

## **London Cancer Brain and Spine Pathway Board**

Date: **Monday 18<sup>th</sup> June 2018, 16.00-17.30**

Venue: **Trustees Board Room, 5th Floor East, 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.

### **2. Reconfiguration of Neuro-oncology Surgical Services**

- EM reiterated the concerns at Barts, namely whether their neurosurgery service can survive without tumour surgery.
- A further meeting between NHNN and Barts surgeons and managers is due in the coming week. There is an acceptance that strategic vision for neuro-onc surgical services is needed before plans for how the strategy can be achieved is developed.
- CoR suggested that local patients need to return to BHRUT therefore they should be part of the discussion. EM commented that discussions are still at an early stage between NHNN and Barts but that BHRUT would be included when appropriate.
- It has been suggested that an external reviewer/mediator will be brought in to look at options.

### **3. Stratified Follow Up**

- The group discussed the elements of stratified follow up in place at their hospitals. NHNN already do some skype/telephone clinics. BHRUT are trialling Skype for Business it was noted that success depends on patients downloading it also.
- Representatives from the diabetes team that have introduced skype clinics have been invited to the next board but their results suggested that many patients prefer receiving bad news at home, where they can instantly be with as many friends and family as they wish without the added stress of travel.
- SC noted that virtual clinics etc. are useful elements to help implement stratified follow up but the recovery package needs to be in place to enable it. The recovery package includes Holistic Needs Assessments, Treatment Summaries and Health and Wellbeing Events. The recovery package builds in interventions to pathways so patients receive all the information needed to self-manage.
- SC recommends identifying a specific cohort to test a new pathway on. Systems such as remote monitoring etc. will be tested as part of the pilot.
- The variation in community facilities will present a challenge. New occupational therapists and physiotherapists have been appointed and are due to start in July. It is hoped that these specialities will eventually join MDTs and direct patients to appropriate services.
- SC confirmed that transformation funding had been received for a project manager to scope rehabilitation services, neuro-oncology will be a priority for the project. Results will go to the STPs and specialised commissioning.

Challenges for the project will include unpicking current contracts as it is envisioned that pan London approaches may need to be taken.

- Barts are trialling a new neuro-onc OT/physio service that is showing encouraging results.
- Further opportunities to improve access may include educating AHPs so they are confident with neuro-one patients.
- A specific piece of work is needed to develop stratified follow up guidelines and a Trust resource pack.
- EM summarised discussion by noting that stratified follow up is a good vehicle for pathway improvement. The board's message to Trusts it to accelerate the implementation of the recovery package.

**ACTION:** SC to present stratified follow up at the next board.

SC to be asked to present Trust resource pack for colorectal, breast or prostate.

#### 4. MDT Data Items for Audit

- PS noted that from his perspective as a patient he would like to ensure that the information MDTs are building their conversations on are a fair representation of his history and his personal wishes.
- The data fields required for MDT discussion should be incorporated in the audit.
- Whether all specialities were represented, whether the primary consultant was present should be measured.

**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.
- There is not thought to be a complete list of available trials, SE will continue attempting to find contacts to build such a list.

**ACTION:** SE to find contacts for trials and collate a complete list.

#### 6. New 28 Day Diagnosis Standard

- SE provided clarification that the 28 day faster diagnosis standard will incorporate telling patients that they do not have cancer, so meeting the standard may not be such a challenge for brain and spine.
- It was felt direct access MRIs should help achieve the standard. However GPs are either not aware of or are not using direct access. Barriers may also include the concern from GPs that InHealth MRI quality will be lower than that in hospitals. However only a very basic MRI is required to rule out cancer, if a lump is identified a more sensitive scan may be arranged.
- It was acknowledged that the 2ww ref pathway is reassuring for GPs. Help will be required direct GPs where to refer if no cancer is suspected, e.g. to neurology.

**ACTION** – SE to set up a meeting with EM and Sue Maughn (NEL STP cancer manager) re improving uptake of direct access MRIs

#### 7. Patient Engagement Event

- The potential venues of the event were discussed. The education centre at 250 Euston Road will be available for no cost, giving flexibility if the board wished to hold future events later in the year. Other benefits included proximity to Euston station and Warren Street and Euston Square tubes. The board agreed to hold the event at the education centre.
- The board discussed possible topics. Paul Mullholland should be invited to talk about research that is currently available and those that on the horizon.

- Charities research coordinators/ research team leaders to be invited. They may be asked to give a national perspective on trials.
- Provisional agenda to therefore include:
  - Introduction from EM/PS
  - Brain Tumour Charity – Future Trials
  - Paul Mullholland current & imminent treatments.
  - Matt Williams, oncologist at Imperial to discuss dietary advice.
- We will consider invites charities to hold stalls for patients to peruse.

ACTION – SE/EM to draft agenda and invite speakers.

**8. TYA Audit**

- CoR was thanked for bringing the BHRUT TYA pathway. The pathway on the London Cancer website was also circulated.
- Members were asked to review both and send any comments to EM/SE.

ACTION – EM to review BHRUT pathway and discuss any amendments with CoR.

**9. AOB**

- A new meeting date will need to be confirmed. SE will confirm available dates with EM and send a doodle poll.
- Some members have suggested Friday morning may enable them to attend. SE to include Friday morning in a doodle poll to be sent to the board.
- PS highlighted the Brain Tumour Charities’ ‘Brian database’ as an excellent resource for patient data. PS to talk through database at the next board.

ACTION – SE to send a doodle poll of available dates.

ACTION – PS to demonstrate the ‘Brian’ database at the next board.

**10. Next Meeting**

**TBC**

**Attendees**

Name	Role	Trust/Organisation
Edward McKintosh	Chair & Neurosurgeon	Barts Health
Simon Evans	Project Manager	London Cancer
Edward McKintosh	Pathway Director	UCLH CC & St Barts
Anup Vinayan	Consultant Oncologist	UCLH & Mount Vernon

Name	Role	Trust/Organisation
Phillip Scard	Patient Representative	
Cass O'Reily	Manager	BHRUT
Jenny Parker	Physiotherapist	UCLH
Rachel Lewis	Clinical Oncologist	Barts
Sharon Cavanagh	Macmillan Integrated Care Programme Lead	UCLH CC

### Apologies

Name	Role	Trust/Organisation
Hannah Lowe	Oncologist	Barts Health
Anish Bahra	Clinical Lead for Neurology	Barts Health
Kad Suntharalingham	Service Manager, Brain Tumour Unit	UCLH
Jonathan Martin	Consultant in Palliative Medicine	UCLH
Louise Dulley	Oncologist	BHRUT
Naomi Fersht	Oncologist	UCLH
Jane Baranowski	CNS	UCLH