

Meeting of the *London Cancer* Head and Neck Pathway Board

Date: Tuesday 11th December 2018, 4-5.30pm

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

Chair: Yogesh Bhatt

1. Welcome and introductions and Minutes from last meeting

YB welcomed the group. The minutes from the previous meeting were signed off as accurate. The board went through the actions from the last meeting and matters arising;

- H&N outcomes of care project; Following Donna Chung's (Centre for Cancer Outcomes) presentation at the last board, she has now received expressions of interest from 20 people. She will be sending an online poll to decide on a date to meet for an initial engagement meeting in January/February. The project subgroups will be defined at this meeting.
- Dental update; NK sent a detailed update which will be shared with the group.
 - SK attended a dental meeting yesterday. There were discussions regarding the effective ways of managing dental assessments and the need for the surgical team to send referrals much earlier in the pre-treatment pathway.
 - There was discussion regarding which teams perform extractions. The OMFS team aren't currently supporting ENT with extractions at UCLH. The group discussed whether ENT surgeons can be trained/accredited to remove teeth themselves, CM explained that they would be able to do simple extractions; this should be part of ENT competencies. LD offered to discuss this further with Khalid Ghufoor (Network Clinical Lead/Barts ENT Consultant) and Neil Bourke (UCLH H&N General Manager) to determine if challenges to OMFS surgeons supporting ENT with extractions is due to job planning.
 - Overall the Eastman dental team would like dental referrals much earlier. DR explained how the pathway works at Barts Health. As soon as the patient has received their diagnosis they are referred for a dental assessment.
 - The group discussed managing patients with mucositis; Martina Shepherd (oral medicine consultant) has agreed to review the protocols for these patients. LD explained that there are national guidelines for mucositis. FS explained that SLTs have a lot of input into mucositis. SK believes radiotherapy staff are managing this better now.
 - The team discussed the new radiotherapy guidance due to be published which will mean services will have 14-17 days to treat patients instead of 31 days. The group agreed that dental referrals are needed much earlier in the pathway for this target to be met.
- MDT unification update; PS presented an update at the recent head and neck audit day. The slides will be circulated.
 - The results from the recent survey conducted regarding the unification project was presented at the audit day. PS and DP will be following up with teams to consider some of their concerns.
- Pathology protocols update;
 - The protocol document was sent to pathologists for comment however there has been no feedback received as yet. Due to this the board is unable to sign it off. The document will be sent to pathology leads at each Trust for comment and sign off.
 - AJ explained that they haven't been receiving extra H&E (Haematoxylin and Eosin) slides yet as advised in the document.

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

- It was agreed to include Thyroid so the document should also be sent to thyroid/endocrine leads. Although thyroid is managed differently, it sits under the Head and Neck pathway so should be included.
- SW will send an email to Head and Neck/thyroid/endocrine pathology leads and cc AJ.
- Issues with RIG admission for OMFS patients;
 - LG explained that there have been issues with another 4 patients since discussing this problem at the last pathway board. None of these patients were able to have gastrostomy prior to surgery. It was placed after their operations at UCLH.
 - NB sent an update prior to the meeting; This issue has been raised with clinical leads. The first step will be to identify the volumes of patients. Khalid Ghufloor and NB will be looking into this and also the challenges faced when patients present acutely at diagnostic hospitals. They aim to understand how individual sites are managing.
- Academic project (Mark McGurk);
 - GS explained that the teaching arm of this project will fund a lot of the research. The project will reconvene in January.

ACTION:

- NK's detailed dental update will be shared with the group.
- LD will discuss with KG and NB whether the issue with OMFS surgeons supporting ENT with extractions is due to job planning.
- PS audit day presentation slides to be circulated.
- SW will send an email to Head and Neck/thyroid/endocrine pathology leads and cc AJ.

2. Follow up protocols

- The group looked through the leaflet created for patients at the end of treatment to advise on their future follow up arrangements. This leaflet is being used at WXH but isn't being used at other sites.
- FS explained that patients like the leaflet and it is good for carers too. However the teams are running low on these leaflets.
- The group felt that the follow up plan heat map was a good feature within the leaflet. It was agreed that it is reassuring and manages expectations.
- The group discussed end of treatment summaries. DR explained that these aren't being done routinely but are required for patients and GPs to know what the treatment the patient has had and their follow up plan.
- TS highlighted the importance of including hospital/keyworker contact details on the leaflet. As a laryngectomy patient, he finds it easier to access the service through the speech therapist.
- VS felt that the leaflet focuses on cancer recurrence when it should be focused on how the treatment is affecting the patient. VS also highlighted the issue with follow up appointments being cancelled without screening for cancer patients. This is an issue as patients sometimes wait to describe symptoms to their clinician when they see them. It can also cause anxiety. The leaflet should tell patients to call their clinician if their appointment is cancelled.
- Next steps; VS, TS, DR and HS to work together to amend the leaflet. Once finalised, *London Cancer* will print and distribute to the network.
- LD felt it would also be good to think about standardising pre-op information.

Follow up imaging;

- The group discussed routine follow up imaging. It was felt that surveillance scans don't pick up recurrence, patient reported symptoms do. Radiologists can deliver a more focused scan if symptoms are known.
- PR discussed wanting to have a network of radiologists who will go to sites when contacted to give an opinion on complicated scans. However issues with this could be that it may de-skill local radiologists or may not keep them interested in the post. PS would like someone to nominate themselves to lead on this.
- WXH radiologist will be joining Royal Free in January which may support this model.

ACTION:

- VS, TS, DR and HS to work together to amend Head and Neck follow up leaflet
- A radiologist to be nominated to be network lead

3. Workforce review

- This review was undertaken in response to the views of clinical teams that there is unequal distribution of resources in the network. HS presented some results from the recent responses received which highlighted some gaps but requires further information from teams as the level of completeness varies amongst sites.
- Some early headlines were presented regarding leadership and input from core team (surgical and oncological) which saw a lack of resource in a few Trusts.
- AHP resourcing was also briefly discussed including an anomaly in commissioning of SLT services at one of the Trusts.
- As some of the returns aren't complete, SW will write to teams to request further details. This includes many sites not including their activity data. Once this data has been returned it will be compared with the resources available.
- The results will be circulated once complete.

ACTION:

- SW will write to teams to request further details for the workforce review

4. Performance

- HS presented the H&N performance figures which were released last week.
- October was a particularly difficult month for the network. However the treatment numbers were lower which meant breaches had a disproportionate impact.
- MF requested for the breaches to be broken down by particular treatment modalities. This will be circulated with the minutes.
- HS explained that the new breach reallocation target has been delayed from October 2018 and will now start in April 2019.

ACTION:

- Breaches will be broken down by particular treatment modalities. This will be circulated with the minutes.

5. Patient pathway checklist

- Following the pathway review workshop in July, one of the recommendations was to create a pre-treatment checklist for clinicians and patients.
- FS has worked on a first draft of the head and neck pre-treatment pathway highlighting at when along the pathway and at which location procedures and appointments should be taking place. This will be sent to the board members for comment.
- The aim is for this to be turned into a patient information document.
- SK explained that her team have just updated their radiotherapy document which looks very similar to what FS has produced. The group agreed that it would be good to unify this. SK will share the document.
- It was suggested to include psychology support and palliative care in more detail.

Palliative care;

- The group discussed issues teams are currently having with palliative care services. The supportive care element of their service is no longer there. Patients aren't being accepted by the palliative care team unless they have symptoms. When the referral hasn't been accepted they have been discharging patients from the service without letting referrers know. This is having an impact on CNS activity.
- They have new protocols and coding so have to refer in for each symptom. This means their referrals have increased.
- The group would like to invite someone from the palliative care team to come and talk at a future pathway board.

ACTION:

- Draft pre-treatment pathway to be sent to the board members for comment
- SK to share radiotherapy pre-treatment pathway
- Member of the palliative care team to be invited to a future board meeting

6. Clinical trials

- MF is the UCLH MDT research lead. He attends a bi-monthly meeting to look through the current portfolio of trials, assess recruitment and gaps.

- MF discussed ways to improve clinical trial recruitment. There is opportunity to deliver more than we currently do.
- The group discussed whether there were many surgical trials. MF explained that there are the Pathos and Compare trials, and many trials have a surgeon as the PI. MF explained that there is currently a trial open for medullary thyroid cancer.
- The group discussed the need for trials to be promoted at MDT. There is a section on the proforma for clinical trials.
- MF recommended having a list at MDT of current and upcoming studies. MF will share this list.

ACTION:

- MF will share list at MDT of current and upcoming studies

7. AOB

- The next meeting scheduled for 26th February will be cancelled and rescheduled. YB now has a theatre list on Tuesdays.

8. Next Meeting

- Monday 25th February 2019, 9.30-11am, 6th floor east meeting room, 250 Euston Road, London NW1 2PG

ACTION LOG

Action reference	Action	Owner	Date Due	Status
Oct02	Teams to present their priorities at the head and neck audit day	FZ/SA/SW	February 2019	
Dec01	NK's detailed dental update will be shared with the group.	SW	December 2019	Included with minutes 22/01/19
Dec02	LD will discuss with KG and NB whether the issue with OMFS surgeons supporting ENT with extractions is due to job planning.	LD	January 2019	
Dec03	PS audit day presentation slides to be circulated.	SW	December 2019	Included with minutes 22/01/19
Dec04	SW will send an email to Head and Neck/thyroid/endocrine pathology leads and cc AJ.	SW	January 2019	
Dec05	VS, TS, DR and HS to work together to amend Head and Neck follow up leaflet	HS	February 2019	
Dec06	Radiologist to be nominated to be network lead	PS/PR	February 2019	
Dec07	SW will write to teams to request further details for the workforce review	SW	January 2019	
Dec08	Breaches will be broken down by particular treatment modalities. This will be circulated with the minutes.	HS/SW	December 2019	Included with minutes 22/01/19
Dec09	Draft pre-treatment pathway to be sent to the board members for comment.	SW	December 2019	
Dec10	SK to share radiotherapy pre-treatment pathway	SK	January 2019	
Dec11	Member of the palliative care team to be invited to a future board meeting	SW/DR	2019	
Dec12	MF will share list at MDT of current and upcoming studies	MF	January 2019	

Attendees

Name	Initials	Trust/Organisation
Gavi Simson	GS	Royal Free
Freya Sparks	FS	Barts Health
Claire Morgan	CM	Barts Health
Amrita Jay	AJ	UCLH

Name	Initials	Trust/Organisation
Jessica Harris	JH	UCLH
Vanessa Smith	VS	Patient representative
Tony Smith	TS	Patient representative
Rebecca Laws	RL	UCLH
Laura Dopson	LD	UCLH
Sabina Khan	SK	UCLH
Lianne Gordon	LG	Barts Health
Polly Richards	PR	Barts Health
Matthew Garrett	MG	UCLH
Denise Redmond	DR	Barts Health
Lester Brown	LB	RFL / Chase Farm
Martin Forster	MF	UCLH
Yogesh Bhatt	YB	<i>London Cancer</i>
Helen Saunders	HS	<i>London Cancer</i>
Sherrice Weekes	SW	<i>London Cancer</i>

Apologies

Name	Initials	Trust/Organisation
Paul Stimpson	PS	Barts Health
Leo Cheng	LC	Homerton
Ed Burdett	EB	UCLH
Navdeep Kumar	NK	UCLH
Saloni Kapoor	SK	GP representative
Margaret Brown	MB	RFL
Amen Sibtain	AS	Barts Health
Neil Bourke	NB	UCLH
Kirsty Beaton	KB	BHRUT