

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

Date: Wednesday 18th September 2019, 2-3.30pm

Venue: Radiotherapy Seminar room, St Barts Hospital

Chair: Edward McKintosh

1. Welcome and introductions and minutes from last meeting

- EM welcomed the group and introductions were made.
- The previous minutes were signed off as a true record.

2. Pathway Board review – Sharon Cavanagh

- SC gave an update on the upcoming reconfiguration of the NCEL Cancer Alliance. Following a review by Prof Mike Richards it was decided the NCEL cancer alliance would form two alliances to align with the footprints of the two STPs (NCL and NEL). This decision will take place from April 2020, with this financial year being used as a time of transition.
- A consultancy company was brought in to develop the governance structures for the new alliances. Draft structures for the new alliances were drawn up.
- The next step in this process is to review the pathway boards and Expert Reference Groups (ERGs) in order to determine how they should be structured going forward. The review will focus on how the pathway board functions and whether there should be a separate board for each alliance or whether they should remain together following the reconfiguration.
- The pathway board review is being led by Prof Muntzer Mughal who will present the responses to the Cancer Alliance Board in December 2019.
- In order for pathway boards to work well, three proposed functions have been developed.
 1. The boards/ERGs should provide expert advice in relation to any aspects of the alliances' work programme.
 2. It should deliver commissioned projects (which already happens in a few boards)
 3. It should develop a self-determined programme of work.
- **Feedback on the suggested functions of the pathway board;**
 - The group believes there is a lack of resources to implement these functions.
 - If the Brain and Spine board remain together then the process for applying for funding to deliver projects will need to be clearer. SC explained that a joint board may find securing funding for projects slightly tougher as the two new alliances would need to agree to fund the project jointly.
 - The group was unclear about how much alliance funding they could get for projects and how to request it. SC highlighted some boards with commissioned projects such as lung, prostate and the living with & beyond cancer ERG. SW to provide information about these projects.
 - SC advised the group to familiarise themselves with the current national priorities and to align project requests with this.

[Bringing together hospital trusts, GPs, health service commissioners, local authorities and patients across north and east London to transform cancer care.](#)

North Central and East London Cancer Alliance

- GP MRI access is a Faster Diagnosis Standard issue; the group queried whether they could get someone to look into their data regarding this.
- The group also discussed the services patients require and whether they can conduct a mapping exercise. The aim would be to find out what a typical patient goes through – SW to add this to the next agenda.

Aligning with the STPs; the group discussed whether the Brain and Spine board should split or remain together.

- The board members discussed pros and cons for staying as a joint pathway board or for becoming two separate boards. It was felt that separate boards would have much more access to local resource.
- However some felt that having two boards could lead to a duplication of work and would undo the efforts put in over the past year to unify i.e. neuro MDTs at NHNN. Patients are referred across often, so as everything becomes more closely networked there appears to be no benefits to splitting. Being together means resources could be pooled as both boards would have cross cutting functions.
- Some felt that having the boards aligned better with each STP would support working with community services. However many also felt that a joint board could also liaise effectively with community services if this was a focus.
- The group queried whether having two boards would halve attendance or whether it would increase attendance (due to the focus/location being more local). The group felt two boards would work if each had dedicated members attending from a variety of providers.
- The members felt a joint board would be more beneficial in regards to sharing knowledge and expertise. It was suggested that if the board splits the two groups could still work together in a blended model. The two boards could join together a couple of times a year for education and to discuss pathways that move across the sector. However some felt that the burden of these meetings would cause disengagement if members have to attend local and also joint meetings.
- Alternatively, it was suggested that if the pathway boards had more responsibility this would engage more people and ensure attendance doesn't decrease whether joint or separate.
- It was highlighted that a split could possibly lead to a 'them vs us' mentality between services as Queens Square sits within one STP and Barts & BHRUT will be in the other.
- GP/community perspective; SK mentioned that there can be communication issues when patients are discharged from hospital but it isn't clear if splitting the board would improve this? The board should work on engaging with the community whether or not the group splits.
- SW to resend presentation with request for comments. Responses should include the rationale behind it as this will support MM when presenting at the Cancer Alliance Board.

ACTION:

- The group was unclear about how much alliance funding they could get for projects and how to request it. SC highlighted some boards with commissioned projects such as lung, prostate and the living with & beyond cancer ERG. SW to provide information about these projects.

Bringing together hospital trusts, GPs, health service commissioners, local authorities and patients across north and east London to transform cancer care.

- The group also discussed the services patients require and whether they can conduct a mapping exercise. The aim would be to find out what a typical patient goes through – SW to add this to the next agenda.
- SW to resend presentation with request for comments.

3. October's patient event

- The patient event is taking place on Wednesday 2nd October 2019, 4-7pm, in Stratford.
- RL queried the start time of the event as she has 2pm noted in her calendar invite. SW will send the event details out again and will include the poster/leaflet which displayed in clinic area. Board members to encourage patients to attend.
- SK will send the event information to GPs.
- RL requested an update to the agenda; 'fertility' to be removed from Alison's talk as this won't be included in the presentation.
- EM will meet with PS and GC prior to the event to discuss the joint introduction.

ACTION:

- SW will send the event details out again and will include the poster/leaflet which displayed in clinic area. Board members to encourage patients to attend.

4. Reconfiguration of Neuro-onc surgical services

- EM fed back on the recent reconfiguration meeting that took place at NHS London where it was decided to continue with the plan. The next meeting is taking place on 30th September, Prof Muntzer Mughal will chair. There will be an independent person attending to conduct an external review.
- Surgical options will move from Royal London hospital (Barts Health) to Queens hospital (BHRUT). Queens Square (UCLH) won't be affected. Pathology and oncology services also won't be affected.
- The plan is to surgically treat particular diagnoses at each hospital site. RL highlighted that the minutes from the last pathway board meeting states patients diagnosed with meningioma will be managed at Queens, EM explained that this is incorrect, and there is no plan for this.
- There is a worry that if patients have their operation at one of these centres, they may want to continue their care there. The plan is for the patient to stay under the surgical team until they have their first follow up appointment; the patient will then be seen back in their local hospital.
- EM discussed the need to have a set of agreed patient pathways in place, this will be finalised in time for the meeting on 30th.
- EM explained that this process is likely to take a few years and job plans will have to change. The feeling is that this will benefit 20 patients per year.
- The project is now at the stage to discuss the proposals with patients and carers. EM will send GC and PS the draft patient pathways and will plan a call/meeting to discuss the plans further.

[Bringing together hospital trusts, GPs, health service commissioners, local authorities and patients across north and east London to transform cancer care.](#)

- The group discussed whether the changes would affect trainee education. It was felt that education across sites could be merged. EM explained that there are 3 trainees that work across London; they established a rotation which is currently working well.
- John and Mary Murphy have spoken to Prof Mughal about the concerns regarding patient numbers.
- There are some concerns that patients may prefer to go to Queens Square (patients from west of the patch). Queens Square would like to know if this is likely so they can plan for this.
- GC highlighted that patients should be told what to expect at the beginning of their pathway so they know whose care they will be under.
- The group feel that the surgical transfer process has a lot of focus but agreed that the nursing transfer needs to be made clearer. Miscommunication during cross cover would make things disjointed and the complications pathway needs to be well defined.
- There are joint CNS contracts between Queens Square and Mount Vernon which works well.

ACTION:

- The project is now at the stage to discuss the proposals with patients and carers. EM will send GC and PS the draft patient pathways and will plan a call/meeting to discuss the plans further.

5. LWBC/rehab and recovery package – Sharon Cavanagh

- Rehab and recovery package; awaiting recent data.
- Currently mapping specialist rehab and general workforce.
- Some services refuse to see these patients as don't believe they will recover.
- Mount Vernon; the service is currently 8 months into a 2 year project with Brain Care. They are working on how to establish acceptance of these groups in the community. This is only available for Hertfordshire patients through the MDT. They are unable to see patients from different geographies.
- SC will provide data in time for the next pathway board; will also circulate recovery package info, after November.

ACTION:

- SC will provide data in time for the next pathway board; will also circulate recovery package info, after November.

6. 28 day FDS performance data

- The group looked through the performance slides and discussed the importance of data quality and the accuracy of the data presented. The board also discussed 2ww patients and patients who present via A&E.
- EM requested GP direct access to MRI to be added to the next board agenda.
- Patients should be referred in with a scan however some are referred without a scan. When the referral is triaged a scan is requested.
- The group queried who would pay for the MRI scan when this happens. GPs have direct access to scan but not for 2ww patients so the cost will likely come from the Trust or CCG budget. The group asked whether the alliance can help with clarifying this.

ACTION:

Bringing together hospital trusts, GPs, health service commissioners, local authorities and patients across north and east London to transform cancer care.

North Central and East London Cancer Alliance

- EM requested GP direct access to MRI to be added to the next board agenda.
- GPs have direct access to scan but not for 2ww patients so the cost will likely come from the Trust or CCG budget. The group asked whether the alliance can help with clarifying this

7. Next Meeting

- Thursday 5th December 2019, 2-3.30pm, Room TBC, Mount Vernon hospital (Met line tube stop; Northwood)

ACTION LOG

Action reference	Action	Owner	Date Due	Status
Sept01	SW to provide information about pathway board commissioned such as lung, prostate and LWBC.	SW	Dec 2019	
Sept02	Mapping exercise; aim would be to find out what a typical patient goes through – SW to add this to the next agenda	SE/SW	Dec 2019	
Sept03	SW to resend pathway board review presentation with request for comments.	SW	Sept 2019	Complete
Sept04	SW will send the patient event information out again and will include the poster/leaflet which can be displayed in clinic areas. Board members to encourage patients to attend.	SW	Sept 2019	Complete
Sept05	EM will send GC and PS the draft patient pathways information and will plan a call/meeting to discuss the plans further	EM	Dec 2019	
Sept06	SC will provide LWBC data in time for the next pathway board; will also circulate recovery package info, after November.	SC	Dec 2019	
Sept07	EM requested GP direct access to MRI to be added to the next board agenda.	SE/SW	Dec 2019	
Sept08	To clarify payment for scans that haven't been requested by GP at time of referral.	SE	Dec 2019	

Attendees

Name	Initials	Trust/Organisation
Edward McKintosh	EM	London Cancer
Gil Cuffaro	GC	Patient/Carer Representative
Philip Scard	PS	Patient Representative

Bringing together hospital trusts, GPs, health service commissioners, local authorities and patients across north and east London to transform cancer care.

North Central and East London Cancer Alliance

Name	Initials	Trust/Organisation
Rachel Lewis	RL	Barts Health
Sharon Cavanagh	SC	NCEL Cancer Alliance
Sebastian Brandner	SB	NHNN
Hannah Lowe	HL	Barts Health
Anup Vinayan	AV	Mount Vernon
Saloni Kapoor	SK	GP Camden
Roisin O'Connell	RO	NHNN
Sherrice Weekes	SW	NCEL Cancer Alliance

Apologies

Name	Initials	Trust/Organisation
Simon Evans	SE	NCEL Cancer Alliance
Louise Dulley	LD	BHRUT
Kim Grove	KG	BHRUT
Lewis Thorne	LT	UCLH
Maggie Fitzgerald	MF	UCLH
George Sioftanos	GS	Essex
Louise Platt	LP	UCLH
Babar Vaqas	BV	BHRUT

Bringing together hospital trusts, GPs, health service commissioners, local authorities and patients across north and east London to transform cancer care.