Manchester Cancer

Lung Pathway Board – Minutes of meeting

22nd June 2016
Room 6, Trust HQ, the Christie.

	AGENDA ITEM	ACTION
1	**Apologies:** NB welcomed all to the meeting and all apologies have been noted. A special welcome was given to Rita, our new patient representation and John who will be supporting Rita today, both are observing proceedings today. Claire O'Rourke is the new pathway managers replacing Hoden.	
2	**Minutes from the last meeting** These were accepted as an accurate reflection of the last meeting.	
3	**Matters arising** **1. MCIP Update:** No MICP rep today due to competing priorities, the screening pilot programme has taken off at a rapid pace. Invites have gone out and there has been unprecedented demand. Over 130 patients booked in for health checks, of those 70 had scans. **2. Vanguard Update:** Paper attached. Vanguard to develop a Cancer Systems Board comprising providers, commissioners and people affected by cancer to ensure a joined up approach to an accountable clinical network. Better opportunity to drive through change. COR discussed the need for a summary of the boards plan for delivery on objectives for next year and a review of what has been delivery next year. The lung board will be more accountable for delivery against plan. **3. Mesothelioma specialist MDT** LC provided update-proforma developed and the mesothelioma MDT at UHSM is now formalised and running well using the designated input and outcome forms.. The team have requested to attend the sector MDTs to promote the mesothelioma MDT. Recruitment of a pleural pathway coordinator planned. The long term plan is all Mesothelioma patients will go through a specialist MDT. **Patient experience survey** **4. Lung Cancer Patient Experience Survey** Continues to be piloted in the central sector. Carol Diver provided an update and explained the improvements that are being made in the current survey. She has had discussions with John (patient representative) before the meeting to improve the survey and ensure questions are more patient focused. CD explained that the questions were selected directly from the national survey based on MC Lung Cancer Standards, peer review requirements, and the questions considered most important by a Manchester/MacMillan patient/user group.CD agreed to work with John and a wider group to review the questions with the patients affected by cancer. Two other pathway boards have piloted their own surveys. Meeting planned between the 3 boards to determine best strategy for implementing patient surveys going forward. **5. Pathology Subgroup update** LJ provided an update relating to ALK (molecular testing). Project manager to standardise pathways for ALK testing is in place (NB described what this is to the	PB to update next meeting Ask Tom Pharoah to attend and update next meeting LC to keep board informed of progress CD to work with patient/user reps on survey improvements

	patient representatives). The project support is funded by Pfizer and is delivered through Quintiles, who will work independently of Pfizer. Keep this as a rolling action to update to next board. **6. Guidelines** On-going agenda item and review. Several sections have been reviewed as part of peer review requirement, but this piece of work will continue to evolve and will contact board member for updates. **7. Rapid/optimal pathway updates** • ***UHSM-*** rapid pathway: No representative present but understood the pathway is working very well. The key concerns are PET scan access and oncology appointments. • ***Pennine Pilot***-project team is working in conjunction with Oldham CCG to develop direct access to CT from primary care as per the proposed Lung Cancer CRG Optimal Pathway. This project dovetails with vanguard "Query Cancer Clinic". NB discussed the NHS England fund proposed for optimising cancer diagnostics. Call for bids expected this autumn. CA discussed her concerns regarding the radiology resource and the challenge to deliver what is required to support this. ***NW Sector***- NB discussed a meeting will take place on the 4th July with Wigan, Bolton and Salford to agree whether to proceed with a single sector-based rapid lung cancer pathway. Lung cancer treatment pathways also need improvement. 14-day radical radiotherapy pathway established at the Christie reducing radical lung radiotherapy pathway from median 22 days to all treated with 14-days of decision to treat.There is also a rapid pathway at Oldham for palliative patients. Not all the board were aware of this. Will accept patients directly from the MDT. Clinical oncologists have become sector-based with cross-cover arrangements in place. This will enable sector-based rather than trust-based referrals to reduce time to oncology appointment in future. Medical oncology now inputting to 3 of the 4 sector MDTs and Thursday UHSM MDT. Central MDT still without medical oncology input. FB described work on going to rectify this. Supported by MacMillan, a business case for the lung nursing team has been agreed at the Christie, for 2 band 7 nurses and 2 band 6 CNSs, (4 nurses linked to each of the sectors),	LJ/DR to keep board informed of progress Appropriate teams to provide an update on progress to the next board meetings.
4	**PET Audit-** BT presented his audit of PETCT acitivty and performance for lung cancer in January 2016 (attached) Conclusions: • Room for improvement shortening pathway from CT to PETCT request (average 12 days) • Average of 5 working days from request to scan 2 days from scan to report Discussion around feasibility of PETCT request direct from radiology on reporting suspicious CT. Necessity for U&E challenged. It is requested on electronic PETCT booking form. Issue around U&E provision if CT requested direct from primary care also noted. To	Audit slides to be distributed

	determine who this has been overcome in other regions that have implemented direct access to CT.	
5	**E-Cigarettes** Not discussed. Report attached. Board members asked to forward opinions regarding allowing e-cigarette use on hospital sites by email to COR.	Board members to respond via email
6	**Updating the Lung Cancer Pathway Quality Standards:** The results of the Manchester Cancer Lung Pathway Quality Standards survey of board members were presented and discussed. Agreement to select all standards rated as "very important" by > 60% members. Draft standards document based on this cut-off (attached) to be distributed to members for final agreement of wording etc. Also to be reviewed by patient/user group.	Board members to respond via email
7	**Restructure of lung cancer board:** To ensure board focuses on all Manchester Cancer objectives and improvements across entire pathway, the formation of 4 subgroups was proposed. Each group would be chaired by a board member, with each sub-group membership representing all appropriate disciplines and each sector. There would also be a lead for prevention and education. Subgroups might require additional membership from people not on the lung cancer pathway board. Remit of the subgroups would be to work on implementing MC Lung Pathway Quality Standards across GM. To ensure no additional meetings, it was agreed that the pathway board meetings would be extending to 2.5 hours every 3 months, with the first hour devoted to the subgroups, and a lung pathway board meeting for the following 90 minutes. Subgroups will report to the Lung pathway board which will in turn report to the Cancer Systems Board. NB/COR to distribute further details/subgroup membership/terms of reference. Aim review and possibly implement new structure for next meeting.	NB/COR to circulate detailed proposal/sub-group membership/ToR
8	**Any other business** United board to influence change and involvement in possible service redesign.	

Future meetings

- 14th October 2-4pm Room 6 Trust HQs, the Christie