

## Meeting of the *London Cancer Gynaecological Pathway Board*

Date: **July 12<sup>th</sup> 2017, 16:00-18:00**

Venue: 6<sup>th</sup> floor east, 250 Euston Road, London, NW1 2PG

Chair: **Tim Mould/Alexandra Lawrence**

### **1. Welcome and introductions and Minutes from last meeting**

- Apologies given
- Introduction of new Pathway Director; Alexandra Lawrence.
- Rowan Miller will be the new unit lead for Barts Health. New representatives may be chosen to be on the board following appointment of AL.
- The previous minutes were agreed as accurate.

### **2. Gynaecology Lymphoedema Audit**

#### **Presentation from Sharon Cavanagh, Macmillan Integrated Cancer (MICA) Programme**

- The aim of the audit is to assess early identification of the consequences of treatment. SC's team started by mapping the current position across tumour pathways across the patch. They found that for a population of 3.5m there are 8.1 lymphoedema therapists. BHR have no services at all and send their patients to Mile End. RFH have the Cancerkin charity based in Maggie's in Royal Free hospital. They treat upper limb lymphoedema and see over 1000 patients. If this service stopped many patients would be affected.
- Lymphoedema is not commissioned as a cancer related treatment. Interested CNS's and AHP's have taken it upon themselves to do the training.
- SC and her team have recently conducted an audit in Breast. It was a 3 month audit which had 48 patients found to have moderate-severe symptoms. SC explained that patients are presenting late. When scaled up it equals 192 per year. However the audit only included data inputted by CNS's. SC mentioned it would be useful if clinicians also provided data. The results will help define where to place patient information at different points along the pathway and also led to training for breast CNSs. The Breast team want to do another audit to capture waiting times for the patient i.e. the time it takes to get diagnosed and treated.
- The gynae lymphoedema audit questions were developed with KS and Kay Eaton and were taken to the CNS subgroup.
- The Gynae audit began 03/07/17 and will end 29/09/17. SC described the need to get input from clinicians also. The group discussed who should be included in the audit; SC explained that we should be approaching all patients with suspected lymphoedema even when diagnosed via imaging and then the spreadsheet should be filled and sent to RP/SC at the end of the audit. KS suggested that the CNS's can input the data when given hospital numbers. UCLH to have the sheets in clinic with clinicians. KS offered to share leaflet UCLH has about lymphoedema with the group.
- The board discussed the need to make sure the relevant people know about the audit. AL to provide a list of current CNS's at Barts. It was also suggested that it might be good to look at how many women get lymphoedema and from which treatment modality.

- As the CNS's from North East London and west Essex were not at the previous CNS subgroup it was thought unlikely that they knew about the audit. There was agreement that the audit start should be delayed by 3 weeks for this geography until all CNS's knew about the audit and could approach patients.

**ACTIONS:**

- **Audit spreadsheet should be filled and sent to RP/SC.**
- **KS to share leaflet UCLH has about lymphoedema with the group.**
- **AL to provide a list of current CNS's at Barts**
- **SC/RP to send out information on audit and spreadsheet to all CNS and delay start of audit until 24.7.17 for North East London and West Essex with completion on 20.10.17**

**3. Cervical cancer review reports – audit follow up**

- The group looked at guidelines for disclosing audit results. Some of the wording was queried, and it was suggested the document clarify regarding terminology of people/patients/women. NM to discuss updating the wording with Adam Rosenthal and then it can be added to all SOPs.

**ACTION:**

- **NM to discuss updating the wording with Adam Rosenthal and then it can be added to all SOPs.**

**4. MDT Improvement**

- The board looked at the recent MDT Improvement report of a review carried out by Muntzer Mughal and Jacob Goodman. Discussion was had regarding some of the recommendations in the report and the group also discussed the differences in MDT working across the network. The main issues highlighted included; preparation time, proforma use, engagement at MDT, lack of time to discuss complex patients, protocolising patient pathways and struggles with IT systems.
- Protocolised pathways; Stage 1a/Grade 1 endometrial cancers could be discussed in a pre MDT meeting. Currently Barts discuss everyone. This was agreed at the board.
- RW explained that Queens are now implementing a proforma. However they need to create a culture where everyone fills in the proforma before referring a patient to the MDT meeting. A suggestion was to stop accepting any patients without a proforma in 3 months' time onwards, giving people time to adjust to the new way of working.
- The board discussed the completeness of referrals and not accepting/discussing patients in MDT without all the information. However this causes an issue if the patient breaches, as there is a worry about who is responsible for the breach.

**ACTION:**

- **Update on MDT Improvement to be provided at the next meeting**

**5. Annual Education day 19<sup>th</sup> October 2017**

- The group decided that the next board meeting will take place before the education afternoon on 19<sup>th</sup> October. The meeting will start at 1pm. Lunch will be at 2pm then the education day can start at 2.30pm.

- The Board went through and agreed on the agenda items for the education day; AL to talk about Cancer in pregnancy, EB to give a talk about laparoscopic surgery in endometrial cancer. There will be discussion on audits such as HIV and cervical cancer audit. HS to check if lymphedema audit will be ready by education day. There was a suggestion to include patient stories and videos from Jo's Trust. SG to contact Jo's Trust to invite them to the event.
- AS suggested looking into CPD's for the education day

**ACTION:**

- **HS to check if lymphedema audit will be ready by education day**
- **SG to contact Jo's Trust to invite them to the event.**

**6. Early diagnosis – quality of ultrasound**

- AS discussed the IOTA simple rules for reporting ultrasound scans as the differences in the language used in reporting had become an issue. Sonographers and clinicians require training to use the new way of working, this is an online exam. AS showed an overview of the simple rules system which enables classification of the mass as benign, malignant or indeterminate. There is a section for a subjective assessment and for the sonographer's opinion. This allows for a simpler report and a more uniform way of reporting US.
- The group discussed the need to look at how to assess any improvement and how to roll out the audit and take it further. AS suggested conducting an audit now to get a baseline and then to audit again after it has been used for 3 months to see whether users found it useful. It was recommended to ask patients for their opinions and whether it helps with anxiety, using an anxiety scale.
- This will be presented at the education day by AS. The board suggested inviting gynaecologists and sonographers to attend.

**ACTION:**

- **AL to invite sonographers/radiologists to the education day.**
- **AS/AL to consider how to measure the impact of the project.**

**7. Annual Report and Work plan**

- The group looked through the work plan listed on the Annual Report which included US quality and MDT improvement discussed today. Other plans which were discussed were:
- The group to start arranging the next Research day – HS send possible dates for the event.
- The board discussed early referrals for post-menopausal bleeding. The team discussed the benefits and issues with having a one stop clinic for patient allowing for hysteroscopies to be booked on the same day. The group concluded that patient anxiety may affect the use of these slots.
- SC is leading work on stratified follow up and the recovery package and will be working with the gynae pathway board on this.
- The group agreed to maintain oversight of changes in cervical screening. It was mentioned that HPV screening will spike and will affect colposcopy services. FE to bring figures to next meeting
- The board discussed whether to extend the guidelines to include Pan London so all of London are in line. The group agreed that this was a good idea but would need to make sure it fits into what the commissioners require.

- Data and outcomes: to promote the use of MDT scorecards. AL suggested bringing data to the board meetings to review. Could look into a different outcome each meeting

**ACTION:**

- **HS send possible dates for the next Research day.**
- **FE to bring figures to next meeting regarding cervical screening**

**8. AOB**

**Discussion points:**

- The board thanked Tim Mould for all his achievements as director for the pathway board for the past 5 years.
- Discussed funding for HPV self-testing being introduced. HS to get update on funding application at end of July.
- Location; it was mentioned that the meeting room was difficult to enter due to the need for a badge to get through the doors. HS to send mobile number around for next meeting

**ACTION:**

- **HS to provide an update on funding application**

**9. Next Meeting**

19<sup>th</sup> October 2017, 13:00-14:00, Venue to be confirmed depending on Education Day venue.

**ACTION LOG**

Action reference	Action	Owner	Date Due	Status
July01	Audit spreadsheet should be filled and sent to RP/SC.	All	31/09/17	
July02	KS to share leaflet UCLH has about lymphoedema with the group.	KS	21/07/17	
July03	AL to provide a list of current CNS's for the audit	AL	21/07/17	Complete
July04	SC/RP to send out information on audit and spreadsheet to all CNSs	SC/RP	24/7/17	Complete
July05	NM to discuss updating the wording with Adam Rosenthal and then it can be added to all SOPs.	NM	19/10/17	Complete. AR has agreed to change SOP.
July06	Update on MDT Improvement to be provided at the next meeting	All	19/10/17	
July07	HS to check if lymphedema audit will be ready by education day	HS	21/07/17	To be discussed at the December meeting.
July08	SG to contact Jo's Trust to invite them to the event.	SG	21/07/17	Complete

July09	AL to invite sonographers/radiologists to the education day.	AL	19/10/17	
July10	AS/AL to consider how to measure the impact of the ultrasound project.	AS/AL	19/10/17	
July11	HS send possible dates for the next Research Day.	HS	19/10/17	
July12	FE to bring figures to next meeting regarding cervical screening	FE	19/10/17	
July13	HS to provide an update on funding application.	HS	19/10/17	

### Attendees

Name	Initials	Trust/Organisation
Alex Lawrence	AL	Barts Health
Heather Evans	HE	Royal Free
Roxanne Payne	RP	UCLH Cancer Collaborative
Lisa Reid	LR	PAH
Ghazi Ghazi	GG	PAH
Rekha Wuntakal	RW	BHRUT
Susan Boyole	SB	Patient Representative
Sherrice Weekes	SW	London Cancer
Anju Sahdhev	AS	Barts Health
Tim Mould	TM	UCLH
Sharon Cavanagh	SC	UCLH Cancer Collaborative
Nicola Macdonald	NM	UCLH
Sue Gessler	SG	UCLH
Frances Evans	FE	NMUH
Karen Summerville	KS	UCLH

### Apologies

Name	Initials	Trust/Organisation
Elly Brockbank	EB	Barts Health
Sotiris Vimplis	SV	Barts Health
Martin Widschwendter	MW	UCLH