

London Cancer Upper GI (OG) Pathway Board

Date: **Thursday 10th November 2016, 15:30 – 17:30**

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

Chair: **Professor Muntzer Mughal, Pathway Director**

1. Welcome and apologies (MM)

MM welcomed members of the board and apologies were heard. Elizabeth Crisp will no longer be a member of the board as she has moved house. MM has written to Elizabeth to formally thank her on behalf of the board for her contribution.

2. Minutes of the last meeting (MM)

The last meeting was not quorate so a formal meeting was not held. The minutes of the last meeting were accepted as an accurate record of proceedings.

3. Membership

The administrative support for the meeting has changed and there have been some low attendance rates. The membership of the meeting has been based on Peer Review guidelines which specify an MDT representative from each MDT feeding into the sMDTs (UCLH, The Royal London Hospital and Queens Hospital) and representatives from the different professional specialties, palliative care and patient representatives.

MM will email invitations to local MDTs again to ensure representation.

Katie Walker will be stepping down as the representative from dietetics but a colleague may be able to replace her.

Action 1: MM to invite representatives from MDTs to be part of the Board
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4. Early diagnosis – breath test pilot

Dr Sacheen Kumar presented research findings from a study of 129 symptomatic OG cancer patients.

- Distinct volatile organic compounds (VOCs) have been identified in cancer patients.
- The study showed c.90% prediction of cancer
- Current work is:
 - Multicentre validation
 - Investigation of molecular drivers for VOC
 - Equipment – hand held device
 - Trying to secure funding for a 3,000 patient study to define the factors which mean that a patient should have a breath test

- AM and DK stated that they were working on investigating the predictive value of a more exhaustive and thorough list of symptoms and pattern of symptoms, which could complement this study

5. Barrett's Oesophagus Surveillance update

Key discussion points:

- It is important that data is collected on this.
- There should be a dedicated list for Barrett's oesophagus surveillance as agreed at a consensus meeting in 2014.
- A registry is not mandatory but all MDTs should be encouraged to register patients on a surveillance programme.
- There was consensus that one way to influence Trusts would be to send a letter from *London Cancer* with this recommendation, and to highlight the benefits of having a dedicated Barrett's surveillance list. This may reduce the number of patients requiring surveillance thus reducing pressure on waiting times for endoscopy and the potential financial benefit.

Action 2: MM to write a letter to Trusts regarding Barrett's Oesophagus Surveillance and investigate the benefits

6. Dietetics

KW gave an update:

- KW has been working to identify funding to support a new model of delivery for dietetics to improve quality.
- KW has met with Macmillan who may find the model but this is not yet confirmed as Macmillan are reviewing their funding priorities.
- The specification for dietetics is not as robust as it could be. Access to dietetics is included in the service specification developed by the Board but not the nature of the dietetic support and there is variation across the network.
- It is important to collect robust outcomes to demonstrate the impact of dietetic input. There is precedent in other areas for the economic benefits. It may be possible to compare areas with or without sufficient dietetic input to understand the impact.
- The audit of dietetic support across London Cancer should be repeated as things have moved on, with more emphasis on the impact on resources and outcomes.
- KW is leaving the board and will liaise with other dietetic leads to understand how they can best collaborate and be represented on the Board.

7. Trials update

Trials data was circulated to the board for information. The board discussed that there are currently no large multicentre studies in OG cancer and that immunotherapy trials data are not included within the data provided to the Board.

8. Performance update

Performance data was circulated to the board. Key points were:

- The OG pathway has similar cancer waiting times performance to Manchester. WM suggested that the majority of breaches are due to pathway issues, patient choice and imaging delays.
- There are challenges around patients not realising that they are on a two week wait pathway.
- Work is ongoing to offer choose and book appointments so patients leave their GP practice with an appointment. This is likely to be in commissioning guidance and become a bigger focus.
- Choose and book appointments will impact the capacity of the whole of outpatients, so if they are offered to all patients urgent appointments may be affected
- Straight to test has an impact as telephone triage and preparation for an endoscopy test does not count as a first appointment
- DK suggested that the increasing number of breaches is due to increased numbers of patients due to lower threshold of referral from GPs and public awareness campaigns.

9. Update on UCLH surgical centre

It has been 11 months since the merge. MM stated that there is 8 months of data which shows that 80 patients have been treated key points were:

- During this period performed 40 oesophagectomies and 40 gastrectomies.
- There are 6 surgeons who carry out variable numbers of procedures. There are plans to pool and reallocate patients but it is also important that continuity of care is not disrupted.
- 42% procedures are carried out with an SpR as the primary surgeon.
- The median length of stay is 13 days, which could be reduced through effective enhanced recovery programmes.
- There was one mortality (1.2%)
- There will be a further audit in January after a year of the new configuration.

Longer term there are plans to move to a single MDT but there are a large number of patients currently discussed and the sMDT is already a long meeting. MM is carrying out a *London Cancer* wide MDT improvement project which looks to share learning and best practice between MDTs and improve efficiency.

Good practice in MDTs was discussed:

- It is better when professionals present their own patients
- MDTs without video links could be more efficient

- Electronic referral systems such as Neurology ‘refer a patient’ (www.referapatient.org) could be used depending on the tumour type and nature of data to be discussed
- Some patients do not need to be discussed at MDTs – there could be a process to reduce the numbers of patients going to MDT so it is only used as a forum when it adds value
- Documenting the decision making process at the MDT as well as just the outcome can be more helpful such as for the Royal London MPB MDT.
- Job descriptions for the MDT chair and MDT coordinator are being written

MM will feed back about the project as it progresses.

10. Next Meeting(s) – to be scheduled for Feb 17

Thurs	10-Nov-2016	15:30-17:00	Upper GI (OG) Pathway Board	Boardroom – UCH at Westmoorland Street
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ACTION LOG

Action	Owner	Date Agreed	Status
MM and RH to meet with Princess Alexandra regarding referrals to UCLH and feedback mechanisms	MM	12 April 2015	13/7/15 – main agenda
MR to take forward proposal of allocation of Vanguard resources to OG cancer dietician workflow	MR	12 April 2015	13/7/15 – main agenda
WM to resolve videoconferencing issues of joint MDT	WM	12 April 2015	13/7/15 – main agenda
MM to contact Trusts who were asked to report on Dietetic Screening and query why they did not provide a return and point out potential area of risk.	MM	13 Nov 2014	20/5/15 – main agenda
Collate data and agreed guidelines and circulate to Trust management as evidence to prove/establish case for requirement of best provision of service/Best Practice.	MM	13 Nov 2014	20/5/15 – main agenda
Revise specification to set out a more stringent process of dietetics management, both short-term and long-term outcomes to be considered.		13 Nov 2014	20/5/15 – main agenda
MM to advise Trust senior management of potential risk in area of Dietetics, using collated data and the Guidelines to establish case for requirement of robust Dietetics service.	MM	13 Nov 2014	Ongoing – On agenda for Cancer Unification Board, 10/12/15
MM will write to Trusts regarding Best Practice as per the specification and outlining the data shortfalls in current Dietetic service along with benchmark data from GOSH.	MM	13 Nov 2014	20/5/15 – main agenda
MM to write to ask for confirmation of Leads for Endoscopy lists and Barrett’s Surveillance lists in Trusts.	MM	13 Nov 2014	Completed but MM still to discuss with LL – seek support to audit the patch
Work with LL to populate the registry locally within <i>London Cancer</i> .	All, LL	13 Nov 2014	02 Sep 2015
DPH to contact GH and LL regarding possibility of doing pan-London Awareness event. 20/5/15 POST MEETING ACTION: DPH to take action forward and action log to reflect this	DPH	13 Nov 2014	Ongoing

Action	Owner	Date Agreed	Status
D Hochhauser to circulate report by David Cunningham re Chemotherapy versus Chemo-Radiation therapy trial	DH/MM	10 Feb 2015	Delayed as awaiting report from DH
Board members to review Cancer Unification Board Meeting one pager on dietetics and provide feedback to KW.	All	26 Nov 2015	
Gather feedback on “Designing the future cancer improvement architecture for London” workshop from Kathy Pritchard-Jones and share with Board at next meeting.	MM	26 Nov 2015	
Speak with Dietician at UCLH regarding concerns around the dietetic pathway for patients coming from Barts Health. Clarify what the pathway for these patients will be.	MM	26 Nov 2015	
Seek clarification on the most appropriate referral pathway for high grade dysplasia patients with UCLH team.	MM	26 Nov 2015	
MM to invite representatives from Trusts to be part of the board	MM	10 Nov 2016	
MM to write a letter to Trusts regarding Barrett’s Oesophagus Surveillance and investigate the benefits	MM	10 Nov 2016	

Attendees	
Helen Saunders	London Cancer
Brian Hill	Patient Representative
Martina Kelly	Homerton
Donna Hodge	BCF
Cate Simmons	PAH
Victoria Wood	UCL
Andrew Millar	NMUH
Muntzer Mughal	UCLH
Katie Walker	RFH
Andrew Davis	RFH
William McIntyre	UCLH
David Khoo	BHRUT

Apologies	
Rosemary Phillips	PAH
Marc Winslet	UCL
Elizabeth Crisp	Patient Representative
Angela Wong	Barts Health
David Holden	Patient Representative

No apologies	
Cecilia Vindrola	UCLH
Frances Hughes	Barts Health
George Hanna	Imperial
Katie Walker	RFH
Polly Rogers	PAH
Sharon Cavanagh	London Cancer
Sherif Raouf	BHRUT
Hassan Al-Ashimi	GP
Clive Onnie	Whittington