

London Cancer Brain and Spine Pathway Board

Date: **Monday, 16th January 2015, 09.15-11.00**

Venue: **Boardroom, UCH @ Westmoreland Street, 16-18 Westmoreland Street, London, W1G 8PH**

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. How to conduct audit and improve 2ww referrals outcomes and processes discussed. Low pick up rate via 2ww identified as an inefficiency with emergency presentation making up the bulk of diagnoses. At Whipps Cross, Chris Turner triages and contacts GPs re inappropriate referrals it is unclear whether NHNN have the personnel, i.e. a general neurologist, to replicate this process. However NHNN have recently readjusted outpatients so that Simon Farmer has 4 specific clinics for 2ww. The UCLH Cancer Collaborative early diagnosis team are auditing 2ww before developing guidance re appropriate referrals, SE to check whether brain and spine can tap into this audit.

- **ACTION – SE to meet OM and Chris Turner re how to audit 2ww, whether NHNN can replicate any parts of the Whipps Cross triage system.**

2. Relocation of BH neuro-oncology surgical service to NHNN

- EM reported that the delay in MDT move was at the request of the Barts' chief executive, who following adverse consequences of the head and neck transition, has paused all cancer moves.
- In short, head and neck patients with certain conditions remained under the management of Barts but without the relevant surgeons, leaving a clear gap. Barts are anxious that similar scenarios are avoided with brain tumour patients, for example that we have clear pathways for pregnant or cardiac patients. EM is therefore putting together a report on the current service to the chief executive. EM is awaiting data before submitting his report.
- Although the board agreed that reassurance should be given, it was noted that integration needs to be seen in the context of a two year process, involving many members of the board working hard to guarantee best practice.
- JP stated that Ajit Abraham, Deputy Chief Medical Officer at Barts, has confirmed his support for the move. Therefore meetings are to be set up with Geoff Bellingan, Ajit Abraham, JP, EM and management colleagues to plan next steps.

ACTION: SE to organise reconfiguration meeting, JP to update board

3. Data Collection and Analysis

- It was noted that improving our data collection is imperative in measuring the success or otherwise of the transition of neuro-onc surgery services, as required in gateway 5 and 6.
- JP and SE met Ben Goretzki (Senior Analyst, Centre for Cancer Outcomes) to discuss how we can make data from multiple trusts and multiple sources available for review in a single place.
- Ben is creating a dashboard for each tumour site that will give serve as the aforementioned single avenue for data review. Jonathan will continue to work with Ben to ensure that brain and spine is appropriately served, indeed this is particularly important as most metrics have been designed around cancer not serving brain and spine's high proportion of benign patients.

ACTION: SE to organise further meeting with Ben Goretzki for about 6 weeks' time. JP to update the board.

4. Timed Pathways

- London Cancer are encouraging each tumour site to agree timed pathways from day of referral to first treatment. This should remove variation, promote best practice help achieve 62 day targets.
- The pathway created by London Cancer's predecessor organisation, the NEL cancer network was discussed. Members felt the pathway was suitable for tumours presenting acutely. The pathway was ratified for this purpose.
- Further discussion around GP referral and early diagnosis. Issues include GPs using older forms, headache being too broad a reason for referral and referral of progressive neurological deficit without further comment.
- Members also noted that there is little evidence for benefit of early diagnosis in brain tumours, those that present early may do worse than those that present late. However it was noted that TYA patients are not being diagnosed too late as they present in unusual ways.

ACTION: SE to update title of NEL Cancer Network pathway.

ACTION: SE to check information available to GPs on portals.

5. Acoustic Neuroma Stratified Follow Up

- Work continues on developing a stratified follow up pathway for acoustic neuromas. Stratified follow up relies on full implementation of the recovery package to enable patients to self-manage after treatment. This also improves patient experience, reduces costs and releases capacity by eliminating follow up OPAs.
- NHNN already do a version of stratified follow up via by CNS' telephone clinics following scans.
- The group felt other patient groups such as those with Meningiomas may benefit from this programme.
- It was also noted that BHRUT are hosting the 2nd meningioma national event in June. Further information will be circulated in due course.

ACTION: SE, JP, Robert Bradford, Dimitios Paraskevopoulos and SC to meet to plan a stratified follow up pathway in February.

6. Rehabilitation and post treatment care

Discussion points:

- SC gave the following update via email on the Macmillan Integrated Health Care team's work:
- *"In our transformation funding bid, we have put in for a 1WTE project manager (for one year) to conduct STP level mapping of specialist and generalist rehabilitation services to ensure that we have*

services in place to respond to needs identified to support return to work and the reduction and management of consequences of treatment. The postholder will conduct a needs assessment and action plan to deliver rehabilitation/supportive care services closer to home. This piece of work will include rehab. For individuals with brain/CNS tumours”.

- Members agreed that there is a very clear need for further rehab services for brain and spinal patients. In particular the new project manager will need to understand community provision and how to support varied services.

ACTION: SC to feedback.

7. Recruitment into clinical trials

- It has become clear that many trials particularly at UCLH are not being registered to the CRN portfolio. This is being remedied locally.
- Open trials discussed. The TRACT study is looking to recruit 10 patients, currently 5 have been recruited. BHRUT have registered for ROM study and have entered patients into the Tracacbine study.
- Immunho trials discussed. A high volume of referrals are being received but few are from inside the network. Members were reminded that Pal Mulholland is the PI for the study. It was confirmed that immunhos patients need to have a resection. ABT is better for patients that have had biopsies. The necessity for a clearer process for MDT referral into Paul Mulholland’s clinic was agreed.
- Discussion around how to improve trial communication. The data co-ordinator for clinical trial at Barts is helping, it is envisaged that a complete list of trials from the CRN will help promote trials and prompt an increase in referrals

ACTION: SE explore publishing the CRN list on the London Cancer website

8. AOB

Discussion points:

- In answer to a query from a UCLH cancer services manager, the board confirmed that there is currently no skull base network, only peer review requirements. A network may prove useful when proton beam therapy is installed at UCLH.
- A further meeting date will be booked for October.

ACTION:

9. Next Meeting

Friday	21-Apr-2017	09.15-11.30	Brain and Spinal Pathway Board	47 Wimpole Street Boardroom, W1G 8SE
Monday	03-Jul-2017	09.15-11.30	Brain and Spinal Pathway Board	6 th Floor (West) Meeting Room, 250 Euston Road, NW1 2PG

Attendees

Name	Role	Trust/Organisation
Jonathan Pollock	Neurosurgeon, Pathway Director (Chair)	BHRUT (CHAIR)
Anish Bahra	Clinical Lead for Neurology	Barts Health
Edward McKintosh	Neurosurgeon	Barts Health
Holly Nuttall	General Manager, Cancer	Barts Health
Jane Evanson		Barts Health
Jeremy Rees	Neurologist	UCLH - National Hospital for Neurology and Neurosurgery
Jon Melbourne	Divisional Manager	UCLH - National Hospital for Neurology and Neurosurgery
Louise Platt	Clinical Lead for AHPs	UCLH - National Hospital for Neurology and Neurosurgery
Naomi Fersht	Clinical Lead for Neuro-oncology	UCLH - National Hospital for Neurology and Neurosurgery
Neil Kitchen		UCLH - National Hospital for Neurology and Neurosurgery
Orla McKee	NHNN Brain Tumour Unit Manager	UCLH - National Hospital for Neurology and Neurosurgery
Rachel Lewis	Clinical Oncologist	Barts Health
Simon Evans	Brain and Spine Pathway Board	<i>London Cancer</i>

Apologies

Name	Role	Trust/Organisation
Jane Baranowski		UCLH
Jonathan Benjamin		Barking, Havering and Redbridge University Hospitals
Cass O'Reilly		Barking, Havering and Redbridge University Hospitals
Louise Dulley		Barking, Havering and Redbridge University Hospitals
George Sioftanos		Essex network members