

London Cancer Brain and Spine Pathway Board

Date: **Tuesday 16th January 2018, 16.00-17.30**

Venue: **6th Floor Central, (East) Meeting Room, 250 Euston Road, NW1 2PG**

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. The minutes of the last meeting were accepted as an accurate record of proceedings.
- KU attended in place of John Martin. Either JM or KU will attend boards as the palliative care representative.
- It was noted we still need a GP and patient representative. We are looking into whether we can backfill GP time.
- We have many people on our distribution list who rarely attend meetings. SE to ask these members if they wish to remain on the list for information, wish to be removed or will begin attending meetings. If no response received members will be removed from the list.
- Stratified follow up discussed. It was felt the low risk patients can be followed up with telephone clinics. Although there is risk that a phone call would have to be made letting the patient know something of concern had been identified.
- AV noted that most meningiomas are young patients who are probably less likely to want to attend clinic therefore we may wish to introduce stratified follow up for these patients as a first step.
- There is an identified need to agree what scanning low grade patients undergo. Dr Steffi Thust, a radiologist at NHNN could be invited to join the board to help clarify this issue.
- Dimitrios Paraskevopoulos to look into at Barts, Cass O'Reilly at BHRUT and Lewis Thorne at NHNN.

ACTION: Stratified follow up to be added to the next agenda

- SE to invite the Centre for Cancer Outcomes to present once they have worked on the brain and spine dashboard.
- The board still require a method to know which trials are open. SE to send a quarterly email.

ACTION - Each unit to send SE the list of open trials and SE to collate and send out as a newsletter.

- The TYA query in AOB in the last minute/s discussed. Since the last board BHRUT have commissioned independent review of TYA process. BHRUT clinical leads and consultants are meeting with Naomi Fersht on Monday. CoR noted that there is conflicting advice given as to whether to refer TYA patients after surgery or just oncology.
- The outcome of the BHRUT review to be shared with board.
- It was noted that the all patients aged 18-22 should go to the TYA service at UCLH. There are issues around this that warrant further discussion.

ACTION – Add TYA to next agenda with BHRUT's independent review circulated.

2. Reconfiguration of Neuro-oncology Surgical Services

- EM updated the group re the proposed reconfiguration of neuro-onc services from Barts to NHNN.

- Representations have been made to Michael Marsh at NHS London and we are awaiting his decision. The proposed collaboration between Whipps Cross and BHRUT did not progress.
- Issues still exist in trying to mitigate implications for Bart's trauma service and neuro-onc patients that need an MDT i.e. those pregnant, those in ITU. Therefore some surgeons need to work cross site.
- Further concern raised over length of the length of the NHNN. Splitting MDTs and adjusting job plans will be considered.

ACTION - Circulate Michael Marsh report when available

3. 2ww Audit

- The group discussed the proposed audit of 2ww referrals in light of the paper and presentation on the topic already published by Anish Bahra.
- EM noted that patients should have imaging before they are seen in the brain tumour clinic. It was acknowledged that there is a concern that GPs might overuse pathway but this was already occurring on current 2ww pathway.
- EM and SE will clarify if GPs already have access to 'In Health' MRIs.
- It was agreed that Anish's research would likely make a 2ww audit unnecessary. Anish to be asked to present her work at the next board.

ACTION: AB to present her research at the next board

ACTION: SE to find the yields of 2ww referrals that lead to cancers and present to next board.

4. 2018 Guidelines Revision

- EM reported that updating surgical guidelines should be routine. CoR noted that there will be a new BHRUT surgical board rep shortly that may be able to help.
- Oncology will require extensive revision, LD and RL volunteered help NF.
- It is hoped the guidelines can be circulate amongst ourselves before the next board with sign off achieved at the meeting.

ACTION – SE to send palliative care guidelines to KU and JM for palliative care review.

5. Peer Review Requirements

- The new terms of reference, updated to cover new peer review requirements reviewed.
- The group agreed it was reasonable and signed off. Prof Kathy Pritchard-Jones will now sign-off.
- The group discussed whether to hold an engagement or education event as set out in ToR.
- EM wants any event to reach GPs, patients and charities. SB would be happy to present a pathology session. Radiotherapy advancements may also be of interest. EM suggested asking a patient to speak, we could ask for help with recruitment from the Macmillan team.
- Claire Howe, BHRUT CNS can help identify a contact within the brain tumour charity.
- An event could be held on a Thursday afternoon in September. It was suggested using the Barts great hall and radiotherapy room as a venue.

ACTION: ToR sent to KPJ for review.

ACTION: SE to confirm date for event with EM.

6. Plans for 2018

- An MDT audit should be held after the neuro-onc reconfiguration. This accords with peer review requirements.
- A patient's satisfaction survey should be launched. Pt experience is not good nationally we want to gauge our local performance in this context.
- The board should consider how recording of HNAs can be improved. Further roll out of e-hnas will help.

ACTION – EM to put together list of data items for MDT audit next year.

7. AOB

- LD noted a new London oncology clinic offering herbal remedies. No one else on the board had heard of this development.
- LD noted that the Brain Tumour charity may help with patient communication and education around trials.
- Future meetings to be held on Tuesdays with a rotating venue.

8. Next Meeting

Tuesday 17th April, At Barts

Attendees

Name	Role	Trust/Organisation
Edward McKintosh	Chair & Neurosurgeon	Barts Health
Simon Evans	Project Manager	London Cancer
Sebastian Brandner	Pathologist	UCLH
Kim Grove	CNS	Barking, Havering and Redbridge University Hospitals
Sharon Cavanagh	Programme Lead	UCLH Cancer Collaborative
Jane Baranowski	CNS	UCLH
Cass O'Reilly	Manager	BHRUT
Rachel Lewis	Clinical Oncologist	Barts
Louise Dulley	Oncologist	BHRUT
Anup Vinayan	Clinical Oncologist	Mount Vernon
Kate Urwin	Consultant in Palliative Medicine and Clinical Lead	UCLH

Apologies

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