

Pathway group chairs quarterly forum

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

Attendees	Ron Beaney	Kate Haire
	Andrew Hodgkiss	Justin Vale
	Muti Abulafi	Will Teh
	Stan Kaye	Hilary Wilderspin
	Tom Newsom-Davis	Nick Hyde
	Claire Dowling	Julia Chisholm
	Majid Kazmi	Shelley Dolan
	George Hanna	Nigel Sykes
	Satvinder Mudan	George Hanna
	Louise Soanes	Satvinder Mudan
	Anna Aseieva	Peter Clarke
	Ricki Ostrov	Caitriona Fox
	Michelle Bull	Melissa Morris
	Amy Sherman	Maureen McGinn
Apologies	Barry Powell	Natalie Doyle
	June Allen	Mairead Griffin
	Alex Taylor	Jamie Ferguson
	Amanda Ramirez	Liz Sawicka

Notes and actions

Agenda item	Notes and actions	Responsible
1.	Welcome and introductions Apologies and attendees for the meeting have been noted above.	
2.	Notes from the meeting 20 March 2014 It was agreed that minutes from the pathway group chairs	

	<p>meetings will be published on the LCA website.</p> <p>Action: Approved minutes will be published on LCA website.</p>	RO
3.	<p>R&D strategy</p> <p>Professor Stan Kaye, the new LCA Director of Research, discussed his role and how he will progress the work to develop a research and development strategy. The strategy will be presented at the November LCA Members’ Board meeting.</p> <p>He has already met a number of pathway chairs to discuss research priorities of the pathway groups and across the LCA. He also highlighted the importance of aligning the LCA R&D work with that of the clinical research networks and exploring opportunities around health service research.</p> <p>Shelley Dolan pointed out there is infrastructure in trusts for clinical trial nurses, but there could be an opportunity to share resource across local geography, and through sharing funding from cancer charities or industry – which often funds clinical trial research nurses.</p> <p>Tom Newsom-Davis mentioned that patient recruitment often takes place at centres but less so at DGHs, as the numbers of patients are too small even if the hospital is interested. Ron Beaney added that even larger institutions have problems as some trials are site specific.</p> <p>Majid Kazmi explained that his pathway plans to develop a directory of services of research services across LCA for haematology. Similar work is also being undertaken by a number of the other pathway groups.</p> <p>Nigel Sykes said that the Cicely Saunders Institute, as part of the King’s CLAHRC (Collaboration for Leadership in Applied Health Research and Care), has launched a 5 year programme of work in palliative and end of life care. Though based at King’s, it will extend across the LCA to all palliative care partners and there could be significant opportunities for collaboration across North West and South London.</p>	
4	<p>Pathway group early diagnosis priorities</p> <p>Kate Haire provided background to early diagnosis work across LCA and pan London. She requested feedback on the progress pathway groups have made on developing early diagnosis projects and stressed that there continues to be huge national drive to improve early diagnosis.</p> <p><u>Breast</u></p> <p>Will Teh: The group is looking at the issue of targeting breast cancer screening for those in a moderate risk group. This will include agreeing a standard pathway and data collection to evaluate outcomes.</p>	

	<p><u>Brain/CNS</u></p> <p>Ron Beaney: Earlier diagnosis in brain/CNS is important as it provides an opportunity for reducing neurological damage, smaller resection, reducing anxiety about delays and enhancing public confidence in healthcare. The key areas of work are raising awareness among GPs and A&E staff. The initial focus will be working with primary care, better education of A&E staff and working on a project to raise awareness of patients with brain tumours.</p> <p><u>Colorectal</u></p> <p>Muti Abulafi: There was no controversy about the importance of early diagnosis in colorectal cancer as tumours diagnosed at an early stage had significantly improved outcomes. London colorectal screening uptake is poor: 10% below the national average and the national average is 10% below the national target. LCA worked collaboratively with London Cancer and Transforming Cancer Services to develop and agree a best practice commissioning pathway to improve early detection, as colorectal cancer has good survival rates when treated early and there is on-going work with commissioners around implementation. Improving early detection of lower GI cancers is a priority, and the key actions will be to improve diagnostic capacity and quality, including JAG accreditation of services.</p> <p><u>Head and neck</u></p> <p>Peter Clarke: One of the main difficulties for head and neck cancers is the wide variety of presenting features. One way to speed up diagnosis would be through developing neck lump clinics. GP education is also important and pathway group members are keen to develop an education package for H&N cancer for GP trainees, collaborative work to develop a new 2ww form which has elements of education, and looking at developing a web link with FAQs for primary care.</p> <p><u>Gynaecology</u></p> <p>Michelle Bull: The focus for gynaecology is on improving the timeliness of the cancer diagnostic pathway with an initial focus on the delays between first appointment and starting treatment. The group is sharing best practice to develop and agree a standard LCA pathway</p> <p><u>Urology</u></p> <p>Justin Vale: Urology will focus on the challenges in the 2ww referral as certain cancers such as penile are not easily recognised.</p> <p><u>Haematology</u></p> <p>Majid Kazmi: Haematology is difficult as many of the symptoms</p>	
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are non-specific lumps. The two major pieces of work are to develop a system to flag abnormal proteins in pathology labs and the other focuses on primary care to develop a process to flag when back pain should trigger a blood test for myeloma.

OG

George Hanna: OG is doing some early diagnosis work. One project is to develop and implement an endoscopy strategy for Barrett's. He has applied for an NIHR research grant to take forward the research project on using a breath test to identify patients at high risk of an OG cancer.

Paediatrics

Julia Chisholm: The main area of work for paediatrics is around the referrals process from primary care. Of 578 LCA 2ww referrals for children only 3 were cancer cases. There isn't a specific 2ww form for children and at present the 2ww referral does not appear to be an effective process for referral.

TYA

Louise Soanes: There is a need to raise awareness of cancer in teenagers and young adults particularly for gynae, haem-onc and brain/CNS cancers.

AOS

Tom Newsom-Davis: Over 20% of patients are getting diagnosed through A&E. There are a number of factors, one of which is that a significant number of patients are so unwell that they can't wait 2 weeks to be seen so their GP suggests they go to A&E. One possibility to address this would be to have a cancer nurse in all A&E departments.

Palliative care

Nigel Sykes: The palliative care group has developed triggers for advance planning that should start the conversation about palliative or end of life care. A sub group is working with this and it will be trialled through the lung pathway group.

HPB

Satvinder Mudan: It is difficult for GPs to diagnose HPB cancers as for many GPs it will be a once in a lifetime event. Currently around 50% of HPB cases present at A&E so earlier diagnosis is essential. The two main projects are HCC surveillance of patients with cirrhosis and looking at different diagnostic models such as a cancer exclusion clinic. Andrew Miller is leading the work on this in London Cancer.

Mental Health and Psychological Support

	<p>Andrew Hodgkiss: Early diagnosis for psychiatric morbidity after cancer is important. This should include optimal management for the management of delirium in inpatients.</p> <p>.</p>	
5	<p>6 monthly pathway updates</p> <p>There were a number of common themes in the updates.</p> <ul style="list-style-type: none"> - Clinical guidelines are completed or nearing completion. - Responses to the Model of Care recommendations have been completed by most pathway groups. They will now be looking at implementation and whether the recommendations in the MoC need to be reviewed. - Clinical engagement is becoming an issue, with low attendance at pathway group meetings and clinical fora. Attendance at these meetings is a peer review requirement, so important to emphasise this. <p>Action: The Clinical Directors will send a letter to the 16 member organisations to highlight this requirement.</p>	SD/NH
AOB	<p>Claire Dowling informed the group that the LCA is developing an education and training strategy, and Dr Ros Given-Wilson, currently medical director at St George's, will be leading this work.</p> <p>Nick Hyde stated that that auditing the implementation and compliance of guidelines will be one of the next key strands of work for pathway chairs.</p>	

Next meeting details

Date	11 September	Time	3-5pm
Meeting Chair	Ron Beaney	Location	LCA Boardroom

Full meeting schedule

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