

Meeting of the NCEL Cancer Alliance Upper GI (OG) Pathway Board

Meeting held between 16:00 – 17:30 on Thursday 17th October 2019, 6th Floor East Meeting Room, 250 Euston Road, NW1 2PG

Chair: **Dip Mukherjee**

1. Welcome and introductions

- DM welcomed attendees to the board, introductions were made and apologies heard.

2. Minutes of last meeting and matters arising

- Actions Oct18-03 and Oct18-06 are still in progress.
- All other actions on action log have been completed.

3. Cancer Alliance – Future Plans for Pathway Boards

- DM introduced the topic of discussion stating that discussions with board members has already taken place in regards to the future configuration of the pathway board following the creation of two cancer alliances in NEL and NCL.
- MM presented the pathway board review. Following a review, led by Mike Richards in 2018 it was agreed that the NCEL Cancer Alliance would form two separate alliances to align with the NEL and NCL STP footprints.
- In July 2019 an external consultancy company developed, alongside the cancer alliance design group draft design principles that were presented to the cancer alliance board. MM outlined these proposed principles.
- MM is currently leading a review of all pathway board and ERGs within the cancer alliance to determine how they are best configured under the new governance structure; this includes a discussion with the pathway board about how they feel the board should continue from April 2020.
- DM stated that there is a risk that the pathway board would lose its influence over operational delivery if it has to report into two governance structures and therefore splitting the board may be beneficial.
- AW highlighted that from a clinical perspective they did not agree with the decision to split the cancer alliance. However, agrees that aligning the pathway board with the cancer alliance will allow the board more influence.
- DH stated that it is important to understand what influence the pathway board will have before making a decision on whether it splits. MM highlighted that the role of the pathway boards is also part of this review.
- The board agreed that clarity on the function of the pathway board and the influence it will have is important.

- MM raised the question regarding services that are commissioned across two STPs. Mike Richards highlighted in his report that it is important that services that have been reconfigured should remain the same regardless of the changes to the cancer alliance.
- DP stated that if there is one surgical centre then it makes sense to have one pathway board.
- The board agreed that even if the board were to split it is important to continue to have joint meetings across the two cancer alliances.

ACTION:

CC to complete feedback template and disseminate to board before being submitted to the Pathway Board Review.

4. Update on National Timed Diagnostic Pathway Implementation

- Implementation group has been established and the next meeting is scheduled for 5th November.

5. Draft Guidelines for Endoscopy Units for Implementing the FDS Standard

- Agenda item not discussed.

6. Patient Experience Survey Results

- DM presented the Upper GI cancer patient experience survey results from 2018 that were published in September 2019.
- As an alliance we are currently performing below the national average in the majority of questions asked in the survey.
- DM suggested that a working group should be developed across the alliance to address some of these areas and improve patient experience.
- DP highlighted that patients are not currently asked about hospital cancellations – this issue should also be addressed by the cancer alliance working group.
- It is important to note that the survey also includes HPB patients, as this is a complex pathway the experience of patients could be impacted.
- AW highlighted that the implementation of RDCs may improve the experience of HPB patients.

7. Risk Register

- A risk register has been created and was circulated to the pathway board with the meeting papers.

8. Any other business

- MM updated on the SWALLOW project that is working to create an app to support patients with information and communication with trusts throughout their care. BETA testing of the app is now taking place.
- The app allows for CNS's to communicate with patients, it also allows for patients to see their up and coming hospital appointments and recent test results.
- The app is GDPR compliant and is free for patients.
- Currently the project team is interviewing patients and clinicians who use the app in detail to work through improvements.

9. Date of next meeting

- TBC

ACTION LOG

Action reference	Action	Owner	Date Due	Status
Oct 18-03	Develop an SOP for discharge communications.	DM/KD		In progress
Oct 18-06	Collate the OG responses from the NCPES for the next Board meeting	CC	15/1/2019	Carried over
Oct 18-08	Discuss undertaking an audit of ITT communications with KD.	DM/KD		In progress
Jan 19-02	Collate the NCPES data for OG and circulate to the Board.	CC	8/2/2019	Complete
Jan 19-05	Ask the operational leads if they are able to provide OG 2ww referral data.	HS	16/1/2019	In progress
Apr19-03	Speak with Helen Saunders about the dietetic service provision in NCL.	LM		
July19-07	Write to PAH regarding the dietetics risk on the risk register	DM		
Oct19-01	Complete feedback template for pathway board review and circulate to board before final submission.	CC	12/11/19	Complete

Attendees

Name	Trust/Organisation
Dipankar Mukherjee (chair)	NCEL Cancer Alliance
Jacob Goodman	NCEL Cancer Alliance
Marc Delon	NCEL Cancer Alliance
Mishal Patel	NCEL Cancer Alliance
Angela Wong	Barts Health
David Khoo	BHRUT
Muntzer Mughal	NCEL Cancer Alliance
Afsana Bhuiya	NCEL Cancer Alliance
Thangadorai Amalesh	BHRUT
Maria Steffanini	UCLH
David Pritchard	Patient Representative
David Holden	Patient Representative
Zenab Ahmad	BHRUT

Apologies

Name	Trust/Organisation
Caroline Cook	NCEL Cancer Alliance

Name	Trust/Organisation
Donna Hodge	RFL
Martina Kelly	NMUH
Jade O'Connell	UCLH
Nikolaos Diamantis	Barts Health

Bringing together hospital trusts, GPs, health service commissioners, local authorities and patients across north and east London to transform cancer care.

Dr Afsana Bhuiya – Co-Chief Medical Officer
Prof Muntzer Mughal – Co-Chief Medical Officer
Naser Turabi – Programme Director

uclh.ncelcanceralliance@nhs.net
47 Wimpole Street, London W1G 8SE
www.uclh.nhs.uk/ncelcanceralliance
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