

Lung Pathway Board – Minutes of meeting

23rd March, Seminar room 3, Education centre, The Christie

Attendance	Representation
Neil Bayman	Pathway Director
Carol Diver	Tameside
Durgesh Rana	CMFT
Ben Taylor	Christie
Coral Higgins	Manchester CCG
Simon Bailey	CMFT
Karen Clayton	East Cheshire
Leena Joseph	UHSM
Phil Barber	UHSM
Yvonne Summers	Christie
Carol Farran	Stockport
Richard Booton	UHSM
Kandadai Rammohan	UHSM
Lorraine Creech	Mesothelioma
Sriram Iyer	ECHT
Fiona Blackhall	Christie
Apologies	
Duncan Fullerton	MCHT
Carolyn Allen	Pennine
Paul O'Donnell	Pennine
Ian Watson	Oldham CCG/GP
Liam Hosie	Wigan CCG/GP
Simon Taggart	Salford
Rajesh Shah	UHSM
Ram Sundar	WWL
Christine Eckersley	Bolton
In attendance	
John Shuttleworth	Person affected by cancer representative
James Leighton	Associate Director Manchester Cancer
Tanya Humphreys	Manchester Cancer User Involvement Lead

	AGENDA ITEM	ACTION
1	Apologies: NB welcomed all to the meeting and all apologies have been noted.	
2	Minutes from the last meeting These were accepted as an accurate reflection of the last meeting.	

<p>3</p>	<p>Matters arising</p> <p>a. <u>Mesothelioma specialist MDT</u></p> <p>Lorraine Creech (LC) provided an update on the progress made since the last meeting on setting up the mesothelioma MDT. She confirmed that the pathway navigator post had gone out to advert and that a share point had been created to facilitate referral into the meeting. She also distributed to the meeting the proposed referral form for review.</p> <p>LC also informed the meeting on a recent event House of Commons, which she attended, confirming that £5m had been made available for research into mesothelioma. During the course of the meeting it was proposed that all the funding should go to Imperial college, however there was no agreement reached on this and discussions are on-going.</p> <p>b. <u>Vanguard update</u></p> <p>NB provided an update on the Vanguard progress. He explained that three work programmes had been established that will work with the pathway boards to deliver the transformation. He confirmed that the clinical leads of the clinical transformation work stream had been appointed to deliver this programme of work.</p> <p>He also confirmed that a number of emerging themes were developing within the work of the Vanguard, such as the setting of quality standards for the service, and agreed to keep the board updated on this as the vanguard develops.</p> <p>c. <u>Optimal pathway</u></p> <p>NB reflected on this work of the board. He outlined that there was a consensus within the board on the need for a rapid journey through the pathway for the patients and that the board had reached agreement on the optimal timeframe from referral to confirmed diagnosis.</p> <p>He went to explain that despite this consensus work was still required on configuration of this pathway across the conurbation. He felt that the next step to completing this shaping of the optimal pathway was by setting quality standards to support all providers. This would begin with agenda item 4 of today's meeting.</p> <p>d. <u>Patient experience survey</u></p> <p>Carol Diver (CD) provided an update on this and she confirmed that the survey had been piloted for 2 months and the questionnaire and process has worked well. There was however a low response rate, which the board felt was to be expected given the patient population being surveyed.</p> <p>She agreed to review the survey with the Macmillan user involvement team of Manchester Cancer before distribution. It was then planned to discuss the survey with individual CNS' within organisations.</p> <p>e. <u>Guidelines</u></p> <p>NB conformed that the work on creating and agreeing the guidelines was on-going. The board agreed to publish what currently existed and then collate what still needs to be done. NB and the new MC pathway manager would review this in time for the next board meeting</p>	<p>CD to review pt experience survey with TH</p> <p>NB & C^oR to review outstanding guidelines and report back to the next board meeting.</p>
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<p>4</p>	<p>Updating the Lung Cancer Pathway Quality Standards</p> <p>NB spoke to this agenda item outlining to the board that the setting of quality standards for the lung cancer service has been identified as one of the first work streams of the Vanguard. He acknowledged the previous work of the board in standard setting but explained that this should be built upon to better reflect the whole pathway. From prevention of the disease and early detection to aftercare and follow-up.</p> <p>He explained that this process had commenced at the lung event held on Friday 18th March and the work undertaken there was tabled for discussion at the board. But also asked the board to add to the standards proposed or amend accordingly.</p> <p>The board reviewed the tabled proposed standards and had a wide ranging discussion on each section. A substantive portion of the meeting was devoted to this agenda item and in that time the board discussed the following sections-</p> <ul style="list-style-type: none"> • Standards for Prevention • Standards for early detection and referral • Standards for Diagnostics • Standards for Treatment <p>The output of these discussions is contained in the attached document with the minutes.</p> <p>At the conclusion of this discussion it was agreed that NB should review the remainder outside of the board meeting and circulate drafts by email to board members for discussion. He agreed to table a collated document at the next meeting of the board.</p> <p>There was a discussion on follow-up care and Ram Iyer (SI) agreed to undertake a scoping exercise on current follow-up processes in collaboration with a small group of board members.</p>	<div style="text-align: center;">  <p>Item 4_Updating Lung Cancer Quality :</p> </div> <p>NB to collate the proposed quality standards and table a draft at the next board meeting</p> <p>SI to report back on follow up care to next board.</p>
<p>5</p>	<p>Any other business</p> <p><u>Lung MDT AV equipment failures</u></p> <p>NB confirmed that he had raised the issue of MDT AV equipment failure with MC. JL explained that this had been progressed with the cancer leads in each Trust. There was acceptance that it would be difficult to legislate for equipment malfunction so instead the group will look to standardise the processes that support MDT in these occurrences. He agreed to keep the board updated on this work.</p> <p><u>Pathology sub – group feedback</u></p> <p>L J feedback on the recent meeting of the Lung pathology sub-group meeting. She confirmed that it had been a productive and positive meeting. The issues discussed were tissue handling methods, review of practice between centres, need for a common EPR and how expertise is defined. The minutes are attached for information.</p> <p><u>The education event 18th March</u></p> <p>NB reported on the event and confirmed that there was substantial amount of feedback that would be collated over the next few weeks and reported to the board. He also</p>	<p>JL to report back at the next board meeting</p> <div style="text-align: center;">  <p>MINUTES OF MANCHESTER LUNG F</p> </div>

	confirmed that for the event in 2018 an organising committee would be formed.	
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Future meetings

- Wednesday 22 June 2016 – 14.00-16.00 Room 6 Trust HQs, the Christie
- Friday 14th October 2016 – 14.00 – 16.00 Room 6 Trust HQs, the Christie

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