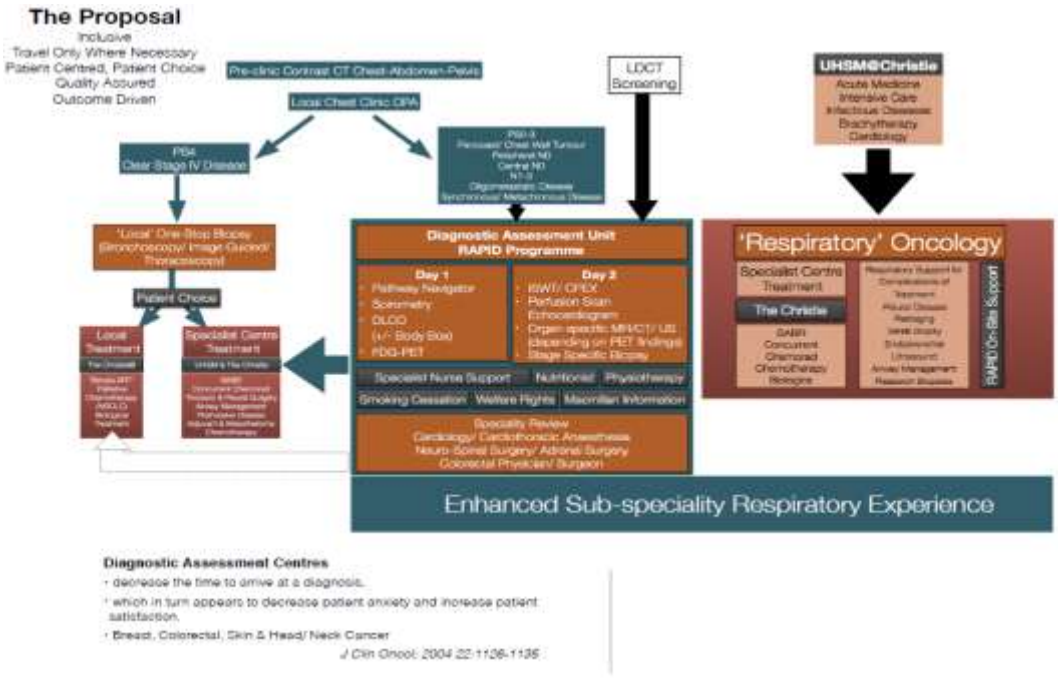
Manchester Cancer

Lung Pathway Board – Minutes of meeting

30th November, meeting room 6, Christie NHS Foundation Trust

Attendance	**Representation**
Neil Bayman	Pathway Director
Carol Diver	Tameside
Carol Farran	Stockport
Ben Taylor	Christie
Carolyn Allen	Pennine
Leena Joseph	UHSM
Christine Eckersley	Bolton
Phil Barber	UHSM
Simon Bailey	CMFT
Sriram Iyer	ECHT
Richard Booton	UHSM
Duncan Fullerton	MCHT
Fiona Blackhall	Christie
Jonathan Turnbullross	Manchester Cancer User Involvement Manager
Lorraine Creech	Mesothelioma
Coral Higgins	Manchester CCG
Jenny Hoyle	Pennine
Hodan Noor	Manchester Cancer Pathway Manager
Apologies	
Durgesh Rana	CMFT
Ram Sundar	WWL
Yvonne Summers	Christie
Ian Watson	Oldham CCG/GP
Liam Hosie	Wigan CCG/GP
Karen Clayton	East Cheshire
Simon Taggart	Salford
Paul O'Donnell	Pennine
Rajesh Shah	UHSM

In Attendance:
Ahmed Salem, Clinical Fellow Christie
Julie Watts, UHSM
Karen Replow, UHSM

	AGENDA ITEM	ACTION
1	**Apologies:** Apologies have been noted.	
2	**Minutes from the last meeting** The minutes has been agreed to be an accurate reflection of the last meeting.	
3	**Objective no 4 – Improving & standardising high quality care across the whole service** **a. Defining optimal MC Lung Cancer pathway** HN presented the pathway mapping data (referral with suspected cancer to treatment) from patients discussed at the lung cancer MDTs w/c 13th July. This data was shared as part of a workshop for members to develop a Greater Manchester optimal diagnostic lung cancer pathway in light of the national consultation of the aspirational and optimal pathway for suspected or confirmed lung cancer. Thank you to all cancer co-ordinators and managers for providing this data. In two groups the members developed an optimal diagnostic pathway. There is an understanding that a standardised diagnostic pathway needs to be agreed prior to developing specialist pathways e.g. small cell. RB presented a centralised model of delivering a diagnostic pathway. The emphasis of the proposal was a diagnostic one stop shop below is a diagram to illustrate this.  Members fedback on the centralised model. There was concern from some members that following a centralised model might result in a loss of lung cancer clinical expertise locally. RB confirmed that only stage I-III patients potentially suitable for	

radical treatment would be referred with patients suitable for palliative treatments still diagnosed locally. Other members felt this model will benefit patient outcome and experience. From CNS perspective there was a request and further clarity how this can be delivered with a focus on information flows across greater Manchester.

HN highlighted that the North West Sector have identified 4 projects as part of their sector improvement workshop one of which is a synchronised rapid diagnostic pathway sharing resources across their locality.

RB highlighted that the centralised one-stop shop model will require a PETCT scan at UHSM. SB highlighted this model could be delivered within the CMFT infrastructure where there is already an established PETCT service although it would require other resources.

CH support the UHSM one-stop shop diagnostic proposal from a commissioner perspective however is mindful that she has not had sight of the other proposals from the sectors.

The meeting concluded with the following;

1) Members to email RB with further queries relating to the delivery of the centralised model.
2) Trusts interested in developing the centralised one-stop model to liaise with UHSM
3) North West sector to develop the synchronised pathway
4) Suggestions for other models to pilot welcomed

It was agreed that the time from diagnosis to first treatment needs improvement. HN and NB to arrange an audit of the treatment pathway using the patients from the MDTs wc 13th July 2015 with a view to developing optimal surgery, chemotherapy and radiotherapy pathways.

b. Sectorisation of Lung Cancer MDTs

Central Sector MDT functioning since April 2015 (Thursday pm). 100% attendance from oncology/surgery. South Sector MDT went live on 3rd November 2015 (Tuesday pm). Some VC issues currently being address by the individual trusts.

Once all SMDTs established, aim to formalise internal Mancester Cancer SMDT "peer review" (benchmarked against SMDT Charter) – for 2016.

c. MC Lung Pathway Guidelines

NB proposed that the board follows the format of the London Cancer Guidelines. A partial content list was shared with the agenda to showcase the work. Members have identified the relevant guidelines and volunteered to make the amendments. HN has sent the relevant sections out to the volunteering members to be returned by 10th of January.

LH has highlighted concerns that the new referral NICE guidance removed trigger

	symptoms (e.g shoulder pain) and asked if there is the opportunity to include these triggers in local guidelines. NB proposed there is an opportunity as a group to discuss the NICE guidance on the agenda at the next meeting in January 2016, LH to facilitate the discussion for members. **d. Mesothelioma specialist MDT** NB and HN approach commissioners to explore any current or existing contract for Mesothelioma specialist MDT and further guidance and costing in comparison national agencies. JH and LC also provided proposal for running a regional mesothelioma service based at UHSM for the board to agree in principle. **e. Lung Cancer Pathology Sub-group** ALK testing data for last 12 months to be collated by end Dec 2015. Data will inform pathway and business case for network funding Survey under development to establish current cyto- and histopathology testing pathways at each diagnostic lab. This will also include current IHC panel used and pathway / mechanism for identifying cases for EGFR mutation and ALK testing. Aim to complete by Dec 2015. The group are scheduled to meet on the 26th of Feb 2016	
5	**Objective no 1 – Improving outcomes / survival rates** a. MCIP & Screening pilot – no update provided b. ACE projects c. Early diagnosis – no update provided d. **CWP** now live in NW sector MDT. Universal electronic referral and bespoke MDT form for data collection. Linked to clinical outcomes. CWP Project Board formed to evaluate and roll out after pilot. NW sector MDT Inaugural Quality Improvement Meeting took place in Wigan 27th November 2015 with multidisciplinary clinical and non-clinical representation from Wigan/Bolton/Salford.. 4 collaborative QI projects based on the Manchester Cancer objectives and informed by pathway performance and CWP data were determined. Potential £25k grant from ACE to support QI projects. e. EBUS Subgroup – no update provided	
6	**Objective no 2 – Improving the patient experience** **a. Increasing palliative care engagement** HN attended the last Palliative Care board meeting, the members raised concerns in meeting the sectorisation objectives due to capacity and would like further details on the role of palliative care representative at SMDTs. **b. Manchester Lung Cancer Patient experience survey – update** The questionnaire has been finalised and will be dsitributed in 2 formats (an online	NB to provide role expectation at SMDTs

version using survey monkey and a paper version). Patients will be encouraged to compete on line if possible to reduce inputting but we are mindful that most will want to use the paper format. Stamped addressed envelopes will be included for this purpose. There are some issues with font size but patients who have reviewed the questionnaire have approved its readability. Font size is fixed as it has been produced on survey monkey. We will be running a short sector pilot in Tameside, Stockport and Central and if satisfactory will roll out to all Trusts. We are just waiting to receive the envelopes and paper copies.

c. Manchester Cancer User involvement

The Manchester Cancer User Involvement Team (MUIT) has had a full team in place from August 2015. The team have fully co-produced the structure for user involvement, an induction session, welcome booklet, and continue to develop a skills session named 'User Involvement Matters'.

The team have launched the recruitment campaign that in the project's first quarter exceeded its target of 25 new people affected by cancer, to 33 new members. This has been achieved through collaborative working with the Trusts, Macmillan services and existing support & user involvement groups. Participants are expressing interest in a variety of opportunities from 'remote' members to aspiring board members.
So far, uptake of opportunities by people affected by lung Cancer has been low. Members of the board are strongly encouraged to express opinions on how further participation could be encourage. The MUIT are able to provide publicity material, attend events, and have a presence at areas such as clinics and health & well-being events.

Upcoming priorities for the MUIT are 1) Continue recruitment campaign to achieve target of 100 new user involvement participants by 31st March 2016, 2) Co-design a process for the placement of people affected by cancer on pathway boards, and begin recruitment to these roles, 3) Co-design with professionals and people affected by cancer a system/structure for how pathway boards can and will be able to make full use of the Manchester Cancer user involvement function in their work.
Attached is a progress report from the team. Please contact **Jonathan Turnbull-Ross, jonathan.turnbullross@nhs.net** for further details and contact for interested patients.

d. Wellbeing event pilot – Manchester Cancer Innovation fund

The two half day events have taken place with speakers covering diet, exercise, hospice, carers, healthy minds, welfare rights, signs of recurrence. There was a market place event at the end of the afternoon where patients were able to browse literature and speak to health professionals, making further appointments if needed.

40 patients were invited but only around a quarter of those attended. Those attending gave very positive feedback. A full formal evaluation has yet to be done.

7	**Objective no 3 – Research and clinical innovation** NIHR report for 2014/15 as a network the recruitment to lung cancer clinical trials is high. However, it was acknowledged that most trial activity is centralized at Christie and UHSM. There is an opportunity to improve lung cancer trail support and activity in secondary care. Work is on-going to develop the Manchester Cancer Lung Trial portfolio for Sector MDTs to reference and consider every patient for a clinical trial. The portfolio will list clinical trials expected to be supported locally by trusts.	FB to update board at next meeting
8	**AOB** Education Event 2016 - NB shared the proposal for the format of the education/engagement event in the spring of each year, based on feedback from this year's meeting. The day will be split - first half is for Sector MDT's to present and share their performance dashboard (inviting local commissioners, healthcare managers etc), the second half devoted to education taking the format of a sector MDT, discussing/presenting around interested cases. Each year, a different sector would be responsible for providing this. ST nominated NW Sector to lead the first education session. The meeting will be held on the 18th of March, below is the booking process. https://www.eventbrite.co.uk/e/lung-cancer-annual-education-and-engagement-event-tickets-19836662993?ref=estw	
9	**Future meetings:** Wednesday, 13th January, Humphrey Booth Lecture Theatre 1 14:00 to 16:00, Mayo building, SRFT Wednesday, 23 March 2016 , 14:00 until 16:00 Room 6 Christie HQ, Department 2 level 3 Wednesday, 22 June 2016 , 14:00 until 16:00 Room 6 Christie HQ, Department 2 level 3 Friday, 14 October 2016, 14:00 until 16:00 Room 6 Christie HQ, Department 2 level 3	