

## **London Cancer Head and Neck Pathway Board**

Date: **Tuesday, 13 December 2016, 15:00-17:00**

Venue: **Boardroom @ Westmoreland Street**

Chair: **Dr Anna Thompson**

### **1. Welcome, introductions and apologies**

AT welcomed new members of the board and made introductions. Simon Whitley was not able to chair the meeting due to late notice clinical commitments.

### **2. Minutes of last meeting and matters arising**

The minutes from the last meeting were agreed as an accurate record of proceedings.

#### *Update from subgroup – CNS tracheostomies and complex patients group*

- DR gave an update on this workstream
- A meeting was held on the 31<sup>st</sup> October with a number of Head and Neck CNSs across the network to discuss the provision for Head and Neck cancer patients who have had a tracheostomy after discharge
- The only commissioned community provision is in Tower Hamlets
- There is a lack of provision at DGHs which is where a patient present with issues after surgery
- Equipment in the community is provided by GPs and this is not always a seamless process
- The next steps are to have a further meeting in January with a representative from an equipment provider, and also to liaise with the South East London Community Head and Neck team to understand whether the *London Cancer* network can learn from their model.

#### *Update from subgroup – communication of patient information*

- Following the last pathway board meeting two meetings have been held with management representatives from HUH, PAH, BHRUT, UCLH and Barts Health to discuss administrative and communication processes between Trusts
- A draft policy has been circulated to the board which aims to clarify processes and timelines between Trusts
- The board were asked to send any comments to HS, in particular LO to review from a SLT perspective

Action 1: LO to review patient information communication policy from an SLT perspective
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### **3. Network wide provision of services**

#### **CNS work stream:**

SO and MM reported:

- The CNS group have met to map pathways from a patient perspective. SO circulated diagrams of the pathways and highlighted their complexity, in particular for patients diagnosed at peripheral units.
- This also has implications for discharge after surgery
- The next step is to look at the diagnostic element of the pathway also
- At Barts Health there is a new CNS due to start in the new year who has a palliative care background. There is funding available for a CNS at PAH.

**Speech & Language work stream:**

LO reported:

- BHURT - there is a vacant band 7 SLT H&N post at Queens but clarification is required about the release of funding. The board recommended that *London Cancer* write to the Trust to clarify the position.
- Funding has been secured at PAH for a dietician.
- An audit has been carried out which demonstrates that there is a lot of variation in the discharge paperwork for patients.
- There is a disconnect between surgical and AHP follow up at different Trusts. Some of this is due to commissioning arrangements, as West Essex commission through a block contract. The board recommended that LO speak to commissioners on behalf of the board. HS to facilitate.

Action 2: LO and HS to contact West Essex commissioners regarding commissioning of SLT for Head and Neck Cancer patients.

**Dietetics work stream:**

JH reported:

- The dietetics work stream met in November.
- The patients' dietetic pathways are very complex with patients transitioning between multiple dietetic teams. At times it can be confusing for the patients and the dietetic teams.
- For the Royal Free Hospitals pathway all AHP and surgical follow up should be at Chase Farm/Barnet hospitals however surgical follow up is now often being held at UCLH. This results in disjointed AHP and Surgical follow up occurring at different trusts which can make managing patients more difficult. Increased numbers of this patient group also have/request to have dietetics follow up at UCH which is not part of the pathway and is activity that is not planned for.
- The group are looking at some individual cases to work out the best way forward with a longer term goal to streamline the patient flow through the pathway.
- An increasing number of patients are discharged with nasogastric tubes for feeding at home.

**Oncology work stream:**

AT reported:

- The Eastman Dental Hospital have increased capacity and shortened the patient pathway.
- AS stated that oncology at Barts Health is working well.
- NMUH are interviewing for a substantive post in February

**Surgery work stream:**

SW sent an electronic update on the surgical away day held on the 9<sup>th</sup> December:

- Data and outcomes are key to improvement and there are plans to have support from a data manager to enable this. Mark McGurk, Simon Whitley and Anna Thompson are involved in this.
- Zaid Sadiq and Jonathan Hughes are leading on education and training of junior staff
- Sarah Orr is leading on unified patient information across the network
- Network wide ½ day multidisciplinary meetings will be held four times a year
- There were discussions around the contract arrangements for consultants and this will be

taken forward by Lois Roberts

**Homerton update:**

LC reported:

- The issues with breaches are beginning to resolve.
- There is no CNS at the Homerton. SO to speak to Alison Hill about gaps in CNS support. A joint appointment between Barts and the Homerton could be a solution.
- Some patients who attend two week wait clinics have their diagnostic tests on the same day

Action 3: SO to speak to Alison Hill about gaps in CNS support.

**4. MDT improvement**

- This item will be discussed in a separate meeting.

**5. Education day**

Network wide ½ day multidisciplinary meetings will be held four times a year.

**6. Draft annual work plan**

This will be updated and circulated for virtual sign off prior to the next meeting.

Action 4: HS to update work plan and circulate for virtual sign off.

**7. AOB**

*Follow up*

The board agreed to form a working group to agree a uniform follow up pathway for patients. SO and RM volunteered to be part of this group and it will also need representation from surgeons.

There are Macmillan project managers within Trusts to help support roll out of the recovery package who would be useful contacts. HS to circulate contact details.

Action 5: HS to coordinate a working group to agree a uniform follow up pathway for patients

Action 6: HS to circulate contact details of Macmillan project managers

*NICE guidance*

These are estimated to be released in February 2017.

**Next Meeting(s)**

**Tuesday 7<sup>th</sup> March, 3-5pm.**

**ACTION LOG**

Action reference	Action	Owner	Date Due	Status
Sept-02	JJ to feed back to Trust re non urgent pathology samples	JJ	Dec-16	
Sept-08	JJ to raise gaps in CNS support prior to surgery with BHRUT.	JJ	Dec-16	
Dec-01	LO to review patient information communication policy from an SLT perspective	LO	Feb-17	
Dec-02	LO and HS to contact West Essex commissioners regarding commissioning of SLT for Head and Neck Cancer patients.	LO/HS	Feb-17	
Dec-03	SO to speak to Alison Hill about gaps in CNS support.	SO	Feb-17	
Dec-04	HS to update work plan and circulate for virtual sign off.	HS	Feb-17	
Dec-05	HS to coordinate a working group to agree a uniform follow up pathway for patients	HS	Feb-17	
Dec-06	HS to circulate contact details of Macmillan project managers	HS	Feb-17	Complete

**Attendees**

Name	Trust/Organisation
Anna Thompson	University College London Hospitals
Sarah Orr	University College London Hospitals
Amen Sibtain	Barts Health
Shelly English	NMUH
Russell Moule	UCLH
Louise Occomore	Barts Health
Jessica Harris	University College London Hospitals
Manny Miller	Barts Health
Denise Redmond	Barts Health
Leo Cheng	Barts Health and Homerton
Tony Smith	Patient Representative
Shrenik Shah	Patient Representative
Helen Saunders	London Cancer

**Apologies**

Name	Trust/Organisation
Mary Burgess	University College London Hospitals
Francis Vaz	University College London Hospitals
Chris Dann	University College London Hospitals
Colin Liew	University College London Hospitals
Martin Birchall	University College London Hospitals
Isabelle Pallix	Homerton University Trust
Kirsty Beaton	Barking, Havering and Redbridge University Hospitals
Simon Whitley	Barts Health
Margaret Brown	North Middlesex University Hospital
Kim Piper	Queen Mary University of London

Neil Shah	University College London Hospitals
Lisa O'Leary	Barnet and Chase Farm Hospitals
Paul Stimpson	Barts Health