Pathway group chairs quarterly forum

Date	12 March 2015	Time	3-5pm
Meeting Chair	Ron Beaney [RB]	**Location**	LCA Boardroom

Present:	Muti Abulafi [MA]	Natalie Doyle [ND]	
	Majid Kazmi [MK]	Will Teh [WT]	
	Chris Nutting [CN]	Louise Soames [LS]	
	Shelley Dolan [SD]	Liz Sawicka [LSaw]	
	George Hanna [GH]	Alex Taylor [AT]	
	Amanda Ramirez [AR]	Satvinder Mudan [SM]	
	Nick Hyde [NH]	Claire Dowling [CD]	
	Kate Haire [KH]		
In Attendance	Michelle Chen [MC]	Nisha Shaunak [NS]	
	Christine Jarvis [CJ]	Falguni Raja [FR]	
	Falguni Raja [FR]	Salma Abadi [SA]	
	Ricki Ostrov [RO]	Stephen Scott [SS]	
Apologies	Mairead Griffin	Andrew Hodgkiss	
	Peter Clarke	Nigel Sykes	
	Jamie Ferguson	Barry Powell	
	Justin Vale	Tom Newsom-Davis	
	Julia Chisholm		

Notes and actions

Agenda item	Notes and actions	Respon sible
1.	**Welcome and introductions** Apologies and attendees for the meeting have been noted above	
2.	**Matters Arising** **2.1 Notes from the meeting 4 December 2014** It was agreed that minutes dated 4 December 2014 will be published on the LCA website. **Action: LCA Communication team to publish on LCA website.** **2.2 Updates** Cancer waiting times continues to be an area of concern across LCA. Therefore it was agreed that CWT should be a rolling agenda item at future meetings**.** KH explained that TCST has financially incentivised north west London to develop timed pathways, which LCA supports. She clarified that this is not reallocation policy and will raise the issue of financially incentivising south east and south west London with Andy Mitchell at NHS England. She also highlighted that the strategic clinical network meeting made clear peer review will continue with a focus on cancer. From January 2016 there will be a new system focused on clinical outcomes but this year it is business as usual, with the validation and self-assessment process unchanged. CD updated the group on the discussions from the cancer commissioning board: the endoscopy strategy was presented for approval. LCA wished it noted that the financial activity modelling within the document and the document itself required further work; the straight-to-test initiative for colorectal cancer raised issues about adoption of 2 week wait referral forms across primary care, which may increase the number of referrals into endoscopy services; and the CCB is also looking at reconfiguring breast screening services across London. This will be led by Kathy Binysh.	RO
3.	**Setting pathway group priorities for 2015/16** CD presented to the group on the LCA achievements in 2014/15, highlighting the continued good engagement from clinicians within the LCA. LCA Programme priorities for 2015/16 at pathway level should include the following components 3-4 Tumour specific priorities aligned to commissioning intentions / NHSE service specification - AHSN initiatives (where relevant) - Performance / service improvement: cancer waiting times, quality, audit programme - Integration of tumour specific and cross cutting pathways e.g. survivorship, palliative care - Early diagnosis Planning and review of the pathway work plans should be done with Project managers, ensuring the use of data and quality information to inform prioritises with a clear scope and quarterly milestones	

	WT asked what constitutes 'delivery', as all groups are slightly different, and how will it be measured. The chairs were assured that they will have flexibility to shape it and ensure it is clinically appropriate for their group.
	
	The overall deliverables for 2015/16 include the following
	   • Recommendations on surgical service configuration – urology, H&N, gynae, anal, pituitary/skull base, OG, HPB
	   • Implement and monitor compliance to LCA wide best practice clinical guidelines
	   • Improvement in timeliness and granularity of cancer informatics
	   • QCBER version 2 linking the informatics and quality assurance agendas
	   • Implement LCA Education and Training Strategy and priorities
	   • Implement LCA R&D Strategy and priorities
	   • Implement LCA Commercial strategy – CMS and sustainability
	   • AHSN Initiatives – LCA adoption and spread
	   • Tumour specific/pathway specific deliverables	

4.	**Summary of data and quality information products for pathways 2014/15** The different data products that the LCA can make available to the pathway groups were discussed briefly, including SACT, QCBER, NCPES pathway group audits, HES data and compliance metrics. Data and quality information should be addressed at clinical fora, including tumour specific scorecards which should be reviewed at alternate clinical fora.	SS
5.	**Feedback from pathway chairs on use of informatics and quality information to implement change** All the tumour specific pathway chairs agreed that the range of informatics and quality information was extremely useful. The cross cutting groups do not have the same availability of data, but were encouraged to share their work with the tumour specific groups so the two can work more effectively together. All agreed the information is a much valued resource and the quality of data produced by the LCA is excellent. There is still a lack of outcome data by Trust, which is not specific to the LCA but a national issue, and some of the problems are issues of data collection and not of performance.	
6.	**For information** **6.1 Clinical Board minutes 12 February 2015**	

Next meeting details

Date	11 June 2015	Time	3-5pm
Meeting Chair	Ron Beaney	**Location**	LCA Boardroom

Full meeting schedule

Meeting date	Time	Location

Pathway group chairs quarterly forum

| 10 September | 3-5pm | LCA Boardroom |
| 10 December 2015 | 3-5pm | LCA Boardroom |