

London Cancer Brain and Spine Pathway Board

Date: **Monday 4th July, 0915-1015**

Venue: Meeting Room 3, UCLPartners, 3rd Floor, [170 Tottenham Court Road, London W1T 7HA](https://www.google.com/maps/place/170+Tottenham+Court+Road,+London+W1T+7HA)
(<https://goo.gl/maps/wd0iL>)

Chair: **Jonathan Pollock (JP), Pathway Director**

1. Welcome, Apologies and Minutes of last meeting

JP welcomed members of the Board and introductions were made. Apology from Anish Bahra. Kia Rezajooi, Jeremy Rees, Jonathan Martin, Emma Townsley and Naomi Fersht. No other apologies received.

2. Minutes of last meeting (JP)

- The actions from previous meeting were discussed

Action :

- SC and LP to send JP the gap analysis they carried out a couple of years ago

3. Review of pathway objectives

JP summarised and restated the objectives of the pathway board which are:

- To supervise the implementation of the network review
- To revisit and achieve the objectives stated in the Network constitution, notably:
 - i. Improvement in 1-year survival for brain cancer – this is likely to focus on gathering survival data in the first instance
 - ii. Improving patients' self-reported experience of their care and
 - iii. Increasing participation in clinical trials
- **Operational Steering Group for the reconfiguration (OSG) (JP)**
 - The target date for the MDT relocation from Barts Health to NHNN was July 2016. This has not been achieved. The reasons for this were considered
 - The last meeting of the OSG was held on 18th January 2016
 - MR to ask Jonathan Gardner and Claire Levermore for the minutes of the last meeting and where we're at with Gateway 4
 - SB reported that the revised pathology pathway from Bart's Health has been fully implemented
 - Barts Health specimens are being processed and reported at NHNN
 - It was noted by SB that an intraoperative pathology service is available via motorcycle courier for Bart's Health specimens but has not been utilised over the past year
 - SB estimates approx. 120 cases/year from Barts Health are being reported at NHNN. This is the minimum potential figure requiring MDT at NHNN from Bart's. At present, no Bart's patients are being discussed in NHNN MDT
 - JB and SB felt there is capacity to discuss these patients in the NHNN MDT, so MDT capacity is not a restriction on this move

- CNS and MDT Co-ordinator from Barts Health, surgical team, oncologist and Neuro-radiologist are required to transfer to NHNN MDT
- SB raised the importance of co-ordinating radiology input to the NHNN meeting – would the radiologist from Bart’s review the Bart’s cases and if so image transfer and preparation would be required.
- BHRUT are ready to accept Whipps X (WX) patients following imminent relocation of a cohort of spinal cases at Queens Hospital Romford to allow capacity at BHRUT for treatment of WX cases

Action:

MR to get minutes from the last Operational Steering Group for Gateway 4

4. Membership of the Pathway Board

- JP reviewed membership of the board and gaps identified are:
 - A primary care colleague is required to join the group.
 - Confirm that Emma Townsley is the management rep from NHNN to inform on progress of move from Bart’s
 - There was no representation from Barts today

Action:

- JP to liase with KPJ , WX colleagues and BHRUT colleagues to implement WX element of pathway
 - JP to discuss GP recruit with KPJ
 - JP to contact the following regarding their Board role : Andy Elsmore, Ed Macintosh, David Choi, George Sioftionos, Jane Evanson, Jeremy Rees, Bob Bradford, George Sioftanos , Jonathan Martin, Jonathan Gardner, Emma Townsley, Nick Plowman
 - SC to email patient reps to clarify if they would still like to continue on the board

5. Capacity Release Paper (JP)

The issues relevant to brain and Spine in the Capacity Release Paper were considered.

Straight to test:

- This is problematic in brain cancer because of the variable neurological symptoms associated with tumours and the poor specificity and sensitivity of any test apart from MRI.
- There has been an audit of MRI as a first test after 2WW referral
- There is pathway for headache, where patients are referred to a Neurology clinic
- There are variable solutions to 2WW assessment of Brain and Spine cancer cases nationally .
- CT as STT is used at BHRUT. This was audited approx. 10 years ago by SBV
- NHNN does not see 2WW referrals generally
- KG stated that some referrals have been received in BHRUT where the MRI has been carried out, but this is often without contrast
- A working group has been set up to establish NICE Guidelines and will take around 2 years.
- The group felt that we should park the STT/Direct Access idea until the production of the guidelines

Action: ask KPJ for a copy of the audit of MRI as a first test after 2WW referral

MDT improvement:

- JP suggested we should focus on improving the quality of the data captured. Different MDT forms are being used at the two sites, different software is used to upload cases and different output forms are in use. The current system is not suitable for any systematic record of cases or outcomes. It was agreed to standardise these
- How referrals are made into the MDT to be revisited by revising MDT form.
- Data is not inputted 'live' at either MDT. KG informed the group that this a required standard that is difficult to implement

Action: introduce JP to Donna Chung re CWT and COSD data, as there is an issue at BHRUT with this. Also to Wendy Chinnery at BHRUT

Stratified Follow-up:

- SC provided overview of the work being conducted across London Cancer with regards to implementing stratified follow-up. SC asked if there is a cohort of patients in brain/CNS where this could be reviewed for implementation. Board members suggested acoustic neuromas would be a useful cohort of patients to focus upon in the first instance. These patients are often suitable for non-clinic follow-up which could be standardised across the network. This would facilitate upload of patient data to the national VS database.

Action:

- LD to interrogate other regions nationally to identify best-practice 2WW assessment for Brain and Spine that we can adopt
- SC to co-ordinate a subgroup to support stratified follow-up with patients with acoustic neuroma. Nicola Brown (Skull Base CNS, Queens Square) and Trisha Low (Skull Base CNS, BHRUT)

6. Data

A priority for the Board will be to ensure robust data is presented as a standing agenda item. We wish to work towards regular overview of 30-day mortality, 1-year survival and CWT in each meeting

7. AOB (All)

None

8. Next Meeting(s)

Dates to be circulated

ACTION LOG

Action	Owner	Date Agreed	Status
Liase with KPG, WX colleagues and BHRUT colleagues regarding WX revised pathway	JP	07-July 2016	
Contact specific pathway board members to clarify future involvement (e.g : Andy Elsmore, David Choi, George Sioftionos, Jane Evanson and Jonathan Gardner)	JP	07-July 2016	
Contact patient reps to establish if they would like to continue as a member of the board	SC	07-July 2016	
Interrogate other regions nationally to explore agreed pathways that we can review for adoption	LD	07-July 2016	
Approach Donna Chung (Quality Manager at <i>London Cancer</i>) to discuss local brain/CNS data issues and Wendy Chinnery at BHRUT	JP	07-July 2016	
SC to co-ordinate a subgroup to support stratified follow-up with patients with acoustic neuroma. Nicola Brown (Skull based CNS, Queens Square) and Trisha Low (Skull based CNS, BHRUT)	SC	07-July 2016	

Attendees

Name	Trust/Organisation
Louise Dulley (LD)	Barking, Havering and Redbridge University Hospitals
Seb Bavetta (SBV)	National Hospital for Neurology and Neurosurgery
Louise Platt (LP)	National Hospital for Neurology and Neurosurgery
Melanie Ridge (MR)	<i>London Cancer</i>
Sharon Cavanagh (SC)	<i>London Cancer</i>
Jonathan Pollock (JP)	Barking, Havering and Redbridge University Hospitals
Sebastian Brandner (SB)	National Hospital for Neurology and Neurosurgery
Jane Baranowski (JB)	National Hospital for Neurology and Neurosurgery
Jonathan Benjamin (JCB)	Barking, Havering and Redbridge University Hospitals
Kim Grove (KG)	Barking, Havering and Redbridge University Hospitals

Apologies

Name	Trust/Organisation
Kia Rezajooi	Consultant Spinal Neurosurgeon
Anish Bahra	Whipps Cross
Jeremy Rees	Neurologist
Jonathan Martin	Consultant Palliative Care Physician
Naomi Fersht	Oncologist