

Meeting of the *London Cancer Gynaecological Pathway Board*

Date: **Thursday 19th April, 17:00-18:30**

Venue: 52 Club, 52 Gower Street, London, WC1E 6EB

Chair: **Alex Lawrence**

1. Welcome, apologies and introductions

- Introductions were made and apologies heard.
- The team reviewed the minutes from the previous meeting and they were signed off as an accurate account of the previous meeting.

2. Minutes from last meeting

- A generic Lymphoedema leaflet has been created by Kay Eaton and it can be used by anyone in the London Cancer region. This can be found on the intranet and it was also circulated with this meeting's papers.
 - Highlighted that within the leaflet, it was felt that waiting three months to be seen was a long wait. NM felt that this is not a long wait in regards to the course of their entire treatment. It was advised for teams to make immediate referrals and appointments can be deferred if the referral has been made too soon.
 - PJ asked who these patients are referred to. NM explained that there is a specific team in UCLH and then local teams take on this part of their care after that.
 - The group discussed including a drawing or image that in the leaflet. An example of what could be used was shown in the meeting. This is going to be forwarded to Kay Eaton by Philippa Lloyd.
 - The team suggested including a line stating that the patient should talk to their clinician for further information and about how strictly they should follow the recommendations.
- AL mentioned that staging data across the patch is not as good as we would like it to be as we would want to see this at 70%. AL and NM discussed what could be done to improve the recording of this and agreed that this should be recorded at the MDT. Agreed that there should be a push to try and improve this data over the coming months. NM stated that this is going to be fed back to the senior managers and NM will be able to update on this in 6 weeks.
- The issue of making MDT outcomes documentation more uniform and easily used throughout all Trusts and hospitals was raised at the January 2018 Pathway Board meeting. NM and AL are going to look at each other's MDT proformas and see if this can be made more consistent and uniform across the Trusts. This action is still ongoing.

ACTION:

- PL to contact Kay Eaton suggest that an image or drawing is inserted in the leaflet and also whether a disclaimer should be included suggesting patients speak to their clinician about the recommendations.
- NM to update the board about staging data at the next pathway board meeting.

- AL and NM to look through MDT proformas with an aim to standardise them.

3. Funding application for HPV self-testing update

- AL highlighted that Tower Hamlets are currently the worst performing STP for cervical screening in the UK.
- The team feel that this is due to a number of elements including cultural, socio-economic issues, language barriers and the fact that people are very mobile in this area. This means that we need to be more imaginative in tackling this issue.
- Agreed that it is difficult to understand why opportunistic screening is not allowed or accepted. There are lots of advocates in the ante-natal clinics so it was questioned why this can't happen here.
- The group questioned whether labs reject any opportunistic smears but it was thought that this was only the case if a smear was completed in the last 3 years.
- Suggestion from the group that a more mobile approach could be taken, much like breast screening. In the past, this screening was done but the screening centres have since been closed down. There was a great level of pick up seen here.
- Funding has been made available as the performance in the STP is so low. This is going to be used for a number of projects, including:
 - Text reminders for people who have missed their smear test. Capita are the company going to implement this as they are currently running the screening programme. They will be leading on data entry and communication. An issue highlighted regarding this by the Board was that people don't keep the same contact number as they do not have their phone through a contract but use pay as you go. This therefore means their phone number could be changed quite often. RK: highlighted that we need to target the community and cultural centres in the STP area. She raised the question of if we know what proportion of these missed smear tests will be due to cultural reasons. Anita's talk at the Gynaecology Research Day on 19th April mentioned that research shows that women are missing their smear tests due to more practical reasons rather than cultural reasons.
 - A new app is to be used called the 'My GP' app. This allows patients to book smear directly and it is in 3 GP practices at the minute. Mairead Lyons from the Cancer Collaborative will come to the Board in July to feedback whether this was successful.
 - There is also a bus advertisement running with Jo's Trust at the minute that is advising people to go and have a smear test.
- Should we now think of looking at HPV self-testing?
 - Discussed the possibility of looking at running a pilot in the London Cancer patch. We could do a study on our patients to look at uptake, return their self-testing pack, results and subsequent uptake of smears and colposcopy.
 - Questioned whether there is enough capacity and GP appointments to support all the smears.
 - Agreement that we should investigate this further and look at the feasibility of running a pilot study.

ACTION:

- AL to feedback suggestions regarding HPV self-testing and explore running a pilot study of HPV self-testing.

4. Review of Data

- City and Hackney and Waltham Forest have a higher rate of incidence of endometrial cancer while Barking and Dagenham have a high mortality rate.
- Survival of women with endometrial cancer is lower than the England average.
- The group highlighted that patients are making statements showing a lack of health education, eg. 'I didn't know bleeding was a sign'. The team questioned whether health education should be a key aim within the patch. What is NHS England doing at a community level for this?
- Funding is diminishing for health education. NM suggested looking at what we have achieved regarding this since setting up the Cancer Collaborative as one of the aims with this was GP education and patient education.
- CT screening for lung cancer and QFIT for bowel cancer are projects being developed by UCLHCC.
- Discussed that our different demographic might be causing our poor performance results.
- Encouragement is being given to GPs to have a rapid access service. This is happening in Barts but it is not noticed elsewhere in the patch.
- Raised the question of whether we should we approach a GP to be a member of the Board. They would not need to come to every meeting, but could come and discuss particular issues.

5. Network Gynaecology Pathology meeting

- NM gave an update on recommendations that were introduced after discussions with NHS England about the poor performance in our patch. Pathology was one of the issues that was discussed.
- The lab is run by a private company who do not make money from receiving slides for secondary review. This is similarly seen in Radiology where secondary reporting not funded.
- The referral forms cannot be sent out yet as this needs to be agreed. We are expected to have these fairly soon.
- At the network gynaecology pathology meeting there were discussions regarding delays in logging specimens in and also the quality of tissue that comes to UCLH. In the meeting, the protocol document prepared by Nafisa Wilkinson was discussed in the hopes of avoiding further delays. This protocol document was found to be very helpful.
- A network wide audit is beginning to gain an overview of how long it is taking specimens to reach UCLH when it leaves the hospital after the local MDT.
- There is a UCLH trust wide bid for more secretarial and admin staff at the front end of the processing.
- Progress being made here in the area through the meeting and the audit is expected to be completed relatively soon.

- PJ highlighted concern regarding second opinions not being funded but NM stated that funding is still there for if we do any extra tests.

6. Gynaecology 17/18 work plan

- AL explained that we are looking to get agreement and consensus from the Board over the priorities of the group for the coming year.
- Board agreed that we should host IOTA simple rules education days.
- AL asked the Board to begin thinking about what they feel would be most beneficial to discuss at the next Gynaecology education event.
- NM has 4 developed treatment summary examples which includes one for each tumour site. NM will share these with AL. AL will circulate these to the Board.
- RK suggested starting a regular newsletter for trials. Perhaps this could be a quarterly newsletter so everyone is aware across the patch. RK will start generating this newsletter.
- RK would like to see something added about how much MSI testing in endometrial cancer we are doing in the MDT improvement section. NM stated that there was no agreement on what testing should be offered and whether it should be done on the endometrial biopsy or hysterectomy specimen.

ACTION:

- NM to share the 4 developed treatment summary examples with AL. AL to circulate these treatment summaries to the Board.
- RK to work with the UCLH Cancer Collaborative to begin generating a trials newsletter.
- BO'D to add regular newsletter for trials to the work plan.

7. AOB

- Monday meetings are difficult for a number of the board to attend. Agreement that we would change the October meeting from Monday 1st October to Thursday the 4th October. BO'D to find a room and circulate the new date.

8. Next Meeting

Monday 2nd July 2018, 250 Euston Road, 6th Floor West meeting room, 16:00-18:00.

ACTION LOG

Action reference	Action	Owner	Date Due	Status
APR-01	PL to suggest that an image or drawing is inserted in the leaflet and also whether a disclaimer should be included suggesting patients speak to their clinician about the recommendations.	PL	July 2018	
APR-02	AL to feedback suggestions regarding HPV self-	AL	July 2018	

	testing and explore feasibility of running a pilot testing study.			
APR-03	NM to share the 4 developed treatment summary examples with AL.	NM	July 2018	
APR-04	AL to circulate these treatment summaries to the Board.	AL	July 2018	
APR-05	RK to work with the UCLH Cancer Collaborative to begin generating this trials newsletter.	RK	July 2018	
APR-06	BO'D to add regular newsletter for trials to the work plan.	BO'D	July 2018	
APR-07	NM to update the board about staging data at the next pathway board meeting.	NM	July 2018	
APR-08	AL and NM to look through MDT proformas with an aim to standardise them.	AL/NM	July 2018	
APR-09	BO'D to change date of oct meeting and book room and circulate the new date	BO'D	July 2018	

Attendees

Name	Initials	Trust/Organisation
Alex Lawrence	AL	Barts Health
Naveena Singh	NS	Barts Health
Lisa Reid	LR	Princess Alexandra Hospital
Sue Gessler	SG	UCLH
Heather Evans	HE	Royal Free
Frances Evans	FE	North Middlesex University Hospital
Philippa Lloyd	PL	Barts
Sherrice Weekes	SW	<i>London Cancer</i>
Bethan O'Donnell	BO'D	<i>London Cancer</i>
Ghazi Ghazi	GG	Princess Alexandra Hospital
Nicola MacDonald	NM	UCLH
Patricia Jupp	PJ	Patient Representative
Rebecca Kristeleit	RK	UCLH
Karen Summerville	KS	UCLH
Rekha Wuntakal	RW	BHR Hospitals

Apologies

Name	Initials	Trust/Organisation
Sharon Cavanagh	SC	UCLH
Arjun Jeyarajah	AJ	Barts

Name	Initials	Trust/Organisation
Jonathan Ledermann	JL	UCL
Caroline Stirling	CS	Central and North West
Jeremy Berger	JB	Royal Free