

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

Date: **July 12th 2017, 15:30-17:30,**

Venue: **Boardroom, UCLH @ Westmoreland Street, 16-18 Westmoreland Street, London, W1G 8PH**

Chair: **Prof Muntzer Mughal**

1. Welcome and introductions and Minutes from last meeting

- The board looked at the previous minutes and went through the actions. A few actions are on today's agenda so will be discussed during the meeting.
- Support groups; BH informed the board that there will be another support group meeting at end of the month. Item to be kept on agenda each meeting for updates under AOB. DH highlighted a lack of attendance at the support groups from new patients and queried if patients are receiving information about them. DH explained the need for CNS's and charities to work together. The group discussed the different issues that could affect patient attendance such as date of meetings and information being available online.
- Morbidity & Mortality data for surgical patients; MM and JG explained the difficulties in getting this data. The board discussed looking at palliative as well as radically treated patients. MM explained that Public Health England has data but it is not for public consumption yet. At the recent UCLH Cancer Collaborative event a presentation by Dr Jem Rashbass, National Director for Disease Registration and Cancer Analysis Public Health England presented a new piece of work which can show all the medical interactions a patient has had. This could map a patient's journey. However the system is not ready yet. JG to ask Donna Chung (Centre for Cancer Outcomes) to help with getting data.
- Barretts surveillance programme; DK described some issues. It was suggested to conduct risk stratification about whom to survey. DK highlighted that there isn't enough information being given to patients and the information is varied between hospitals. DK queried whether there could be funding to develop a network wide database for surveillance. A database that can link with the other systems used. JG to discuss further with DK.

ACTION:

- **JG and MM to discuss with Donna Chung (Centre for Cancer Outcomes getting outcome data on all treatment options for OG cancer**
- **JG to discuss developing a database for Barretts Surveillance programme with DK.**

2. Dietetics: Presentation by AD, Oncology Dietician, RFH

- AD looked at the impact on service following the creation of the oncology dietician role a year ago. Data showed that having a dedicated dietician meant the number of contacts increased largely.
- AD discussed the issues and benefits of her role. She sees all patients discussed at MDT at the Oncology clinic. If a patient is transferred to another hospital then AD calls the dietician at the hospital to make them aware or lets the community dietician know so the patient does not get 'lost'. This post has been funded by Royal Free Hospital.
- AD discussed the dietetic audit which took place in October 2014 for a one month period for patients with a new diagnosis. AD didn't receive a great response rate from across *London Cancer*. AD will be

conducting the audit again for a longer period of time starting August 2017 for 3 months, ending in November. MM will be circulating the Dietetic audit sheet to all CNS's within *London Cancer*.

- RM discussed the placement of jejunostomy tubes and the complications that can arise from these feeding tubes. Some Nurses and oncologists are hesitant or declining to get involved with management of these tubes. The group discussed how much the patient is aware about the tubes prior to getting it. MM to look at information provided. MM will discuss and engage with oncologists to assess their reluctance. RM to let MM know who to talk to
- The board expressed formal thanks to Katy for her support for investment in dietetics.

ACTION:

- **MM to look at information provided for Jejunostomy patients.**
- **MM will discuss and engage with oncologists to assess their reluctance to use Jejunal feeding tubes. RM to let MM know who to talk to.**
- **MM to circulate dietetics audit to CNS's in Trusts**

3. UCLH sMDT Improvement; Pre MDT preparation meeting and protocolised pathways

- The OG sMDT will be trailing a pre MDT meeting, where they will be picking out cases where the next step is very clear. The patients will still appear on the MDT agenda but further down the list. When going through the MDT agendas it was seen that 40-50% of cases could be triaged which would leave more time for discussion of the complex cases. Mr Borzoueh Mohammadi, UCLH OG SMDT lead has spoken to the relevant team members to agree a pathway. The protocolised pathway will be trailed in a month. The board will then be looking to trial this in all MDT's across *London Cancer*. Some MDT's may struggle to find time to triage. This should be reported back.
- NHS PET bidding; AW discussed UCH and Barts joining up when sending patients for PET scans. Aim is for PET turnaround within 7 days or will be offered within the hub or centre could be fined. An issue with this is that patients may have to travel. There were some recent issues with PET scan between RFH and UCLH; MM to let AW know what happened.

ACTION:

- **MM to highlight RFH PET scanning issues to AW**

4. Programme of MDT visits - September

- JG and MM will be visiting each MDT in the network to gather input into what MDT's think the boards priorities should be and what topics should be on agenda.
- The board discussed the protocol for post treatment surveillance; how often do patients require a scan. It was suggested that this could be placed within the guidelines.
- The group discussed data completeness and whether this is something that should be a focus. AW mentioned that the numbers of high grade dysplasia patients are lower than expected. The board queried whether this should be audited. JG to discuss with DK along with database.

5. OG Clinical Guidelines

- The board agreed that the guidelines should be updated by a sub group and circulated for feedback. The group felt that the MDT protocols could be included in the guidelines.

ACTION:

- **Guidelines to be updated and circulated for feedback - MM**

6. Clinical Outcomes Data

- The board looked at the clinical data captured 2014-2016. The data has 2 years of just UCLH information and one year data of the combined service with Barts Health post reconfiguration. Currently we do not have the national benchmark figures. MM mentioned that the numbers of resections are going down nationally. In 2014, when agreement was reached on the reconfiguration of OG cancer surgery, the combined resection numbers for BH and UCLH was 120. In the first full year of the merged services at UCLH there were 93 resections. The group discussed the possible reasons for this, which includes improved staging and more patients who are inoperable.
- The group discussed referrals sent by GPs (2ww referrals) and whether they are working efficiently. NG12 NICE GP referral guidelines encourage GPs to refer more. AW explained that Havering refer above the amount expected and they diagnose more cancers and the outcomes are better. AW believes if the criteria for referrals is lowered then hospitals will get more referrals instead of patients presenting late at MDT. The board discussed the Multi Diagnostic Clinics (MDC) where GPs can refer patients with vague symptoms – it was felt by the board that MDC clinics have worked well for OG cancer diagnostics and should be promoted across *London Cancer*.
- The board discussed having a GP attend the pathway board meetings. JG to contact current GP on board to invite to attend to future meetings.

ACTION:

- **JG to contact current GP on board to invite to attend to future meetings.**

7. AOB

- No other business

8. Next Meeting

8th November 2017, 15:30 –17:30, Boardroom, UCLH @ Westmoreland Street, 16-18 Westmoreland Street, London, W1G 8PH

ACTION LOG

Action reference	Action	Owner	Date Due	Status
July01	JG and MM to discuss with Donna Chung (Centre for Cancer Outcomes getting outcome data on all treatment options for OG cancer	JG/MM	08/11/17	
July02	JG to discuss developing a database for Barretts Surveillance programme with DK.	JG/DK	08/11/17	
July03	MM to look at information provided for Jejunostomy	MM	08/11/17	
July04	MM will discuss and engage with oncologists to assess their reluctance to use Jejunal feeding tubes. RM to let MM know who to	RM/MM	08/11/17	

	talk to.			
July05	MM to circulate dietetics audit to CNS's in Trusts	MM	31/07/17	
July06	MM to highlight RFH PET scanning issues to AW	MM/AW	08/11/17	
July07	Guidelines to be updated and circulated for feedback - MM	MM	08/11/17	
July08	JG to contact current GP on board to invite to attend to future meetings.	JG	08/11/17	

Attendees

Name	Initials	Trust/Organisation
Muntzer Mughal	MM	UCLH
Brian Hill	BH	Patient Representative
Victoria Wood	VW	UCL (Respect 21)
Marion Cunningham	MC	NMUH
Rebecca McManamon	RM	Barnet, Royal Free
Andrea Davis	AD	Royal Free Hospital
David Holden	DH	Patient Representative
David Khoo	DK	BHRUT
Donna Hodge	DH	Barnet, Royal Free
Angela Wong	AW	Barts Health/UCLH
Jacob Goodman	JG	London Cancer
Sherrice Weekes	SW	London Cancer

Apologies

Name	Initials	Trust/Organisation
Frances Hughes	FH	Barts Health
George Hanna	GH	Imperial
Martina Kelly	MK	Homerton
Andrew Rochford	AR	Barts Health
Margaret Macrae	MM	UCLH
Andrew Millar	AM	NMUH