

London Cancer Gynaecological Cancer Pathway Board

Date: **Monday, 18th July 2016, 16:00 –18:00**

Venue: **Boardroom 3rd Floor, 170 Tottenham Court Road, London, W1T 7HA**

Chair: **Tim Mould, Pathway Director**

1. Welcome, Introductions and Apologies

TM welcomed members of the board, introductions were made and apologies heard from Alexandra Lawrence , Janaki Putran, Rashna Chenoï, Phillipa Lloyd, Martin Widschwedter

2. Minutes and matters arising

- The minutes of the previous meeting were accepted as an accurate record of proceedings.
- Matters arising: sponsor for the education day in October

3. Gap analysis

Royal Free / Barnet / Chase Farm

- In the process of recruiting another CNS
- Patient pathway navigators have been appointed and are currently in training for endometrial and ovarian cancer
- There is additional support for tracking patients by the MDT Co-ordinator
- They are in the process of appointing a Deputy Lead, to ensure the Lead is covered
- No problem with MRIs. They have 4 protected slots at BCF
- They have an extra protected half session during the week for U/S
- BCF: they currently don't communicate the results to patients with a benign outcome
- They have x1 extra hysteroscopy clinic
- There are issues in recruiting a pathologist
- The managers are engaged

NMUH

- They are struggling as a trust with U/S.
- They have met with managers, but it is difficult to get engagement on this, as they are preoccupied with other wider trust issues at present
- The CQC coming in September
- They have noticed a difference in the speed of getting an outpatient appointment at UCLH, once the patient has been told they have a malignancy. UCLH noted this and will revisit their system

PAH

- Bariatric patients are proving an issue
- They are revising their policy re calling patients with results
- There is an issue with patient's engagement and patients taking holidays

UCLH

- Managers are engaged

- They have noticed an increase in referrals for U/S, which has had an impact on their flexibility and being able to move fast with US slots. This is due to a change in the 2WW form and GPs doing CA125 and if it's >35, the patient can be referred on a 2WW.
- They have no plans for an extra clinic

Whittington

- CNS has left and hasn't been replaced. By the end of this week, there will be no CNS in post
- There has been a reduction in Consultant sessions by 2 sessions/week
- There is new management and they have seen the pathways and are aware of the gap analysis being undertaken
- Struggling to meet the 62D target
- Peer review is next week
- There is an issue with repatriation of patients to the Whittington from UCLH. Letters aren't getting to the Whittington for up to 5-6 weeks later. There needs to be a more robust tracking system in place

BHRUT

- Managers engaged
- Additional capacity in GOPD, U/S and hysteroscopy needed
- New radiologists being employed
- Additional theatre space at Queens and Barts needed

Action: TM to resend gap analysis to Barts Health, Whipps Cross and Homerton, as they weren't present at this meeting

3. Stratified Follow-Up

- TM has produced a document on self-management for low-risk endometrial cancer patients
- Proposed extension of self-management could be: 1) include a phone consult; and 2) patient calls the hospital if there's a problem
- CNS coverage is crucial for this to work
- Management may be persuaded to invest in CNS support if they see that this system can reduce the need for follow up appointments in the hospital

Conclusion:

- As a network, we are in favour of stratified follow-up
- it was acknowledged that trusts can do it in different ways eg complete self-management or phone clinic, or combination
- If an individual trust does not want to do it, or does not have the capacity to do it, this is not mandatory across the network, but is recommended
- There is a patient information leaflet, which needs minor changes
- A robust tracking system needs to be put in place

Actions:

TM to send guidelines to trust
To amend the patient information leaflet

5. Education day

The next education day is Thursday 20th October

Actions:

TM to look into getting a sponsor for the event
LJ to send a 'save the date' and invites via Eventbrite

6. Guidelines

- The board are happy to sign off the guidelines
- Do we need to include survivorship in the guidelines?
- **Ovarian / Endometrial best practice Pathways are not in the guidelines.**

Action:

TM to send out timed pathways

7. Audit 2016/17

From August 15 for 6 months till February 16.

- Has HIV testing (network requirement) been carried out on new diagnoses of cervical cancer?
- Have the required review of smear occurred for new diagnoses of cervical cancer?

8.AOB

None

Thur	20-Oct-2016	09:00-17:00	Gynaecology Pathway Board - Research	Boardroom, 3rd floor, 170 Tottenham Court Road, London W1T 7HA
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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	
To look into getting sponsorship for the education day in October	LJ	18.07.2016	
TM to send out timed pathways	TM	18.07.2016	

Name	Trust/Organisation
Tim Mould	University College London Hospitals
Frances Evans	North Middlesex University Hospital
Heather Evans	Royal Free
Lisa Reid	Princess Alexandra Hospital
Michelle Lockley	Barts Health
Narendra Pisal	The Whittington Hospital
Michael Morcos	Barnet and Chase Farm
Jeremy Berger	Barnet and Chase Farm
Susan Boyde	Patient Rep UCLH
Mel Ridge	London Cancer
Rekha Wuntakal	BHRUT
Leila Jhita – minutes	<i>London Cancer</i>