

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

Date: Tuesday 9th October 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 and introductions were made.
- The actions from the last meeting were discussed;
 - Action Mar-06 - contact PHE regarding available data for Head and Neck; Mick Peake has contacted PHE to clarify and DC will update the team with the response. A more general update on data and outcomes is on the agenda.
 - Action Jun-02 – Pre-assessment working group presentation to be shared; presentation received. Update by NB - they are recruiting two full time nurses. The job advert closed yesterday and has had seven applicants.
- The minutes from the previous meeting were signed off as accurate.

2. Cancer waiting times performance

- **62 day performance;**
 - HS presented 62 day performance data to the group. The results showed that nationally head and neck services have struggled with meeting the target.
 - Positively, in June and July 2018, NCEL had the best performance of all the cancer alliance regions; however it is important to continue making improvements in order to be compliant.
 - The group looked at the performance position in comparison to other tumour sites. A breakdown of the share of activities in relation to the share of breaches was also reviewed. It was clarified that in this dataset breaches are shared 0.5 and 0.5 between referring and treating Trusts, from October the breaches will be 'reallocated' depending on whether the referring Trust refers within 38 days and the treating trust treats within 24 days.
- **Q1 Breach reports;**
 - YB discussed the breach reports recently analysed from quarter one. The common themes were highlighted from the 18 breach reports received.
 - There were issues with the work up for biopsy, decision making for either sentinel node biopsy or wide local excision and the complexity of the pathway (three trust pathways). YB encouraged the group to think about what can be done to streamline the pathway.
 - The group discussed unified breach reporting to avoid double reporting. NB explained that they have developed a new ITR policy. If a patient is referred to UCLH after day 38, the referral should be sent with a partially filled in breach report. UCLH can fill in the second half once the patient is treated. They will be able to see what happened at the referring hospital. They also have a conference call every Friday with Barts to discuss patients. They can then share breach reports to ensure they match.
 - If anyone would like to review the breach reports received please request it from SW.

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

ACTION:

- Breach reports from recent analysis to be requested from SW if anyone would like to review them

3. Data and outcomes – Donna Chung

- The Centre for Cancer Outcomes (CfCO) has received a £200,000 grant from Macmillan to develop a patient outcome module. This project is for two years starting January 2019.
- DC briefly discussed the MDT scorecard that has been developed for Head and Neck and which has been supporting improvements in data capture. DC explained that teams are keen to use data to drive meaningful improvement
- As H&N treatments often have life-changing and often permanently visible side effects, survival in H&N remains the only real “outcome” measured.
- The aims of the project are;
 - To collect outcomes other than overall survival that matter to patients, providers and purchasers
 - To evaluate in more detail the clinical benefits of treatments and treatment pathways
 - To develop an understanding of the ‘value’ of interventions and care
- The CfCO will be setting up a project group with majority of the work taking place at subgroup level and including patient involvement. This project is in the planning stage so would benefit good engagement to shape the work. It was felt the group should aim to highlight the key outcome measures by January 2019.
- FH explained the importance of involving AHPs who currently capture patient outcome data. Speech therapists and dietitians have standardised outcome measures.
- PS has discussed the project with Mick Peake (CfCO clinical lead) regarding the importance of collecting data via the MDT meeting.
- PS suggested having a themed network audit day which allows each therapy to present their priorities. SO felt that the project should stick to approx. 20 related outcomes
- There was a suggestion for the data gathered to be available online so everyone is able to access the information and can use it easily.
- DC explained that Macmillan will set the criteria for what should be achieved from this project with an expectation that the data should be used for the holistic needs of patients.
- VS confirmed she is happy to be involved in the project. She is linked into many online head and neck groups so can get the patient perspective via this forum. SO recommended conducting a patient focus group to gain insight into what patients would want.
- The next steps are to form a small core project group in order to drive things forward. Please send Expressions of Interest to DC as soon as possible.

ACTION:

- Teams to present their priorities at the head and neck audit day – FZ/SA/SW
- Please send Expressions of Interest to DC as soon as possible to be a part of the core project group

4. Dental pathways update – Navdeep Kumar

- NK fed back on the recent work being done in dental. Following a dental meeting on 6th September there has been progress on having a unifying approach to the pathway. An oral medicine consultant has started and is helping to set up the pathway. Follow up appointments have also started.
- NK has been in touch with the CNS group but is awaiting a response. SO will make contact.
- NK sent the dental pathway to VS for a patient review. VS has sent this on to a network of Head and Neck patients online and is awaiting feedback.
- In 4 weeks they will change their clinic times and processes to fit in with Anna Thompson’s clinics. This will save 4 days on the pathway. There is also an aim for extractions to be completed within 5 days.
- There is now direct communication between the Barts and UCLH dental teams for ENT patients. OMFS do their own extractions.

- Special care dentistry – PS and DP have had discussions with Tim Hodgson to discuss having dental presence at the unified MDT. PS explained that time will be used more efficiently at the meeting. Tim has agreed to make sure there is dental attendance at the meeting.
- AT explained the change to timeframes for treating with radiotherapy following the NHS England service specification being published. Radiotherapy should now take place two weeks after DTT. This will be a huge challenge if patients require extractions and time for healing. This is something all teams need to work towards.

5. MDT Unification update – Paul Stimpson

- PS explained the current challenges to the MDT merge. There are issues with IT which need to be resolved before the joint MDT can move ahead.
- The MDT meeting will be taking place in a room at St Barts hospital. For the unification to work, UCLH colleagues will need to be able to access information remotely from the St Barts room. However the Barts IT team are yet to approve this due to governance issues. PS explained that one of the CEO's from Barts or UCLH will need to agree to host the meeting.
- The merge has been put on hold until these issues can be resolved. Barts were due to move to the room tomorrow but this will be delayed.
- NK suggested finding a space in the UCLH Phase 5 building which is being constructed. PS has met with Kevin Sullivan, UCLH divisional director, regarding the MDT but it was felt that there wouldn't be an adequate space available. Having the meeting on a different day has been considered but it isn't ideal as everyone's job plans would be affected.
- The work being done prior to the unification is going well. There is now a common proforma and protocols to help streamline MDT discussions. This supports the aim for the joint discussion to take place in 2 hours.
- There is a need to determine who the core members of the MDT should be as many people may not need to attend the meeting every week. Core members should be a link for the extended/local MDT members. This model is similar to PS at Whipps Cross and Jonathan Hughes at Royal Free. And is the similar model adopted in Manchester and Aintree. YB discussed the importance for diagnostic surgeons to be engaged in the MDT. PS confirmed that the dental core members of the MDT need to be Restorative Specialists.

6. Pathology discussion

- The histopathologists from across the network were invited to the pathway board to discuss ways to decrease double reporting which could help with some pathway delays
- YB enquired whether core neck biopsy reports could be accepted from diagnostic units without the need for second reporting such as occurs at Manchester's Christie MDT.
- KP explained the importance for the pathologists to be EQA compliant. AJ explained that head and neck is a specialised pathology site requiring experience for accurate diagnoses. The pathologists discussed the challenges with blocks and unstained slides being sent for review late or teams having to request the block when the appropriate specimen hasn't been received.
- The group agreed that a system should be formalised to outline the appropriate time specimens should be sent and the type of blocks/unstained slides that would be accepted. A Standard Operating Procedure (SOP) is required. This will be written with support from *London Cancer*. MPM is happy to write a SOP for thyroid patients.
- MPM explained that the pathology team at Chase Farm have now moved from Chase Farm hospital to the Hampstead site. They now have a larger pool of pathologists sharing the same lab. NJ explained that she is a general pathologist at PAH. She is required to report everything but is keen to have a more experienced head and neck pathologist to second review.
- YB suggested that the networks pathologists consider forming a working group to strengthen working relationships and harmonise practice. AJ agreed to help coordinate the writing of a histopathology SOP.

ACTION:

- A network Histopathology Standard Operating Procedure (SOP) to be written with support from *London Cancer*.
- MPM is happy to write a SOP for thyroid patients.

7. OMFS RIG admission – Lianne Gordon (covered by Denise Redmond)

- There is an issue with admitting patients for gastrostomies at Barts Health prior to having cancer surgery at UCLH. The OMFS team at Barts Health no longer have admitting rights.
- The previous pathway allowed gastrostomies to be placed at Whipps Cross but they have lost this service.
- In the past year the team have had three patients affected by the change in the admitting rights. The team managed to admit two patients but the third patient had to have a PEG admitted following surgery which wasn't ideal.
- It was highlighted that the lack of RIG access at Barts Health reflected the lack of cancer surgeons retaining contracts and responsibilities to this local site. This may be illustrative of the need for the network to ensure that acute and elective cancer care is appropriately resourced across NEL/NCL. It was suggested that the board assess how many surgeons and sites there are in the network and allocate a surgeon to each place. This would allow there to be a named surgeon with defined responsibilities at each site.
- DR explained that the two OMFS surgeons spend time at Royal London Hospital although a small percentage, but they do not have admitting rights; this was felt to be an organisational issue.
- The group felt that even if the RIG's are inserted centrally, these patients may present locally so this needs to be resolved.
- YB to discuss the issues with RIG admission at Barts Health with relevant managers.

ACTION:

- YB to discuss the issues with RIG admission at Barts Health with relevant managers.

8. Head and Neck academic project – Mark McGurk

- MMc presented information about an academic project. He highlighted the board structure for the academic research and explained that everyone is invited to join. The project is education and research based, bringing hospitals together. The main board will meet December 2018. There will be teaching and distant learning courses available which will lead to a UCL qualification.
- **Clinical trials;**
 - A list of open clinical trials compiled by the NCRN was sent to the group prior to the meeting. A trial was added to the list by Amen Sibtain as it wasn't listed. The Pathos trial is due to be approved tomorrow, it's awaiting sign off.
 - The UCLH trials lead is Martin Forster who presents on this once a month. He will be invited to the next head and neck board. Amen Sibtain is the Barts Health trials lead.
 - The group agreed that good outcomes result from recruiting to trials and leads to investment in CNS' and AHP resource.

ACTION:

- Martin Forster, UCLH trials lead, to be invited to the next head and neck board - SW

9. AOB

- The head and neck resource review draft template was circulated to the board. The board members were asked to have a look through the document and send feedback to HS/SW. HS encouraged the group to send the draft review template to data managers for comment. The review will be resent with the minutes.

ACTION:

- Board members to assess the draft resource review template and send to Trust data managers for comment.
- The review will be resent with the minutes.

10. Next Meeting

- Tuesday 11th December 2018, 4-5.30pm, 6th floor east meeting room, 250 Euston Road
- Tuesday 26th February 2019, 4-5.30pm, 6th floor east meeting room, 250 Euston Road

ACTION LOG

Action	Action	Owner	Date Due	Status
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reference				
Mar-06	KPJ to contact PHE regarding available data for Head and Neck	DC	June 18	Mick Peake has requested from PHE. DC to update the board
Mar-07	NB and NK to ensure provision for dental extractions at the time of surgery for ENT patients	NB/NK	April 18	Complete
Mar-08	NK to consider a dental follow up appointment following treatment and feed back	NK	June 18	Complete
Mar-10	SO and NK to connect regarding the CNS group and Eastman Dental Team.	SO/NK	June 18	Complete
June01	Suggestions for agenda items for the September audit day to be sent to FV/HS/SW	FV/HS/SW	August 18	Complete
June02	SO will share NB's pre-assessment working group update presentation with the board	SO	August 18	Complete
Oct01	Breach reports from recent analysis to be requested from SW if anyone would like to review them	ALL/SW	December 2018	
Oct02	Teams to present their priorities at the head and neck audit day	FZ/SA/SW	February 2019	
Oct03	Please send Expressions of Interest to DC as soon as possible to be a part of the core outcomes project group	ALL/DC	November 2018	
Oct04	A network Histopathology Standard Operating Procedure (SOP) to be written with support from <i>London Cancer</i> .	Pathologists/SW	December 2018	
Oct05	MPM is happy to write a SOP for thyroid patients.	MPM	December 2018	
Oct06	YB to discuss the issues with RIG admission at Barts Health with relevant managers.	YB	November 2018	
Oct07	Martin Forster, UCLH trials lead, to be invited to the next head and neck board - SW	SW	December 2018	
Oct08	Board members to assess the draft resource review template and send to Trust data managers for comment.	ALL	November 2018	

Attendees

Name	Initials	Trust/Organisation
Gavi Simson	GS	Royal Free
Freya Hickey	FH	Barts Health
Denise Redmond	DR	Barts Health
Polly Richards	PR	Barts Health
Claire Morgan	CM	Barts Health
Navdeep Kumar	NK	UCLH
Paul Stimpson	PS	Barts Health
Donna Chung	DC	UCLH Cancer Collaborative
Anna Thompson	AT	NMUH/UCLH/PAH
Atia Khan	AK	NMUH/RFL
Jessica Harris	JH	UCLH
Amrita Jay	AJ	UCLH
Mark McGurk	MMc	UCL
Reshma Agrawal	RA	UCLH
Saloni Kapoor	SK	GP
Nidhi Jain	NJ	PAH

Name	Initials	Trust/Organisation
Miguel Perez-Machado	MPM	Royal Free
Neil Bourke	NB	UCLH
Vanessa Smith	VS	Patient Representative
Sarah Orr	SO	UCLH
Dharmesh Patel	DP	UCLH Cancer Collaborative
Kim Piper	KP	Barts Health
Tony Smith	TS	Patient Representative
Laura Dopson	LD	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
Manny Miller	MM	Barts Health
Sara Clarke-Isaacs	SCI	Barts Health
Colin Liew	CL	UCLH
Lisa O'Leary	LO	Royal Free
Amen Sibtain	AS	Barts Health
Sabina Khan	SK	UCLH
Lianne Gordon	LG	Barts Health