

Meeting of the *London Cancer* HPB Pathway Board

Date: **March 14th 2018, 16:00-17:30**

Venue: **6th Floor (East Meeting Room), 250 Euston Road, London, NW1 2PG**

Chair: **Satya Bhattacharya**

Attendees

Name	Trust/Organisation
Satya Bhattacharya	Barts Health
Claire Frier	Royal Free London
Graham Wyles	Patient Representative
Kajal Modi	Royal Free
John Lancaster	Patient Representative
Aileen Marshall	Royal Free
Lee Gutcher	Royal Free
Simon Evans	UCLH Cancer Collaborative

1. Welcome and introductions and Minutes from last meeting

- Minutes of the previous meeting agreed as a true record.

2. 18th April Liver Education Afternoon @RFL

- Registration list for the 18th April event discussed. A number of referring hospitals including Colchester Broomfield and Southend were noted to lack representation. Mo Sheriff, Paul Trembley, Chiraj OZA and Gary Bray to be invited.
- SB will be added to the agenda under 'welcome and introductions'.
- AMa to identify someone to introduce second half of the event and chair the Q&A session.

ACTION SE to invite Mo Sheriff, Paul Trembley, Chiraj OZA and Gary Bray

3. Patient Experience Surveys

- SE introduced initial results from our patient experience surveys. The results did not include respondents from the Royal London, completed surveys are expected soon after which SE will input their data and circulate to the board.
- We have received 28 responses back so far, this is lower than anticipated. The board acknowledged that a lot of patient experience questionnaire are given out, both internal Trust surveys and a Liverpool patient experience trial.

When considering whether to run the survey again the board decide whether it a better use of time to collate the results of other surveys.

The board may like to consider asking volunteers, patient reps and the PM of the board to give out the survey in waiting room to alleviate the pressure on CNS'.

- Many of the responses offer reassurance that patients are happy with the information given, with the speed of diagnosis and with their subsequent treatment.
- A number of patients reported that family and friends were not enabled to take part in decisions. However in the 'free text' boxes many expanded that they wished not to involve their family of friends, if this survey were to be repeated the question should be changed to 'given the opportunity to involve family and friends in decisions'.

- It was noted that many patients felt they were not involved in the decision to transfer hospitals, the board appreciated that many patients would prefer local hospitals but of course this was not always possible. It may be necessary to explain earlier in the pathway why they might need to transfer to different hospitals.
- Only 6 of the 21 patients that answered the question reported being offered clinical trials. The group felt this was too low. Advances trials make up the majority of recruitment, it is hoped that the upcoming observational, biomarker trials will increase involvement. Concern was also expressed that patients may not understand that they are being offered clinical trials. It was also suggested that patients view clinical trials as a 'last chance', it should be clearly explained this is not the case.
- SE summed up the questions his analysis poses the board; is there a way to increase the offering of trials? Is there a way to involve patients when transferring them across hospitals? Is there a way of improving access to dieticians? And generally access to support in the community post treatment?

ACTION: SE to circulate slides with Royal London patients added

ACTION: Next board to make a plan for improving patient experience based on updated survey results.

4. Pancreatic cyst protocol

- SB has checked with SP re pancreatic cyst protocol his most recent version was created last year. Brian Davidson may have developed a more recent version.

ACTION: SE to check with BD whether he has developed a pancreatic cyst protocol and whether he is happy to share.

5. Pan Vanguard Guidelines

- Attempts to develop pan vanguard guidelines have not been successful. Therefore it was agreed that the board should take the initiative and revise the London Cancer versions which have been due review since 2015.
- It was noted that EASL guidelines have still not been published, they need to be awaited before we can update HCC documents.
- The following reviewers were nominated:
Pancreatic cancer Hemant Kocher (surgeon), Dr David Propper (Oncologist)
HCC Dr Tim Meyer (Oncologist), Aileen Marshall (Consultant Hepatologist)
Cholangiocarcinoma; Max Malago (surgeon), Dr Roopinder Gillmore (Oncologist)
Colorectal liver mets; Prof Brian Davidson (surgeon), Dr Astrid Mayer (Oncologist)

ACTION: SE to send email with a word version of guidelines to the nominated reviewers.

6. Pathway Issues - Response to East of England Cancer Alliance

- SB recently received a query from the East of England alliance regarding our patient pathways and how they can help improve the CWT performance for the patients they refer into London Cancer hospitals, i.e. the Royal Free.
- Our CWT analysis showed the majority of Royal Free's breaches originated from Broomfield and 3/5 of these patients were referred too late for them not to breach the 62day standard.
- LG presented the work Royal Free have done to hasten pathways of patients referred in from units. This has included;

- 75% reduction of patients on PTL with no change in referral trend.
- Achieved via closer working with MDT coordinators and engagement with surgeons to make the most of every list.
- 62 day performance is still volatile; this can largely be put down to low CWT numbers meaning a small numbers of breaches can have a big impact on % compliance.
- 40% of patients are referred after day 38 and 78% after the Day 18 milestone agreed by the board from July – December 17. This does not give RFL much of a chance to achieve the standard.
- RFL found that many of the delays can be put down to the bouncing back and forth of referrals between MDTs because insufficient information is included in referral packs.
In response Royal Free are shortly to pilot a new e-referral form that will sit on their website and allow MDT referrals via the N3 network. The system will clearly illustrate what information is required before a referral can be made and will not accept inappropriate referrals, thus avoiding the referral moving back and forth between unit and centre. It will also auto-populate the referral form base on NHS number. It is hoped for roll-out to begin mid-April. Once this has been successfully tested Mr Joerg Pollok (the new RFL HPB lead) will be visiting sites such as MEHT and Broomfield to discuss how they can support colleagues, especially in making earlier referrals.
- SB explained that Barts have a similar MDT referral form which is reviewed manually.
- RFL have also expanded 1 stop clinics with a view to reducing the number of visits those travelling long journeys will have to make and hastening their pathway. Work is ongoing with pre-assessment to ensure slots are guarantee for their 1 day clinic. SB noted that pre-assessment are very helpful an offer protected slots.
- The board asked LG to add the number of patients referred within the milestones to the slide deck.
- SB confirmed that that the board are interested to ear the results of the pilot.

ACTION: LG to make adjustments to slides and SE to circulate.

ACTION: SE to formulate a response to East of England on behalf of the board

ACTION: Results of e-MDT referral to be presented at a future board

7. Straight To Test

- Based on the last board a letter was sent back to Dr Lance Saker, TCST Primary Care Diagnostics Lead outlining the board's issues, namely:
 - The apprehension that too many patients might be sent for a CT.
 - The board want to help GPs select the most appropriate CT protocol
 - STT will be more complex to introduce for Liver patients as there is no 'one size fits all' initial scan.
 - The board wants to encourage use of MDCs.
- Dr Saker discussed these concerns with SB. He felt that results from the STT pilot did not support the idea that a lot of inappropriate CTs will be requested. In terms of requesting CTs Dr Saker stated that CT Abdos will be requested by GPS then radiology will adjust accordingly depending on the purpose of the scan, just as when requested by hospital clinicians.
- The board approve of STT but commented that radiology will have to be aware that they may need to triage out a lot of inappropriate referrals. Indeed CF noted that the volume of 2ww referrals RFL receive with gall stones noted on the form.
- AMa reiterated that deciding on an initial scan is a more complex decision than for pancreas or biliary. An MRI can definitively diagnose benign and adenoma but is not great for mets.
- It was agreed we need to ask radiologists opinion and request they speak to Dr Saker.

ACTION: SE to obtain radiologist opinion and set them up in a conversation with Dr Saker.

8. Trials

- AMa commented that the list from the North Thames CRN does not include early phase trials and the ones under surgery. The board asked to send SE the trials they want included in a research newsletter.

9. AOB

- SE to put AMa in contact with a someone from the RFL MDC team.
- It was agree to move the next two board meetings to the Royal London and Barts in the hope that it improves attendance. From the 3rd and 4th board we will also alternate the days from Monday through to Thursday.

10.Next Meeting

Wednesday 27th June 2018 16:00-17:30, Venue tbc

ACTION LOG

Action reference	Action	Owner	Date Due	Status
Dec04	AMa is to nominate someone from the liver team at RFL to link in with the MDC.	AM		
Mar01	SE to invite Mo Sheriff, Paul Trembley, Chiraj OZA and Gary Bray	SE		
Mar02	SE to circulate slides with Royal London patients added	SE		
Mar03	Next board to make a plan for improving patient experience based on updated survey results	SE		
Mar04	SE to check with BD whether he has developed a pancreatic cyst protocol and whether he is happy to share.	SB		
Mar05	SE to send email with a word version of guidelines to the nominated reviewers.			
Mar06	LG to make adjustments to slides and SE to circulate.			
Mar07	SE to formulate a response to East of England on behalf of the board			
Mar08	SE to obtain radiologist opinion and set them up in a conversation with Dr Saker.			

Apologies

Name	Trust/Organisation
Andrew Rochford	Barts Health
Aruna Dias	Barts Health
Brian Davidson	Royal Free
Dominic Yu	Royal Free
Kito Fusai	Royal Free
Roopinder Gillmore	Barts Health

Name	Trust/Organisation
Massimo Pinzani	UCLH
Mike Chapman	UCLH
Tim Meyer	Royal Free
Sheriff Raouf	BHRUT
Roselyn Polcaro	Royal Free