

Meeting of the *London Cancer* Haematology Pathway Board

Date: Wednesday 9th May 2018, 4.30-6pm

Venue: 6th floor east, 250 Euston Road, London, NW1 2PG

Chair: Ronjon Chakraverty

1. Welcome and Introductions. Minutes of the last meeting

- The board welcomed the new patient representative; Bianca O'Donnell and introductions were made.
- Previous actions are completed or included in today's agenda bar one pending item; SE to follow up with Macmillan Information teams regarding uploading the patient information videos.

ACTION:

- SE to follow up with Macmillan Information teams regarding uploading the patient information videos.

2. Standardised Radiology Reporting

- BH presented results of the audit conducted with Farzana Rahaman focusing on Lymphoma staging on CT scans with a focus on use of the Lugano classification.
- 29 scans were assessed from St Barts, Newham and King George Hospitals. 7% were reported in accordance with the Lugano classification.
- The board also noted the different reporting requirements for clinical trial patients, a variable not accounted for in this audit.
- Due to lack of radiology reporting capacity external scans are rarely formally reported, instead a verbal report in the MDT is often the extent of what is possible.
- Aligning standard radiology reporting with new RECIST and LYRIC criteria may be used as a lever too its implementation.
- RC suggested reporting scans to a template or exploring software that prompts or triggers completion of Lugano. EPIC's introduction may make this possible.
- RC will speak to Athar Haroon to discuss potential solutions. The radiology ERG and possibly the Digital Imaging Transfer project team may be approached.
- In closing RC summarised that the reporting of Lugano was, as expected, close to zero. The variation in reporting causes issues when patients are transferred across the patch. The issue is compounded by lack of capacity to formally report external scans.
- UCLH reporting had not been included in the audit as requested; this needs to be followed up

ACTION: RC to speak to AH re options for improving Lugano completion.

RC/SE to take issue to the radiology ERG for advice towards additional guidance.

UCLH Cancer Collaborative brings together hospital trusts, GPs, health service commissioners, local authorities and patients across north and east London and west Essex.

3. MDT Improvement reports

- MM presented the MDT Improvement reports published last year with a focus on the protocolised pathway recommendations.
- The report is in response to the increasing volume of patients for discussion, which shows no signs of slowing down.
- The report noted variation in running of MDTs including differences in leadership style set up of room (e.g. horseshoe, lecture etc.), the detail in captured outcome and whether patient wishes were discussed.
- The OG MDT has started trialling pre-MDT triage meetings where patients are split between those with clear next steps and those who require detailed discussion. They have created a list with 9 protocolised pathways so patients can have further diagnostics etc. without being discussed formally in the MDT meeting. It is estimated a week has been saved from pathways by sending relevant patients directly for a PET rather than waiting for MDT decision. Patients are still listed at the end of the MDT agenda to be discussed if a clinician wishes and allowing the MDT to view who has been protocolised. It is estimated that the pre-MDT triage meeting reduces by 20-25% the numbers up for discussion. Colorectal is the next site to draft protocolised pathways.
- Protocolisation has not yet begun in haematology MDTs. The board should develop advice for MDT re protocolised pathways. A minimum data set needs may be a sensible first step.
- Related to the above, funding to offer 1 PA per week to 36 clinicians across the network to become MDT coaches has been secured by the Cancer Academy. Coaches will be trained and assigned to one or two MDT's for 6 months to observe, give feedback and support improvement
- Back filling time with 1PA still leaves members the issue of finding appropriate cover. However many of the members of the board are keen to receive support from a coach. The process for applying to be coached as not yet been defined.

4. Centre for Cancer Outcomes – Dashboard 5

- Deferred to next meeting

5. GP education collaboration with Manchester

- The board has previously discussed 'Gateway C', the GP education programme developed by Greater Manchester Cancer which will shortly be available in London.
- NR will be going to Manchester on 11th June to create films which will be used on 'Gateway C', the films are designed to encourage earlier diagnosis of suspected myeloma cancers.
- The films will show different fictional patient-GP scenarios, the GP undertaking the course will choose the point at which they would refer on a 2ww. Issues such as when to refer patients with anemia and back pain etc. will be covered. This will be completed in the next 3-4 months. The film is part of a package of education tools that will be available on gateway C.

6. Acute Leukaemia pathway

- AF discussed the increase in patients attending UCLH for routine monitoring. Of particular concern is the long distances patients are travelling for tests that could be performed locally.
- Paediatric teams are able to work together so -patients don't have to travel to the centre for every appointment, suggesting something similar could work for adult patients. AF will discuss further with a Paediatrician in Haem oncology.
- The underlying issue is lack of clarity over which hospital is responsible for acting on test results. A shared care pathway should define responsibilities of referring and treating centres. It was commented that Trust to Trust and consultant to consultant relationships need to be strong for the system to work.

- The group discussed mapping the acute leukaemia pathway and patient location. AF to define data to be analysed post meeting.

ACTION:

- Formalise the monitoring process on a shared care pathway
- AR to discuss how monitoring works within paediatric oncology
- *Post meeting action:* AF/RC/SE to work with SH to map the pathway of patients with a diagnosis of AML in NCL and NEL, including where they were admitted, for how long and what treatment they received.

7. Lymphoma breaches

- The subgroup has met a twice to look into reducing the number of lymphoma breaches. Most lymphoma breaches are referrals from other tumour sites or from external hospitals. The main tumour site tends to be from Head and Neck.
- Some solutions that have been looked into;
 - Standardising radiology reports so they all include a statement such as ‘this requires biopsy.’
 - Volunteering to give education sessions. However staff turnover would need to be taken into consideration
- Simon Morley is starting a Head and Neck lump clinic and Barts are resurrecting their reserved biopsy slots for suspected lymphoma cancer patients.

ACTION:

- SE to update breach analysis for UCLH, Barts and BHRUT

8. AOB

- David confirmed that the haematology SACT dataset is being overhauled and that haematology expertise is required to do so. Specifically a meeting is planned for June to sense-check the planned changes.
- The group felt that Raj Nijjar, Barts Health Pharmacist and Simon Cheesman, UCLH Pharmacist would be interested in working on this.

9. Next Meeting

- Wednesday 5th September 2018 16.30-18.00 Venue tbc

ACTION LOG

Action reference	Action	Owner	Date Due	Status
Nov 05	SE to follow up with Macmillan Information teams regarding uploading the patient information videos.	SE	Sept 18	In Progress
May 01	RC to speak to Athar Haroon re plan to improve Lugano completion.	RC		
May 02	RC/SE to take issue to the radiology ERG for advice towards additional guidance.	RC/SE		
May 03	Lymphoma consultants to consider how protocolisation may work.	Lymphoma Cons		
May 04	Board to discuss protocolisation guidance at the next board.	SE		

May 05	AF to discuss how monitoring works within paediatric oncology and formalise the Acute leukaemia monitoring process in a shared care pathway	AF		
May 06	AF/RC/SE to work with SH to map the pathway of patients with a diagnosis of AML in NCL and NEL, including where they were admitted, for how long and what treatment they received.	AF		
May 07	Re-add ACL pathway to next agenda.	SE		
May 08	SE to update lymphoma breach analysis for UCLH and Barts	SE		

Attendees

Name	Trust/Organisation
Ronjon Chakraverty	UCLH/Royal Free
Adele Fielding	UCLH
Bianca O'Donnell	Patient Representative
Derralynn Hughes	RFL
Gilly Angell	Patient Representative
Muntzer Mughal	UCLH CC
Neil Rabin	NMUH, UCLH
Rakesh Popat	UCLH
Rebecca Auer	Barts Health
Sherrice Weekes	UCLH CC
Simon Evans	UCLH CC
William Townsend	UCLH

Apologies

Name	Trust/Organisation
Charina Ocampo	UCLH
Chaira Debiase	Anthony Nolan
Micaela Plucnski	UCLH
Sandra Hassan	BHRUT
Tom Butler	Barts Health