

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

**Date:** Wednesday 5<sup>th</sup> September 2018, 4.30-6pm

**Venue:** UCLP Boardroom, 170 Tottenham Court Road

**Chair:** Ronjon Chakraverty

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

- RC welcomed the group and introduced the new members to the board.
- The team looked through the previous meeting's actions;
  - Publicising the haematology videos on other hospital websites. Joanna (LC Comms manager) will be pushing for the videos to be added to sites in the network.
  - The group would like to see the web traffic metrics at the next meeting. It was suggested to look at each hospital/website hosting the videos to check where the most traffic is. WT suggested also linking the videos which currently have the lymphoma videos.
  - May 01 action – RC will discuss radiology reporting with Athar Haroon. When he is available to attend the board, this will be added to the agenda. RC discussed the radiology audit presented at the last board. It was agreed there should be criteria for reporting across the network so there isn't a duplication of scanning or for re-reporting.
  - Breach report analysis will be discussed at today's meeting.
- MDT Improvement; RC explained the Cancer Academy project for MDT coaching as discussed at the pathway directors meeting. They have trained 16 clinicians to act as MDT coaches to assess and advise on how a specific MDT could work better. RC invited the group to put forward their MDT's for this project. RA agreed for the Barts MDT to be coached. WT and NR discussed possibly putting forward the lymphoma or myeloma MDTs at UCLH.

#### **ACTION:**

- Haem videos – to get metrics showing number of views per video at each website they are hosted on
- To request feedback from Trusts to find out how they're sharing the videos with patients
- BH and UCLH to consider coaching for their respective MDTs

### 2. Patient Experience Specification

- The Patient Experience Specification document was discussed by the board members.
- CO and MP have worked on this document with the aim to make sure patients have the best possible experience with the service. Background; this work is based on Andie Guy's (Barts) provisional specification.
- The group discussed the importance for it to be achievable with measurable metrics.
- Comments from the patient reps included;
  - It would be good to highlight ways to do things smarter and more effectively with the resources already in place.
  - Once completed, the specification will differ from site to site. It should be built into current work styles without becoming a tick box exercise. It is important for a number of hospitals to be involved. And that the specification should be treated as a template that can be adapted at each Trust.

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

- It's crucial to understand what the baseline is before deciding what to measure against. This will help make sure the questions are shaped correctly.
- The group discussed the NCPES survey/report. It was felt that lack of information and access to a CNS directly affects patient experience. Differences in cultures should be taken into consideration when evaluating the survey results.
- Patient representatives highlighted a gap in the patient experience survey and what actually matters to patients. The metrics should be a form of gap analysis
- RC explained that there could be project manager-type support from Anthony Nolan when going into Trusts.
- NR felt that this would be a great way to demonstrate resource need to the operational leads. It was confirmed that a gap analysis should be performed against the final specification. The specification therefore needs to be shaped to draw out current gaps of services and the resources required to fill them. These results should form the basis of a business cases to executive teams.
- The ideal timeline for this work to be completed will be December 2018 if possible.
- A meeting should be arranged within the next month, to work on the specification. Meeting attendees should include the CNS's, patient reps and GP.
- Following completion of the specification, a pilot should be undertaken which can be audited.

**ACTION:**

- Meeting to be arranged within the next month, to further refine the specification.
- Updated patient experience specification draft to be presented at the next board for sign-off

### **3. Guidelines update**

- The guidelines will soon be complete; they are with the editors for final changes.
- These guidelines took a significant amount of time to draft; in the future the process will be easier as now will be editing a professionally produced document.
- The next writing period for updating the guidelines will be March-July 2019. If anyone would like to be a part of the writing group they can volunteer. The groups will be formalised just before March, the pathway manager will put the volunteers in contact with each other.
- The writing process should end in July with the guidelines being published in September. If a guideline doesn't require any changes to be signed off, it will just be re-published.
- Following publication of the guidelines, it is envisioned that there will be quite a few comments, queries and possibly some complaints.
- RC suggested that teams should encourage newer consultants to be a part of the next writing process.

### **4. Lymphoma breaches**

- SE and SW presented data to the board highlighting what the main breach trends are at UCLH, Barts Health and BHRUT.
- Analysis found that breaches at UCLH mainly came from patients referred from other hospitals. At Barts the breaches mostly originated on a Head and Neck 2ww pathway.
- The group discussed looking at the data differently. The breach analysis would be better if the patient story was looked at for each patient.
- The teams discussed the time it takes for patients to have definitive biopsies and for them to be reported. This is being reviewed. UCLH have started to accept pathology reports from other hospitals instead of waiting for the specimens to be reviewed. The group discussed the need to have common reporting protocols and staining in order to decrease the reviewing of pathology.
- CO explained the good practice happening at UCLH. The CNS has developed a good relationship with the head and neck service. The team inform her immediately about lymphoma patients which allow her to book a patient in as soon as possible.
- The group queried whether the Head and Neck service have high breaches in general.
- They would like to know the number of patients who end up having more than one biopsy as these cases are often complex.

- The team would like to look at the milestones of patients who haven't breached and compare to the days it took the breached patients to reach these points. This should also be for ITT patient pathways.
- The team discussed the need to get to milestones quicker due to the faster diagnosis target being rolled out soon.
- The group discussed the issues with referring teams not breaking the bad news. Blood cancer is daunting for HCPs. And also for GPs.

**ACTION:**

- **Aim to get data to compare the timelines of breach patients with patients who haven't breached - SW**

**5. Next Meeting**

- Wednesday 27<sup>th</sup> February 2019, 4.30-6pm, 6<sup>th</sup> floor east meeting room, 250 Euston Road, London NW1 2PG
- Thursday 23<sup>rd</sup> May 2019, 4.30-6pm, TBC
- Wednesday 25<sup>th</sup> September 2019, TBC
- Thursday 12<sup>th</sup> December 2019, 4.30-6pm, 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. Add to Agenda when Athar can attend	RC SW		
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		Completed
Sept 01	Haem videos – to get metrics showing number of views per video at each website it's hosted on	SW	Dec 18	
Sept 02	To request feedback from Trusts to find out how they're sharing the videos with patients	SW	Dec 18	
Sept 03	Meeting to be arranged with CNS's, patient reps and GP to discuss Patient Experience Specification	SW	Oct 18	
Sept 04	Updated patient experience specification draft to next board for sign-off	SW	Dec 18	
Sept 05	BH and UCLH to consider coaching for their respective MDTs	RA/WT	Oct 18	
Sept 06	Aim to get data to compare the timelines of breach patients with patients who haven't	SW	Dec 18	

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### Attendees

Name	Trust/Organisation
Ron Chakraverty	Pathway Director
Jane Morris	Patient Representative
Peter Bion	Patient Representative
Bianca O'Donnell	Patient Representative
Tom Butler	Barts Health
Rakesh Popat	UCLH
Rebecca Auer	Barts Health
William Townsend	UCLH
Charina Ocampo	UCLH
Simon Evans	<i>London Cancer</i>
Hassan Al-Hashimi	GP Representative
Neil Rabin	NMUH/UCLH
Heather Oakervee	Barts Health

### Apologies

Name	Trust/Organisation
Finbar Cotter	QMUL
Derralynn Hughes	Royal Free
Ali Rismani	Whittington
Marie Calaminici	Barts Health
Wai Keong Wong	UCLH
Chiara Debiase	Anthony Nolan
Micaela Plucinski	UCLH
Sandra Hassan	BHRUT
Matthew Smith	Barts Health