

London Cancer Head and Neck Pathway Board

Date: **Tuesday, 20 September 2016, 15:00-17:00**

Venue: **Meeting Room 1, 170 Tottenham Court Road, W1T 7HA**

Chair: **Mr Simon Whitley**

1. Welcome, introductions and apologies

Simon Whitley welcomed new members of the board and made introductions.

2. Minutes of last meeting and matters arising

The minutes of the previous meeting were accepted as an accurate record of proceedings, excepting that Nick Kalavrezos on p. 4 should be Nick Lewis.

3. Network wide provision of services

CNS work stream:

Sarah Orr reported that areas of concern are:

- Pre-treatment pathway
- Discharge for patients with tracheostomies due to increasing numbers of patients and variable competence and confidence of community nursing teams. Some education programmes are in place but they are variable. TS suggested that patients could be involved in the education. Teams need to be mindful of this issue at MDT meetings. This is causing delayed discharges for patients. There needs to be an exit strategy for patients who have been on the ward for a long time.
- There are workforce problems at Barts Health as there are currently two out of three CNSs there (due to extended sick leave). There is funding available for a CNS at PAH. BHRUT are looking at cover arrangements for CNSs and have Macmillan funding for a support worker to support CNSs.

Action 1: HS to set up a working group with managers and a CNS from each site to address delayed discharges for patients with tracheostomies & other complex needs

Speech & Language work stream:

Lisa O'Leary reported:

- BHURT - there is a band 7 SLT H&N post at Queens but clarification is required.
- The Tuesday morning pathway meeting which service to prepare for and feed into the MDT at RFH includes operational managers to consider breach issues which is helpful.
- There are difficulties regarding PAH patients.

Pathology work stream:

Kim Piper reported:

- There are difficulties for people switching care from UCLH
- Frozen sections are working fairly well. Occasionally they are couriered by car which takes a long time. The optimum size of frozen sections is 10mm and when this is exceeded it causes delays. Mel Ridge sent a theatre list every week which was helpful.
- BHRUT are working more smoothly. It is important that a H&N pathologist reports on biopsies which is not currently the case.
- It is important for a patient's pathology to be held in one place if a patient has ongoing care.
- Sentinel node biopsy will be happening at UCLH which will mean more work.
- Homerton and Whipps Cross specimens go to Barts Health
- Standardising diagnostic pathway

Oncology work stream:

Anna Thompson reported:

- There are still delays in the pathway when working with the EDH for patients with dental issues. A dedicated clinic and email is planned to be set up but this is not yet in place.

Surgery work stream:

Simon Whitley reported:

- It is helpful to have the core team doing some work at periphery sites although it is difficult in terms of staff job plans.
- Locum positions at Barts Health are to be filled by permanent staff with interviews imminent

Dentistry work stream:

Clare Morgan reported:

- There remains a problem that some ENT patients are not having extractions at same time as surgery, meaning they have to come back for a separate procedure, but this has improved
- There is also inequality in longer term care as the EDH does not provide this. Community dental services have been re-procured so there is a need to work with the new provider on this.

Dietetics workstream

- The importance of preoperative placement of gastrostomies was stressed in improving length of stay and preoperative optimisation

Homerton update:

Isabelle Pallix reported:

- There are issues with communication where patients are referred to Barts then UCLH. It is unclear where to get feedback about patients, UCLH or Barts. This was discussed further later in the meeting.

BHRUT update:

Janet Jugdeese reported:

- There are some delays in the pathway for dental assessment at the Royal London. Communication issues were discussed later in the meeting.

4. Delivery against timed pathways

- SW outlined the breach allocation procedure which now means that referring trusts are incentivised to refer in a timely fashion.
- The aim of the timed pathways is to shift activity earlier in the pathway
- One issue preventing timely treatment is that sometimes patients are not able to be discussed at MDT as all the required information is not ready.
- Some ideas for improvement were:
 - There is a dependency on the pathology labs at Barts Health for timely diagnosis. To enable this, referrals need to be sent with the proper form and information and marked as urgent. This has been reiterated to the MDT by senior management. Non urgent samples from BHRUT are currently being run as urgent which delays the process. JJ to feed this back.
 - Named surgeons being involved earlier in the pathway would ensure that the appropriate tests are carried out and streamline the pathway.
 - It is important that staff from peripheral sites have time to dial into the MDTs
 - At the Homerton a radiology administrator tries to slot patients in after their appointment if required
- There was a discussion about whether BHRUT patients should be referred straight to UCLH instead of via Barts Health
- An issue was raised regarding communication between Trusts, and a lack of clarity about roles and responsibilities. The board agreed that the relevant managers from BHRUT, Homerton, UCLH, PAH and Bart's Health would meet to discuss this.

Action 2: JJ to feed back to Trust re non urgent pathology samples

Action 3: HS to set up meeting of relevant managers from BHRUT, Homerton, PAH, UCLH and Barts Health to discuss and define responsibilities regarding communication about patients

5. MDT improvement

- There was a discussion about whether there should be a single MDT. SW and the MDT leads will be visiting other big MDTs e.g. in Liverpool and the board supported the generation of an options appraisal whether to have a single MDT.
- AT raised the importance of follow up and that follow up imaging should be discussed by the same that did the treatment. This is a risk which should be included in the options appraisal, as well as options around pathway meetings in preparation for the single MDT.

6. Recovery package

This item will be discussed at the next meeting.

7. Education day proposal

SW asked for ideas for a network wide education day and for preferences regarding timings and dates.

The group supported:

- A tour of UCLH wards and theatres
- UCLH presentation of surgical work
- Network wide developments and audits

- A full day event
- External speakers
- A date in early January as opposed to late December

SW asked for further ideas to be sent through following the meeting.

Action 4: All to send through ideas for a network wide education day to SW and HS.

8. Draft annual work plan

This item will be discussed at the next meeting. Board members to send through any comments on the draft to HS.

Action 5: All to send through ideas for work plan actions to HS.

9. AOB

NICE quality standard

SW brought the NICE quality standard Draft for consultation September 2016 to the attention of the board. The relevant quality statements are:

- Statement 1. People with cancer of the upper aerodigestive tract have their need for enteral nutrition assessed at diagnosis.
- Statement 2. People with advanced stage cancer of the upper aerodigestive tract are offered systemic staging using fluorodeoxyglucose positron emission tomography (FDG PET)-CT.
- Statement 3. People with early stage oral cavity cancer are offered sentinel lymph node biopsy.
- Statement 4. People with cancers of the upper aerodigestive tract that have similar outcomes from surgery or radiotherapy are given a choice of these treatment options.

London Cancer have been registered as a stakeholder to give feedback. HS to circulate document and board to feed back comments via HS by 14th October 2016.

Action 6: HS to circulate NICE quality standard document and board members to send through feedback to HS.

Grant applications for early diagnosis

There is an opportunity to submit grant applications for early diagnosis projects but the deadline is tight (end of September). The Vanguard team are happy to support the writing of applications.

ENT discussion document for Mid and South Essex

SW brought this document to the attention of the board.

HANA (Head and Neck Cancer National Audit)

There was a lack of certainty about the status of the HANA initiative. SW to get an update and inform the board.

Action 7: SW to update the board on HANA.

Meetings with Trusts in the network

A meeting with BHRUT is scheduled. Meetings to take place with BCF, NMUH and Homerton.

Feedback on timed pathways

MB red back that CNS support should be reflected in the timed pathways. Rehabilitation post treatment can also be a problem.

There are issues with people being seen by CNSs who are going for surgery. There can be a big gap without CNS support for patients. JJ to raise with Trust.

Action 8: JJ to raise gaps in CNS support prior to surgery with BHRUT.

Next Meeting(s)

Tues	13-Dec-2016	15:00-17:00	Head and Neck Pathway Board	Boardroom, Westmoreland Street Hospital
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ACTION LOG

Action reference	Action	Owner	Date Due	Status
Jun-01	Suggestion adding toolkit to websites to be sent to Laurie	SW		Completed
Jun-02	Distribution of questionnaire at BDA meeting	SW		completed
Jun-03	Organisation of a meeting at BHRUT to discuss the pathway/breach issues	SW and MR		For 19 th Oct
Sept-01	HS to set up a working group with managers and a CNS from each site to address delayed discharges for patients with tracheostomies	HS	Dec-16	First meeting held 31 Oct
Sept-02	JJ to feed back to Trust re non urgent pathology samples	JJ	Dec-16	
Sept-03	HS to set up meeting of relevant managers from BHRUT, Homerton, UCLH and Barts to discuss and define responsibilities regarding communication about patients	HS	Nov-16	Completed
Sept-04	All to send through ideas for a network wide education day to SW and HS.	ALL	Dec-16	
Sept-05	All to send through ideas for work plan actions to HS.	ALL	Dec-16	
Sept-06	HS to circulate NICE quality standard document and board	HS/ALL	Oct-16	

	members to send through feedback to HS.			
Sept-07	SW to update the board on HANA.	SW	Dec-16	
Sept-08	JJ to raise gaps in CNS support prior to surgery with BHRUT.	JJ	Dec-16	

Attendees

Name	Trust/Organisation
Anna Thompson	University College London Hospitals
Sarah Orr	University College London Hospitals
Margaret Brown	North Middlesex University Hospital
Mark Warren	Barts Health
Helen Monahan	Barts Health
Isabelle Pallix	Homerton University Trust
Lisa O'Leary	Barnet and Chase Farm Hospitals
Catherine Page	Barts Health
Paul Stimpson	Barts Health
Janet Jugdeese	Barking, Havering and Redbridge University Hospitals
Jessica Harris	University College London Hospitals
Neil Shah	Barking, Havering and Redbridge University Hospitals
Claire Morgan	Barts Health
Tony Smith	Patient Representative
Kim Piper	Queen Mary University of London
Simon Whitley	Barts Health
Helen Saunders	London Cancer

Apologies

Name	Trust/Organisation
Mary Burgess	University College London Hospitals
Francis Vaz	University College London Hospitals
Chris Dann	University College London Hospitals
Martin Birchall	University College London Hospitals
Louise Occomore	Barts Health
Kirsty Beaton	BHRUT