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NORTH AND EAST

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UCLH Cancer Collaborative
The Cancer Alliance for north and east London

London Cancer Upper GI Oesophago-Gastric (OG) Cancer Tumour Pathway Board Annual Report 2018-19

Introduction

Mr. Dipankar Mukherjee, Pathway Board Director and Consultant Surgeon at BHRUT

The Upper GI (OG) Cancer Tumour Pathway Board is a cancer specific board led by Mr Dipankar Mukherjee, Tumour Pathway Director, with project management support from Caroline Cook. Its membership includes representation from cancer professionals across the region and active participation from primary care and from patients.

"Last year's foremost achievement was national clinical agreement on an OG timed pathway in which the UCLH CC was part of a triumvirate in the National Cancer Vanguard. This is a very ambitious undertaking for a tumour that is generally considered to have the most challenging pathway and suboptimal 62 day performance." *Mr Dip Mukherjee*

To achieve early diagnosis and 62 day performance, this pathway will have a built in 28 day Faster Diagnosis Standard (FDS) component and will need collaboration and innovation across the whole system. Introduction of this pathway will be an opportunity to test the transformational work done at UCLH CC, especially MDT improvement work. We will test whether these locally developed strategies can result in measurable improvement in performance. **Radical change is needed in business rhythm, provision of CT, gastroscopy and histology services and the way we prepare, triage and manage information flow from MDTs. We need to work with the trusts to provide leadership and support. Innovation will play a big part but change to internal contracts in trusts will also be needed.**

Major constraints to this include unavailability of intelligence specific to OG tumours (segregated from HPB tumours) in the collaborative. This was previously available from RM partners as part of the Vanguard. **This is the biggest risk for escalation to the board.**

There is also concern about ability of current systems to report on FDS. However, shadow reporting will start from April 2019. In some estimates the gap is significant. Well over 60% of OG tumour patients are currently not being told whether or not they have OG cancer within 28 days from referral i.e. they are failing the FDS. The only solution is for the whole system to come together with some urgency to deliver this pathway and thereby improve the following:

1. One year survival.
2. The percentage of patients diagnosed at stage I and II.
3. The percentage of patients diagnosed in an elective setting.
4. 62 day performance.

Transformational work must not be divorced from early diagnosis and delivery of constitutional standards. **Business as usual is not an option and the focus on early diagnosis and performance is essential.** Work on patient experience, nutritional support, survivorship and all other work should continue at full pace and not be seen as subservient to pathway related work"

Achievements this year

Mr Dipankar Mukherjee, Consultant Surgeon at Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT), took over the role of the Upper GI (OG) Pathway Board Director in April 2018. In his first year as a Pathway Director, Dip has focused the Board on streamlining and improving processes, investigated potential improvements to dietetic support and worked collaboratively with former Vanguard partners to develop a best-practice timed pathway for oesophago-gastric cancer patients.

The key achievements of the Upper GI (OG) Cancer Pathway Board in 2018/19 have been:

- Contribution to the best-practice timed pathway for patients with a potential diagnosis of OG cancer. Following the radical changes achieved by the colorectal and prostate timed pathways, the three Cancer Vanguards, led by RM Partners collaborated to create an ambitious pathway for OG cancer. Dip was a key member of the clinical development group, and the Pathway Board, patients and clinicians provided input to drafts throughout the process. The resulting national pathway document represents a consensus of clinical expertise across the former Vanguard sites. The pathway handbook was published on 31st March 2019 and implementation will take place through 2019/20. The timed pathway has been designed to enable the delivery of the 28 day faster diagnosis standard and a baseline audit of current services has been undertaken to determine where barriers to delivery may arise when the pathway is implemented.
- To assist the implementation and delivery of the timed pathway, the Pathway Board has supported the creation of a patient information leaflet which will be given to patients at referral. The leaflet contains a simplified version of the pathway timeline and investigations, with a glossary explaining the terms used in the timeline. It has been developed with input from consultants, clinical nurse specialists, managers and patient representatives, with the aim of improving patients' understanding of the need to engage with the pathway and attend appointments. It is anticipated that this will also help to facilitate compliance with the best practice pathway timelines and the support delivery of 28 day faster diagnosis standard.
- Working to implement *NICE Guidance NG83 - Oesophago-gastric cancer: assessment and management in adults* (January 2018) and *Quality Standards QS176 for Oesophago-gastric cancer* (December 2018), particularly in the area of specialist dietetics support and nutritional guidance. An audit of services was undertaken in 2015, which highlighted gaps and a lack of consistency in service provision. In 2018 a sub-group of the Pathway Board was formed to formally assess the current service and explore ways to ensure the trusts comply with NICE Guidance. The Group is driven by dietitians and patient representatives and is undertaking a gap analysis, which will inform the work-plan and improvement programme for 2019/20. QS176 also contains a statement which recommends patients have an 18-fluorodeoxyglucose positron emission tomography (F-18 FDG PET-CT) requested and reported within 1 week, following an endoscopy and CT scan. This has been included in the new timed pathway.
- Improvement of OG sMDTs. Following the recommendations of the *UCLH Cancer Collaborative MDT Improvement report* (April, 2017) the OG pathway board developed and agreed a set of protocolised pathways to triage patients in a pre-sMDT meeting. These protocols were piloted by the UCLH sMDT in 2018/19 in pre-meets involving the sMDT lead, radiologist and MDT coordinator. Barking, Havering and Redbridge University Hospitals (BHRUT) also introduced similar localised protocols. At UCLH it was found that up to one third of patients did not need a formal MDT discussion, releasing time for a richer discussion about those who did. The PET-CT scan pathway was also reduced as scans were booked following the triage meeting and were ready for a discussion at the sMDT. Additional MDT improvement work was done to increase data completeness at MDTs by having a clinical data lead for the meetings who could feedback on missed data to the MDT coordinators. This has been successful in

improving the quality of information available at MDTs. In particular, the data lead delivered feedback to the MDT which has produced rapid improvement in data capture at the BHRUT sMDT.

- The pathway board regularly reviewed cancer waiting time data for patients on the 62 day urgent referral to treatment pathway. This was impeded as Hepatobiliary (HPB) and OG cancer data was not separated, but is crucial to understand the delays in the pathway and the issues with compliance. With this in mind, the UCLH CC has worked to improve the data availability. Additionally, in January 2019, a breach analysis of OG cancer breaches in NCL was undertaken. This highlighted barriers to compliance with the 62 day standard, particularly for patients on a shared trust pathway and will inform the work needing to be undertaken in 2019/20 to locally implement the national best-practice timed pathway.
- An Oesophageal-Gastric (OG) cancer awareness day was held in May 2018. This explained OG cancer, symptoms, investigations and diagnosis and followed up with a patient's experience up to seven days post-surgery. The patient also spoke of his experience, highlighting the physical and emotional aspects of his treatment journey. The event raised awareness of OG cancer symptoms and diagnosis, but also stressed the importance of nutrition and mobilising soon after surgery. Almost 100 patients, carers and health care professionals attended the awareness day and the feedback was overwhelmingly positive.
- RESPECT 21 - clinical and non-clinical staff across the collaborative took part in this ongoing study to assess the impact of reconfiguration of specialist surgery.

Patient representation

We are grateful to have Brian Hill, David Holden and Dave Pritchard as patient representatives and greatly appreciate their valuable contribution to the work of the Pathway Board.

"I recently joined the Upper GI Pathway Board as a patient rep. with the aim of contributing to improving the outcome and experience of patients suffering from or suspected of having Upper GI cancer. I am one of the lucky ones having undergone successful treatment over five years ago, but always felt that there was room for improvement in the process and I am delighted to find that the board is addressing the concerns I had e.g. early diagnosis, quicker turnaround of test results and start of treatment. It is no surprise to me to witness the dedication and willingness of the health care professionals on the board to drive improvements, but what is also pleasing is that I and the other patient reps feel part of the team and our contributions valued. Keep it up".

Dave Pritchard, Patient Representative

Future plans

In 2019/20 the focus of the Pathway Board will be on implementing the national timed pathway and enabling trusts to be 28 day FDS ready. Supporting compliance with NICE guidance, particularly with respect to access to specialist dietetic services, will also be a priority.

No	Objective	Owner	By
1	**MDT improvement** MDT protocols were developed in 2018/19 for use by the sMDTs at UCLH and BHRUT. Work to implement these will continue in 2019/20.	DM	March 2020
2	**Implementation of the national timed pathway for OG cancer.** At a local level, trusts will be implementing the national timed pathway, which will provide faster referral to diagnosis times for patients with suspected OG cancer and enable trusts to be ready for the 28 day faster diagnosis standard in April 2020. The implementation will be measured by regular audit and comparison to the baseline audit	DM	March 2020

	carried out in April 2019.		
3	**National timed pathway education and engagement event.** To support the launch and implementation of the timed pathway, the Pathway Board will host an event for clinical and non-clinical staff to embed their understanding of the requirements of the pathway and facilitate implementation by providing a workshop environment to assist in identifying and overcoming barriers to delivery. This is currently booked for 4th June.	DM/CC	June 2019
4	**Develop a newsletter for clinical trials.** Clinical research is essential for the development of new and more effective treatments for cancer. To improve recruitment to trials across NCEL, the Pathway Board will identify a research lead and support the development of a newsletter for clinicians, detailing currently recruiting trials for OG Cancer.	DM/CC	December 2019
5	**Development of a dietetics pathway for patients with OG cancer which is compliant with NICE guidance (NG83).** Informed by the OG dietetics gap analysis carried out in 2018/19, a dietetics pathway will be developed to support compliance with NICE guidance. This will improve patient experience, recovery and outcomes as patients are supported with nutrition. Improvement will be measured against QS176 (statement 4).	DM/CC	August 2019
6	**High grade dysplasia (HGD) pathway.** The pathway board will oversee and contribute to the development of an HGD pathway, with the aim of reducing variations in treatment across NCEL and ensuring that patients are treated in a timely manner.	DM/RH	October 2019
7	**Development of a risk based strategy.** The Board will develop a risk based strategy with a risk register and oversight of performance for OG tumours, along with operational leads forum.	DM/CC	December 2019

Risks for Escalation:

1. 62 day Performance across the collaborative remains unsatisfactory with little discernible improvement in this or primary care metrics in the last 5 years. Work with CCGs and trusts needs to focus on this area as a priority and will need to work closely with operational leads with UCLHCC providing leadership and coordination
2. Lack of OG specific intelligence is a barrier to improvement and delivery of both the OG timed pathway and 28 day FDS.
3. Major change in internal contracts in terms of Histology and CT provision and reporting needs to be agreed - a generic need for all tumours but crucial for delivery in OG

Acknowledgements

We would like to thank all the members of the Upper GI (OG) Cancer Tumour Pathway Board for contributing their time to Tumour Pathway Board meetings and projects outside the meeting.

Particular thanks to our patient representatives, Brian Hill, David Holden and Dave Pritchard, who have generously given up their time to contribute.