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| Meeting: | Brain and CNS NSSG | |
| Date: | 28.4.17 | |
| Time: | 9.00 – 12.00 | |
| Venue: | Evolve Business Centre | |
| Present: | Caroline Barber- Miller, Occupational Therapist, South Tees | CB |
| | Jenny Collins, Physiotherapist, South Tees | JCo |
| | Emily Davies, Neuro oncology support sister, South Tees | ED |
| | Jean Gardner Patient & Carer Rep NESCN | JG |
| | Serena Hartley, Neuro-Oncology Physiotherapist, South Tees | SH |
| | Kath Jones, Network Delivery Lead, NESCN | KJ |
| | Phil Kane, Consultant Neurosurgeon, South Tees | PJ |
| | Joanne Lewis Clinical Oncologist Newcastle Hospitals | JL |
| | Emily Rees, Neuro-oncology Support Sister, S Tees | ER |
| | Chris Tasker, GP Cancer Lead, NESCN | CT |
| | Anil Varma, Consultant Neurosurgeon, South Tees | AV |
| | Tracey Vernon, Occupational Therapist, Nuth | TV |
| | Sophie Williams, Clinical Neuropsychologist Newcastle | SW |
| In Attendance | Claire McNeill, Quality Surveillance Co-ordinator | CM |
| Apologies: | Penny Williams, Research Delivery Manager | PW |
| | Jacqui Stuart Nurse Specialist Palliative Care, Newcastle | JS |
| | Pauline Sturdy, Macmillan Neuro-Oncology Specialist Nurse, South Tees | PS |
| | David Scoones, Consultant, South Tees | SC |
| | John Crossman Neuro Surgeon Newcastle Hospitals | JCr |
| | Gill Hendry Macmillan Neuro-onc Specialist Nurse South Tees | GH |
| | Sarah Lawless | SL |
| | Tony Branson, Medical Lead, Cancer Alliance | TB |

MINUTES

| 1. INTRODUCTION | Lead | Enc |
|--|------|-------------|
| 1.1 Welcome and Apologies AV welcomed all to the meeting, apologies as listed above. | | |
| 1.2 Declaration of conflict of Interest No declarations of interest were made. | | |
| 1.3 Minutes of the previous meeting 11.11.16 Minutes agreed as a true and accurate record. | | Enc1 |
| 1.4 Matters arising <ul style="list-style-type: none"> • Neuro Pathologist South Tees Vacancy Update AV nothing has changed since the last meeting. The previously ring fenced funding appears to have vanished and has now been used up by general pathology. SC has been informed that the post is not being replaced. Group requested a letter be raised by the alliance concerning | | |

the risk and potentially a breach of specialised commissioning contract.

Alliance to speak to specialised commissioning to discuss. Chair to raise letter and send to CM.

KL to request update from TB to see if a digital solution was discussed with the Histopathology CCG.

KJ
AV
CM

- **Radiology CCG re Diagnostic**

JC to send document to CM to incorporate into the clinical guidelines once agreed with Radiology.

JC

- **2WW referral update**

CT advised the 2ww referral has been in place for one year. Currently asking for feedback on how the system is working. PK advised a number of incidental findings are being referred on a 2ww referral and the agreed process is the Trust has to contact the practice. PK asked if the practices could have a dedicated telephone line so trusts can contact practices easily. CT advised a number already exists but the problem is that trusts aren't advised of this number. CT asked if it would be possible for more guidance on the radiologist's reports. If radiologist suspected malignancy, wording equivalent to seek advice-this is a 2ww situation. This should reduce 2ww significantly. 2ww referrals would only be expected on one of the following - high grade tumours/metastatic tumours /significant mass effect from tumours.

KJ to take to radiology group to discuss and feedback will be provided via email.

KJ

- **Post MRI Referral pathway**

Guidance documents for GPs needed amended. JC looking into this. AV will contact JC to update.

AV

- **62 Day pathway**

Amendments made and sent out for agreement. Document therefore endorsed and should be available on our website. KJ to check it is on the website.

2. AGENDA ITEMS

2.1 Cancer Alliance Update

The Cancer Alliance covers 3 STPS and the STP plans are linked into the alliance delivery plan and also locality groups plans. KJ advised The alliance now has improved links with commissioners.

2.2 Cancer Transformation bids

.KJ discussed the attached presentation for bids regarding;

- Early Diagnosis
- Recovery package and stratified follow up

The Northern Cancer Alliance was successful in stage 1 for early diagnosis and successful in stage 2 in the recovery package.

KJ updated on;

- Pathology – academy to improve long term staffing issues and sharing information may eventually provide digital solutions.
- Radiology – add on to PACS systems to ensure images can be viewed across sites and eventually look to have an academy of radiologist. Look at training to upskill.
- Primary care post.

2.3 Newcastle Radiosurgery Programme Presentation

Presentation provided by JL. Group discussed selection of patients and also discussed the need to change opinions regarding treatment options. AV asked if JL could present at South Tees for benefit and awareness of the skull base neuro surgical team and the oncologists.

AV

2.4 South Tees Local Presentation – Phil Kane

PK discussed his presentation regarding too many staging CT scans being undertaken in solitary high-grade tumours and to consider if this service provision could be improved. Findings show unnecessary scans are taking place which are increasing workload, wasting resource and also affecting delays. Group discussed how to prevent unnecessary scans and to consider education to prevent this. CT discussed some MDTs automatically rescanning advising scan is not suitable. KJ asked if this presentation could be discussed at the Radiologists Expert Advisory Group.

KJ

Unable to provide copy of the presentation at the moment as it is accepted for presentation in another conference scheduled in the near future.

2.5 Clinical Guidelines

CM to send index to AV to confirm who is completing each section. AV to complete and return to CM. CM to send word copy out to group. All to review and send updated copy to CM by 23 June 2017. CM to collate and send back out to group to

CM

endorse via email.

2.6 Peer Review / Quality Surveillance

Concerns expressed at the last meeting regarding;

- maintaining equity of access for patients in North East and Cumbria region
- Understand the evidence related to specific number of 10 patients/ per surgeon per year

Skull base quality indicators have been removed from QGIS as these have not yet been agreed by the Clinical Reference Group.

Awaiting for further update.

CT updated on the ongoing Cancer Alliance work regarding MDT effectiveness.

Group discussed the amended quality surveillance measure regarding 2 MDT meetings per month for Pituitary. The Quality Surveillance measures appear to have changed without consultation. Group discussed the fact the IOG had not changed and could not see a clinical issue as to why this had changed. Group agreed to remain at 1 MDT per month.

3. STANDING ITEMS

3.1 Living with and beyond cancer

Follow up for low risk patients discussed and CT discussed the need for change in practice for these patients to be moved back to GPs with quick route back in if needed.

Framework needs to be introduced into GP Practice to review these patients annually before we consider this Small number of patients involve. Group to review once framework is in place.

Follow Up

Both North and South services provide patient events. SW advised due to issues the event planned had to be rescheduled, which should be held soon. South Tees hold smaller meetings with more individual attention to patients.

Document to be updated and brought to the next meeting. SW to send to CM in advance of meeting

SW

3.2 Audit

1. Rehab framework audit – Presentation

.Access to rehabilitation for patients discussed. PK discussed the lack of neuro science referral.

Critical reflections and areas for Improvement are detailed below.

Newcastle

- Main delay is with onward inpatient referrals from the ward.
- Longer delays for specialist neuro inpatient rehab than for generic inpatient rehab.
- Lack of neuro-specialist AHPs in community teams. Specialist neuro teams often do not accept patients above a WHO grade 1.
- Generic intermediate care teams in the community have only small provision of specialist AHPs. These teams often respond quicker than specialist teams.

South Tees

- Delay with referral from the ward to neuro in-patient rehabilitation
- Patient delay onto neuro-rehabilitation due to barrier nursing – Infection control restrictions
- Increasing number of elderly patients 75 + age range
- Patients without rehab need – Approx. 50% - Promote physical activity to improve QOL
- Access to community teams not an issue but there is a lack of specialist neuro and palliative AHPs in some areas.

2. National Acoustic Neuroma Audit - update

To be presented at the next meeting.

AV advised of the central IT issues that have delayed input. There is no national published date. Patients are being included in the national audit from South Tees. To check with JC about inclusion from Newcastle.

AV

3.3 Clinical Governance Issues

As discussed

3.4 Any other business

- **Membership**

KJ advised the group by Helen Hill (from a Brain Tumour Charity) asking the group if she could be added to distribution list, to view any minutes.

Group discussed and reluctantly declined the request as group felt minutes were available via the web. Both centres already link well with her.

Group were concerned about other charities being excluded and wanted to ensure the group remain neutral and did not show any favouritism.

- **Sarcoma guidelines**

Group discussed the sarcoma guidelines and the relevance the Brain and CNS group. AV to contact JL to discuss moving relevant sections into the Brain and CNS Clinical Guidelines where indicated.

AV

- **Imaging upgrade**

CT informed the group of changes to Lung patients CXR being upgraded to CT and if that would be applicable to imaging relating to Brain and CNS patients. PK agreed there is a need to make improvements to the pathway in the future.

- **Outcome Data**

Linda Wintersgill will be attending the next meeting to present outcome data.

- **Learn and Share event**

The next meeting will be a learn and share event and lunch will be provided. CM to ensure room booking expanded.

CM

If anyone has any other audits to present at the next meeting please let CM know as soon as possible.

All

Meeting dates

Friday 3 November 2017, 9.00 -12.00 Evolve Business Centre

4. MEETING CLOSE

Contact

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