

Meeting of the *London Cancer* Haematology Pathway Board

Date: **Tuesday 15th June 2017, 4.30-6pm**

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

Chair: **Ronjon Chakraverty**

1. Welcome and introductions and Minutes from last meeting

The Board reviewed the actions from the previous minutes.

- The Board discussed the Patient information films. 6 videos have been created and translated into 10 languages. The group will discuss how to make the videos accessible and where along the patient pathway should videos be used (item on today's agenda)
- Standard reporting (CTs); SE is awaiting reports from PAH. Farzana Rahman will be auditing the CT reports and will hopefully present at the next pathway board meeting. It has been decided to audit just CTs first. Athar Haroon, PET radiologist, has been invited to join the pathway board. Once he has joined, PET reports will be reviewed
- Lymphoma working group; This group is being established we identified that this tumour-type is where most day 62 breaches occurred. The lymphoma breaches were mostly related to patients being late referrals from other tumour sites. SE to invite appropriate members to Lymphoma working group
- Timed Pathways should be included at the beginning of the 2018 guidelines review. This year's guidelines are due October 2017.
- 7 day working; the board decided that 7 day Flow is priority. This is being carried out at UCLH and will be available at BH from early 2018; in interim, UCLH can provide this service across network.
- GP Education; The Christie have a large programme for digital format GP. SE will be arranging a teleconference in July with Manchester colleagues. HA has been asked by BMJ to write a module about haematological malignancies; specifically the 10 clinical pointers. The BMJ have requested 2 paragraphs per cancer. HA has informed BMJ that this may be quite difficult due to the large scope of the malignancies. WK suggested recommended listing the 5 most common presenting symptoms per malignancy. HA to send WK the login access to the BMJ site with information about what is required and an example or draft of copy. The board agreed that HA should delay his project and await outcome of teleconference with Manchester in July. SE to liaise with RC and HA regarding teleconference.

ACTION:

- **Farzana Rahman will be auditing the CT reports and SE will ask her to present at the next pathway board meeting**
- **SE to arrange and invite appropriate members to Lymphoma working group**
- **SE to arrange teleconference with Dr Cathy Heaven, Education lead at Manchester. SE to liaise with RC and HA over timings.**
- **HA to send WK the details to access to BMJ site with an example or draft of the actual copy to be submitted.**

2. Centre for Cancer Outcomes - Dashboard

Discussion points: Sean Hession, Centre for Cancer Outcomes, presented the use and metrics for a new MDT data dashboard

- SH demonstrated the dashboard which highlights key tumour specific data in real time. Information is pulled from data inputting systems such as Infoflex and Somerset, giving a snapshot of MDT data. SH demonstrated the use of the tool by presenting information on; how far patients live from UCLH & their deprivation score, source of referral, age at diagnosis, information about treatment; chemo regimens & top 10 drugs used, surgical information and length of stay. SH highlighted that there is scope for haematology to add what are felt to be the most useful metrics
- The initial aim of the project is to improve data capture and quality. The Centre for Cancer Outcomes team is developing scorecards for each tumour site starting with UCLH then they plan to roll it out to every Trust in the network. The objective is for each Trust within the Vanguard to use the portal.
- The dashboard will highlight gaps in data input and will allow the team to improve data accuracy.
- The group discussed starting with lymphoma then developing the tool for other haem malignancies.
- SH has discussed the dashboard with lymphoma consultants. The metrics discussed were as follows but could be reviewed by the pathway board;
 - Breakdown by referring Trust
 - Further detail on source of referral
 - Exclude TYA patients
 - Main COSD/SACT metrics & data completion
 - Disease classification by ICD03
 - Staging – Lugano and/or Ann-arbor depending on data availability
 - 30 day mortality
 - Inpatient deaths
 - Breakdown by Ambulatory Care services
 - Complete/partial response to treatment
 - Autograft activity
 - Disease phase (logic to be defined)
 - Inclusion in trials
 - Primary care metrics – eg feedback to GPs (to be defined further)
 - Phoneline activity
 - OPA/Pathology activity
 - Length of stay in hospital
- SH's team plan to meet Barts and BHRUT teams to get agreement to develop the tool for their Trusts.
- The 2nd Phase of this project will be to purchase a server to store all the information in one place. This will allow Trusts to see data regarding patients they have transferred/referred to another hospital. It will also allow for benchmarking between Trusts.
- SH confirmed that the new tool will not replace data reports currently sent by RM Partners, it will complement it.
- RC suggested having the portal as a standing item on the pathway board agenda to allow the team to review the data at each board meeting.
- SH to send PowerPoint slide with current data just before the September pathway board meeting, so the group can evaluate gaps and discuss which areas need focus and more attention
- Will and Kate to be invited to attend next pathway board meeting in order to obtain their input.

ACTION:

- SE to add Portal as a standing item on the pathway board agenda so the team are able to review the data at each board meeting.
- SH to send PowerPoint slide with current data just before the September pathway board meeting, so the group can evaluate gaps and discuss which areas need focus and more attention
- SE to invite Will and Kate to attend next pathway board meeting in order to discuss the dashboard thoroughly

3. Trial Portal Demonstration**Discussion points: Demonstration of prototype platform for searching and finding information about clinical trials via trialslink.com**

- Created by WK, WT and RP with NHIR funds.
- WK demonstrated the search features which allow the user to search for a clinical trial by using diagnosis, Trust and/or age of patient. The user can then use advanced filters to find the most appropriate trials.
- WK demonstrated how to add a trial to the platform by using the ClinicalTrials.gov website. WK showed that a trial can be imported to the trialslink.com website with ease. WK explained that the website will be fast no matter the number of trials listed.
- The aim is for the site to eventually link with Somerset and Inflex so a list of trials can pop up whilst using those systems.
- The group had £15,000 to create the platform. They now have £7,000 remaining for documentation and training. The Source code is free but the platform is not free to install, maintain and support. Each Trust will need staff to maintain and oversee the website.
- WK confirmed that the technology will be ready in a month
- The possibility for EDGE to publish to trialslink.com was discussed by the team
- The group discussed who would be appropriate to maintain the data and IT maintenance of the site and how much time it could possibly take. RC and WK to discuss/meet with NK to enquire about funding available for a data manager to maintain and oversee the website
- The group discussed whether the maintenance could be added to the role of a trials practitioner
- The board advised that Trusts would need a contact for information and to resolve any issues
- The board agreed that the tool would be very beneficial if providing real time data. It would be useful to know which trials are open at MDT meetings.
- Could prove need for funding by demonstrating the platform works i.e. increases trial recruitment.
- The board suggested a 0.5 WTE data manager could maintain the platform and promote in different Trusts.
- RC talking at upcoming UCLH Cancer Collaborative event where he will discuss the new website. WK to send screenshots to add to RCs discussion.
- WK to send a list of lymphoma malignancies to the group for review, ensuring that the spellings/words used are universal. This will make the search feature fool proof.
- WK to send link for the website to the board. This website can work on smartphones.

- It was discussed that this could possibly be added to the SOP

ACTION:

- **RC and WK to discuss/meet with NK to enquire about funding available for a post to maintain/oversee the website**

4. Pan-London treatment Guidelines event

Discussion points:

- Tim Bill (RMH), SE and South East project managers will review guidelines and ensure a uniform format and style.
- Guidelines to be published October 2017. Then updated version to follow in 2018
- Each disease and individual treatment pathways
- Guidelines to include best practice and a summary of what is achievable within current funding. RC to follow up with disease leads. Each group can formulate an individual action plan towards publication.

ACTION:

- **RC to follow up with all guideline disease leads**

5. Patient Information Films

Discussion points:

- Discussion around where in the pathway to introduce these videos. SE is awaiting all CNS feedback for options appraisal. HO to ask opinions of Barts CNS.
- Suggested a hub with list/links to all videos on it
- WK suggested that clinicians could help patients find videos on their smart phones whilst in clinic
- ZRJ advised that London Cancer website is due to be updated. ZR suggested getting patient feedback about where along the pathway it would be best to introduce the videos. Made aware that patients may want it at different times in the pathway. SE to liaise with ZRJ regarding asking patients and carers their opinions
- HA discussed the patient.co.uk website which GPs use often and patients have access to their own records. If information printed and given to patient it updates the patient's record. The website is hosted by EMIS. HA suggested that the site should have the patient information leaflet and the links to the videos on this website. WK to contact EMIS to discuss embedding videos on the site. Also discussed adding the information to the Macmillan website. HA mentioned that he works in a predominantly Turkish community. He discussed the Turkish advocacy service; Derman, he advised having the videos on that site too. ZRJ, SE and Jo (London Cancer comms lead) to discuss these options and further ways to promote the videos
- HO advised that the team could also place the leaflets in the patient packs
- Kay Kendall who funded the films want maximum availability. Therefore we need to consider how to get the films embedded into routine practice.
- RC suggested planning a launch event but would have to make sure all CNS's are aware of the videos by the time of launching. ZRJ mentioned upcoming events that will be happening in autumn which the launch could be a part of i.e. the Patient Experience learning activities event.
- Board agreed they will start showing patients the videos.

- The board would like to establish a CNS distribution list and possible time for the nurses to network. ZRJ will be meeting Lead cancer nurses. She will establish a distribution list but will need help from the team to make sure no one is missing. This list is likely to include support workers

ACTION:

- **SE to continue to seek CNS' opinions on the films.**
- **ZRJ, SE and Jo (London Cancer comms lead) to discuss launch options and further ways to promote the videos including a launch event.**

6. Gateway 5 – Data Requirements

Discussion points:

- Item not discussed.
- RC to present data demonstrating the benefits of the reconfiguration, and where progress still needs to be made to the August Cancer Vanguard Board

ACTION:

- **Add gateway 5 to next agenda**

7. Next Meeting

Wednesday 13th September 2017, 4.30-6pm, 250 Euston Road, 6th Floor East Meeting room

Thursday 30th November 2017, 4.30-6pm, 250 Euston Road, 6th Floor East Meeting room

ACTION LOG

Action reference	Action	Owner	Date Due	Status
June01	Farzana Rahman will be auditing the CT reports and will hopefully present at the next pathway board meeting	FR	Sept 2017	
June02	SE to arrange and invite appropriate members to Lymphoma working group	SE		
June03	SE arranging teleconference with Manchester. SE to liaise with RC and HA.	SE		
June04	HA to send WK the access to the BMJ site with information about what is required for Haem malignancy clinical pointers. HA to email an example/draft	HA		
June05	SE to add Centre for Cancer outcomes dashboard data as a standing item on the pathway board agenda so the team are able to review the data at each board meeting.	SE		
June06	SH to send PowerPoint just before the September pathway board meeting, with current data, so the group can evaluate gaps and discuss which areas need focus and more attention	SH	Sept 2017	

June07	Will and Kate to be invited to attend next pathway board meeting in order to discuss the dashboard thoroughly	SE	Sept 2017	
June08	RC and WK to discuss/meet with NK to enquire about funding available for a person to be able to maintain/oversee the trialslink.com website	RC		
June09	Tim Bill (RMH), SE and South East project managers will take a look at guidelines and ensure a uniform look.	SE		
June10	RC to send information about guidelines to all disease leads	RC		
June11	Need to discuss the Patient Information videos with CNS's if they agree these videos are beneficial	SE		
June12	ZRJ, SE and Jo (London Cancer comms lead) to discuss options for pages to host the videos and further ways to promote the videos including holding a launch event	SE/ZRJ		
June14	Gateway 5- data requirements - Add item to next agenda	SE	Sept 2017	

Attendees

Name	Trust/Organisation
Ronjon Chakraverty	UCLH/Royal Free
Hassan Al-Hashimi	GP
Heather Oakervee	Barts Health
Rebecca Auer	Barts Health
Wai Keong Kong	UCLH
Sean Hession	UCLH CC
Zereen Rahman-Jennings	UCLH CC
Sherrice Weekes	London Cancer

Apologies

Name	Trust/Organisation
Ali Rismani	Whittington Health
Chiara Debiase	Anthony Nolan
Declan Sheehan	Patient Representative
Derralyann Hughes	Royal Free London

Name	Trust/Organisation
Finbarr Cotter	QMUL
Gilly Angell	Patient Representative
John Gribben	Barts Health
Maria Calaminici	Barts Health
Matthew Smith	Barts Health
Rakesh Popat	UCLH
Samir Agrawal	Barts Health
Simon Butler	Anthony Nolan
Simon Evans	London Cancer
Tom Butler	Barts Health