

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

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Date: **February 9th 2017, 15:30-17:00**

Venue: 6<sup>th</sup> floor east, 250 Euston Road, London, NW1 2PG

Chair: **Prof Muntzer Mughal**

### **1. Welcome and introductions and Minutes from last meeting**

MM welcomed members of the board, introductions were made and apologies heard. The minutes of the last Pathway Board were accepted as an accurate record with minor amendments made.

### **2. Dietetics**

- MM introduced the discussion, Dietetics was discussed at the last pathway board meeting but unfortunately nothing has happened since. AD had also not heard of any further discussions regarding Dietetic capacity across the network.
- A meeting was held where KPJ was in attendance and a virtual app, used by patients to support with Dietetics was presented. This had been successfully trialled and was suggested as something London Cancer should consider.
- AD had not attended the meeting but had heard feedback from her colleagues. She felt it was a good idea to think about app based support and suggested approaching digital health for funding. AD agreed to follow up this suggestion and feedback to the next PBM.
- AD updated the board on the Dietetic situation at RFH. At the moment she is the specialist OG Dietician and all patients are automatically referred to her. This has now been written into the follow up pathway.
- AD has audited the impact of her new role and presented a 6 month service review to the local service that showed a 300% increase in activity. They are now working to get PROMS outcomes from this audit as well.
- AD would like to present the outcomes once they have completed 12 months to the board and suggested it would be a good idea to link in with a trust that does not currently have a specialist dietician to compare outcomes – this was agreed by the board and MM suggested PAH and BHRUT currently do not have someone in this position.
- Homerton are reasonably well covered at the moment in regards to palliative care however all surgical patients are referred to Barts Health. Homerton have a part time Dietician post designated to OG who will be starting in March.
- MM mentioned that a meeting was to be organised to discuss digital support for Upper GI CNS's. This will bring together CNS's and patient representatives from across the network and discussions will be had about how beneficial digital support will be and how it should be designed. The app already exists but needs developing to incorporate the OG pathway.

**ACTION: AD to investigate app based support for Dietetics and feedback at next PBM.**

**AD to present outcomes data after 12 months. And to link in with CS regarding a comparison with PAH.**

### 3. Timed Pathways

- MM explained the work being done by the Vanguard surrounding best practice timed pathways for OG patients. The National Cancer Vanguard has been given funding to trial new ways of managing cancer care across the board. The aim of this project is to standardise the timed pathways for OG patients across the three Vanguard sites.
- MM presented the three current pathways from each site, all are very similar. The next steps in the project are for the three vanguard sites to meet and review the pathways and agree on a best practiced pathway to move forward with.
- RM partners are leading on this project – the proposed timed pathway will however be brought to the board to be agreed before finalising.
- All timed pathways are very similar, three sites are to meet, review pathways and come up with one pathway that all three sites agree on
- SM highlighted that these timed pathways should be established with the understanding that lots of patients do not fit into boxes and pathways in reality can be complex.
- MM agreed and felt that the MDC clinic should also be considered when creating the new best practice timed pathway.

**ACTION: JG to circulate pan vanguard best timed pathway to board for comment.**

### 4. Board Priorities

- MM and JG are to visit each OG MDT within the network to discuss with the members what they felt the priorities of the board should be – these visits will be starting from March.
- SM asked what the board had previously focussed on. MM felt it would be a good idea to send an email to the board showing past projects, ones that have been completed, and ones that have not and ask the members for any new ideas.

**ACTION: MM and JG to organise programme of visits to each MDT to discuss Board Priorities and Attendance**

**JG to email board members to summarise work programme and ask for suggestions of new projects.**

### 5. Board Representation

- Representation has already been discussed in previous meetings, London Cancer guidelines state that the board should consist of one member from each MDT and one member from each speciality within the MDT from across the network. The original members of the board fulfilled this requirement but as attendance has dropped, these areas are not represented at every meeting.
- Members of the board who had low attendance have been approached to see if they would like to continue to be part of the board – they have suggested that they would.

### 6. Performance Update

- JG presented the performance data.

## 7. Trials Update

- MM stated that all pathway boards have added trials as a running agenda item. The data shows that there are currently not many trials open for OG patients.
- SM suggested that due to rushed MDT meetings it is hard to discuss potential trials within the MDT – this may lead to patients being missed out.
- MM mentioned that this is something that is being considered by the London Cancer MDT Improvement project.

## 8. AOB

- No AOB.

## 9. Next Meeting

Wednesday	12-Apr-17	15:30-17:30	Upper GI (OG) Pathway Board	Boardroom, UCLH @ Westmoreland Street, London, W1G 8PH
Wednesday	12-Jul-17	15:30-17:30	Upper GI (OG) Pathway Board	Boardroom, UCLH @ Westmoreland Street, London, W1G 8PH
Wednesday	08-Nov-17	15:30-17:30	Upper GI (OG) Pathway Board	Boardroom, UCLH @ Westmoreland Street, London, W1G 8PH

## ACTION LOG

Action reference	Action	Owner	Date Due	Status
	AD to investigate app based support for Dietetics and feedback at next PBM.	AD	12/04/2017	
	AD to present outcomes data after 12 months. And to link in with CS regarding a comparison with PAH.	AD		
	JG to circulate pan vanguard best timed pathway to board for comment.	JG	31/03/2017	
	MM and JG to organise programme of visits to each MDT to discuss Board Priorities and Attendance	MM/JG	On going	
	JG to email board members to summarise work programme and ask for suggestions of new projects.	JG	01/03/2017	

**Attendees**

<b>Name</b>	<b>Trust/Organisation</b>
Prof Muntzer Mughal	UCLH Cancer Collaborative
Andrea Davis	<i>Royal Free</i>
Victoria Wood	UCL (Respect-21)
Martina Kelly	Homerton
Sam Murray	Homerton
Jacob Goodman	UCLH Cancer Collaborative

**Apologies**

<b>Name</b>	<b>Trust/Organisation</b>
Andrew Millar	UCLH
Cate Simmons	PAH
David Holden	Patient Representative
Frances Hughes	Barts Health
George Hanna	Imperial
David Khoo	BHRUT
Rosemary Phillips	PAH
Brian Hill	Patient Representative
William McIntyre	UCLH
Rashmi Soni	Barts Health