

Meeting of the *London Cancer* Brain and Spine pathway board

Date: Tuesday 2nd April 2019, 14.00-15.30pm

Venue: Trustees Board Room, 5th Floor East, 250 Euston Road, NW1 2PG

Chair: Edward McKintosh

1. Welcome and introductions and minutes from last meeting

- EM welcomed the group and introductions were made.
- The previous minutes contained a typo in regards to the date of the patient's event. The group confirmed that we should go ahead with Wednesday 2nd October.
- Smaller units such as Northwick Park need to be represented on this board and we will consider how to re-invite people from these hospitals.
- Minutes otherwise signed off as true record.

2. Reconfiguration of Neuro-oncology Surgical services

- EM confirmed that Barts/BHRUT discussions as to which elements of surgery are proposed to be moved to which site are ongoing.
- EM noted that the discussions are broad, they cover surgical specialties which are not specifically cancer related, e.g. Vascular, spinal surgery. etc.
- In terms of cancer, craniotomies for intrinsic high grade tumours are will be proposed to be moved to Romford. Work is continuing to 'cohort' biopsy surgery, possibly on the Royal London site. It was acknowledged that it is not a simple matter to define high grade tumours pre surgery, but craniotomies for 'presumed' high grade intrinsic tumours will be moved to Romford in the first instance.
- The vision is for the reconfiguration to leave scope for patient pathways and supportive infrastructure to evolve depending on which site better delivers which service.
- Discussions regarding neuro-vascular surgery are ongoing.
- A presentation had been prepared for the UCLH Cancer Collaborative Board (UCB) but this had been delayed from April due to the next meeting being devoted to planning the funding allocation for 2019/20. The UCB contains representation from Michael Marsh, Medical Director of Specialised Commissioning, London Region, NHS England who will ultimately decide whether to ratify the new proposal.
- Discussion of the potential impact on NHNN: It was agreed that if it is proposed to NHSE that Craniotomies move to Queen's, Romford it is likely that a small number of patients will chose to have surgery at NHNN. In the above scenario, based on 17/18 data and catchment areas EM estimates that 20-30 patient would move to Queen's and low single figures would go to NHNN.
- If the proposal is made to NHSE that both Royal London and Queen's perform elements of neuro-onc surgery it was queried whether the previously stated ambition to merge the services would be satisfied. Alternatively it could be argued that the services have entirely merged, with certain elements of the

UCLH Cancer Collaborative brings together hospital trusts, GPs, health service commissioners, local authorities and patients across north and east London and west Essex.

joint service being delivered at different sites. EM offered assurances that surgery that require one location, will be at one location. Others services such as biopsies may be on two.

- EM pointed out infrastructure for the merger is beginning to take shape, e.g. sharing MDTs.
- Aligning with the vision outlined above, EM stressed that surgery should happen where it is best for patients whether this is single site should not be the main determinant and the best possible pathway should be the determinant. EM acknowledged that discussions have not resolved all issues, metastases are more complicated due to the relationship with stereotactic surgery.
- EM confirmed a slide pack will be sent to NHNN before the May UCB and offered a follow up necessary if NHNN would welcome that.

ACTION – EM to request agreement from Barts/BHRUT to send updated slides to the board

ACTION - JM is to update NHNN colleagues

3. NHNN/BHRUT Pathology

- SB confirmed that NHNN pathology now has been awarded the Queen’s Romford contract. Royal London and Brighton are also contracted to NHNN. SB stated that NHNN receive wet samples from NHNN and Royal London Surgeons, guaranteeing the same quality for internal patients. 80% of surgical cases receive diagnosis within 7 days. NHNN pathology offers a highly specialised service which mean even their external referral sites receive benefits of introduction of new markers etc. simultaneously.
- Queen’s Romford prefer to use the telepathology route rather than to send wet tissue. It is believed that Queens’ pathology wish to remain protective of expertise. However SB reported concerns that the Queens’ pathology system is not geared up for remote reporting. Queen’s hospital are sending single slides meaning turnaround times outlined above are not being met. Additionally NHNN often require further material for their specialist tests. SB foresees significant delays in future molecular tests.
- At NHNN it takes around 3 weeks to make a decision to incorporate new, rare markers and around 3 months to accredit. SB expressed concern that Queens’ Romford do not have the volume to quickly introduce new markers.
- SB suggested that the tender contained alternative different options that would function better than the current process.
- The board’s clear consensus was that all necessary samples should be sent to NHNN.
- Concern expressed that neuro-onc management and clinicians at Queen’s Romford have not been consulted over decisions made by their pathology department. CoR will raise concerns at BHRUT.
- EM confirmed that Barts have data/research manager in place. This is an issue that needs resolution as variable path diagnosis has research implications for our patch.

ACTION:

- Queens/Romford pathology back on the agenda for next meeting
- CoR to hold internal discussions at BHRUT
- Consider asking Prof Muntzer Mughal, the new CMO of the UCLH cancer Collaborative, to write letter on behalf of the board requesting change.

4. Wednesday 2nd October 2019 Brain and Spine Patient’s Event

- Holiday Inn Stratford confirmed as the venue on Wednesday 2nd October

- The overall theme should be 'living with a brain tumour'.
- Ray Wood to be invited so speak. KG to send SE an introductory email
- PS suggested the fatigue team at NHNN might be a more appropriate invitation to talk than the Brains Trust. PS to ask his treating team and then put them in contact with SE. Dealing with fatigue should be the title of the talk.
- RL to help find someone to discuss psychosexual concerns. We may also wish to find someone that can answer questions on fertility.
- SE to check with comms team at the collaborative for advice on filming the event.
- A future aspiration is to create a general library of patient information. We may wish to host on the collaborative website or we may wish to work with charities.
- Charities were helpful in marketing the previous event. They should be re-invited. Posters should go out to hospitals ASAP

ACTION:

- SE to converse with the nominated board members re confirming speakers
- SE to invite charities
- SE to develop posters and send out to hospitals and charities

5. MDT Audit

- EM suggested we may wish to do a data audit before and after the MDT merger, therefore we may wish to start an audit fairly soon. We should avoid the Easter holidays and bank holidays. It was agreed to start the 3rd week of May.
- It was agreed that we are capturing a snapshot, therefore it would not make sense to do a retrospective audit.
- SE to make a 'live' tickbox spreadsheet that can be completed during MDT. SE to develop short brief.
- Patient initial column to be added. This column must be deleted before sending back to SE for data analysis.
- The self-assessment has relevant questions which identify gaps.
- The MDT lead at NHNN to be identified. Johnathon Pollock and Andy Ellsmore are leads at BHRUT and Barts.
- The first audit will be on the surgery MDT. Therapies audit is to follow.

ACTION:

- SE to circulate updated audit form. With plan to begin running on 13th May.
- Letters to be sent to leads re audit which will include a reference to the self-assessment

6. AOB

- Guidelines may need to be updated to comply with peer review.
- SE will add Babar Vaqas and Alireza Shokazemi to the distribution list

ACTION

- SE to circulate clinical guidelines. With a request for volunteers to update.
- Next board to occur 10th June board (2-4) in Queen's, Romford. CoR to help with room booking

7. Next Meeting

- Monday 10th June 2019, 2-4pm at in Queen's Romford

ACTION LOG

Action reference	Action	Owner	Date Due	Status
Nov03	Stratified follow up should be added to the next pathway board agenda.	SE	June	
Nov05	SW/SE to check if PS can attend an MDT meeting	SE	June	
Jan 01	SE to invite a BRIAN representative to talk to the board on potential of the database	SE	June	
Apr 01	EM to request agreement from Barts/BHRUT to send updated slides to the board	EM	May	
Apr 02	JM is to update NHNN colleague re reconfiguration	JM	May	
Apr 03	Queens/Romford pathology back on the agenda for next meeting	SE	June	
Apr 04	CoR to hold internal discussions at BHRUT re neuropath decisions	CoR	May	
Apr 05	Consider asking MM to write letter on behalf of the board requesting change to BHRUT neuropathology practice	Board	June	
Apr 06	SE to converse with the nominated board members re confirming speakers for October 19 event. SE to invite charities	SE	May	
Apr 07	SE to develop event posters and send out to hospitals and charities	SE	June	
Apr 08	SE to circulate clinical guidelines. With a request for volunteers to update.	SE	June	

Attendees

Name	Initials	Trust/Organisation
Edward McKintosh	EM	<i>London Cancer</i>
Cass O'Reilly	CoR	<i>London Cancer</i>
Louise Dulley	LD	BHRUT
Philip Scard	PS	Patient Representative
Louise Platt	LP	NHNN
Johnathan Martin	JM	NHNN
Jon Melbourne	JM	NHNN
Kim Grove	KG	BHRUT
Sebastian Brandner	SB	NHNN
Simon Evans	SE	<i>London Cancer</i>

Apologies

Name	Initials	Trust/Organisation
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Name	Initials	Trust/Organisation
Gil Cuffaro	GC	Patient/Carer Representative
Jane Evanson	JE	NHNN
Maggie Fitzgerald	MF	Mount Vernon
Naomi Fersht	NF	NHNN
Rachel Lewis	RL	Barts Health
Ruth McGeough	RM	Barts Health