

London Cancer Brain and Spine Pathway Board

Date: **Friday 7th October, 0915-1115**

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

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

1. Welcome and Apologies

JP welcomed members of the Board and introductions were made. Apologies received from, Cass O'Reilly, Jeremy Rees, Jonathan Martin, Edward McKintosh, Naomi Fersht, Louise Platt, Robert Bradford, Sebastian Brandner.

2. Minutes of last meeting (JP)

- The actions from previous meeting were discussed.
- Ed McKintosh has replaced Andy Elsmore on the board. Louise Dulley is to be added.
- Anne Dellows is leaving her role as patient representative. Members are asked to consider patients and carers that may wish to join the group.
- The capacity release paper was discussed. The 2ww process was identified as the area with most scope for increased productivity.
Although NICE referral guidelines are more specific, 2ww forms include headache as a reason for referral, a loose 'catch all' term that enables inappropriate referrals.
Members agreed that we need to understand how 2ww works at each trust, before making recommendations.
- Similar issues were reported by KR for spinal 2ww referrals.

Action :

- SE to email Orla McKee, Whipps cross and JP to explore current 2ww process and how to conduct an outcomes audit.

3. Stratified Follow Up (SC)

- At the previous board stratified pathways were discussed in the context of capacity release, pathway improvements and patient experience. Since then SC, SE, Tricia Lowe and Nichola Brown (NB) have met to discuss whether stratified follow up can be piloted amongst acoustic neuroma patients.
- SC reiterated that clinical input from members of the pathway board is required.
- Since the meeting NB had received feedback from Robert Bradford who was expressed concerns over timeframes and the scanning process. Members reassured NB that timeframes could be set by Trusts and the hospital would still be scanning and reporting scans. Essentially it is only the routine OPA that is being removed.
- At NHNN NB goes through clinic lists two weeks in advance to check patient have had scans. After going through the report with RB she calls the relevant patients to remove them from the OP clinics and books into her telephone clinic.

Action :

- **JP, RB, Dimitrios Paraskevopoulos to meet SC to discuss clinical requirements of stratified follow up.**

- **SC to share other tumour sites' stratified pathway, highlighting where adaptations are needed.**

4. Rehabilitation and Post Treatment Care (SC)

- The lack of provision of specialised rehab has long been an issue for brain and spine cancer patients.
- The scale of the problem became clear in 2014/15 mapping. A pan London approach is necessary to face an issue of this scale. As such rehab has gone to Clinical Commissioning Board who suggested that the agenda is best driven via STPs
- SC is to analyse by tumour site and geography, tie work with primary care and then make recommendations. SC will keep the board updated and encourages member's input.

Action:

SC to feedback on rehab and post treatment care at the next pathway board.

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

- The MDT relocation from Barts to UCLH due in July has not yet occurred. Pathology has however moved to UCLH.
- Putting in place lists, clinics and firming up a contract offer for BH surgeons should help smooth the transition.
- JP to meet Jon Melbourne and Neil Kitchen on 19/10 to discuss formalising the move
- The second major concern at Barts is that the transition will destabilise the brain trauma unit. Members commented that dual site unit models are available.

Action:

- JP, Neil Kitchen and John Melbourne to meet on October 19th. JP to feedback.

6. Data (JP)

- Current available data collection software (infoflex and Somerset) has been developed for cancer. This means lots of brain and spinal are missed from collection, such as those that are put on surveillance but never biopsied.
- New software that collects data around at the 3 units is required. JP would be looking to collect data around, length of stay, 30 day mortality, complication rate, return to theatre, re-admission and eventually 1 and 2 year survival.

Action: JP to get back in touch with Chris Carrigan. Spine data to be included in conversation.

7. MDT improvement

- Whipps Cross invited to link into Queen's Hospital MDT. A Whipps general oncology CNS would be welcome to phone in solely for their patients, saving time.

8. Research

- Figure provided by the CRN discussed.
- Only one patient was recruited onto a clinical trial from 1st April 2016- 31st August 2016. This reflects the tight criteria for then low numbers being referred for consideration, which is not the case.
- The group also felt the CRN trial list was missing immunohisto trials.

Action:

- SE to check referral data and immunho trials with the CRN.

9. Timed Pathways

- London Cancer is in the process of ratifying timed pathways for new suspected cancer across tumour sites and across sector.
- There are local timed pathways based on the specific targets levied on brain and spinal.

Action:

- SE to send JP timed pathways documentation.

- KG to send SE current timed pathways

10. AOB (All)

None

11. Next Meeting(s)

Monday	16-Jan-2017	09.15-11.30	Brain and Spinal Pathway Board	Boardroom, UCH @ Westmoreland Street, 16-18 Westmoreland Street, London, W1G 8PH
Friday	21-Apr-2017	09.15-11.30	Brain and Spinal Pathway Board	Boardroom, UCH @ Westmoreland Street, 16-18 Westmoreland Street, London, W1G 8PH
Monday	03-Jul-2017	09.15-11.30	Brain and Spinal Pathway Board	Boardroom, UCH @ Westmoreland Street, 16-18 Westmoreland Street, London, W1G 8PH

ACTION LOG

Action	Owner	Date Agreed	Status
Liaise 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	Completed
Contact patient reps to establish if they would like to continue as a member of the board	SC	07-July 2016	Completed
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	Completed
SE to send JP timed pathways documentation. KG to send SE current timed pathways	SE	07 October 2016	
JP, Neil Kitchen and John Melbourne to meet on October 19 th . JP to feedback.	JP	07 October 2016	
SC to feedback on rehab and post treatment care at the next pathway board	SC	07 October 2016	
JP, RB, Dimitrios _____ to meet SC to discuss clinical requirement for stratified follow up.	JP/SE	07 October 2016	
SC to share other sites' stratified pathways, highlighting where adaptations are needed.	SC	07 October 2016	
SE to email Orla McKee, Whipps cross and JP to explore current 2ww process and how to conduct an outcomes audit.	SE	07 October 2016	

Attendees

Name	Trust/Organisation
Seb Bavetta (SBV)	National Hospital for Neurology and Neurosurgery
Kia Rezajooi (KR)	Consultant Spinal Neurosurgeon
Simon Evans (SE)	<i>London Cancer</i>
Sharon Cavanagh (SC)	<i>London Cancer</i>
Jonathan Pollock (JP)	Barking, Havering and Redbridge University Hospitals
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
Anish Bahra (AB)	Whipps Cross

Nichola Brown	National Hospital for Neurology and Neurosurgery
---------------	--

Apologies

Name	Trust/Organisation
Sebastian Brandner (SB)	National Hospital for Neurology and Neurosurgery
Jeremy Rees	Neurologist
Jonathan Martin	Consultant Palliative Care Physician
Naomi Fersht	Oncologist
Louise Platt (LP)	National Hospital for Neurology and Neurosurgery
Edward McKintosh	Barts Health
Robert Bradford	National Hospital for Neurology and Neurosurgery