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

Meeting held on Tuesday 15th January 2019, Ground Floor Central Meeting Room, 250 Euston Road, London NW1 2PG

Chair: **Dip Mukherjee**

1. Welcome and introductions

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

2. Minutes of last meeting and matters arising

- Item 4, point 7 – should be amended to state that 'Kathy Pritchard-Jones may have written to Trusts'. CC will send a copy of the letter to DM.
- Action log – the actions from the last meeting should be named 'Oct 18-01 – 08', not Sept.
- Otherwise the minutes of the last meeting were agreed as an accurate record.
- Actions from the last meeting
    - Oct 18-06 – NCPES data is outstanding. CC will collate this and circulate to the Board.
    - Timed pathway – lots of discussion is still needed. Measurement of Upper GI waiting times combines OG and HPB and is difficult to separate. It was a suggested that a breach analysis and an audit should be undertaken.
    - Dietetics working group – more work needs to be done (minutes circulated).
    - Oct 18 -04 – this is still to be discussed.
    - Oct 18 –05 – DM met with Donna Chung. Measurement of the standards will be difficult to glean from Somerset.

ACTIONS:

- **CC to send a copy of Kathy Pritchard-Jones's letter to DM.**
- **CC collate the NCPES data for OG and circulate to the Board.**

3. Update from the Dietetics Working Group

- The minutes of the last Dietetics Working Group were circulated with the meeting papers for information.

- At the last meeting the working group mapped what is provided currently and where the services need to be. It showed a variation in Trusts.
- KP has shared an ideal pathway for surgical patients, which includes screening and support.
- There is a variation between acute and community provided services.
    - There is disparity between patients having enteral tube feeding.
    - Patients are not always seen by dietitians in the Trust where they receive treatment. They may be malnourished when they attend for surgery.
    - Treatment is similar, but not exactly the same, for example, different screening tools may be used.
- DH said that the Guys and St Thomas's (GSTT) service has a centralised team. This may be unrealistic for NCEL, but some of their ideas could be used.
- Head and Neck dietitians also have a good service and some of their ideas could also be adopted.
- ZA noted that the new standards recommend all patients receiving radical treatment should have access to a specialist dietitian.
    - The link to NG83 will be circulated.
- CS said that services available in DGHs are not as good as those for surgical pathways. Business cases for additional resource are being rejected, even by Macmillan.
    - It was suggested that there is a need to demonstrate the variation in services.

ACTION:
- **CC to circulate the link to NG83.**

4. Implementation of the OG National Timed Pathway

- The 28 day faster diagnosis standard (FDS) will remove all non-cancer patients by day 28. Those with cancer should start treatment on day 42.
- It is not expected that referrals will change, but the rhythm will change. It was noted that the pathway is aspirational.
- Following the pathway, endoscopy and histology need to be completed by day 14. Between days 14 and 28 staging needs to be undertaken using PET, or possibly laparoscopy.
- There was a discussion about the pathway and the following points were raised.
    - 14 days is not long enough for endoscopy and histology. It was queried whether this should go back to an interim MDT.
    - DM pointed out that the document does not set out how to implement the pathway, this can be defined locally. A pre-MDT meeting and MDT protocolisation would help.
    - STT endoscopy will be needed. Referrals may also come via the MDCs for patients with vague symptoms.
    - Patient engagement is key as there are many tests which patients need to be available for. HS informed the Board that a patient information leaflet was developed for the prostate pathway, informing patients of what to expect on the pathway.

- DH and DP agreed that patients need a diagnosis or be told they do not have cancer as soon as possible. This reduces anxiety. DP also felt that the language used is important.
- The prostate leaflet explains the timeline and the need for patients and clinicians to work together.
- DH stated that in Oxford there is a STT pathway. Patients are told the tests are to exclude cancer and that they should be available for the tests. Often patients are not aware that they are on a cancer pathway.
- JOC pointed out that problems with STT occur when patients cannot be contacted.
- DP said that there needs to be a partnership between the NHS and the patient. Again, the language used is very important.

- DM would like to meet with cancer leads to discuss potential problems with implementation of the pathway.
- As the current position in relation to the FDS is not known, it was suggested that a baseline audit should be undertaken using the audit tool in the pathway. It was agreed that the first 10 patients referred to the 2ww pathway in October 2018 should be audited in each Trust.
- DM will meet with service leads after the audit.

ACTION:
- **CC to separate audit tool from pathway document and circulate to service leads/CNSs**

5. CWT data

- CC presented the 2ww pathway data to the Board. NCEL Trusts are not meeting the 85% target, however, the data provided was for all Upper GI, incl. HPB.
- There was a discussion about the data.
  - It was suggested that the OG specific data could be obtained from the National OG audit which should be available for 2017/18.
  - Locally the data is recorded separately for OG and HPB. HS will ask the operational leads if they can provide the data.
  - It was pointed out that the data is no longer provided by RM Partners. They provided this for the three Vanguard sites, but now only collate data for their own alliance.

ACTION:
- **HS to ask the operational leads if they are able to provide OG 2ww referral data.**

6. Any other business

<u>Membership of the Board</u>

- DM said that to support the pathway implementation, the Board needs more operational representatives and representation from all Trusts.
- DM asked the attendees to suggest people who should be invited to join the Board and provide the details to CC. The following additions were suggested:
  - Rehan Haidry
  - Henry Goodfellow/ GP
  - Sally Thorpe – CNS (UCLH)

- Alison Waite – CNS (BHRUT)
- Palliative care representation
- A pathway navigator/coordinator.

- DM expressed a wish to rotate the Board venue between Trusts.
- CS suggested that different times could be considered.

<u>High-grade dysplasia (HGD) pathway</u>

- This pathway needs to be agreed.
- Often no feedback is given by the HGD team as to whether or not a patient has cancer. Until, the patient is told, they cannot be removed from the pathway and this has led to some patients being on the pathway for many months.

ACTION:

- **ALL to provide details of suggested representatives to CC.**
- **CC to invite suggested new members to future meetings.**

7. Date of next meeting

- Thursday, 11th April 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		In progress
Oct 18-05	Discuss the patients' responsibilities on the pathway.	BH/DH/DP		
Oct 18-06	Collate the OG responses from the NCPES for the next Board meeting .	CC	15/1/19	Carried over
Oct 18-08	Discuss undertaking an audit of ITT communications with KD.	DM/KD		In progress
Jan 19-01	Send a copy of Kathy Pritchard-Jones's letter to Trusts to DM.	CC	25/1/19	Complete
Jan 19-02	Collate the NCPES data for OG and circulate to the Board.	CC	8/2/19	
Jan 19-03	Circulate the link to NG83.	CC	25/1/19	Complete
Jan 19-04	Separate audit tool from pathway document and circulate to service leads/CNSs	CC		Complete
Jan 19-05	Ask the operational leads if they are able to provide OG 2ww referral data.	HS	16/1/19	In progress
Jan 19-06	Provide details of suggested	ALL	25/1/19	Complete

	representatives to CC.			
Jan 19-07	Invite suggested new members to future meetings.	CC	By next meeting	Complete

Attendees

Name	Trust/Organisation
Dip Mukherjee (chair)	UCLHCC
Caroline Cook	UCLHCC
Zenab Ahmed	BHRUT
Donna Hodge	RFH
Cate Simmons	PAH
Jade O'Connell	UCLH
Khalid Dawas	UCLH
Dave Pritchard	Patient representative
David Holden	Patient representative
Frances Hughes	Barts Health

In attendance

Name	Trust/Organisation
Helen Saunders	UCLHCC

Apologies

Name	Trust/Organisation
Andrew Millar	NMUH
Borzoueh Mohammadi	UCLH
Martina Kelly	HUH
Rosemary Phillips	PAH
Daniel Hochhauser	UCLH
Sherif Raouf	BHRUT
Krupa Patel	UCLH