

Meeting of the *London Cancer Gynaecological Pathway Board*

Date: **Monday 22nd January, 16:00-18:00**

Venue: UCLH Boardroom at Westmoreland Street Hospital, London, W1G 8PH

Chair: **Alex Lawrence**

1. Welcome, apologies, introductions and Minutes from last meeting

- 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. Matters arising; Funding application for HPV self-testing update

- Funding for self-testing – decision being taken later on this week on how to allocate the money – more screening or HPV self-testing? Hope by next meeting we will have a firm decision on this. Question asked whether we can write to who is making the decision as a board and say self-testing should be part of the national screening programme. Cervical cancer awareness week, so good timing. AL: Decision being made on Friday, so we don't have much influence over this due to time constraints after late release of transformation funding for this financial year however she will arrange a meeting to influence priorities for next year.
- Discussed that there is enough capacity in labs for HPV testing at the moment - we need to change how we do things not what we are doing.

Lymphoedema leaflet

- Feel it would be useful to have a generic lymphoedema leaflet to use throughout the network.
- Patient rep (SB) felt it would be very helpful to have this information.
- The Whittington do not have a leaflet as they refer their lymphoedema patients into UCLH.
- AL asked whether it would help to be a generic leaflet.
- SW: there is a breast leaflet currently, with updated contact details so we could model the generic leaflet on this piece.
- BO'D to feedback to Kay Eaton (KE) that we would welcome her adapting the UCLH leaflet to become a generic leaflet.

ACTION:

- BO'D to feedback to KE that we welcome her offer to create a generic lymphoedema leaflet.

3. Review of Data

- Looked at November 17 stats UCLHCC scorecard and discussed results.
- Tumour types – red across board for Gynae due to complex pathways. Ovarian can take longer, but still we should be doing better.
- Discussed possible hold ups in the pathway. Pathology highlighted and when patients are discussed in MDT. Hold ups over Christmas and new years at the Whittington as two Tuesdays were missed due to public holidays.

- Board heard there will be a North Central Pathology meeting to discuss issues and to streamline the pathway. BO'D: no date has been set up as of yet, pathologists that sit on the MDT will be hearing of the details for this network pathology meeting when a date is decided. It will be chaired by Nafisa Wilkinson.
- Data completeness slide: Spoke about staging of cancers and how is this done before an MDT. Different Trusts have different set up. Where does staging get entered? Focus on treating the cancer. Some trusts record the stage at time of local MDT discussion, others wait for the central MDT decision. As there is time pressure in MDT, suggestion that once a month data entry is checked. AL: local trusts can stage the cancer radiologically. North London trusts felt that the MDT summaries don't always contain the staging, and this would help in future. No one is treating without staging it; it is just not always documented where it should be.
- Cervical screening slide: Havering had staff trained to try and increase uptake – is this why they have the highest screening coverage score? Do we know where these people are having their smear tests done - primary care, sexual health clinic? Fewer smears are being done in sexual health clinics due to cuts in funding for sexual health services. Opportunistic smears are not allowed – agreed that these smears should not be dismissed.

ACTION:

- AL to discuss with Nicola Macdonald regarding data capture surrounding staging.
- BO'D to circulate data slides to the Board.

4. MDT Improvement update

- MDT job description discussed and circulated.
- Protocolising pathways – not discussing stage 1 cancers, will this make a difference? Would free up a lot of time as discussions surrounding these take up a large amount of the meeting time. This will require a preMDT meeting with radiologist and pathologist and senior clinician to take these patients off the list.

5. Feedback from the October 2017 event

- Went through the positive feedback from the previous event.
- Discussed how much notice people need in order to attend future events – this is usually 6 weeks notice.

6. Research Day (19th April 2018)

- Date has been set with venue to be decided imminently.
- AL informed the group of those who are hopefully going to be speaking.
- Helpful to have pathway board meeting tagged on to either the beginning or the end of the education day.

ACTION:

- BO'D/SW to send a save the date out to the circulation list.

7. Presentation to discuss availability of ultrasound scans within 2 weeks in primary care

- Julia (JO) attended to give a presentation on behalf Transforming Cancer Services Team for London. She is working with Lance Saker.
- Hoping for input from the Board and to discuss how the Board help take this forward.

- Direct access to diagnostics is something that is being worked on in London.
- There is currently waste in the system with scans being done in primary care, and these aren't available to secondary care. Struggle to find MRI slots as it is. Discussed how often GPs actually make MRI referrals and if they have the confidence to follow this?
- What are the current issues? JO: clarified it was about GPs having urgent 2 weeks access to ultrasound. Discussed whether or not the GP does want that responsibility.
- JO: discussed clearing the backlog so eventually everyone is scanned within 2 weeks and there is no need to have an 'urgent' list.
- Issue raised of how this will logistically work as it is difficult enough to access imaging within own hospitals. How do we suggest GPs will access these systems in order for this to work?
- AL clarified – the board would not encourage a 2ww scan for women with postmenopausal bleeding as these women need to be seen by a gynaecologist and arranging a scan by the GP would delay this pathway./ there was support for direct scans for suspected ovarian cancer and for referral of abnormal scans. GP's may wish support on interpretation of results and clarity on what should be referred urgently and what can be referred routinely.
- Board happy to endorse for diagnosis of suspected ovarian cancer, but need assurance that GP's will have appropriate decision making support for interpretation.
- JO summarised: Concerns around activity and will this be increased. Referral forms are different in each Trust, need to be clear on how this would work. Reporting needs to be timely. GPs need to take on responsibility of preparing patients for news – safety netting. Protocols – supporting GPs in terms of their decision making and making them aware (education needed). Anxiety around blocking the system.

ACTION:

- BO'D to send contact from each Trust on Board to Julia.

8. AOB

- Can we make the MDT outcomes documentation more uniform and easily used throughout all hospitals?

9. Next Meeting

Thursday 19th April 2018, 16:00-18:00, UCLH Boardroom at Westmoreland Street Hospital, London, W1G 8PH

ACTION LOG

Action reference	Action	Owner	Date Due	Status
JAN-01	Feedback to KE that we wish to create a generic lymphoedema leaflet	BO'D/AL	19/04/18	
JAN-02	AL to discuss with Nicola about data capture surrounding staging	AL	19/04/18	
JAN-03	BO'D to circulate data presentation slides to the Board.	BO'D	19/04/18	
JAN-04	BO'D/SW to send a save the date out to the circulation list for 19 th April Research Day	BO'D	19/04/18	
JAN-05	BO'D to send contact from each Trust on Board	BO'D	19/04/18	

	to JO			
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Attendees

Name	Initials	Trust/Organisation
Alex Lawrence	AL	Barts Health
Naveena Singh	NS	Barts Health
Lisa Reid	LR	Princess Alexandra Hospital
Susan Boyde	SB	Patient Representative
Narendra Pisal	NP	The Whittington Hospital
Heather Evans	HE	Royal Free
Frances Evans	FE	North Middlesex University Hospital
Jeremy Berger	JB	Royal Free
Julia Ozdilli	JO	Transforming Cancer Services Team for London
Sherrice Weekes	SW	<i>London Cancer</i>
Bethan O'Donnell	BO'D	<i>London Cancer</i>
Dawn Mighten	DM	Homerton

Apologies

Name	Initials	Trust/Organisation
Karen Summerville	KS	UCLH
Martin Widschwendter	MW	UCL
Rowan Miller	RM	Barts Health
Rekha Wuntakal	RW	BHR Hospitals
Jonathan Ledermann	JL	UCL
Sotiris Vimplis	SV	Barts Health
Anju Sahdev	AS	Barts Health
Nicola MacDonald	NM	UCLH
Mary McCormack	MM	UCLH
Tania Adib	TA	BHRUT
Caroline Stirling	CS	UCLH
Patricia Jupp	PJ	Patient Representative
Ghazi Ghazi	GG	Princess Alexandra Hospital