

Pathway group chairs quarterly forum 20 March 2014

Date	20 March 2014	Time	3-5pm
Meeting Chair	Ron Beaney	Location	LCA Basement

	Ron Beaney	Kate Haire
	Jamie Ferguson	Justin Vale
	Barry Powell	Liz Sawicka
	Natalie Doyle	Amanda Ramirez
	Anna Aseieva	Nick Hyde
	Claire Dowling	Julia Chisholm
	Alex Taylor	Shelley Dolan
	George Hanna	Nisha Shaunak
	Satvinder Mudan	Caitriona Fox
	Louise Soanes	Seraphim Patel
	Ricki Ostrov	Hilary Wilderspin

Apologies	Peter Clarke	Will Teh
	June Allen	Mairead Griffin
	Tom Newsom-Davis	Nigel Sykes
	Muti Abulafi	Majid Kazmi
	Chris Nutting	

Notes and actions

Agenda item	Notes and actions	Responsible
1.	Welcome and introductions Apologies and attendees for the meeting have been noted above.	
2.	Update from the Clinical Directors and Programme Director It was agreed that minutes from the pathway group chairs meetings will be published on the LCA website.	

	<p>Action: Approved minutes will be published on LCA website.</p> <p>SD provided Clinical Board update, including details of the CNS mapping work. The patient experience group intends to undertake further analysis provide further information for pathway groups. At the CB there was also a presentation by mental health and psychological support pathway co-chair Amanda Ramirez on mental health services. The hub and spoke model proposed that amalgamates services was supported by the Clinical Board.</p> <p>The first Members' Board meeting with all provider CEOs was being held on 20/03/14 - the same time as pathway chairs meeting. Provider organisations have agreed to a members' subscription for 2014/15.</p> <p>CD and KH explained that NHS England (London) Transforming Cancer Services programme will move to the cancer commissioning team to form the Transforming Cancer Services Team from 1st April. KH explained that governance arrangements were in the process of changing and she would keep the chairs updated.</p> <p>SD mentioned the work on improving 62 day waiting time breaches and the deteriorating performance across London, and if there is anything the LCA can do to help to let her know.</p> <p>NH updated the group on a scoping exercise on radiology that LCA is to undertake. The aim is to work towards sharing resource and to ensure reporting is to protocol standards.</p> <p>Progress update on R&D strategy</p> <p>The LCA has advertised for a Director of R&D, and the closing date for applications is 31 March.</p> <p>AT said that support for clinical trials, particularly in the availability of clinical trial research nurses, is a major issue in gynaecology..</p> <p>Clinical Guidelines</p> <p>CD updated on clinical guidelines, impressing on the chairs that they are fundamental to the work of the LCA to reduce variation and improve outcomes. SD said there is a need to emphasise the inclusion of international best practice in the guidelines, as one of their purposes is to demonstrate best practice. Additional work may then need to be undertaken to understand the commissioning or affordability of the recommended treatment.</p>	
<p>3.</p>	<p>Quality Assurance Exception Report</p> <p>LCA quality assurance manager Seraphim Patel provided an</p>	

	<p>update on the LCA QA exceptions reporting for key stakeholders. The LCA QCBER (Quality Clinical Board Exception Report) is a live document integrated to inform the LCA Clinical Board, project managers and pathway groups when there are quality concerns. The report can be viewed by tumour type or field. It has a number of components and tools to triangulate information.</p> <p>RB explained it will be good to identify performance issues at trusts as the QCBER will flag this up. NH encouraged all pathway chairs to look the information for their own tumour type.</p> <p>SP explained that LCA has also produced an updated version of the Quality Assurance Framework, which includes governance structure and LCA quality priorities for 2014/15.</p> <p>Action: Pathway chairs to work with project manager to feed back information to Seraphim.</p>	
<p>4</p>	<p>Updates from pathway groups</p> <p>Brain/CNS</p> <ul style="list-style-type: none"> - Clinical guidelines have been sent for editing; - the group has produced the response to the Model of Care; and has agreed a workplan for 2014/15. - RB also raised the issue of the metrics in the Model of Care and the difficulty of trying to get accurate data. <p>MCSG</p> <ul style="list-style-type: none"> - There were some initial concerns among providers regarding provision of subcut Herceptin, but this has been resolved. - Chemo leads have been identified for each pathway group and the MCSG group has been involved in writing the drug regimens for clinical guidelines. - Additionally, the group is writing out for expressions of interest for the chemo closer to home pilots. <p>Mental health and psychological support</p> <p>As previously mentioned the Clinical Board supported the hub and spoke model for delivery of mental health services. The next step will be to develop a business case.</p> <p>OG</p> <ul style="list-style-type: none"> - A virtual collaboration centre consisting of the 3 OG centres is being developed. The group intends to agree a joint database - Work is also being undertaken to improve and standardise the process for surveillance of Barrett's <p>HBP</p> <ul style="list-style-type: none"> - Clinical guidelines waiting for sign off from Chair. - A pan-London symposium on early diagnosis of abdominal 	

symptoms (EDAS) was held with London Cancer and the EDAS work group is pulling together several elements of the pathway around 4 themes of education, surveillance, clinical service redesign and IT decision support tools.

Survivorship

- The group is using trusts to improve implementation of the recovery package. One of the biggest challenges is appropriate IT in trusts to support implementation. T
- The next quarterly forum is on change management and how to support people to make changes in their trust.
- The group would like to ensure survivorship representation on each tumour specific pathway group; this doesn't need to be additional member but someone who interested and will champion survivorship.
- AT mentioned that London Cancer has produced detailed treatment summaries (not generic one) and GPs she has met are very keen to use them.

Action: KH suggested that ND obtain the LC treatment summaries and circulate to the group.

Post-action note: The Survivorship and Gynae project managers contacted London Cancer, which was not aware of detailed treatment summaries and is looking into this further.

Paeds

- The group is concentrating on auditing compliance with the target for neutropenic sepsis 48 hour discharge.
- It is also developing patient information on neutropenic sepsis and looking at issues around 2ww in children.

TYA

The group is looking at palliation care for teenagers and young adults and also the issue of early diagnosis when presenting as an emergency.

Urology:

- 62 pathway is a huge challenge in prostate cancer because of scheduling of diagnostics. The best practice prostate pathway should help resolve this but it is not yet fully implemented across LCA;
- Clinical guidelines not yet completed as waiting to standardise guidelines
- Attendance at pathway group meetings are flagging and asked for suggestions from other chairs;

Action: LCA to provide details of clinical engagement by trust for urology.

	<p>Skin</p> <ul style="list-style-type: none"> - Clinical guidelines are in process of being edited. - There is an increased demand for GP education, and are setting up GP education days where doctors can get 'hands on' experience in clinics. Concerned that there may be fewer GPs doing lower risk BCC treatment. <p>Gynae</p> <ul style="list-style-type: none"> - Baseline audit has been completed and the group has mapped what services are being done and where. - Work is taking place to evaluate the use of minimally invasive surgery for endometrial cancer at trusts across the LCA. <p>Lung</p> <ul style="list-style-type: none"> - The group has undertaken out audits for access to pathology and radiology. - For improved survival it is crucial to improve early diagnosis. This includes work on implementing a timely diagnostic pathway – the initial priority is to ensure a CT scan is performed before the first appointment. The group is producing standards to discuss at next clinical forum. - The group is also working on improving patient awareness and put a bid into Macmillan for a project working with pharmacists. - The group would like to set up teaching programme for GPs, who are often delaying x-rays, which can then delay diagnosis. Also would like to get more people involved in research. 	
AOB	RB asked all chairs to be prepared to discuss their greatest successes and greatest challenges at the next meeting.	

Next meeting details

Date	12 June 2014	Time	3-5pm
Meeting Chair	Ron Beaney	Location	LCA Boardroom

Full meeting schedule

Meeting date	Time	Location
11 September 2014	3-5pm	LCA Boardroom
4 December 2014	3-5pm	LCA Boardroom
12 March 2015	3-5pm	LCA Boardroom