

## London Cancer Head and Neck Pathway Board

Date: **Tuesday, 6 March 2017, 15:00-17:00**

Chair: **Mr Simon Whitley**

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

Simon Whitley welcomed the board and introductions were made.

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

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

#### *Actions*

Actions for JJ to be followed up by HS.

SO gave an update on CNS gaps. SW to follow up regarding Harlow CNS post.

**Action 1:** SW to follow up with Harlow regarding CNS post

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

- HS and KG gave an update.
- A workshop with MDT coordinators, patient pathway coordinators and service managers was held on the 6<sup>th</sup> March 2017 to improve communication regarding patients discussed at the Barts MDT who have surgery at UCLH and are originally referred from BHRUT, Homerton or PAH.
- The group made progress in understanding each other's workloads and challenges being faced. There will be a further meeting to implement changes required and to document a final policy.
- HS to share final version with the board.

**Action 2:** HS to share communications policy when finalised

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

- KG gave an update on this work stream
- The next steps are for the group to carry out an audit and make recommendations, particularly regarding responsibilities for ordering equipment, and community staff training
- The board supported this work and suggested that the pressure on beds should be explored as part of this work
- There has been a Macmillan pilot in Leeds and the CHANT team are being involved in the group to share learning

#### *MDT Improvement*

SW gave an update on this item.

Prof Muntzer Mughal is leading on this project locally which aligns with the CRUK report published in January 2017:

[http://www.cancerresearchuk.org/sites/default/files/full\\_report\\_meeting\\_patients\\_needs\\_improving\\_the\\_effectiveness\\_of\\_multidisciplinary\\_team\\_meetings .pdf](http://www.cancerresearchuk.org/sites/default/files/full_report_meeting_patients_needs_improving_the_effectiveness_of_multidisciplinary_team_meetings.pdf)

Recommendations from this work will help to inform the improvement of the two network Head and Neck MDTs, with a potential ambition to move to one MDT (see below).

### 3. Network wide provision of services

#### Proposed way forward

There is a need to evaluate the service reconfiguration and to assess where Trusts are fully meeting service specifications and where there are gaps for Trusts, and as a network. HS outlined the process carried out for the Breast Board which has worked well.

This could be part of the Gateway 5 process with a separate working group, and would link to the MDT options appraisal.

The board discussed the process for this and emphasised the need for clarity of direction regarding a possible move to a single MDT.

The board recommended the following next steps:

- Gain approval from high level management to initiate process
- Paper to clarify why doing process (case for change)
- Consult with pathway board members and wider service staff on options (e.g. via survey monkey)
- Undertake gap analysis process (potentially as part of the same process)
- Findings and recommendation regarding MDT discussion at pathway board and MDTs
- Decision and implementation with clear timelines

The next step is for SW to take this recommendation to senior decision makers for agreement to initiate this process.

**Action 3:** SW to take the pathway board recommendation regarding the process for MDT options appraisal to senior decision makers for agreement to initiate this process.

#### Immediate issues

- There is a lack of clarity about what is required regarding SOP and peer review documents.
- There is a need to identify who the two managerial leads are within the two MDTs to support this.
- There is variation in dental care. The Restorative dentist lead at the Eastman is leaving and there is no plan for their replacement. However there has been a big improvement due to very proactive SpR.
- The next step is for CM/HS to organise a meeting with Tim Hodgson, Colin Liew and Nick Lewis (or his replacement).

**Action 4:** There is a need to identify who the two managerial leads are within the two MDTs to support SOP and peer review documents

**Action 5:** Dental - CM/HS to organise a meeting with Tim Hodgson, Colin Liew and Nick Lewis

### 4. Data and outcomes

- There are delays in the implementation of HANA.
- There is a New Centre for Cancer Outcomes Lead and a senior analyst (Sean Hessian) to support improved data capture. There is a need to be more proactive about collecting data. Simon Whitley, Mark McGurk and Anna Thompson are part of a working group to decide on database of relevant information.

- PS highlighted the importance of being able to enter data at each site.
- There is a data manager to be recruited at UCLH.
- There is a need to improve data recording in the MDT. SW suggested having clinical roles in the MDT for real time data collection.
- AS suggested that HANA included the relevant data fields and it would be best to copy this set of fields if possible.

### 5. Early diagnosis

Fanta Bojang from the Early Diagnosis team came to give an update on this work programme, including the planning of oral cancer training for pharmacy staff.

SW suggested that there is an Oral cancer toolkit available from CRUK which could form the basis of training.

Pathway board members suggested that in terms of population awareness it would be beneficial to carry out some specific work with Bengali community.

### 6. Research and trials

AS gave an update:

- Study recruitment is improving across the pathway
- IO studies are completed and opening covering 1st line radical and 2nd line metastatic disease.
- Oropharyngeal randomised studies are recruiting
- The sentinel node study is in the training /QA phase and underway in the Barts UCH surgical practice
- A key barrier is the lack of clinical research assistants.

#### *Innovations*

Sentinel node cases are now able to be operated on at UCLH. Mark McGurk is leading the accreditation for this nationally and there will potentially be a European trial.

A programme of study days are being run e.g. salivary gland cancers, osteonecrosis.

#### *Audit*

AW asked for suggestions for network audits

SW suggested an audit of one-stop clinics across the network - this will follow on from a recent audit which has been carried out UCLH.

Peer review guidance may help to guide this.

### 7. Patient satisfaction survey

The CNS group have carried out a network wide survey for surgery patients to understand the impact of the surgical move.

The survey was focused on this area but the next step should be to look at oncology patients also, in particular those who are having surgical follow up at UCLH but oncology on another site.

The board agreed that next steps would be to draft a relevant questionnaire and get sign off at the next pathway meeting.

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| <b>Action 6:</b> CNS group to draft an oncology questionnaire for sign off at the next pathway meeting. |
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### 8. Education and training

*Network meetings*

Network wide ½ day multidisciplinary meetings will be held four times a year. Dates have been confirmed for the rest of the year.

- Tuesday 27th June 2017 at UCLH
- Thursday 7th September 2017 at RLH
- Friday 22nd December 2017 at UCLH

Suggestions for content were:

- Presentation of network audits.
- Slots for staff groups.

All to send suggestions to Francis Vaz.

**Action 7:** All to send suggestions for network meetings to Francis Vaz and copy in HS.

*Advanced communication skills*

There is a need to find out if it is mandatory for peer review. There are a number of staff from Barts Health who need training. UCLH is almost compliant.

**9. Follow up guidance**

This guidance has previously been signed off at the Barts Health hosted MDT in 2015 but not signed off at UCLH MDT.

The group discussed that there is no published evidence about follow up. The key thing is having access when required i.e. key worker contact details. Services need slots to be available for patients who need rapid access back into follow up.

The next steps are for PS and HS to write a short cover sheet for the existing leaflet explaining the background and evidence. There will then be sign off from pathway board (over email) and then at both MDTs before it is published as guidance. Local Trusts can then use guidance to create local policies.

**Action 8:** PS and HS to write a short cover sheet for the existing follow up guidance and circulate for sign off

**10. AOB***Late effects clinic*

SO presented this item. Key points were:

- The clinic would be CNS and consultant led.
- This links to and supports the follow up guidance discussed in item 9.
- The clinic would include surgical late effects.
- Russell Moule aims to get the clinic set up in June. There is capacity in Macmillan Cancer Centre for two rooms on a Friday afternoon.
- There are some elements of the service to be discussed further:
  - Need to agree funding
  - Need to agree referral pathways. The criteria for referral needs to be thought about

carefully.

- The document is part of a bid for a research fellow with the aim to trial at UCLH in the first instance.

The pathway board were supportive of this clinic. RM would welcome any suggestions. What other sites are doing should be looked at as part of this e.g. holistic needs assessment at BHRUT.

Action 9: All to feed back comments on late effects clinic paper to RM - [Russell.Moule@uclh.nhs.uk](mailto:Russell.Moule@uclh.nhs.uk).

### Next Meeting(s)

Tuesday 13<sup>th</sup> June, 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-02           | LO and HS to contact West Essex commissioners regarding commissioning of SLT for Head and Neck Cancer patients.   | LO/HS | Feb-17   |                         |
| Mar-01           | SW to follow up with Harlow regarding CNS post  | SW    | Jun-17   |                         |
| Mar-02           | HS to share communications policy when finalised  | HS    | Jun-17   |                         |
| Mar-03           | SW to take the pathway board recommendation regarding the process for MDT options appraisal to senior decision makers for agreement to initiate this process. | SW    | Jun-17   |                         |
| Mar-04           | There is a need to identify who the two managerial leads are within the two MDTs to support MDT SOPs and peer review documents                                | PS/CL | Jun-17   |                         |
| Mar-05           | Dental - CM/HS to organise a meeting with Tim Hodgson, Colin Liew and Nick Lewis  | HS/CM | Jun-17   |                         |
| Mar-06           | CNS group to draft an oncology questionnaire for sign off at the next pathway meeting.  | CNSs  | Jun-17   |                         |
| Mar-07           | All to send suggestions for network meetings to Francis Vaz and copy in HS.   | All   | Jun-17   |                         |
| Mar-08           | PS and HS to write a short cover sheet for the existing follow up guidance and circulate for sign off   | PS/HS | Jun-17   | Circulated with minutes |
| Mar-09           | All to feed back comments on late effects clinic paper to RM - <a href="mailto:Russell.Moule@uclh.nhs.uk">Russell.Moule@uclh.nhs.uk</a> .                     | All   | Jun-17   |                         |

**Attendees**

| <b>Name</b>    | <b>Trust/Organisation</b>           |
|----------------|-------------------------------------|
| Anna Thompson  | University College London Hospitals |
| Margaret Brown | North Middlesex University Hospital |
| Lisa O'Leary   | Barnet and Chase Farm Hospitals     |
| Paul Stimpson  | Barts Health                        |
| Simon Whitley  | Barts Health                        |
| Sarah Orr      | University College London Hospitals |
| Amen Sibtain   | Barts Health                        |
| Karen Guner    | BHRUT                               |
| Claire Morgan  | Barts Health                        |
| Jessica Harris | University College London Hospitals |
| Manny Miller   | Barts Health                        |
| Lester Brown   | Royal Free                          |
| Sean Hessian   | UCLH Cancer Collaborative           |
| Tony Smith     | Patient Representative              |
| Helen Saunders | London Cancer                       |

**Apologies**

| <b>Name</b>     | <b>Trust/Organisation</b>           |
|-----------------|-------------------------------------|
| 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           |
| Russell Moule   | UCLH                                |
| Kim Piper       | Queen Mary University of London     |
| Neil Shah       | University College London Hospitals |
| Denise Redmond  | Barts Health                        |