

Meeting of the *London Cancer Urology Cancer Pathway Board* meeting

Date: **Thursday 17th August 2017, 16:30-18:00**

Venue: Boardroom, UCLH @ Westmorland Street, London, W1G 8PH

Chair: **John Hines**

1. Welcome and introductions and Minutes from last meeting

- John Hines welcomed members of the board, introductions were made and apologies heard. Minutes of the last meeting were accepted as an accurate record with minor amendments made.

Action Log:

- NCL Stratified follow-up guidelines have been completed and sent to pathway board.
- Rebecca Sumner confirmed that trusts are currently being paid for Prostate follow up appointments. Currently trusts are paid £80-90 a patient. Christine Moss highlighted that stratified follow up aims to reduce the burden on Prostate clinics in secondary care. John Hines confirmed that, once patients are seen in primary care this means trusts will not be paid for seeing follow up patients however it will reduce demand on currently overloaded clinics. John Hines asked the members of the board to relay this message back to their trusts in NCL in case of any financial implications. Stratified follow up is due to start on 2nd October in NCL.
- John Hines highlighted that low dose Brachytherapy services are currently being reviewed but at the moment Barts Health are providing this service for the London Cancer network.
- Greg Shaw to present list of open trials and next meeting, John Hines asked the board to continue to send a list of open trials to Greg.
- Jacob Goodman confirmed that the gateway 5 presentation will be distributed to the board with the meetings minutes.
- The bladder timed pathway has been circulated to the board; currently no response has been received.
- Jacob Goodman confirmed that the prostate patient information leaflet is now being used at UCLH and Barts Health. This leaflet will be distributed to all board members who are invited to get in touch with London Cancer if they are interested in using. John Hines highlighted that Greater Manchester, one of our vanguard partners is also interested in using the leaflet. The overall aim is for GPs to give out this leaflet when referring patients to secondary care.

**ACTION: NCL board members to relay financial implications of stratified follow up back to trust.
JG to distribute gateway 5 presentation.
JG to distribute patient information leaflet.**

2. MDT Scorecards

Discussion points:

- Ben Goretzki presented an example of the Prostate MDT scorecard which is currently being developed by the Centre for Cancer Outcomes which is part of UCLH Cancer Collaborative.
- These scorecards will be co-developed with the tumour pathway board to ensure that all the relevant information is made available; the aim is to have these scorecards set up in all trusts across the network.
- This will provide trusts with an overview of their data that will be sent out to the national team, this includes staging data, treatment modality and all MDT level data. This will enable the MDT to validate the data being submitted in national reports before they are sent out to ensure accuracy.
- John Hines highlighted the importance of the MDT scorecards and the necessity to ensure data collection is accurate across our network.

ACTION: MDT scorecard to be an Agenda item for November meeting and for all Trust Representative to attend.

3. MRI Optimisation Project

Discussion points:

- Shonit Punwani presented the work currently being done by the MRI optimization team. London Cancer has been awarded £70,000 to fund a clinical scientist post to support the improvement of MRI across the network.
- Challenges are:
 1. Ensuring all trusts across London Cancer are able to provide high quality mpMRI scans that can be used diagnostically
 2. Ensuring that the Prostate MRI is reported by a specialist Radiologist who can provide MDT level reporting.
 3. How do we check on quality, whose going to do the checking of the quality of what radiologist are reporting
- The team has carried out a 3 month audit of MRI scans from patients referred to UCLH from London Cancer trusts. This showed that 81% of these scans needed to be re taken due to poor quality.
- There was a national consensus meeting, supported by London Cancer that is providing a paper to establish guidelines on Prostate MRI – this will be reviewed at the next board meeting.
- The MRI optimization team will be visiting all trusts within London Cancer and offering support on improving the quality of imaging. In addition to this London Cancer has also funded a two day MRI reporting master class which aims to improve reporting technique. Each trust in the network was represented on this course.
- The team has already visited BHRUT and WXH hospitals.

ACTION: Board members to email Jacob Goodman to organize MRI optimization team to visit trust.

4. Stratified Follow up

Discussion points:

- Sharon Cavanagh provided an update on stratified follow up.

- Sharon Cavanagh also discussed recovery package, data shows that these are not being completed across our network. This includes HNAs and treatment summaries.
- Currently, for 16/17 the data shows that trusts are not completed treatment summaries.
- Queries were raised by the board about how this information is being collected; this needs to be flagged on the cancer information systems for it to be shown as complete on national databases.
- Gillian Smith stated that Royal Free has not had a lead cancer CNS until recently which would affect the collection of treatment summaries.
- Sharon Cavanagh highlighted that Haematology were currently the best performing tumour site in completing treatment summaries, John Hines felt it would be best to learn from their process.
- The board felt that an analysis on how treatment summaries are currently collected should be carried out. This should be presented to the board who will discuss how best to improve data collection.
- The board asked if there was an IT solution to improve data collection, Sharon Cavanagh highlighted that both Somerset and Infoflex have the capability to capture this information however most clinicians do not have access.
- John Sandell felt it was important to standardise the process of treatment summaries across the network. Hilary Baker mentioned that, if CNS's are to be responsible this message needs to be passed down.

ACTION: John Hines to write to each Trust Cancer Lead Clinician on how they complete Recovery Package Summary

6. Lymphoedema Audit

Discussion points:

- Sharon Cavanagh presented the current Lymphoedema audit being carried out by UCLH Cancer Collaborative. This is a multi-tumour audit starting on 1st October for three months.
- John Hines asked for this audit to be passed onto Urology leads across the network.

ACTION: Sharon Cavanagh to send lymphoedema audit to Urology leads across London Cancer.

7. Prostate one stop clinic 'how to guide'

Discussion points:

- Jacob Goodman presented the recently established 'how to' guide aiming at supporting trusts to set up prostate one stop diagnostic services. This was based on the successful service set up by Royal Free.
- Currently London Cancer are working with Barts Health to set up a one stop service across the trust. Gillian Smith highlighted the positive impact this had not only on cancer waiting times but patient experience.
- John Hines asked for board members to discuss with their trusts and contact Jacob Goodman if they are interested in setting up one stop diagnostic clinics for Prostate patients.

ACTION: Board members to discuss Prostate one stop 'how to' guide with trust and email Jacob Goodman if would like support in setting up service from London Cancer

8. Pan Vanguard Prostrate Timed pathway

Discussion points:

- John Hines mentioned that a current working group has been established on a pan vanguard level to establish a new Prostate timed pathway. The next meeting is in September 2017 and John Hines will feedback at the next pathway board meeting.
- The timed pathway aims to reduce the time between MRI and biopsy to 48 hours. It is felt that the best way to meet this new pathway is to implement a one stop service.
- The new timed pathway aims to provide a diagnosis to patients before day 28 which will be a new target in 2020. Trusts must prepare to be able to meet this.

Next meeting date: 17th November 16:30-18:00, Boardroom, UCLH @ Westmoreland Street, London, W1G 8PH

ACTION LOG

| Date Agreed | Action | Owner | Date Due | Status |
|-------------|---|-------|------------|----------|
| 02/02/2017 | Sharon Cavanagh to revise stratified follow up guidelines and distribute to board. | SC | 01/03/2017 | complete |
| 02/02/2017 | Rebecca Sumner to investigate financial implications of stratified follow up to trusts and feedback to board. – Awaiting confirmation from finance team – to feedback to board. | RS | 17/08/2017 | complete |
| 02/02/2017 | Each trust to send list of open trials to Greg Shaw and Jacob Goodman | ALL | On going | |
| 11/05/2017 | Asif Muneer to send details of Penile trial at UCLH to Greg Shaw | AM | 01/11/2017 | |
| 11/05/2017 | John Hines to approach Hilary Baker and James Green regarding their work on treatment summaries. | JH | 01/06/2017 | complete |
| 11/05/2017 | Jacob Goodman to distribute patient information leaflet to board. | JG | 01/06/2017 | Complete |
| 17/08/2017 | NCL board members to relay financial implications of stratified follow up back to trust. | ALL | 01/10/2017 | |
| 17/08/2017 | JG to distribute gateway 5 presentation. | JG | 15/10/2017 | |
| 17/08/2017 | MDT scorecard to be an Agenda item for November meeting | JG/JH | 01/11/2017 | |
| 17/08/2017 | Board members to email Jacob Goodman to organize MRI optimization team to visit trust. | ALL | On Going | |

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| 17/08/2017 | John Hines to write to each Trust Cancer Lead Clinician on how they complete Recovery Package Summary | JH | 01/11/2017 | |
| 17/08/2017 | Sharon Cavanagh to send lymphoedema audit to Urology leads across London Cancer. | SC | 01//11/2017 | |
| 17/08/2017 | Board members to discuss Prostate one stop 'how to' guide with trust and email Jacob Goodman if would like support in setting up service from London Cancer | ALL | On Going | |

Attendees

| Name | Role | Trust/Organization |
|-----------------|------------------------|-----------------------------------|
| John Hines | Chair | London Cancer |
| Jacob Goodman | Project Manager | <i>London Cancer</i> |
| Fiona Bremmer | Project Coordinator | London Cancer |
| Emma Pelluet | Consultant Radiologist | Barts Health |
| John Sandell | Patient Representative | |
| Donna Chung | Programme Lead | <i>Centre for Cancer Outcomes</i> |
| Holly Norman | Programme Lead | Cancer Academy |
| Ben Goretzki | Senior Analyst | Centre for Cancer Outcomes |
| Rebecca Sumner | Service Manager | UCLH |
| Shonit Punwani | Consultant Radiologist | UCLH |
| Christine Moss | GP | West Essex CCG |
| Sharon Cavanagh | Programme Lead | MICA – London Cancer |
| Hilary Baker | CNS | UCLH |
| Gillian Smith | Consultant Urologist | Royal Free |
| Anand Kelkar | Consultant Urologist | BHRUT |
| Reena Davda | Consultant Oncologist | UCLH/PAH |

Apologies

| Name | Role | Trust/Organization |
|--------------------|------------------------|--------------------|
| Manit Arya | Consultant Urologist | PAH |
| Veronica Brinton | Patient Representative | |
| Jeevan Kumaradevan | Consultant Radiologist | Whittington |
| Victoria Wood | | Respect 21 |
| Asif Muneer | Consultant Urologist | UCLH |
| Sandeep Pathak | Consultant Radiologist | Barts Health |

