LONDON CANCER NORTH AND EAST

NHS
UCLH Cancer Collaborative
The Cancer Alliance for north and east London

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

Date: Monday 25th February 2019, 9.30-11am

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;

- Dental update;
  - NB discussed the previous issues with ensuring ENT patients have dental extractions. Currently there are a few OMFS surgeons offering support to ENT surgeons. And there is now an oral surgery consultant involved in the pathway and is a part of the dental MDT.
  - ENT surgeons have been referring directly to the new consultant. The group discussed auditing this to understand what is happening with these pre-surgical patients. MG is now attending the dental MDT and the main MDT meeting to ensure these patients are being captured.
  - NK will invite CM to the dental MDT meetings.
- RIG update;
  - NB has written a summary paper regarding admissions for RIG procedures.
  - NB is due to meet Lianne Gordon to get feedback on the paper and to understand what support is required. Support is required from the RLH leads to understand how to admit patients there.

ACTION:
- NK will invite CM to the dental MDTs.
- NB to share RIG admissions summary paper

2. Feedback from the Annual General Meeting (AGM)

- PS and DP arranged the first joint AGM this month as part of the move towards a combined MDT meeting.
- The afternoon started with the AGM and was then followed by a network service review. This session was also used to identify/recruit the leads for various roles.
- Safina Ali has been recruited as the Clinical Governance lead giving support across the network.
- The H&N quality bar was discussed with the group highlighting the metrics to monitor to ensure the services across the network is safe. Each metric was discussed to decide its appropriateness and who would lead in its monitoring.
- Donna Chung (DC), Centre for Cancer Outcomes (UCLH Cancer Collaborative) presented information about the Macmillan project; Capturing Outcomes in Head and Neck Cancers. There will be engagement meetings coming up for clinicians to attend. The dates will be sent by DC.
- The UCL Academic centre was presented by Prof Mark McGurk. The aim of the academic centre is to establish an internationally recognised centre for minimally invasive head & neck research and education. There are clinicians from across the network sitting on the boards for this project.

- It was agreed that future AGMs will be combined. It would also be good to have more people from diagnostic centres attending future meetings.

3. Workforce review

- A brief summary of the workforce review was presented at the last pathway board meeting in December 2018. Since then the results have been collated into a report which was sent to the group for comment and to check accuracy. There are some limitations of this report, for example insufficient information on oncology activity has been provided in order to be able to compare across sites.
- The report highlights the differences in CNS/AHP resource. Although this was a crude look at the numbers across the network, the review showed there is a particular gap in CNS resource at BHRUT, who have only one CNS and relatively high levels of activity. This also makes it difficult to manage cover. BHRUT also reported that patients receive speech and language in the community and not at the hospital due to commissioning arrangements.
- The group felt there should be a meeting to address CNS and AHP resource. EN advised that there would have to be local discussions with lead commissioners.
- The report looked at diagnostic pathways, in terms of numbers of clinics and found that there aren't one stop clinics at all sites.
- JH explained that UCLH dietetic patients are hard to compare as they don't discharge to the community as other services do.
- The report summary highlighted the need for clear leadership roles across the network. KG and NB have been working on this point;
    - KG is working with Jay Ahmed to support HUH.
    - At PAH, OMFS and ENT surgeons will attend on Mondays, just waiting for feedback on job plans and PAs.
    - KG and NB are awaiting a response from BHRUT.
- Comments at the board suggested the need to know the impact on the patient pathways due to lack of staff resource. May need to go back and ask where gaps have made a negative impact on the service.
- Need a better understanding of the flow of patients back to peripheral sites;
    - Patient flow; PAH patients go to UCLH for diagnostics then go to NMUH for oncology treatment. This is the same for BCF patients.
    - This affects AHPs
- The group discussed three hospital pathways.
- Further updates will be made to the report. The next version will include a comparison of dental resources and if possible, oncology activity.
    - Will need to ensure RFL and BCF are listed as one Trust.
    - Suggest making clear that clinical governance for ENT is under RNTNE.
- Acute presentations;
    - There is work looking at how to tackle patients who present acutely following surgery. There is one designated Head and Neck cancer ward in the network, at UCLH.
    - The group discussed how appropriate it is for local ENT teams to look after these patients as there are only a few places dealing with patient airways. Discussed whether patients should be transferred to UCLH but there are only 21 beds on the ward. Staff can only handle a limited number of airways. There is work happening to increase the ward size and to include side rooms.
    - Currently Royal London OMFS patients are being admitted under ENT as there is no OMFS oncology service.
    - Post op patients usually don't want to come back to UCLH, they present at their local hospital.
- This requires good working relationships with local teams.
- YB discussed the risk of losing staff and histologists at diagnostic sites and the need to maintain skillsets.
- Royal London and UCLH Benign service will be centralising their on call. Will be doing the same with ENT.
    - There will be a WXH/RLH consultant on call for the whole patch. For patients to be admitted they will need to be transferred. There is no OMFS out of hours at WXH.
    - If patients presents to A&E can cause issues. Acute patients present complex challenges.

- RLH OMFS consultants are not currently comfortable to see oncology patients. They complete a datix form whenever a cancer patient presents. The group felt a joint appointment could resolve this.

ACTION:
- SW to chase responses for the resource review

4. Performance and Breach analysis

Performance;

- Performance for the sector was presented as well as an analysis of breach reports from NCL hospitals in quarter two. The presentation will be sent to the board.
- The data shows that Q3 was more challenging than Q2. Overall the alliance wasn't compliant in both quarters. However the numbers are quite small.
- AK explained that the data from April 2018 onwards will be updated as treatments had been under reported. This may change the figures.
- HS presented the spread of single and shared breaches although the breach reallocation standard is not in use as yet. Also looked at the share of breach activity compared to treatment activity.

Breach analysis;

- The breach analysis is only for NCL as didn't receive breach reports for NEL.
- Comparing quarter 2 to quarter 3, there has been an improvement in time to first appointment. The average day first seen was day 9. The group discussed vetting 2ww referrals. Teams should be cautious about taking patients off the pathway even if they receive an incomplete referral.
- Unfortunately 62 day performance was more challenging than the previous quarter. Nationally H&N was not compliant. Queried whether there was anything particularly challenging in the last quarter.
- Questions and reflections;
    - The group agreed that there is a need to continue working on pre-assessment, to look at diagnostics and focus on the faster diagnosis standard (FDS).
    - NB discussed a patient included in the analysis who was treated at day 195; this patient was referred on day 108 from PAH. NB explained how this very complex patient would skew the results. There were also two other patients treated over day 100. If this is exception reported then the average would change and would be in line with the previous quarter.
- Dental;
    - There was discussion regarding the dental pathway as some of the breach reports highlighted dental delays. NK would like breach reports highlighting dental factors sent to her. NK explained that many patients fail to attend appointments which have an impact on delays.
    - The group discussed the new 14 day radiotherapy treatment target which will come into place across all tumour pathways. This will impact the dental pathway greatly as the deadline will become extremely tight for extractions and healing. AK explained that some places do extractions the same day patients are assessed.
    - NK has increased the number of dental clinics and oral referrals are being checked by NK and MG to ensure they are expedited.
    - CM explained that she books appointments for patients following the MDT meeting as waiting for an email before booking can cause delays. NK will review whether this could work at UCLH however the booking system requires appointments to be linked to a referral before they can be booked.
    - There was discussion about patients who are referred to the dental team without sufficient information available immediately. AK would like to know how many patients are being referred without radiotherapy plans enclosed.
    - SW & HS met with DR recently regarding patient information highlighting the diagnostics and treatment pathways. Dental team feel would make a difference to standardise their patient information.
    - AT agreed that a dental leaflet would help manage patient expectations. NK to circulate the patient information leaflet.

- This could feed into the patient experience and user involvement meeting coming up. Can get the patients' perspectives.

- Pathology;
  - AJ would like to review the breach reports where the delay was caused by the diagnostic part of the pathway. The time between the biopsy and giving the patient a diagnosis isn't easy to see in the breach reports.
  - AJ explained the difficulty in identifying cancer cases received in the lab, it would be better if they were in a different colour bag so they can be prioritised.
  - The group discussed whether pathologists cutting and sending an extra section would help speed things up. HC went to Queens and had discussions with the team which was largely positive. However they felt it would likely add too much work. AJ explained that some centres send one item at a time, adding the block will speed things up.
  - An alternative option would be to send the slide, report and block to the sMDT as soon as the patient is diagnosed, via the MDT Coordinator.
  - MMu explained that this would be acceptable but there is a risk of losing the entire specimen during transit. This will be less of a challenge between UCLH and RFL as they will be in one lab by next year.
  - Further discussions will be had with the Royal Free pathology team regarding this. The team will need to decide who will be responsible for packaging the items and calling the courier for these extra specimens.
  - MMu feels there may be an issue around their MDT Coordinator resources they cover other areas.
  - MMu suggested sending just the slides to start with then the block could be requested.
  - The group discussed P16 staining. Oropharyngeal cancers and unknown primaries require P16 tests. RFL send specimens to UCLH for P16 testing, this now has a 2 day turnaround. AK feels the process for requesting a P16 isn't clear. There isn't a comments field on the form which would help. The group discussed how feasible it would be for the RFL lab to do their own P16 testing, however AJ felt there could be some issues with this. Queens do their own P16 and HPV in situ hybridisation (ISH) testing.
  - MMu will discuss the proposed protocols with pathology management at Royal Free.
  - It was agreed that it would be good to understand the current pathology turnaround times. A recent audit has been conducted by the gynae pathway board. The audit template used could be adapted for Head and Neck. SW will send the template to AJ

ACTION:
- Breach analysis presentation will be sent to the board.
- Breach reports highlighting dental factors to be sent to NK
- Breach reports highlighting pathology factors to be sent to AJ
- NK to circulate the dental patient information leaflet.
- MMu to discuss pathology protocols with RFL team and feedback
- SW will send the pathology audit template to AJ

5. Clinical trials

- MF presented the Head and Neck cancer research portfolio. He pointed out that there is a challenge delivering services.
- MF discussed Imaging and local academic studies that are opening, closed and currently recruiting. Studies that have recently opened include ComPARE at NMUH, PATHOS & WISTERIA at UCLH. The SAVER study will be opening later this year.
- MF highlighted that all patients should be given the opportunity to join a study.

6. AOB

- The patient information and user involvement team (Sarah Josefberg and Zoe Large) attended the pathway board to discuss upcoming patient experience mapping workshops but didn't have time to present. Discussions were had with members of the group outside of the meeting. The aim of the workshop is to supplement work that the Head and Neck Pathway Board is already doing to improve patient experience across the pathway.

7. Next Meeting

- Monday 20th May 2019, 9-10.30am, 6th floor east meeting room, 250 Euston Road, London NW1 2PG
- Monday 23rd September 2019, 9-10.30am, 6th floor east meeting room, 250 Euston Road, London NW1 2PG
- Monday 16th December 2019, 9-10.30am, 6th floor west meeting room, 250 Euston Road, London NW1 2PG

ACTION LOG

Action reference	Action	Owner	Date Due	Status
Dec09	Member of the palliative care team to be invited to a future board meeting	SW/DR	2019	
Dec10	MF will share list at MDT of current and upcoming studies	MF	Ongoing	
Feb01	NK will invite CM to the dental MDTs.	NK	March 2019	
Feb02	NB to share RIG admissions summary paper	NB	May 2019	
Feb03	SW to chase responses for the resource review	SW	April 2019	
Feb04	Breach analysis presentation will be sent to the board.	SW	May 2019	
Feb05	Breach reports highlighting dental factors to be sent to NK	SW	May 2019	
Feb06	Breach reports highlighting pathology factors to be sent to AJ	SW	May 2019	
Feb07	NK to circulate the patient information leaflet.	NK	May 2019	
Feb08	MMu to discuss pathology protocols with RFL team and feedback	MMu	May 2019	
Feb09	SW will send the pathology audit template to AJ	SW	May 2019	

Attendees

Name	Initials	Trust/Organisation
Claire Morgan	CM	Barts Health
Amrita Jay	AJ	UCLH
Mike Munro	MMu	RFL
Lily Edmunds	LE	RFL
Lola Kanu	LK	RFL
Hannah Cottom	HC	Barts Health
Jessica Harris	JH	UCLH
Vanessa Smith	VS	Patient representative
Atia Khan	AK	NMUH
Laura Dopson	LD	UCLH
Navdeep Kumar	NK	UCLH
Matthew Garrett	MG	UCLH
Denise Redmond	DR	UCLH
Martin Forster	MF	UCLH
Neil Bourke	NB	UCLH
Dharmesh Patel	DP	UCLH
Ed Nkrumah	EN	NCL
Yogesh Bhatt	YB	*London Cancer*
Helen Saunders	HS	*London Cancer*
Sherrice Weekes	SW	*London Cancer*
Sarah Josefburg	SJ	UCLH Cancer Collaborative
Zoe Large	ZL	UCLH Cancer Collaborative

Apologies

Name	Initials	Trust/Organisation
Paul Stimpson	PS	Barts Health
Sabina Khan	SK	UCLH

Name	Initials	Trust/Organisation
Lianne Gordon	LG	Barts Health
Freya Sparks	FS	Barts Health
Anna Thompson	AT	NMUH/UCLH/PAH
Manny Miller	MM	Barts Health
Daniel Young	AS	Homerton
Tony Smith	TS	Patient representative
Karen Guner	KGu	BHRUT
Colin Liew	CL	UCLH