

Meeting of the *London Cancer Gynaecological Pathway Board*

Date: **Thursday 19th October 2017, 13:00-14:00**

Venue: Laird Hall, Floyer House, Whitechapel Campus

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

- AL explained that there is no update on the funding as yet, as it is still being decided. This will be discussed further at the next pathway board meeting.

ACTION:

- To discuss funding application for HPV self-testing at the next meeting

3. Gynaecological audit update and leaflet

- SC sent an update about the Lymphoedema audit. As some hospitals started the audit later than others and they haven't received many patients, the audit may have to be extended.
- UCLH have seen three patients within the time period. PAH sent their patient to UCLH. FE will check with team at NNUH if any patients have been seen. RM explained that they had a patient who was referred to the Mile End site.
- KS will send the UCLH lymphoedema leaflet to the team

ACTION:

- KS will send the UCLH lymphoedema leaflet to the team

4. Review of cancer waiting times

- AL presented cancer waiting times data from the last financial year (April 2016-March 2017). The team looked at the areas that had been working well and areas that required improvement.
- The team discussed how the results from the smaller hospitals have a big impact on the percentages shown for breaches.
- AL explained that she would be going to a leadership meeting on Monday where they would be discussing performance and will be asking each pathway director for ideas on how to improve 62 day compliance. AL asked the group for their recommendations and suggestions.
 - It was felt that an endometrial diagnosis could be made sooner if all patients are offered a biopsy at the first appointment.
 - Inter trust transfers/referrals was felt to cause delays. The current process means some hospitals lose a week on the pathway whilst waiting for MDT discussion. The team discussed looking at how to make this more efficient.
 - The team highlighted that high risk anaesthetic reviews cause delays

- The team discussed trying to see 2ww patients within a week of referral. Some teams are struggling with this, the group highlighted inappropriate referrals from GPs. AL explained that *London Cancer* are auditing appropriateness of referrals from GPs and will feed back. However the team felt that GPs are pressured to refer early.

5. MDT Improvement update

- The group discussed MDT Improvement. The team felt that the role of the MDT chair needs to be established. AL explained that job descriptions have been developed as part of the MDT Improvement project. The role of chair should be applied for and there should be time for the clinician to take on this role.
- The team discussed what the Chair should and shouldn't do. In some MDT's the chair also does the typing which the group felt doesn't work. The job description will be circulated to the board.
- The team discussed having the chair rotate and highlighted the Adolescent MDT as an example of how this works well. There is a rota and the person chairing doesn't have to type. At Barts Health the chair also rotates every couple of months and the typing is done by the coordinator and clinical fellow.
- RW gave an update about the proforma usage at BHRUT; it is working but still facing challenges. RW explained it has been hard to get the senior clinicians engaged.
- The group discussed MDT meeting capacity issues. Some MDT meetings only have a couple of minutes to spend on each patient. Some of the team felt that there might need to be more than one MDT meeting per week.
- The group discussed protocolising pathways. It was suggested to have a pre-meeting which should be attended by a radiologist and pathologist. They can let the coordinator know if the patient should remain on the agenda. This will save time for discussion of more complicated patients.

ACTION:

- The MDT Improvement report's job description to be circulated to the board.

6. Cervical screening figures; estimated increase in referrals to colposcopy once HPV testing introduced

- FE presented the cervical screening figures to the pathway board. The results showed that there has been a temporary increase of referrals to colposcopy.
- FE explained that depending on local protocol many places discharge patients who are HPV positive and colposcopy negative. If these patients are kept on follow up there will be a sustained increase in the colposcopy service.
- The group discussed what should be done with HPV positive patients who have nothing on their cervix. FE explained that there would be an increase in referrals, will have to follow the model. The National screening service guidelines say the patient should be discharged to normal follow up. The group discussed reducing workloads by discharging the 'test of cure' patient group. Would need to prove that the test has been done in order not to skew the figures.
- FE discussed the figures presented for each Trust at the recent QA meeting. Figures to be distributed to the board.

ACTION:

- FE to distribute cervical screening figures to the board.

7. Cervical cancer smear review pathway

- Adam Rosenthal has been looking at operational practice and has written a protocol. Anna Parberry has developed a leaflet for patients and is happy to share it with *London Cancer* members. UCLH and PAH currently have one. The leaflet will be sent to the board members.

ACTION:

- The leaflet will be sent to the board members.

8. Research day (Thursday 19th April 2018)

- The group discussed details of the research day planned for April 2018. The date was agreed.
- The team discussed who would be best to invite and what subjects should be covered such as;
 - Cervical screening with a view to HPV testing
 - Patient perspective
 - BRCA team could present
 - Fertility issues, surrogacy, egg freezing, time to treatment

9. AOB

- LR raised issues regarding patient transport. It was felt that this can often cause delay in the pathway as need to go through GP when first booking transport. This can be a problem for patients who come on the pathway via A&E. LR also mentioned delays in patients returning home after radiotherapy, some arrive home very late at night.
- The group discussed that some trusts have a taxi service for patients that can get into a car. KS explained that there is a strict criteria at UCH; patients can't bring a relative with them when they take hospital transport. The patients are required to be ready 3 hours before their appointment time which is very long.
- The group discussed Macmillan grants available to pay for transport, however it can only be used once. It was suggested that patients could look into using PIP payments and grants to pay for transport. This has been escalated to PALS.
- The team discussed engaging local GPs. As LR has highlighted a problem in Harlow it was suggested to get agreement from the GPs to allow LR fill in the transport form herself. It would be a small number of patients and could be audited after a year.

10. Next Meeting

Tuesday 5th December 2017, 16:00-18:00, UCLH Boardroom at West Moreland Street Hospital, London, W1G 8PH

ACTION LOG

Action reference	Action	Owner	Date Due	Status
Oct01	To discuss funding application for HPV self-testing at the next meeting	SW	04/12/17	
Oct02	KS will send the UCLH lymphoedema leaflet to the team	KS	04/12/17	
Oct03	The MDT Improvement report's job description	SW	04/12/17	

	to be circulated to the board.			
Oct04	FE to distribute cervical screening figures to the board.	FE	04/12/17	

Attendees

Name	Initials	Trust/Organisation
Alex Lawrence	AL	Barts Health
Sue Gessler	SG	UCLH
Rowan Miller	RM	Barts/UCLH
Frances Evans	FE	NMUH
Karen Summerville	KS	UCLH
Lisa Reid	LR	PAH
Sherrice Weekes	SW	<i>London Cancer</i>
Rekha Wuntakal	RW	Queens hospital
Jeremy Berger	JB	RFL
Anju Sahdev	AS	Barts Health

Apologies

Name	Role	Trust/Organisation
Naveena Singh	NS	Barts Health
Ghazi Ghazi	GG	PAH
Michelle Lockley	ML	Barts Health
Tania Adib	TA	BHRUT
Nicola MacDonald	NM	UCLH
Joy Munalula	JM	RFL
Sharon Cavanagh	SC	<i>London Cancer</i>
Caroline Minchom	CM	UCLH
Caroline Stirling	CS	Central and NW London
Heather Evans	HE	RFL