

## Pathway group chairs quarterly forum

<b>Date</b>	11 September 2014	<b>Time</b>	3-5pm
<b>Meeting Chair</b>	Ron Beaney	<b>Location</b>	LCA Boardroom

<b>Present:</b>	Muti Abulafi	<b>[MA]</b>	
	Julia Chisholm	<b>[JC]</b>	Barry Powell <b>[BP]</b>
	Tom Newsom-Davis	<b>[TD]</b>	Amanda Ramirez <b>[AR]</b>
	Shelley Dolan	<b>[SD]</b>	Liz Sawicka <b>[LS]</b>
	Andrew Hodgkiss	<b>[AH]</b>	Alex Taylor <b>[AT]</b>
	George Hanna	<b>[GH]</b>	Will Teh <b>[WT]</b>
	Nick Hyde	<b>[NH]</b>	
	Kate Haire	<b>[KH]</b>	
<b>In Attendance</b>	Anna Aseieva	<b>[AA]</b>	Seraphim Patel <b>[SP] - Minutes</b>
	Michelle Bull	<b>[MB]</b>	Falguni Raja <b>[FR]</b>
	Fiona Carr	<b>[FC]</b>	Michael Sharpe <b>[MS]</b>
	Natalie Doyle	<b>[ND]</b>	Amy Sherman <b>[AS]</b>
	Caitriona Fox	<b>[CF]</b>	Nisha Shaunak <b>[NS]</b>
	Maureen McGinn	<b>[MM]</b>	Hilary Wilderspin <b>[HW]</b>
<b>Apologies</b>	Peter Clarke	<b>[PC]</b>	Felicity Surridge <b>[FS]</b>
	Claire Dowling	<b>[CD]</b>	Nigel Sykes <b>[NS]</b>
	Jamie Ferguson	<b>[JF]</b>	Justin Vale <b>[JV]</b>
	Satvinder Mudan	<b>[SM]</b>	

**Notes and actions**

Agenda item	Notes and actions	Responsible
1.	<p><b>Welcome and introductions</b></p> <p>Apologies and attendees for the meeting have been noted above.</p>	
2.	<p><b>Notes from the meeting 12 June 2014</b></p> <p>It was agreed that minutes dated 12 June 2014 will be published on the LCA website.</p> <p><b>Action: LCA Communication team to publish on LCA website.</b></p>	FC
3.	<p><b>Demonstration on how to use and access the COSD Portal</b></p> <p>MS presented on how to use and access the COSD Portal. Following points were noted in discussion:</p> <p>Use of the portal allows access to data at Trust, tumour and CCG level were available for 2012, 2013 and 2014 data submissions across a range of data items. Comparison with the England average and other clinical networks were also available.</p> <p>When Level 3 reports are made available at the beginning of October, it will be expected that a range of providers, specialist and CCG commissioners will access and analyse the data. It was therefore important that pathway chairs and project managers understood what data is on the portal at tumour and provider level.</p> <p>The following points were noted in discussion:</p> <p>London Cancer Alliance stageable cancers with a full valid stage in 2012 and 2013 was 66%</p> <ul style="list-style-type: none"> <li>• Stageable Cancer with a full valid stage varied by tumour type. Head and Neck and Lung within LCA were lower than the England average in 2013</li> <li>• Cancers discussed at MDT with a performance status for 2013 showed 26% of the LCA compared to 48% for East of England and a national average of 35%</li> <li>• The percentage of patients recorded as seeing a CNS at the time of their diagnosis was at 13%, in comparison to a nationwide percentage of 21%</li> </ul> <p>Update on Cancer registration were as follows:</p> <ul style="list-style-type: none"> <li>• 2012 registrations were complete</li> <li>• 2013 registrations will be complete by December 2014</li> <li>• 2014 registrations are expected to be to complete in “real time” (6 months post notification of diagnosis)</li> </ul> <p>The aim is to achieve staging completeness of 80% across 11 tumour sites: Prostate, Breast, Lung, Colorectal, Ovary, Cervix, Uterus, Lymphoma, Melanoma, Kidney and Bladder</p> <ul style="list-style-type: none"> <li>• Based on the 2012 data, the NCIN has recently published one year survival for 5 key sites – Ovary, Prostate, Breast, Colorectal and Lung, available here: <a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/347275/Cancer_survival_in_England_by_stage_report_.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/347275/Cancer_survival_in_England_by_stage_report_.pdf</a></li> <li>• It was requested by the Board that this data be made available at Provider</li> </ul>	MS

	<p>level. MS stated he would take the request back to the NCRS.</p> <p>It was noted that Steve Scott already had access to the Level 3 reports and these were being for the data quality reporting in the pathway level and LCA wide metrics. It was agreed that Steve would provide Michael with details of all the pathway chairs and project managers so that they can be given access to the portal. Any queries on data quality/accuracy should be directed to Michael <a href="mailto:m.sharpe@nhs.net">m.sharpe@nhs.net</a></p> <p>The chair thanked MS for the detailed explanation and showing the members in how to use and access the COSD Portal.</p> <p><b>Action:</b> It was agreed that Steve would provide Michael with details of all the pathway chairs and project managers so that they can be given access to the portal. Any queries on data quality/accuracy should be directed to Michael <a href="mailto:m.sharpe@nhs.net">m.sharpe@nhs.net</a></p>	
<p><b>4</b></p>	<p><b>LCA Audit Programme – Priorities and Process</b></p> <p>The LCA local audit programme was circulated to the members. KH outlined that this was the list compiled by SP by the support of PMs to understand the number of local audits registered. KH stated that it was important that the pathway groups considered how to use the resources effectively; pathway group audits should be carefully selected and prioritised to reflect the priorities to support implementation of the LCA clinical guidelines and 2014/15 work programme. It was suggested that it would be difficult for a pathway group to effectively deliver more than 2 or 3 robust audits and further discussion may need to be held within the group to prioritise audits which supported guideline implementation</p> <p><b>Action:</b> The process agreed that PMs to consult with the pathway chairs and let SP know which local audits are being planned so this is registered. This will be reviewed by the core leadership group to ensure that the pathway groups’ proposed audits reflect priorities around implementation of their clinical guidelines and 2014/15 work programme.</p>	<p>KH/SS</p>
<p><b>5</b></p>	<p><b>Update on the R&amp;D Strategy</b></p> <p>SK provided an update on the R&amp;D strategy. LCA recently appointed the R and D manager and will support SK in delivering the R and D agenda. The following points were noted in discussion.</p> <ul style="list-style-type: none"> <li>• R and D manager will be based at the LCA office and Sutton and will be a key member in supporting with the delivery of the research and development strategy and working collaboratively with the pathway groups. It was noted in discussion that SW and NW research networks have the potential to undertake collaborative working partnership in R and D programme through the LCA.</li> <li>• SK has already met with the pathway chairs and is in the process of establishing a research board, which will provide guidance to the LCA Research Director and manager on various aspects of the LCA research activity.</li> <li>• LCA’s research draft plan was presented to members. The plan outlined</li> </ul>	<p>SK</p>

	<p>translational research, early diagnosis, clinical trial, health services research and palliative care. Focus of the research strategy should be on areas of unmet needs, where evidence obtained through LCA can ensure that the research makes a contribution to improvements in patient care.</p> <ul style="list-style-type: none"> <li>• LCA will work very closely with the pathway groups to identify and develop appropriate research trials within the LCA as well as provide expertise in other research areas and at increasing research knowledge within the LCA. SK will be presenting the research strategy to the clinical board in October, which will then be followed by a presentation to the member’s board in November.</li> <li>• SK stressed the need for research to generate funding to support LCA research programme</li> </ul> <p><b>Action:</b> SK has asked the pathway chairs that further enquiries or suggestions should be sent directly to him.</p>	
<p>6</p>	<p><b>Development and Implementation of LCA Education and Training Strategy</b></p> <p>RGW presented to the members the Progress update on the development of the LCA Education and Training Strategy. She is helping the LCA to develop a strategic plan for the London Cancer Alliance (LCA) for education and training. The following points were noted in discussion:</p> <p>Proposed structure of strategy outlining the vision, Context and map of resources, 5 priorities, each with aim and 1, 2-3 and 4-5 year actions to implement, who will help us succeed and how will we measure success. It was recommended by the members that a list of education and training would be useful to have.</p> <p>The set priorities discussed and noted were Co-ordinated educational and training approach across the LCA health system:</p> <ul style="list-style-type: none"> <li>• Training and education for all those who contribute to the cancer pathway</li> <li>• Change culture of care for the cancer patient</li> <li>• Consistent approach to support excellent patient-centred care</li> <li>• Develop and harness skills and expertise which allow the team to deliver holistic care</li> <li>• Ensuring flexibility and sustainability for future workforce,</li> <li>• Deliver change by underpinning the LCA change programme.</li> </ul> <p>Further detailed discussion took place on the priorities These included: innovations and technology that will support with the delivery; strategies that already been developed but needs to be triangulated.</p> <p><b>Action:</b> R G-W will contact a number of key individuals to undertake additional semi-structured interviews (as per circulated template)</p>	<p>RGW</p>
<p>7</p>	<p>To support RGW with the development of the education and training programme, at this meeting an opportunity was provided for RGW to listen to the pathway chair’s views, to which RGW will further develop the programme and suggested list.</p> <p>Each pathway chair were asked to comment on what the chair thought the vision of</p>	<p>PChairs</p>

	<p>the education and strategy should include, and the common themes that emerged were around:</p> <ul style="list-style-type: none"> <li>- specific training across wider range of health professional - e.g. A&amp;E staff / acute medical units</li> <li>- development and accessibility of the e-learning tools for clinicians,</li> <li>- ensure e-training is accessible from all computes and 24/7</li> <li>- Mental health; opportunities around level 2 training through up skilling CNSs</li> <li>- Advanced communication skills –a gap in provision since NCAT disbanded</li> <li>- increasing learning opportunities for working collaboratively with GPs,</li> <li>- aligning training to R and D training</li> <li>- learning opportunities for primary care within the 2WW form</li> <li>- develop a portfolio of existing training courses across the LCA</li> <li>- education and training to support implementation of LCA clinical guidelines</li> </ul> <p>There were other suggestions which were noted by RGW and RGW will be presenting to the clinical board and the member’s board in coming months. Further comments and suggestions should be directly to RGW.</p>	
<b>8</b>	<p><b>Future Pathway Group progress and leadership</b></p> <p>NH and SD informed he members that with the limited resource and funding available, each pathway have a pivotal role in ensuring that the programme delivery requirements are met and accountability of the members are taken into account. For example, attendance level and effective use of the resources.</p>	SD/NH
<b>9</b>	<b>AOB</b>	
<b>10</b>	<p>For information the following documents were circulated</p> <p>10.1 Clinical Board Minutes June &amp; July 2014</p> <p>10.2 LCA Guidance: Patient and Carer Feedback</p> <p>10.3 LCA Guidance: contributing content to patient information leaflets</p>	

### Next meeting details

<b>Date</b>	4 December 2014	<b>Time</b>	3-5pm
<b>Meeting Chair</b>	Ron Beaney	<b>Location</b>	LCA Boardroom

### Full meeting schedule

<b>Meeting date</b>	<b>Time</b>	<b>Location</b>
12 March 2015	3-5pm	LCA Boardroom