

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

Meeting to be held between 15:30 – 17:30 on Wednesday 21st February 2018, Boardroom, UCLH @ Westmoreland Street, 16-18 Westmoreland Street, London, W1G 8PH

Chair: **Muntzer Mughal**

1. Welcome, Introductions and Minutes from last meeting

Discussion points:

- 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.
- MM welcomed DM to the meeting who will be taking on the role as OG pathway director in April 2018. HG was also welcomed to the meeting who will be presenting the SWALLOW project to the board.
- Actions from the last meeting were reviewed; the SMDT proforma for the UCLH SMDT meeting has been circulated to all referring trusts and is now starting to be used to refer patients to the SMDT.
- MM has been in discussions with Jonathan Vickers (pathway lead for Manchester) and George Hanna (pathway lead for RMPartners) regarding the development of new vanguard wide OG clinical guidelines. DM, as pathway director will be following this up in April.

2. Introduction to New Pathway Director

Discussion points:

- MM introduced DM to the board. DM was appointed as the new London Cancer OG pathway director by a panel including Kathy Pritchard-Jones.
- DM introduced himself to the board, explaining that he is excited to work with each member in the future.
- MM will be continuing to work within the UCLH Cancer Collaborative as the clinical lead for MDT Improvement.

3. Swallow: Living with Oesophageal Cancer

Discussion points:

- HG presented the SWALLOW project to the board (presentation distributed with minutes).
- This project is currently still in the planning stage, both Kathy Pritchard-Jones and Muntzer Mughal are on the steering group. Aim of the project is to use a digital health platform to improve patient experience, improve patient care and reduce cost.
- This project will run for two years and is currently funded by Macmillian and is working in collaboration with a commercial partner Propagator who have experience of building apps for the NHS.
- The aim of this app is to offer a digital support platform for patients, offering information, digital support and communication with CNS's. The app also may have the opportunity to support the improvement of communication between trusts however this rely on the collaboration of information governance departments within each trust.
- BH explained that this app could be useful for patients, and it would be useful to have a way in which patients could meet and speak to other patients through the app.

- MM highlighted that this has the potential to generate huge amounts of data on patient experience.
- Another positive impact that has been identified is that the app could help reduce the workload of CNS's across the network. Enabling them to answer patient queries on a digital platform and also the ability to use data to generate FAQ's, reducing the burden on CNS's who receive a high volume of phone calls.
- HG explained that the platform can be personalised to each patients pathway, if they decide on a certain treatment, then the relevant information regarding this treatment can be made available to them. The aim of this platform will also be to reduce the number of interactions patients need with the CNS.
- This app also has the potential to offer more effective patient tracking, especially for patients who may be seen in several different trusts, will allow clinicians at the referring trust to follow the patient's pathway more effectively.
- DH highlighted that this is especially important for patients who now may be seen in three different trusts. Sometimes the CNS will have to ring patients to find out if they have started treatment at another hospital as this information is not communicated.
- AM highlighted that the digital platform may be able to help patients keep log of their OPAs at different hospitals and provide maps for the different sites they have to visit. This will help to reduce the administrative burden.
- The app that is being developed is new, using some background software that has been developed already but it has the ability to be designed in any way. HG explained that similar apps are currently being used for young patients with cancer in Bristol and in some areas in the USA but he has not heard of anywhere else developing this type of technology.
- AM suggested that the platform should have different types of interfaces so that patients who are not used to using smartphones can still benefit from it.
- ZA explained that, from a dietetics point of view, the app could be beneficial to improve communication across the network. It could also help to standardise and streamline patients' pathways across London Cancer.
- KPJ explained that the rationale for the app is to ensure patients can access care and support closer to home alongside the benefits of a centralised surgery centre.
- HG explained that the project is now asking for recommendations on how this app could be used as well as clinical and patient volunteers to be part of the project. If anyone would like to be part of the project please email HG directly – (henry.goodfellow@nhs.net)
- AM suggested that a questionnaire regarding the app could be provided to patients who are currently going along their pathway to identify what the app would be useful for.
- MM summarised that the pathway board are supportive and have an interest in the project.
- HG asked for pathway board members to email him directly with any further ideas for the digital platform.

ACTION: Pathway board members who would like to be involved in the SWALLOW project to email Henry Goodfellow directly
Pathway board members who have any further ideas for the SWALLOW project to email Henry Goodfellow directly

4. OG Timed Pathway

Discussion points:

- The new draft pan vanguard timed pathway, developed by George Hanna at RMPartners has been distributed to the pathway board.
- The steps within the pathway have not changed however the timelines have.
- The board felt that this pathway was not aspirational enough and it was not considered to be an improved pathway from the current London Cancer timed pathway.
- The timed pathway has not been finalised and the vanguard sub group has asked for comments from each of the pathway boards.
- KPJ highlighted that at the recent communities of practice event on 8th Feb 2018 the draft pathway was presented to OG clinical leads from across the country. There was a lot of push back from the group on how ambitious the pathway should be.
- MM highlighted that the current Greater Manchester pathway seems to be more ambitious than the new vanguard pathway – this is similar to the pathway Angela Wong has developed at Barts Health
- KPJ highlighted that, as in Lung cancer, there is an opportunity to develop a ‘best practice’ pathway which is more ambitious than the ‘optimal’ pathway.
- The board felt that some aspects of the MDT Improvement report, such as protocolised pathways should be included into the pathway – this shows an obvious streamlining of patients pathways.
- The board suggested that it should be mandated that all patients, who have an endoscopy suspicious for cancer should be booked a CT scan within 24 hrs. This will then provide the information for the pre-triage MDT to protocolise patients to have a PET CT if required.
- DM agreed that CT reporting times should be mandated within this pathway.
- MM will feedback the pathway boards opinions to George Hanna.
- MM suggested that he will make contact with Jonathan Vickers to learn more about how their pathway works in Greater Manchester.

ACTION: MM to feedback the pathway boards comments regarding the new vanguard timed pathway to George Hanna
MM to make contact with Jonathan Vickers regarding the current Manchester OG timed pathway.

5. SMDT Improvement Project

Discussion points:

- MM provided an update on the current sMDT Improvement project currently being led by Borzoueh Mohammadi at UCLH. The aim of this project is to incorporate the recommendations set out in the UCLH Cancer Collaborative MDT Improvement report including the introduction of: SMDT referral proformas, protocolised pathways and a pre-MDT triage meeting.
- The SMDT referral proforma has been developed and been circulated to all referring trusts and is now starting to be used to refer patients.
- The Protocolised pathways have been developed and are ready to be used as part of the pre-MDT triage meeting. Currently, the project group is unable to agree with the imaging department to release

time for the radiologist to attend the meeting. The next step is to escalate this to the divisional manager at UCLH.

- As part of the wider UCLH Cancer Collaborative MDT Improvement project, we have now received two sets of funding. One of these involves the piloting of MDT study days – these will be run with the Breast MDT at RFH and the Colorectal MDT at Barts Health. These aim to pilot simulation learning to help MDTs work through some of the issues they feel they have within their current working with professional facilitation.
- The UCLH Cancer charity is also funding the training of MDT coaches to help support on going improvement within MDTs. These coaches will be recruited from MDT members across the network and will their time will be backfilled to attend a 2 day training course as well as to help facilitate improvements within MDTs.
- MM asked board members to get in touch with him if they are interested in becoming an MDT improvement coach.

ACTION: PB members to email MM if they are interested in becoming an MDT Improvement coach.
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6. OG Clinical Guidelines

Discussion points:

- MM has been in discussions with Jonathan Vickers (pathway lead for Manchester) and George Hanna (pathway lead for RMPartners) regarding the development of new vanguard wide OG clinical guidelines. DM, as pathway director will be following this up in April.

7. AOB

Discussion points:

- KPJ thanks Muntzer Mughal for his time as the pathway board director and for the huge amount of work he has achieved. KPJ welcomed Dip Mukherjee as the new pathway director who will be starting in April.
- **Dietetic Audit:**
- ZA presented to the board the findings of the recent dietetic audit in 2017. This audit aims to highlight gaps within the current network of dietetic support for patients. A similar audit was run in 2014 and the results have been compared. CNS's were originally asked to fill out the audit but the majority of responses came from dieticians themselves. This could have an effect on the response.
- In total 58 responses were received in 2017, the audit ran for 3 months. Responses were collected from BHRUT, RFH and UCLH. Barts Health responded stating they did not have the capacity to be involved in the audit, all other trusts did not respond.
- Compared to the 2014 audit, more patients were seen by senior dieticians as 93% were seen by a dietician band 7 or above.
- 69% of patients went through nutritional screening, 31% of patients were unable to be screened as they were highlighted to the dietician either in MDT or at a clinic where there was not time to complete the screening.
- More patients were seen face-2-face compared to 2014 however 28% were still only contacted by phone.

- A lot of patients were referred to the dietician having already started treatment. This reduces the impact on the dietetics ability to improve surgical recovery. AM highlighted that Macmillian dieticians will only see patients when they have a diagnosis of cancer, ideally patients should be referred to the dietician during the endoscopy.
- The OG dieticians meeting will be discussing the outcomes of the audit and will feedback into the pathway board
- ZA highlighted that head and neck cancer patients all get referred to a dietician, this allows the dietician to decide if support is needed, this is a model that is seen to work well.
- DH highlighted that the audit was collected at BCF and that this will be forwarded onto ZA

**ACTION: ZA to feedback outcome of dieticians meeting at the next pathway board.
DH to forward dietetic audit outcomes from BCF to ZA**

Next meeting date: 16:00-17:30, Wednesday 20th June 2018, Meeting Room East, 6th floor, 250 Euston Road, London, NW1 2PG

ACTION LOG

Action reference	Action	Owner	Date Due	Status
Feb 18-01	Pathway board members who would like to be involved in the SWALLOW project to email Henry Goodfellow directly	ALL	31/03/2018	
Feb 18-02	Pathway board members who have any further ideas for the SWALLOW project to email Henry Goodfellow directly	ALL	31/03/2018	
Feb 18-03	MM to feedback the pathway boards comments regarding the new vanguard timed pathway to George Hanna	MM	01/03/2018	
Feb 18-04	MM to make contact with Jonathan Vickers regarding the current Manchester OG timed pathway.	MM	01/03/2018	
Feb 18-05	PB members to email MM if they are interested in becoming an MDT Improvement coach.	ALL	01/03/2018	
Feb 18-06	ZA to feedback outcome of dieticians meeting at the next pathway board.	ZA	20/06/2018	
Feb 18-07	DH to forward dietetic audit outcomes from BCF to ZA	DH	01/03/2018	

Attendees

Name	Role	Trust/Organisation
Prof Muntzer Mughal	Pathway Board Chair	<i>London Cancer</i>
Jacob Goodman	Project Manager	<i>London Cancer</i>
Dip Mukherjee	Consultant Upper GI & Laparoscopic Surgeon	BHRUT
Donna Hodge	CNS	Royal Free – BCF
Henry Goodfellow	GP	UCL
Zenab Ahmad	Dietician	BHRUT
Rosemary Phillips	Consultant Gastroenterologist	PAH
Andrew Millar	Consultant Gastroenterologist	NMUH
David Holden	Patient Representative	
Brian Hill	Patient Representative	

Apologies

Name	Role	Trust/Organisation
Cate Simmons	CNS	Princess Alexandra
Martina Kelly	CNS	Homerton