LUNG PATHWAY BOARD MEETING

Minutes of the meeting held on

3rd October 2014, Committee Room, Wythenshawe hospital

IN ATTENDANCE	
Neil Bayman	Pathway Director
Caroline McCall	Pathway Manager
Christine Eckersley	Bolton
Simon Bailey	CMFT
Carol Farran	Stockport
Phil Barber	UHSM
Ram Sundar	WWL
Carol Diver	Tameside
Carolyn Allen	Pennine
Durgesh Rana	CMFT
Leena Joseph	UHSM
Liam Hosie	GP Rep
Ben Taylor	Christie
Richard Booton	UHSM
Carolyn Allen	Pennine
Simon Taggart	Central
Coral Higgins	Central CCGs
S Iyer	East Cheshire
Diana Lees	Mid Cheshire

AGENDA ITEM	ACTION
1. Apologies noted from : Duncan Fullerton, Rajesh Shah, Lorraine Creech, Yvonne Summers, Fiona Blackhall	
2. Minutes from the last meeting on 10th July 2014 The minutes from the last meeting were agreed to be an accurate record.	
3. Patient Experience Survey Board recognised limitations of national patient experience survey for lung cancer, and acknowledged local patient experience surveys for lung cancer at some trusts. Board agreed there was a	NB & CMC to set up working group

need for a Manchester Cancer lung cancer patient experience survey which will form part of the proposed "sector" quality accounts. NB asked for volunteers to develop a universal Patient experience Survey. This is one of the board's objectives in the workplan. Carol Farran, Carol Diver, Christine Eckersley to be part of this group	
4. EBUS Update – Richard Booton Richard updated the board that there have been discussions with the newly appointed cancer lead commissioner for Greater Manchester regarding EBUS and KPI's. Discussions were still ongoing and would hope to have a further update at the next meeting.	RB to keep the Lung Pathway Board updated
. **5. MCIP** PB updated the board on the developments following the 2 MCIP workshops and the 4 workstreams, including early diagnosis, which have set out priorities for approval at the MCIP board November.	PB to keep board updated
6. Primary Care Presentation - Risk Stratification LH presented on lung cancer Risk Stratification tools and Clinical Support tools for use in primary care. Discussion around limitations of clinical support software in scoring "risk" of lung cancer based on data inputted during the consultation. Agreed to look at possibility of displaying patient's risk of lung cancer in their electronic records based on risk stratification work currently being discussed with MCIP as part of the early diagnosis project.	
7. **Community access to Chest CT (CATCH**) ST gave an overview of a project in Salford aiming to control demand on 2ww clinics for lung cancer using community access to chest CT (CATCH). It was argued that this approach could prevent the continued annual increase in demand for 2WW appointments by filtering "low-risk" patients via community access to CT. ST has collected data demonstrating the overall number of "suspicious for lung cancer" referrals from primary care has continued to increase (2WW and CATCH patients) but the demand for 2WW appointments has plateaued. Patients referred for CATCH are	ST to update board on progress

having timely scans and reports issued. Patients referred for CATCH with suspicious CT scans are then seen in the rapid access clinic. Those with no evidence of cancer on the CT scan are seen by the GP. There was a group discussion regarding advantages and disadvantages of this model.	
8. **Quality Statements & Measures** NB thanked the board for contributing to the Lung Cancer Pathway Board Quality Standards which were selected via an electronic vote (80% response). NB asked if anyone had any further comments regarding these. CA commented on the inconsistent wording of MC3 and MC4 and raised concerns about the feasibility of MC3 in its current form. BT agreed and commented on the impact of radiology outsourcing in achieving these objectives. NB highlighted that the quality standards are intentionally aspirational and are a tool to improve standards over time. NB agreed that the statements need to be consistent, clear and measurable. PB commented that MC10 should be reworded to highlight that we aim to minimise variation whilst maintaining surgical resection rates amongst the highest nationally. NB agreed that the above statement need rewording and be liaise with appropriate board members on this NB raised the need to finalise agreed outcome measures for the quality statements. Each measure currently has a draft associated outcome measure. Pathway board members will be contacted for comments/opinions on appropriate outcome measures for the quality statements in their area of expertise	MC3, 4, 10 to be reworded appropriately (NB/CA/BT/PB/RS) NB/CMc to email board members for opinions/recommendations on outcome measure appropriate to their area of expertise.
9. Macmillan's Innovation fund programme CMC explained to the board that Macmillan have awarded Manchester Cancer £90,000 to generate opportunities to develop and test innovative ideas that will improve the outcomes and experiences of those who are living with and beyond cancer. Manchester Cancer Pathway Boards are encouraged to apply for funding. Deadline 31st December 2014 CMC asked the board to have a think and speak to their colleagues in their trusts as to any ideas that may be applicable to the fund. The Living With a and Beyond Cancer Board have asked each	Information to be distributed to all board members with a request for ideas/proposals

Pathway Board to nominate 2 Living With a and Beyond Cancer Champions to 1. To act as a clear link with the LWBC Pathway Board 2. To attend the LWBC/Palliative Care Education Event on 25th November 2014 if possible 3. To act as project lead for applications to the Innovation Fund Volunteers to contact CMC	CMC to email board for volunteers
10. MDT sectorisation models NB presented the MDT sectorisation report and asked the board for any comments regarding this. A discussion followed, where all of the board agreed that this was the best way forward to reduce variation in the pathway across the region and improve outcomes for lung cancer patients. ST and RS highlighted the success of the NW sector MDT in enabling integrated working/pathways, resulting in improved outcomes as reflected by LUCADA Concerns were raised around 1) Effect on job plans 2) Clerical support to ensure robust tracking of patients and pathway governance 3) Feasibility of running larger combined MDTs 4) Risk to current service arrangements NB noted that the NW sector MDT serves the largest new patient population in Gtr Manchester and runs for 90-120 minutes each week. An MDT charter would be developed to set out the "ground-rules" for running an effective and efficient sector MDT No agreement was reached on the optimal model for sectorised MDTs. Agreed to set a further meeting for all stakeholders to debate further in order to reach a consensus. NB encouraged members to consider other models	NB to create MDT charter to be agreed by board. NB & CMC to set up meeting with relevant parties to decide upon best sectorisation model moving forward.
11. **MC Lung Pathway Education Event(s):** A molecular diagnostics education event, primarily for pathologists and respiratory physicians with an interest in lung cancer had been proposed for half day 5th December. It was noted that this clashed with BTS meeting. Agreed to look at rescheduling. In the early stages of planning for The first Annual Lung Cancer	NB/CMC/FB to reschedule molecular diagnostics event NB/CMC to finalise

Pathway Education Day. Further information to follow later this year	agenda/date and forward details
12. Date of next meeting: Tuesday 13th January, 2-4pm. Venue Christie, Education centre, Room 4	