

Meeting of the *London Cancer* Radiology Expert Reference Group

Date: **Wednesday 27th September 2017, 16:00-18:00**

Venue: Boardroom at West Moreland Street Hospital

Chair: **Shonit Punwani**

1. Welcome and introductions and Minutes from last meeting

- The team reviewed and accepted the minutes from the last meeting.

2. Updates from pathway boards

- SP attended the Urology pathway board meeting. The other members in attendance hadn't been to a board meeting.
- The groups looked at the *London Cancer* workstream which highlighted items which would be of interest to the radiology ERG.
- The ERG was given an update about changes at some of the pathway boards. There are three pathway board directors stepping down from their posts; Head & Neck, Brain & Spine and OG. The job adverts will be online soon for anyone who would like to suggest to a colleague or apply. This will be circulated to the radiologists.
- The team discussed expanding membership at the meeting. The ERG should be open to anyone who would like to join; colleagues should be encouraged to attend. The group agreed that all members of the ERG should also attend one of the pathway board meetings. JG sent names to pathway board directors to send invites but the radiologists haven't received invites as yet. KF will discuss OA attending the Children's board with the lead. MHC or her colleague, Farzana could join the Haematology board. ME is on the urology board.
- The group discussed recommending new consultants joining one of the pathway boards as soon as they start so they are aware of what is happening in the network.

ACTION:

- KF will discuss OA attending the Children's board with the lead.

3. Terms of reference sign off

- The team discussed comments they have for the Terms of Reference.
- OA highlighted an issue with how quorate the meeting should be. It is expected to have 8 members at each meeting which may be difficult.
- The group discussed whether the meetings should be more frequent, i.e. every 2 months and if they should change location. It was suggested to make sure there is good teleconferencing facilities so more people can be a part of the meetings. It was agreed that the best place for meeting is near UCLH. The group discussed a few locations that the meetings could take place at, such as; Charles Bell House near Goodge Street which SP and MHC will check. KF will check availability for the MDT room at Cancer Centre.

- Agreement is for meetings every 2 months with a teleconferencing option and 5 people for it to be quorate.

ACTION:

- SP and MHC to check whether ERG meetings can take place at Charles Bell House near Goodge Street.
- KF will check availability for the MDT room at the Cancer Centre.

4. MDT Improvement

- The MDT Improvement report's executive summary to be recirculated to the group.
- The team discussed what can be done better for MDT meetings.
- The Breast, Colorectal, OG and soon Prostate boards will have working groups to look into MDT improvement for their services. These working groups should have radiologist input. OA is happy to join the prostate group and BH is happy to be a part of the breast working group. The team suggested Anju Sahdev join the OG working group. The group need to check who could join the colorectal group. KF to put radiologists in touch with these working groups.
- The group discussed the amount of inadequate referrals to the MDT meetings and the proposed pre-MDT triage meeting which would require radiologist input. They weren't certain that this would help lessen their work loads.
- The team remarked on how well Simon Morley, radiologist, works with his MDT, as he defined what is acceptable for radiologists to review and makes sure there is a distinct question from the clinician. Simon doesn't attend the pathway board or ERG meetings.
- ME explained how the team at BHRUT have reduced the urology MDT lists from 90 patients per week to 50 patients. This took a few months and it has made the quality of decisions much better and the meetings are more manageable. Also the radiologists at BHRUT are committed to report scans day by day and only bring patients to MDT if necessary.

ACTION:

- The MDT Improvement report's executive summary to be recirculated to the group by JG
- KF to put radiologists in touch with the working groups for MDT Improvement.

5. Best Practice Projects for Radiology

- *London Cancer* has a clinical scientist post for implementing a new MR. That person will set up scanning across the entire region and will help to standardise the service. This person will visit all the centres. The group discussed what the second tumour type should be that could try to get set up such as haem-oncology for multiple myeloma. The group considered creating capacity across region. UCLH have 2 slots per week. The team queried whether the new clinical scientist could help set up at sites. MHC to lead on this.
- MHC discussed different types of scanning such as T2 scanning for incidental findings. The group looked at the time saving on scanning and the costs. Barts double read, and then once radiologist is trained they go solo.

6. Standardisation of Imaging Pathways

-Pan Vanguard Optimal Timed Pathways (Lung, Prostate, Colorectal)

- The team discussed the work developing across the network. Prostate have designed a one stop pathway for scans and biopsies to be done on the same day in a one stop clinic. This pathway is currently working at RFH. It has taken waiting times down to within target. John Hines is planning to trial the pathway at Barts. The UCLH team may also trial it.
- All three vanguard sites are working together for prostate. This is being led by Manchester. Project management support is from JG.
- The colorectal, lung and OG timed pathways are also being developed. Lung is being led by Neil Navani at UCLH.
- The group felt that radiologists should have an input in the timed pathway meetings. The radiologists in attendance will be asked to join.

7. Diagnostic Hub Update

- EC discussed the development of the diagnostic hub. This project is dependent on funding being released but it is worth beginning the work.
- Barts Health and Tower Hamlets CCG are co-sponsoring the project with the director of strategy at Barts Health leading it. There will be a preliminary meeting in two weeks.
- The Hub entails; £5m for the space, equipment and renovations. The equipment proposed; One MRI scanner, two Ultrasound machines and two endoscopy suites. The group were concerned that there wouldn't be CT scanners in the Hub.
- EC discussed the key challenges with the project, which is the limited amount of money available. However there is the opportunity for someone to donate following the start of the Hub. This may require some fundraising. This could be done by approaching universities and organisations in NEL for a joint venture. SP has spoken to 2-3 providers who are keen to discuss further.
- The group discussed the issues the Hub will have with capacity. It was suggested that the Hub should be for expertise dissemination and training, it shouldn't be solely a capacity increasing hub.
- The group felt SP should be a part of team who will be discussing the implementation of the Hub in order to get a radiologist's input.
- The team discussed the funding RMH have for a diagnostic unit. They are setting up a prostate cancer scanning centre. It was suggested that the outcomes from both Hubs could be presented to NHS England, highlighting how well they work. The group discussed what metrics would be needed to measure outcomes from the diagnostic hub such as the number of scans and the quality of scans.
- The group agreed that it would be worthwhile to map out how it will look by creating a flow chart of what the ideal Hub would look like.
- The group discussed who would be running the Hub and the need to put together a business case highlighting how the Hub will run and how it will be sustainable.

8. AOB

- KF will contact specific radiologists and will send a list of when the boards are taking place.

- KF discussed the Alliance funding and cancer waiting time targets. The release of funding is dependent on whether the sector hits the 62 day performance target trajectory. NEL are compliant with the targets however NCL have been struggling. The teams were encouraged to look at the diagnostic part of patient's pathways to make sure there aren't any radiological delays.
- KF will be going to RFH next week to meet Derralyn Hughes regarding their compliance issues.

ACTION:

- KF will contact specific radiologists and will send a list of when the boards are taking place.

9. Next Meeting

Wednesday 29th November 2017, 16:00-18:00, Venue TBC – **Research day; Date to be changed.**

ACTION LOG

Action reference	Action	Owner	Date Due	Status
Sept01	KF will discuss OA attending the Children's board with the lead.	KF	31/10/17	
Sept02	SP and MHC to check whether ERG meetings can take place at Charles Bell House near Goodge Street.	SP/MHC	31/10/17	
Sept03	KF will check availability for the MDT room at the Cancer Centre.	KF	31/10/17	
Sept04	The MDT Improvement report's executive summary to be recirculated to the group by JG	JG	31/10/17	
Sept05	KF to put radiologists in touch with the working groups for MDT Improvement.	KF	31/10/17	
Sept06	KF will contact specific radiologists and will send a list of when the boards are taking place.	KF	31/10/17	

Attendees

Name	Initials	Trust/Organisation
Shonit Punwani	SP	UCLH
Kate Farrow	KF	<i>London Cancer</i>
Emily Collins	EC	UCLH CC
Owen Arthur	OA	GOSH
Margaret Hall-Craggs	MHC	UCLH
Brian Holloway	BH	RFL
Sherrice Weekes	SW	<i>London Cancer</i>
Mohammed ElSayad	ME	BHRUT

Apologies

Name	Initials	Trust/Organisation
Polly Richards	PR	Barts

Name	Initials	Trust/Organisation
Jacob Goodman	JG	<i>London Cancer</i>