

## LUNG PATHWAY BOARD MEETING MINUTES

**DATE: 29<sup>th</sup> April 2014**

### In Attendance:

Neil Bayman – Pathway Director  
Caroline McCall – Pathway Manager  
Christine Eckersley – Bolton Representative  
Yvonne Summers – Lead for oncology  
Fiona Blackwell – Lead for Research  
Simon Bailey – CMFT representative  
Durgesh Rana – Lead for Cytopathology  
Lorraine Creech – Lead for specialist nursing and Representative for East Cheshire  
Duncan Fullerton – Mid Cheshire Representative  
Simon Taggart – SRFT Representative  
Carol Farran – Stockport Representative  
Carol Diver – Tameside Representative  
Rajesh Shah – UHSM Representative and Lead for Surgery  
Richard Booton – Lead for EBUS  
Phil Barber – MCIP Programme Representative  
Leena Joseph – Lead for Histopathology  
Ram Sundar – WWL Representative and Lead for Early detection  
Liam Hosie – Primary Care Representative

### Apologies:

Ben Taylor – Lead for PETCT  
Paul O'Donnell – Pennine Representative  
Carolyn Allen – Lead for Radiology  
Ian Watson – Primary Care Representative

### Aims & Priorities of Pathway group

**Improving outcomes, survival rates and improving processes whilst remaining focussed on patient experience, Research and education. Moving from where we are now to a more patient focussed approach.**

1. Introduction to Manchester Cancer, Caroline presented a slideshow of MC structure, its aims, objectives and its new role looking at the whole integrated pathway including representative from primary care, and patients. It was agreed that Manchester cancer outcomes would focus on:
  - i. Patient experience
  - ii. Clinical engagement
  - iii. Research
  - iv. Educationto achieve its aims and objectives and to improve lung cancer outcomes. Dr Barber commented that the high lung cancer mortality rates were a function of the higher than average incidence of lung cancer in greater Manchester
2. Confirmed board members and Managerial representation. Talked briefly through Terms of reference, patient-involvement and the Macmillian Cancer event aimed at optimising patient involvement being held on 23<sup>rd</sup> June.

**Action: All board – to email CMC with any patients who may be interested in getting involved. There is also a patient cancer event organised by MC and Macmillian on 23<sup>rd</sup> June – details to be circulated.**

3. Board Meeting – discussion round the frequency of meetings, location and best time of the week. It was discussed whether there should be a set day or to rotate the days. A doodle poll would be sent out to see when the best times in the week would be and we would choose from doodle.

**Action: CMC to send out invites for the meetings for the remainder of the year  
All Board – to email CMC with their nominated deputy.**

4. Annual Report and work plan to be completed by end of July. Update at next meeting (July)

**Action: CMC to send out invite for this meeting**

5. Integrated Pathway  
Neil gave a presentation on the picture of the service provided for all of greater Manchester currently. Problem areas were discussed, and general picture of lung cancer in Manchester was painted.
  - i. **Quality Standards: Patient-centred pathways**
    - a. integrated **lung cancer pathway quality standards** with patients' interests central to all developments at every step.
  - ii. **Implementation of Services: Working in partnerships**
    - a. **provider trusts collaborating** to implement a seamless pathway across conventional organisational boundaries
  - iii. **Governance/Quality Control: Transparency**
    - a. **MDTs accountable for pathway performance** based on clearly defined quality indicators to ensure all patients experience the best possible care wherever they live

There was also a discussion around data collection. Mr Shah commented that systems for data collection are already in place within the network to comply with national datasets and should be incorporated to any future plans. Dr Booton commented that it is essential to ensure accurate data collection, which could be best achieved by clinicians inputting data in real-time.

Neil advised that Jac Livsey at The Christie was developing a system for MC based on The Christie Clinical Outcome webforms and that the provider board had given the go ahead to the system.

**ACTION: NB/CMC to provide board with updates on data collection as they develop which should be in June.**

6. Lung Cancer Pathway Board Recommendations  
Members of the Board formed 3 small groups to brainstorm pathway improvements to Early Detection/Primary Care, Diagnostics/Secondary Care, Treatment/Tertiary Care, and Survivorship and End of Life Care respectively. A discussion around everyone's recommendations was fed back to the whole group and became talking points and gave some consensus. Ideas to be distributed to board and used to create a set of standards that Greater Manchester would like to work too.

**ACTION: NB/CMC to circulate collated recommendations**

7. Next Meeting on Thursday 10<sup>th</sup> July at 1.30pm at The Christie, Trust Admin, Seminar room 6.