater priority.
- However the board will consider how to streamline processes, e.g. hastening pathology and radiology results.

ACTION – EM & SE to develop new pathway.

7. GP Direct Access to MRI

- Tom Hart, registrar, has worked with Anish Bahra on her research on the urgent referral pathway for CNS malignancies presented to the board a summary of their work.
- AB analysed data from 2ww referrals to Whipps Cross.
- Tom demonstrated that there no cluster of symptoms that make a predictive set for brain cancer. The best indicators are seizures inevitably meaning most patients will be diagnosed via A&E.
- Bryan Ceronie, another member of Anish's team, performed analysis showing a physical exam is a better indicator for whether to refer on a 2ww. The possibility of the board developing a toolkit for GPs discussed.
- The vast majority of patients with a brain cancer are not picked up by the 2ww system and there is no evidence to suggest that those that do have better outcomes. The board reiterate that an initial MRI Head should be encouraged.
- It was felt the costs of an MRI would be alleviated by the savings from inappropriate clinic appointments. An audit of inappropriate clinic appointments could be used to bolster the case.
- The board noted that there is no evidence to suggest that requests would overly burden hospital departments with MRI referrals or with management of incidental findings.
- The board was unanimous that getting GPs to refer for scans earlier should be their priority. Any patient that has an abnormal physical examination should be referred for an MRI head.
- To help with GP guidance, it was noted that we should address the board's lack of a GP representative. Dr Ellie Hitchman and Dr Tania Anastasiadis to be invited by JM.

ACTION – JM/SE to approach Dr Ellie Hitchman and Dr Tania Anastasiadis as to whether they would be interested in joining the board.

ACTION – EM to speak to other cancer boards re similar audits they may have conducted.

8. TYA

- Currently TYA surgery is performed at NHNN and the TYA MDT is at UCLH.
- Those aged 18-24 get a choice of where they undergo surgery, those under 18 do not.
- In light of the case at BHRUT the board wishes to re-state the protocol for TYA patients in the geography. CoR is due to send the protocol to EM.

ACTION – TYA to be re-discussed at next board with the protocol circulated beforehand. SE to confirm which protocol is most recent with CoR.

9. AOB

- A potential Patient/ Primary Care Engagement Event to be held on 4th October discussed. It was felt that holding a patient engagement event separate from another afternoon with primary care is the best option.
- SE is to confirm funding but the current plan is for to hold from 4-6 in a hotel or royal college. There would be three 20 minutes talks then a chance for patients to circulate around charity stands.
- It would be most useful for patients to hear about local services available to them, for example where rehab services lie in local authorities. However provision is quite varied in our patch so we may instead wish to signpost patients to a Maggie's centre, where they can get local advice.
- Potential agenda for speakers to include:
 - 5 Minutes introduction to London Cancer and the work of the brain and spine board.
 - Maggie's Centre
 - Dietitian
 - Alternative therapies – to include a 'myth busting' section.
 - Clinical Trials – Adelaide Austin or Paul Mullholland's research to be asked if they are interested.
- PS to speak to brain tumour charity as to whether they would like to attend/support.
- An education day for MDT members around improving network function and an education day for trainee's potential future events.
- Prof Pritchard-Jones, chief medical officer of the collaborative has given board's the option of decreasing the number of meetings they hold if they think it would help them more effectively function. Members confirmed that we should maintain four meetings particularly whilst the reconfiguration is ongoing.

ACTION – EM to introduce SE to Dr Sossie Kassab.

ACTION – SE to confirm budget and scope appropriate venues

ACTION – PS to get in touch with charities.

10. Next Meeting

Monday 18th June at Queen's Hospital, BHRUT

Attendees

Name	Role	Trust/Organisation
Edward McKintosh	Chair & Neurosurgeon	Barts Health
Simon Evans	Project Manager	London Cancer
Phillip Scard	Patient Representative	
Louise Platt	Therapy Team Leader	UCLH Cancer Collaborative
Thomas Hart	Registrar	Barts Health
Rachel Lewis	Clinical Oncologist	Barts
Hannah Lowe	CNS	Barts
Johnathan Martin	Consultant in Palliative Medicine and Clinical Lead	UCLH

Apologies

Name	Role	Trust/Organisation
Naomi Fersht	Oncologist	University College London Hospitals
Jane Evanson	Radiologist	Barts Health
Anish Bahra	Clinical Lead for Neurology	Barts Health
Kad Suntharalingham	Service Manager, Brain Tumour Unit	UCLH