

London Cancer Gynaecology Tumour Pathway Board Annual Report 2016-17

Introduction

London Cancer is the integrated cancer provider system formed in 2012 to cover the geographical areas of North Central and East London and West Essex, population of 3.7 million.

London Cancer was integrated into the newly formed UCLH Cancer Collaborative in September 2016, as one of six key work programmes.

The Gynaecology Tumour Pathway Board, led by a Tumour Pathway Director, is responsible for driving improvement across the whole care pathway in a specific cancer type. The Board's membership includes multi-disciplinary representation from cancer professionals across the region and active participation from primary care and from patients.



Mr Tim Mould, Pathway Director

The role of each pathway board is to understand any variation in practice and set standards that take advantage of planning whole pathways of cancer care for a large population. This drive to improve cancer care for patients covers an integrated care pathway that extends from presentation and diagnosis through to palliative care and living with and beyond cancer.

After five years as pathway director for gynaecology, Tim Mould is stepping down from the role. His initial appointment was for three years but he was asked to carry on. After asking for expressions of interest in the role, Tim is confident that a new energetic pathway director has been found and will hand over to Alex Lawrence, Consultant Gynaecological Oncologist at Barts and the Royal London Hospital in July 2017.

Achievements this year

2016/17 has seen the Gynaecology Tumour Pathway Board become part of the newly formed UCLH Cancer Collaborative. Working as part of the national Cancer Vanguard within the New Care Models programme of NHS England.

Our key achievements have been:

- Completed ovarian cancer best pathway document
- Gap analysis requested and performed by trusts in order to assess ability to introduce best pathways for endometrial and ovarian cancer
- Stratified follow up in endometrial cancer agreed by the Network
- Audit of HIV testing in cervical cancer across the network.
- Agreement of network to offer HIV testing to all women with gynaecological cancer as part of routine work up
- Extending genetic testing in new diagnoses of ovarian and endometrial cancer
- Education open day October 2016
- Research day in April 2017 with 20 attendees. The event had very good feedback particularly about the speakers who were fantastic as was the organiser, Michelle Lockley.

Patient representation

We are grateful to Patricia Jupp and Susan Boyde as patient representatives.

Future plans

Our 2017/18 work plan is outlined below.

“A great deal has been achieved. There were always areas of excellence in the hospitals involved, but equally areas of poor treatment and failure. Tim’s commitment, with the help of many of those on the Board whether consultant or CNS, has encouraged, cajoled, persuaded and pushed all units to work to common consistent standards of timing, diagnosis, treatment and patient support. I see that targets and benchmarks are effective - with the right people behind them.”
Susan Boyde – patient representative

No	Objective	By
1	Pathway improvement: <ul style="list-style-type: none">Scoping of a one stop clinic model for urgent referrals	September 2018
2	Early and faster diagnosis: <ul style="list-style-type: none">Ultrasound quality improvement – training and educationMaintain oversight of changes in cervical screening	March 2018
3	Implementation of Recovery Package & stratified follow up	September 2018
4	Wider system engagement: <ul style="list-style-type: none">CNS subgroup led by Karen SummervilleAnnual education eventAnnual research day	Ongoing October 2017 April 2018
5	Updating clinical guidelines and conducting system audits: <ul style="list-style-type: none">System audit of ultrasound qualityDevelop Pan London Guidelines	March 2018 September 2018
6	MDT improvement – implementation of recommendations relevant to gynaecology MDT	March 2018
7	Data and outcomes: <ul style="list-style-type: none">Promote the use of MDT scorecardsReview data available through the pan-Vanguard informatics service regularly to offer clinical interpretation and quality assurance	Ongoing
8	Research – continue recruitment into NCRI badged clinical trial recruitment and use of North Thames CRN data with Pathway Board to drive improvement and cross-sector working	Ongoing
9	Patient experience: <ul style="list-style-type: none">Review national patient survey report and develop action plan as necessary.Include patient experience videos through Jo’s Trust at education day	March 2018

Acknowledgements

We would like to thank all the members of the Gynaecology Tumour Pathway Board for contributing their time to Tumour Pathway Board meetings and projects outside the meeting.

Particular thanks to our patient representatives Patricia Jupp and Susan Boyde who have generously given up their time to contribute.