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

Meeting held on Thursday 28th June 2018, Boardroom, UCLH @ Westmoreland Street, 16-18 Westmoreland Street, London, W1G 8PH

Chair: **Dip Mukherjee**

1. Welcome and introductions and Minutes from last meeting

- DM welcomed everyone to the meeting. Introductions were made and apologies were heard.
- This was DM's first meeting as chair of the Pathway Board.
- Michael Grant, academic trainee, was introduced as a guest speaker.
- CC was introduced as the new project manager for the OG Pathway Board.
- The minutes of the last meeting were agreed as an accurate record.
- Actions from last meeting:
    - Input to the SWALLOW project has been given by Board members.
    - DM has started updating the clinical guidelines and will circulate these to the Board for comment in next 6 weeks.
    - DM encouraged Board members to apply to be MDT clinical coaches.
    - The first two actions on the log have been completed.
    - Action points 3/4 - there has been movement and these have been completed.
    - Action to update for dietetics should remain open.

2. National OG Timed Pathway and Enablers

Discussion points:

- DM presented the new, best practice 42 day OG timed pathway, which is currently being developed by RMP with Vanguard partners. The aim is to remove unnecessary delays. The pathway is 'front-loaded' with diagnosis and staging.
- This is the final pathway, but it is still open for consultation. DM would welcome feedback/critique.
- JH challenged the time given for radiologists to scan and report (3 days) while surgeons have 12 days to comply with the pathway. JH raised concerns that this may lead to mistakes and the prioritisation of non-urgent patients to comply with the pathway.
- DM said that resources were needed to enable implementation of the pathway.
- The next step is for the pathway to be ratified.

- Feedback should be sent to DM. There is a pathway meeting with RMP on 31st July.
- The timed pathway presentation will be circulated to the Board.

ACTION:
JG to circulate pathway documents to the Board.

3. Update on CWT Performance
Discussion points:
- JG presented the cancer waiting times data from the Centre for Cancer Outcomes.
- There was a discussion about breaches to the pathway.
- WM reported that UCLH distinguishes between avoidable and unavoidable breaches. Unavoidable breaches are often delays by the patient and there is a need to engage patients on the pathway. Avoidable breaches are the ones that need to be worked on.
- It was felt that the numbers looked too low and may be incorrect. There will need to be an audit of these.
- The slides presented will be circulated to the Board.

ACTION:
JG to circulate the CWT presentation to the Pathway Board.

4. MDT Protocolisation
Discussion points:
- BM updated on the MDT protocolised pathway.
- The pilot at UCLH has been active for 4 weeks. A pre-MDT triage meeting is held on Thursday with MDT on Monday.
- MDT lead, radiologist and MDT coordinator triage patients on the MDT list. Up to one third of patients do not need a formal MDT discussion, releasing time for rich discussion for those who do.
- PET scan pathway has reduced by 2 weeks as booked on Thursday, have scan on Friday and discussed on the Monday.
- In the past 5 weeks, discussions in the MDT have consistently reduced by a third.
- These protocolised patients are added to the agenda so can they be discussed if the referrer thinks it is necessary.
- The process is currently being audited for three months to see if it shows a reduction in the pathway.
- This has been received well by all clinicians so far.
- DM reported that BHRUT are doing similar things and have seen a similar improvement. Patients are triaged by a CNS and MDT lead.
- BM suggested that this can be adjusted and adapted to suit different tumour groups.
- Donna - Users have found this really useful from local MDTS.

- BM suggested that one way to expedite the pathway further may be to let the patient know they will be seen at another hospital to assess the imaging etc before they have diagnosis of cancer.
- DP said that delays to diagnosis increase a patient's anxiety so anything that can reduce this is good. DP had his initial endoscopy at the Whittington, attended UCLH for further biopsies and was then told of his diagnosis.
- DM queried the resource implications of the changes to the MDT.
- FH said that referring hospitals are afraid of losing patients so patients are put on the MDT every week.
- WM said that if a patient requires an investigation, the triage process means they can progress through the pathway quicker. In terms of resource, more patients are not being discussed, reducing MDT time.
- There is no additional work for radiologists just a movement of prep time.
- MDT coordinators have additional work as they need to act on the discussions of the triage meeting.
- Extra clinician time is needed, but it was felt this was a good use of time.
- BM noted that it is important to have a completed referral proforma to enable patients to be effectively triaged.

5. PET scans Presentation

Discussion points:

- MG presented the PET CT presentation showing a 3 month audit of PET scan waiting times at BHRUT which are done externally as there is no nuclear med site at BHRUT
- DM asked for volunteers from a centre with PET CT capabilities to do the same audit. The information could be used to present a case for diagnostic resource.
- MG stated that most requests were made on the same day as decision made.
- In all 20 patients they were seen on the day report was sent back.
- The average delay is 15 days, but the range is wide with up to 32 days delay in getting the PET report back.

6. Feedback From Dietetic Meeting

Discussion points:

- There was no update as the dietetic meeting did not take place.
- KP reported that only three hospitals responded to the audit –UCLH, Barts and RFH.
- The responses were completed by dieticians not CNSs.
- Most patients did not have nutritional screening.
- Summary from the audit will be circulated with the minutes.
- DM asked KP for best practice to be sent from dieticians about how it should work and then can work towards it.

ACTION:

JG to circulate audit summary with minutes

6. AOB

- FH raised the need to discuss how to centralise surgery. This is eight months over the expected date.
- DM said that BHRUT is not aware or not party to any such time line / decision to the best of his knowledge.
- DM asked if the Board was satisfied with the current membership or whether anyone needs to be added.
- The current membership will be circulated to existing members.
- DM asked if future meetings should be held at different sites. There was agreement that they did not want virtual meetings, but preferred to meet face to face.
- It was agreed that a more central location would be best and a room at 250 Euston Road will be booked if possible.
- It was agreed to have a specific OG timed pathway meeting after the meeting with RMP on 31st July.

ACTION:
- **JG to circulate list of existing Board members and ask whether anyone else should attend.**
- **CC/JG to arrange pathway meeting.**

7. Date of next meeting

TBA

ACTION LOG

Action reference	Action	Owner	Date Due	Status
Feb 18-07	Feedback outcome of dieticians meeting at next pathway board	ZA	Oct 2018	
June 18-01	JG to circulate pathway documents to the Board.	JG		
June 18-02	JG to circulate the CWT presentation to the Pathway Board.	JG		
June 18-03	JG to circulate audit summary with minutes	JG		
June 18-04	JG to circulate list of existing Board members and ask whether anyone else should attend.	JG		
June 18-05	CC/JG to arrange pathway meeting	CC		

Attendees

Name	Trust/Organisation
Dip Mukherjee (chair)	UCLHCC
Jacob Goodman	UCLHCC
Caroline Cook	UCLHCC
Borzoueh Mohammadi	UCLH
Krupa Patel	UCLH
Dave Pritchard	Patient representative
Jim Hodson	PAH
Frances Hughes	Barts
Michael Grant	BHRUT

Apologies

Name	Trust/Organisation
Andrew Millar	NMUH
Cate Simmons	PAH
Rosemary Phillips	PAH
David Holden	Patient representative
Brian Hill	Patient representative
Muntzer Mughal	UCLHCC
Zenab Ahmed	BHRUT
Sam Murray	Homerton
Martina Kelly	Homerton