

Meeting of the London Cancer Head and Neck Pathway Board meeting

Date: Tuesday 13th March 2018, 15:30-17:30

Venue: 6th Floor West, 250 Euston Road

Chair: Prof Kathy Pritchard-Jones

1. Welcome and introductions and Minutes from last meeting

- KPJ chaired the meeting in Russell Moule's absence.
- The previous minutes were accepted as accurate with the minor clarification on p.3 CM clarified that the dental SOP had already been agreed and did not require ratification although it may need to be further developed at some stage

2. MDT Unification and leadership arrangements

- The write up from the workshop had been circulated and the group were asked for any further comments. The board were in agreement that the write up was an accurate record of the meeting.
- The need for improved information transfer and highly functioning video conferencing facilities were emphasised but there was positivity about the direction of travel.
- EB questioned whether a joint surgical planning meeting would be mandatory
- Job planning implications were raised
- UCLH and Barts have agreed to resource additional clinical leadership for this project. This was subsequently advertised on the 16th March. Project management support will also be available.
- KPJ suggested that the Pathway Director for Head and Neck in Manchester would be a good person to advise on changes. The board agreed to this.
- SO stated that the West Yorkshire service has recently been reconfigured and agreed to circulate details.
- It was recognised that the MDT unification work needs to be distinct from broader pathway work although they are linked and especially relevant for patients receiving radiotherapy. The pathway work should include a consideration of current patient flows which have been mapped out by the CNS group (to be recirculated).
- It was agreed that a working group of the pathway board to include an MDT coordinator and management representation should be convened to work through this.
- Some key consideration points should be how to ensure that patients are accessing the right professionals at the start of the pathway to enable decision making and initiation of packages of care and diagnostics.

ACTIONS:

- KPJ to request support from Manchester Head and Neck Pathway Director
- SO to circulate details of West Yorkshire service reconfiguration
- HS to circulate patient flow mapping charts
- ALL to confirm if they would like to be part of pathway review work and to nominate a deputy for their area of expertise

3. Data and outcomes capture

- SH presented the latest MDT scorecard. Difficulties in data recording were discussed.

- AT raised that NNUH doesn't have an MDT so questioned how this information is inputted. Some data items e.g. has a patient been seen by a CNS is difficult for the UCLH SMDT to answer as patients would likely have been seen by a CNS at another Trust.
- A helpful solution is to have mandatory fields as a drop down in the SMDT proforma (in place at the Barts SMDT) although this data still needs to be inputted.
- It was suggested that having a clinical information lead for the SMDT would be helpful.
- The completeness of UCLH data is improving with greater visibility. SH updated that he is in the process of getting an honorary contract at other Trusts to enable access to data to present. There is a need for Trusts to review data before it is submitted so that gaps can be addressed.
- EB raised that the completeness of these metrics are important but it is also essential to monitor patient outcome metrics through one central system e.g. complications. This is essential in order to be able to inform patients accurately. As there is not currently a national audit the capture of these items are not mandatory. It was agreed that this should be an item for discussion at the next quarterly audit day in April.
- KPJ agreed to discuss with Public Health England what data are available from them.

ACTION:

- HS to add audit schedule as an item for discussion at the April audit day
- KPJ to contact PHE regarding available data for Head and Neck

4. Updated dental assessment pathway – Eastman Dental

- Dr Navdeep Kumar and Hana Cho presented this update.
- Special care dentistry and restorative dentistry are part of a merged service with oral surgery and school of hygiene therapy to form a dental MDT approach.
- Previously the service was trainee led with referral if extractions were required. The pathway was revised in November 2016.
- Senior trainees now carry out consultations with supervision from consultants. There are c.10 patients per month receiving dental assessments.
- A business case for additional consultants is in progress. The job plan includes the UCLH Head and Neck SMDT.
- Comments from the board included the need for consultant input to ensure continuity of relationships as trainees change over. The improvements in the pathway were recognised.
- There was a discussion about the timeliness of dental assessment and the fact that this should occur prior to surgery.
- The main issue raised was regarding ENT patients not having dental extractions at the time of surgery and for there to be adequate provision for this, and for it not to rely on ad hoc availability of MaxFacs SpRs.
- NK and NB to work together to resolve this.
- NK also agreed to consider a follow up appointment following treatment and feed back.
- NK confirmed at the Wednesday afternoon clinic will be moved as it currently occurs immediately after MDT.
- It was agreed that a representative from the Eastman would be included in the pathway board and audit days to keep track of these issues on an ongoing basis.

ACTION:

- NB and NK to ensure provision for dental extractions at the time of surgery for ENT patients
- NK to consider a dental follow up appointment following treatment and feed back

5. Oncology questionnaire

- SO presented this item.
- A questionnaire for surgery patients was carried out c.8 months previously. This found that the anticipated implication of travel times for patients was not a significant finding in the responses
- This survey has been adapted for oncology patients
- This will be carried out across the network and presented at the June network audit day
- It will aim to reach 20 patients at each site
- TS felt that the questionnaire was easy to understand
- It was suggested that instead of using the terminology of 'oncological treatment' that it should be chemotherapy or radiotherapy.

ACTION:

- SO to make suggested change to oncology patient questionnaire

6. CNS update

- Karen Guner is leading on a project to standardise patient information across the network.
- It was suggested that dental pathway information should be included in the scope of this work
- Two CNSs (1WTE) have been recruited at Princess Alexandra Hospital in Harlow. One CNS has been recruited at Barts Health.
- SO and NK agreed to link up as the CNS contacts will be very useful to coordinate dental care

ACTION:

- SO and NK to connect regarding the CNS group and Eastman Dental Team.

7. April audit day

- As discussed in item 4 a timetable of audits will be added to the agenda so there is an audit cycle for the year
- It was suggested that the M&M section should be synthesised down to key learning points and themes to allow further discussion
- It was commented that there was a lot of surgical emphasis in the April agenda although previously there had been updates from specialist dentistry, SLT and dietetics. It was suggested that more AHP input should be scheduled for future meetings.

8. AOB

- AT raised the lack of clarity regarding MaxFacs surgical team roles at different sites including clinic cover at Chase Farm and PAH.
- NB updated that arrangements are being put in place with local Trust management.

ACTION LOG

Action reference	Action	Owner	Date Due	Status
Mar-01	KPJ to request support from Manchester Head and Neck Pathway Director	KPJ	June 18	
Mar-02	SO to circulate details of West Yorkshire service reconfiguration	SO	June 18	
Mar-03	HS to circulate patient flow mapping charts	HS	April 18	Complete – circulated with minutes
Mar-04	ALL to confirm if they would like to be part of	ALL	April 18	

	pathway review work and to nominate a deputy for their area of expertise			
Mar-05	HS to add audit schedule as an item for discussion at the April audit day	HS	April 18	Complete
Mar-06	KPJ to contact PHE regarding available data for Head and Neck	KPJ	June 18	
Mar-07	NB and NK to ensure provision for dental extractions at the time of surgery for ENT patients	NB/NK	April 18	
Mar-08	NK to consider a dental follow up appointment following treatment and feed back	NK	June 18	
Mar-09	SO to make suggested change to oncology patient questionnaire	SO	April 18	Complete
Mar-10	SO and NK to connect regarding the CNS group and Eastman Dental Team.	SO/NK	June 18	

Attendees

Name	Initials	Trust/Organisation
Kathy Pritchard-Jones	KPJ	UCLH Cancer Collaborative
Margaret Brown	MB	NMUH
Sabina Khan	SK	UCLH
Laura Dopson	LD	UCLH
Paul Stimpson	PS	Barts Health
Helen Saunders	HS	<i>London Cancer</i>
Jessica Harris	JH	UCLH
Sean Hession	SH	UCLH Cancer Collaborative
Claire Morgan	CM	Barts Health
Neil Bourke	NB	UCLH
Tony Smith	TS	Patient Representative
Sarah Orr	SO	UCLH
Anna Thompson	AT	UCLH/NMUH/PAH
Hana Cho (in attendance)	HC	UCLH
Navdeep Kumar	NK	UCLH
Ed Burdett	EB	UCLH
Dharmesh Patel	DP	UCLH

Apologies

Name	Initials	Trust/Organisation
Russell Moule	RM	UCLH
Denise Redmond	DR	Barts Health
Marianne (Manny) Miller	MM	Barts Health
Karen Guner	KGu	BHRUT
Neil Shah	NSh	BHRUT
Amen Sibtain	AS	Barts Health
Vanessa Smith	VS	Patient representative