

Meeting of the *London Cancer* Upper GI (OG) Pathway Board

Meeting held on Thursday 11th April 2019, 6th Floor East Meeting Room, 250 Euston Road, London NW1 2PG

Chair: **Dip Mukherjee**

1. Welcome and introductions

- DM welcomed LM to the meeting.
- Introductions were made and apologies heard.

2. Minutes of last meeting and matters arising

- The minutes of the last meeting were agreed as an accurate record.

Matters arising

- Scoping of the variation in dietetics services is complete.
- CWT data is not being presented as the split data is not yet available.
- Membership of the Board needs ongoing revision.
- Oct18-03 – the discharge communications SOP has not been done yet.
- Oct18-04 – DM has not met with Donna Chung yet.

3. Update from the Dietetics Working Group

- KP updated the Board. A benchmarking exercise of services in NCEL had been undertaken and the responses were collated by CC for the Working Group. DH felt that it was good to see the results formally collated for the first time.
- DM said that it was thought there would be variation in the services, but the levels of variation and fragmentation seen are not good for patients. The services will need to adapt to individual hospitals.
- Guys and St Thomas's (GSTT) have a consolidated approach which is centrally coordinated and deploys dietitians to different hospitals.
- Patients should be engaged in the next steps and DM felt this should be dietitian led.
- It was queried whether there was a deficiency in some services. KP responded that there was, for example:
 - Some services have no dietitian to see OG cancer patients.
 - Some cannot see patients early enough on the pathway.
 - Few services screen patients.
 - Some hospitals are unable to engage with the Working Group due to capacity or lack of service provision.

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

- DK suggested that a risk register should be created and it should be logged that PAH does not have a dietitian.
- Often the patients cross boundaries for treatment and this needs better coordination.
- The Head and Neck pathway work well with more uniform referrals and interventions.
- KP informed the Board that each trust is now doing a scoping exercise. St Barts will be first as they have already started this work.
- DH felt that it was good that all the dietitians were now meeting and talking with each other.
- LM said that there were levers for change and to secure funding which the Working Group could use, such as, a gap analysis, linking with other partners, setting out minimum need, risks, clinical support and breaches in the pathway.
- LM asked if she could see the results of the gap analysis and she would speak with Helen Saunders.

ACTION:

- **CC to create a risk register for the OG Pathway Board and add a risk that PAH does not have a dietitian who sees OG cancer patients.**
- **CC to send the summary of questionnaire responses to LM.**
- **LM will speak with Helen Saunders about the dietetic service provision in NCL.**

4. Implementation of the OG National Timed Pathway

- The national pathway was developed by a clinical group. It aims to complete diagnosis and staging by day 28, which is an improvement for patients.
- The pathway does not prescribe how to achieve the outcomes, but what needs to be done.
- DM talked through the pathway. To make it possible, trusts will need to provide STT endoscopy. By day 14 patients can be told if they do not have cancer.
- The Pathway Board needs to lead this implementation for the whole alliance.
- A launch event is being planned for the afternoon of 4th June and DM would like support and suggestions for how the day should run.
 - It is important to have input from both clinical and non-clinical staff.
 - It is expected that there will be some talks and then break-out sessions.
- The audit tool has been sent to clinical and operational leads to conduct a gap analysis.
- BM queried where the weakness is currently in the pathway. It was agreed that there are weaknesses throughout.
- Three things have been identified as key to delivery:
 - Patient information.
 - Enablers –local service agreements for CTs, histology etc. and the agreement of reporting/turnaround times. STT endoscopy, simultaneous booking of investigations.
 - Workforce.

- Some things may need to be done locally.
- KD queried whether there was funding available to support implementation.
- LM stated that there may be some transformation funding. It would be good to have the workshop and plans with agreed actions. The gap analysis will be a starting point. Action plans will be good for discussion between commissioners and providers.
- KD felt it would be ideal to have a plan before 4th June.
- DK expressed a concern with resources and how to make the pathway work with the resources available. It will be difficult to manage the increased workload, although cancer rates will stay the same. The blocks occur at the points where patients meet the pathway. DK suggested that these points could be highlighted in the patient information leaflet.
- DM said that there is a variation in how patients are seen.
- BM felt that the pathway is achievable.
- It was noted that problems occur at the beginning of the pathway if patients are not fit and there are no resources to continue support.
- DM mentioned that data capture was also a risk to the pathway and it was agreed that a separate OG data baseline was needed. Sometimes patients start on an HPB pathway as symptoms may be vague.
- Clinical leads were reminded to ensure they complete the 10 patient audit.
- LM requested to know who the audit tool had been sent to. CC will send the names to her.
- It was queried what had been learnt by the implementation of other pathways and whether key people could attend the launch event.
- DM stated that 'champions' were needed to implement the pathway in the trusts. He would like to meet with key people in each trust/hospital who will be involved in delivering the pathway.
- It was suggested that the pathway could provide an opportunity to deliver on other aspects, such as, dietetics or pre-assessment.

ACTION:

- **Clinical leads to ensure the 10 patient audit is completed.**
- **CC to let LM know who the audit tool has been sent to in the trusts.**
- **CC to find out if lessons learnt from other pathways could be presented at the launch event.**
- **DM to meet with key people in each trust who will be delivering the pathway.**

5. Pathway launch event planning

- Discussed under item 4.

6. Patient information leaflet

- LM felt that the pathway information was good for patients to provide knowledge and enable buy in.
- The patient information leaflet should be recirculated for comments.

ACTION:

- CC to recirculate the latest draft of the patient information leaflet.
- ALL to send comments by 18th April.

7. Any other business

- There was none.

8. Date of next meeting

- Tuesday 2nd July 2019, 16:00 – 17:30.

ACTION LOG

Action reference	Action	Owner	Date Due	Status
Oct 18-03	Develop an SOP for discharge communications.	DM/KD		In progress
Oct 18-04	Meet with Donna Chung to discuss measurement of the new standards.	DM		Complete
Oct 18-05	Discuss the patients' responsibilities on the pathway.	BH/DH/DP		Complete
Oct 18-06	Collate the OG responses from the NCPES for the next Board meeting	CC	15/1/2019	Carried over
Oct 18-08	Discuss undertaking an audit of ITT communications with KD.	DM/KD		In progress
Jan 19-02	Collate the NCPES data for OG and circulate to the Board.	CC	8/2/2019	Carried over
Jan 19-05	Ask the operational leads if they are able to provide OG 2ww referral data.	HS	16/1/2019	In progress
Apr19-01	Create a risk register for the OG Pathway Board and add a risk that PAH does not have a dietitian who sees OG cancer patients.	CC	28/6/2019	
Apr19-02	Send the summary of questionnaire responses to LM.	CC	26/4/2019	
Apr19-03	Speak with Helen Saunders about the dietetic service provision in NCL.	LM		
Apr19-04	Ensure the 10 patient audit is completed in each trust.	Clinical and operational leads	29/4/2019	Complete

Apr19-05	Let LM know who the audit tool has been sent to in the trusts.	CC	26/4/2019	
Apr19-06	Find out if lessons learnt from other pathways could be presented at the launch event.	CC	26/4/2019	Complete
Apr19-07	Meet with key people in each trust who will be delivering the pathway.	DM	31/5/2019	
Apr19-08	Circulate the latest draft of the patient information leaflet.	CC	12/4/2019	Complete
Apr19-09	Send comments on patient leaflet	ALL	18/4/2019	Complete

Attendees

Name	Trust/Organisation
Dip Mukherjee (chair)	UCLHCC
Caroline Cook	UCLHCC
Borzoueh Mohammadi	UCLH
Donna Hodge	RFH
David Khoo	BHRUT
Jade O'Connell	UCLH
Khalid Dawas	UCLH
Dave Pritchard	Patient representative
David Holden	Patient representative
Krupa Patel	UCLH
Lucy McLaughlin	NCL Commissioning

Apologies

Name	Trust/Organisation
Andrew Millar	NMUH
Victoria Wood	UCL
Brian Hill	Patient representative
Rosemary Phillips	PAH
Cate Simmons	PAH