

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

Meeting held on Thursday 18th October 2018, Boardroom, 6th Floor East 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.
- There was a discussion about future meeting agendas.
 - It was agreed that there should be a standing agenda item to review CWT data.
 - At the next meeting the National Cancer Patient Experience Survey findings will be discussed.
 - There should be an item on the agenda for sub-groups to give an update (a different group each time).

ACTION:

- **CC to ensure the NCPES and CWT are on the agenda for the next meeting.**

2. Minutes of last meeting and matters arising

- The minutes of the last meeting were agreed as an accurate record.
- Timed pathway – the 42 day pathway has been discussed and now the 28 day pathway needs discussion. This is in line with the 28 day faster diagnosis standard.
- The CWT slides from the last meeting should be circulated.
- MDT coaching – teaching sessions have been undertaken.
- PET scans – there are new NICE guidelines about the use of PET-CTs. DH queried how many PET scanners there are in the NCEL area. DM clarified that there are scanners at Barts, UCLH, RFH, Basildon Hospital and GSTT.
- Actions Feb 18-07 and June 18-02 – 5 were confirmed as completed.

ACTION:

- **CC to circulate the CWT – 62 day pathway performance slides presented at the June meeting.**

UCLH Cancer Collaborative brings together hospital trusts, GPs, health service commissioners, local authorities and patients across north and east London and west Essex.

3. National OG Timed Pathway

- DM presented the updated version of the timed pathway. A new target will be the 28 day faster diagnosis standard which will be an enabler of the 62 day pathway.
- These targets will mean that patients should be first seen within two weeks and between days 28 – 42 treatment decisions and further tests can be made.
- Currently, we do not know how many people meet the 28 day standard.
- With the new standard, ITT breaches will allocated to the diagnosing or treating Trust.
- DP queried whether it was known what is preventing Trusts from meeting the targets e.g. resources, equipment etc.
- Statistics were discussed:
 - 43% of patients survive more than one year.
 - 23% of patients are diagnosed in stage I or II.
 - 71% meet the 62 day standard due to the complexity of the pathway – comorbidities, endoscopies, biopsies, imaging. Timely PET CT is very important and there are issues around this.
- AW informed the Board of an NHSE bid for increased PET capacity. Specialised Commissioning will give a decision on this in December. The bid stipulates a turnaround time of five days. There will be discussions about how this can be provided as the national tariff for London does not cover the costs and is lower than the tariff in the north of England.
- DM pointed out the benefits of the new pathway:
 - For patients, those without cancer will benefit from a faster diagnosis.
 - For clinicians, the pathway is prescriptive enough not to be too woolly, but has some flexibility.
- The role of MDCs was discussed. These pick up approximately 4.9% of cancers.
- Turnaround times in pathology were raised as an issue for pathway delivery. The pathway will need to mandate CT and histology reporting times and PET scans will need to be arranged without pathology.
- ITT is also an issue. DH queried whether patient information goes back to their local Trust with them. A discharge summary should go to the patient, their GP and the referring hospital, but it was confirmed that this is not always the case. DM will discuss this with Khaled Dawas and develop a short SOP.
- DM suggested that the pathway is more collaborative. He also mentioned a leaflet was produced for the prostate pathway which tells patients that they need to be available for appointments.
- There was a discussion around imaging.
 - Endoscopic ultrasound used to be the standard, but is now only used in selected cases and has a risk of perforation.
 - CT scans are done first and these are now more accurate with finer slices.
 - PET scans are less invasive.

- DM informed the group that there would be further consultation.
- DM will meet with Donna Chung of the Centre for Cancer Outcomes to discuss how to measure the new standards.
- DP queried what the patients' responsibility is as targets may not be met because patients go away or DNA etc. and they need to take some responsibility for their health and treatment. DM suggested that the patient reps could discuss this and feedback to the Board.

ACTION:

- **DM and KD to develop an SOP for discharge communications.**
- **DM to meet with Donna Chung to discuss measurement of the new standards.**
- **Patient reps to discuss the patients' responsibilities on the pathway.**

4. Update from the Upper GI Dietetic working group

- The Upper GI Dietetic Working Group held its first meeting in September.
- The aim of the group is to identify gaps in service and best practice.
- A best practice pathway will be developed. The pathway for head and neck cancer patients works well and it may be possible to mimic this.
- DM clarified that the current position is inconsistent access to dietetic support and inequality in the service available, i.e. the degree of specialisation of the dieticians.
- A quick win would be to introduce a screening tool which can be used across NCEL.
- Post-op there are variations in pathways across the Trusts.
 - Community services do not provide specialist support for these patients, except possibly those with enteral feeding tubes.
 - Not all hospitals have the capacity for follow-up.
 - Care can be disjointed as community services do not always know what the care plans are.
 - FH suggested patients could have a 'enteral feeding tube passport' which stays with them when care is transferred.
- DH said that Kathy Pritchard-Jones had written to Trusts in the past to increase specialist dietician provision.
- It was pointed out that all Head and Neck services have a specialist dietician, but this is not available to all upper GI patients.

5. Any other business

- AW suggested that OG responses from the National Cancer Patient Experience survey should be collated. This can be brought to the next Pathway Board.
- It was queried whether Board meetings could sometimes be held on other days. It was agreed to alternate between Tuesdays and Thursdays.
- There was a discussion about Trust to Trust communications and transfers between Trusts, particularly with complex patients. DM suggested that work could be done on what good communication should look like. He will speak with Khaled Dawas regarding undertaking a snapshot audit. AW mentioned that in NEL there is an East London Record which enables patient information to be viewed across Trusts.

ACTION:

- CC to collate the OG responses from the NCPES for the next Board meeting.
- CC to look at arranging some Board meetings for Tuesdays (including the next one).
- DM to discuss undertaking an audit of ITT communications with KD.

6. Date of next meeting

- Tuesday, 15th January 2019, 16:00 – 17:30.

ACTION LOG

Action reference	Action	Owner	Date Due	Status
Feb 18-07	Feedback outcome of dieticians meeting at next pathway board	ZA	Oct 2018	Complete
June 18-01	JG to circulate pathway documents to the Board.	JG		Complete
June 18-02	JG to circulate the CWT presentation to the Pathway Board.	JG		Complete
June 18-03	JG to circulate audit summary with minutes	JG		Complete
June 18-04	JG to circulate list of existing Board members and ask whether anyone else should attend.	JG		Complete
June 18-05	CC/JG to arrange pathway meeting	CC		Complete
Sept 18-01	Ensure the NCPES and CWT are on the agenda for the next meeting.	CC	15/1/19	
Sept 18-02	Circulate the CWT – 62 day pathway performance slides presented at the June meeting.	CC	26/10/18	
Sept 18-03	Develop an SOP for discharge communications.	DM/KD		
Sept 18-04	Meet with Donna Chung to discuss measurement of the new standards.	DM		
Sept 18-05	Discuss the patients' responsibilities on the pathway.	BH/DH/DP		
Sept 18-06	Collate the OG responses from the NCPES for the next Board meeting	CC	15/1/19	
Sept 18-07	Arrange some Board meetings for Tuesdays (including the next one).	CC	16/11/18	
Sept 18-08	Discuss undertaking an audit of ITT communications with KD.	DM/KD		

Attendees

Name	Trust/Organisation
Dip Mukherjee (chair)	UCLHCC
Caroline Cook	UCLHCC
Victoria Wood	UCL, RESPECT 21
Zenab Ahmed	BHRUT
Krupa Patel	UCLH
Dave Pritchard	Patient representative
Brian Hill	Patient representative
David Holden	Patient representative
Frances Hughes	Barts Health
Angela Wong	Barts Health

Apologies

Name	Trust/Organisation
Andrew Millar	NMUH
Cate Simmons	PAH
Borzoueh Mohammadi	UCLH
David Khoo	BHRUT
Donna Hodge	RFL