



Meeting:	Brain and CNS NSSG	
Date:	8 November 2019	
Time:	9.00 – 12.00	
Venue:	Evolve Business Centre	
Present:	Gill Hendry, Macmillan neuro-oncology CNS South Tees	GH
	Joanne Lewis Clinical Oncologist Newcastle Hospitals	JL
	Pauline Sturdy, Macmillan Neuro-Oncology Specialist Nurse, South Tees	PS
	Chris Tasker, CRUK GP Cancer Lead, Cancer Alliance	CT
	Anil Varma, Consultant Neurosurgeon, South Tees	AV
Apologies:	Phil Kane, Consultant Neurosurgeon, South Tees	PJ
	John Crossman Neuro Surgeon Newcastle Hospitals	JCr
	Serena Hartley, Neuro-Oncology Physiotherapist, South Tees	SH
	Emily Rees, Neuro-oncology Support Sister, S Tees	ER
	Gill Hendry, Macmillan neuro-oncology CNS South Tees	GH
	David Butteriss NUTH	DB

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 3.5.19 Minutes agreed as a true and accurate record.		Enc1
1.4	Matters arising <ul style="list-style-type: none">• Definitions of Skull Based TumoursAV agreed to send email out.• Distribution listSarah Legg is forwarding to team for review.	AV	SL
2.	AGENDA ITEMS		
2.1	Health inequalities in Brain and CNS (presentation) LW gave a presentation on behalf of Pam Lee, Clinical Lead for Health Inequalities, highlighting some of the variation /inequalities to consider and explore.		
2.2	2WW Referral Update - MRI Electronic Referrals working. GPs can use these to refer to MDT and received by MDT Co-ordinator. Don't have in NUTH but do have in JCUH for registrars. Action Dan to check.		
2.3	Unified scanning schedule for tumour patients Group discussed the national NHSE transformation meeting which discussed the move away from 2ww referrals and referring refer direct to test for scan instead. Currently in this		

	<p>region Northumbria uses CT with contrast - all others use MRI. Going forward all would use MRI which takes out a step in the pathway.</p> <p>Concerns have been expressed from some GPs; however Advice and Guidance will help. All agreed it would be good to standardise processes. This process is working well in Nottingham, but the group expressed some concerns regarding capacity. Agreed to share the documentation which came out of that meeting.</p> <p>Concerns expressed regarding possible waiting times for Skull based however group agreed they would have to wait and see what happens. Commissioned service currently being looked at.</p> <p>Group discussed the need for GPs to automatically upgrade brain referrals following an abnormal scan as other disease sites already do. It was noted primary Brain tumours do not often present via this route so will not impact on this cohort.</p> <p>Group discussed the NHS E guidance that covers some scans however a standalone protocol is being written for volume scans.</p> <p>Group discussed the issues within the Neuro radiology. AV agreed to work with JCUH & NUTH to develop a protocol.</p> <p>Staffing issues were discussed, and some concerns expressed over long term issues in Cumbria.</p>		
2.4	Screening Tool	AV	
	<p>The group review the document which had been sent in advance of the meeting and where asked to feedback on the revised Rehabilitation Screening tool.</p> <p>Patient self-management – 6 organisations are enthusiastic to join with the data collection. LS to return in 2/3 months.</p>		
	<p>JL – presented verbal update of clinical trial activity and portfolio at NCCC and open to the team at James Cook University Hospital.</p> <p>Presentation also of Ways Ahead Survivorship original research led by Prof Linda Sharp at Newcastle University for LGG patients</p>		
3.	STANDING ITEMS		
3.1	Cancer Alliance Update		
	<p>CT provided details on the following;</p> <ul style="list-style-type: none"> • Pathway Boards have been established by the Alliance for key tumour groups. This group will not have a Pathway Board • Guidance received from NHSE on Diagnostic centres – Brain/CNS is outside the scope of that guidance 		
3.2	Clinical Governance Issues		
	<p>Discussion around support arrangements for JCUH given staff shortages. Noted similar problems experienced in other parts of the North and possible through sharing resources. Key is</p>		

		linking up technology – and building up the confidence of those who would report remotely. How to support Cumbria oncology service due to staff issues – this is an ongoing problem and is not just for Brain/CNS		
	3.3 Rehabilitation	To be discussed at the next meeting		
	3.3 Any other business			
		Clinical Guidelines – agreed to send out for review to all on the distribution list	All	
		Potential audit across alliance – AV agreed to come up with a joint project	AV	
		Management of Late Effects of Treatment – email received from Kath Jones asking about work in this area. Agreed not formally audited. Need to think about who to transfer out.		
		Thanks for the Chair – last meeting for AV as chair of the group and thanks given. Noted it is good to see surgery and oncology working together.		
		Process for X Rays – discussion paper for the Commissioning Forum this week. There is an expectation that services will be commissioned in this way – previously neurosurgery centrally commissioned but now rolling out. Guidance for local commissioners to ensure standardisation across England. Question mark about Pituitary tumours – suggested speak to Mark Lambert.		
	3.4 Meeting dates	To be confirmed		
4.	MEETING CLOSE			

Contact

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