

London Cancer Gynaecological Cancer Pathway Board

Date: **Tuesday, 17th January 2017, 16:00 –18:00**

Venue: **Boardroom, UCLH Westmoreland Street Hospital, 16-18 Westmoreland St, London W1G 8PH**

Chair: **Tim Mould, Pathway Director**

1. Welcome, Introductions and Apologies

TM welcomed members of the board, introductions were made and apologies heard from Chandrakala Sathish, Kate Farrow, Heather Evans and Jeremy Berger.

2. Minutes and matters arising

- The minutes of the previous meeting were accepted as an accurate record of proceedings.
- Matters arising are covered in item 4 of the agenda.

3. Cancer Vanguard

- The UCLH Cancer Collaborative, Royal Marsden Partners and the Christie were successful in winning national vanguard funding for cancer.
- The objectives are still aligned with *London Cancer* with some specific objectives for early diagnosis initiatives
- More information can be found here: <https://www.uclh.nhs.uk/ourservices/servicearea/cancer/ncv/Pages/NationalCancerVanguard.aspx>
- There was a discussion about the configuration of services and there were no plans to change this currently

4. Feedback from leads – gap analysis, stratified follow up

- Gap analysis update against best practice pathways.
 - TM gave background to the best practice pathways. There is support from CCGs, *London Cancer* and Trusts to meet these.
 - Homerton – one of main challenges has been to get imaging done in good time. This has improved. Histology was also a challenge but there have been improvements and the Trust are now hitting 7 day targets regularly. The Trust management are engaged and have implemented 7 day targets.
 - UCLH - managers found gap analysis helpful. There has been increased radiology provision as a result and plans to increase pathologist capacity. Increased access to hysteroscopy lists is work in progress. Staff are trying to phone patients to advise of appointment dates. Referring Trusts were supportive of this approach.
 - Whittington – there is an additional hysteroscopy clinic as a result but there are still waiting time challenges so there will be a need to re-audit. There was no CNS for 6 months which has posed problems.

- Whipp's Cross – a new consultant started two months ago so still no one stop clinic but there is an additional outpatient hysteroscopy clinic. There are persistent problems with imaging and an old MRI scanner. Two week wait clinics were always on a Friday but now there is an additional clinic on a Thursday. Theatre capacity is a challenge.
- PAH – two week wait performance is good. There is a shortage of staff in pathology. Patient engagement is a challenge e.g. people going on holiday. This may relate to communication and messages from the GP. There was a discussion about what is best for patients and what relates to patient waiting times and targets. There are also problems with transport and more complex patients (e.g. bariatric or claustrophobic patients) which Trusts aren't always aware of which can cause delays. TM suggested that this links into work of *London Cancer* and links with Primary Care which will be fed back to the group.
- Queen's – two week waits are now going through gynae-oncology which should lead to improvements.
- Barts – there are increased numbers of two week wait and direct access clinics. The Trust are working towards reducing two week wait times to 10 days.
- NMUH – pathways have helped engagement with managers and radiology and estimating capacity requirements. Outpatient hysteroscopy clinic capacity now good. General anaesthetic hysteroscopy still a challenge. Two week wait performance is some way off the 7 day aspiration.
- Stratified follow up
 - PAH – There is a Macmillan project manager in place but focusing on other tumour pathways currently. Trust focusing on treatment summaries.
 - UCLH – the focus is currently trying to format final end of treatment summaries and streamline the process for completion through automation.
 - The board were still supportive of this approach and will continue to work towards it.

5. 2016, 2017 audit results

- TM presented the audit results. Results were received from all hospitals except the Whittington.

Cytology review

- There is variability in implementing this process. Pathway board agreed to ensure that this process is followed.
- The Royal London coordinate this process on behalf of some other Trusts so it was not clear whether some of these reviews have been completed have been missed in the figures.
- Where treatment is carried out at a centre (Barts or UCLH) it was not clear whether the cytology review is also carried out at the centre and whose responsibility it is to inform the patient. It was agreed that a trigger is required when the report is generated to ensure that the review is offered with the patient. This could be part of the end of treatment summary process.

HIV testing

- There is a lack of awareness of the board policy for HIV testing. There is a need to incorporate this into the guidelines.
- The Whittington fed back that HIV tests have not been being completed but this has been raised at the MDT.
- The current recommendation is HIV testing for cervical cancer. TM proposed that HIV testing could be carried out for all gynaecological cancer patients. There are a number of reasons for this including that cancer treatments have a large impact on HIV positive patients. The board were supportive of this approach.
- Patient consent was discussed and the point in the patient pathway where an HIV test should be offered.
- The board agreed that the consent process would be implemented locally e.g. in pre-assessment leaflet.

**Actions: ALL to ensure that the process for cytology review is followed.
ALL to implement a local process for routine HIV testing for all patients.**

6. Annual research day

- Michelle Lockley is leading on this and outlined the agenda. There is an emphasis on ovarian cancer.
- ML outlined the programme and agreed to circulate it.

**Action: Michelle Lockley to circulate program
HS to coordinate venue for this and education day**

7. Early Diagnosis – quality of ultrasound

- There may be opportunities to standardise ultrasound reporting to drive improvements. See below for more detail.

8. AOB

Sentinal node surgery in vulval cancer

This trial has now stopped. Currently patients are still offered this where appropriate. The board were happy with this.

Endometrial thickness investigation

- Currently asymptomatic patients are being referred with less than 6.7mm endometrial thickness. There is a trial of 11,000 patients which suggests that this should be the cut off for GP referral. Other reviews have suggested 10mm cut off.
- The board discussed what the guidance should be and whether the board should recommend that the pan-London two week wait form should be changed.
- A lot of referrals come from radiology departments internally.
- It was agreed that the forms would not be changed but that the board guidelines will be that asymptomatic patients with thickness of 7mm or more should be investigated.

Work plan

- TM presented the work plan which had been circulated. There was a discussion about the need to capture clinical outcomes data and patient experience data
- The outcomes that the board felt would be helpful to capture to drive improvements were:
 - Complications
 - Readmissions – relates to enhanced recovery programmes and working across the sector as patients may be readmitted elsewhere in the sector
 - Laproscopic surgery rates for endometrial cancer
 - Quality of ultrasound
- HS raised the data available through the Vanguard which would be helpful to review. The board raised the need to understand how the data is collected.

Pathology at UCLH

- New lead to start in February. There is another new member of staff who is in post.
- Patient transport is an ongoing issue.

Thur	06-Apr-2017	09:00-17:00	Gynaecology Pathway Board - Research	52 Club, Bonham Carter House, 52 Gower St, London WC1E 6EB
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ACTION LOG

Action	Owner	Date Agreed	Status
TM to send guidelines to trusts re self - management for patients with low-risk endometrial cancer	TM	18.07.2016	Complete
TM to send out timed pathways	TM	18.07.2016	Complete
ALL to ensure that the process for cytology review is followed.	All	17.01.2017	
ALL to implement a local process for routine HIV testing for all patients	All	17.01.2017	
Michelle Lockley to circulate research day program	ML	17.01.2017	Complete
HS to coordinate venue for this and education day	HS	17.01.2017	Complete for research day

Name	Trust/Organisation
Tim Mould	University College London Hospitals
Frances Evans	North Middlesex University Hospital
Alexandra Lawrence	Barts Health (The Royal London)
Lisa Reid	Princess Alexandra Hospital
Nicola MacDonald	University College London Hospitals
Narendra Pisal	The Whittington Hospital
Sotris Vimplit	Barts Health (Whipp's Cross)
Janaki Putran	PAH
Sue Gessler	University College London Hospitals
Eric Nyarko	Homerton
Elaine Burton	Homerton
Tania Adib	BHRUT (Queen's)
K. Rasheed	PAH
Helen Saunders – minutes	<i>London Cancer</i>