Manchester Cancer

LUNG PATHWAY BOARD MEETING

Minutes of the meeting held on

20th January 2015, Seminar room 3, The Christie.

IN ATTENDANCE	
Neil Bayman	Pathway Director
Caroline McCall	Pathway Manager
Simon Bailey	CMFT
Carol Farran	Stockport
Phil Barber	UHSM
Ram Sundar	WWL
Carol Diver	Tameside
Leena Joseph	UHSM
Ben Taylor	Christie
Richard Booton	UHSM
Simon Taggart	Central
Paul O'Donnell	Pennine
David Shelton	CMFT
Karen Clayton	East Cheshire
Chris Eckersley	Bolton
Lorraine Creech	UHSM

AGENDA ITEM	ACTION
Apologies noted from : Rajesh Shah, Yvonne Summers, Fiona Blackhall Liam Hosie, Ram Iyer, Durgesh Rana	
Minutes from the last meeting on 3rd October 2014 The minutes from the last meeting were agreed to be an accurate record.	
Objective no 1 – Improving outcomes / survival rates	
a. MCIP update: Proposal for targeted case selection in City of Manchester	Phil Barber to keep board updated.

Phil Barber updated the board with regards to the progress of MCIP. An early detection group had been set up. MCIP have successfully presented a case for targeted case selection for lung cancer of high risk patients within the MCIP footprint to the MCIP board. The project has also been selected by the national ACE programme. The proposal will now be worked up in detail and further updates will be given as they arise. The pathway board were supportive of the project. MC & MCIP will maintain open communications.	
b. CRUK/MacMillan/NHSE ACE Program projects • Manchester Cancer CWP Pilot – Neil Bayman • MCIP early diagnosis – Phil Barber • Wigan Lung Cancer Project – Ram Sundar, GP Liam Hosie & Kathryn Place • Improving outcomes for people with symptoms of lung cancer in mid Cheshire – Duncan Fullerton	Each ACE project lead to keep the pathway board updated
c.EBUS subgroup update New EBUS database has been rolled out and Matt Evison (Respiratory Physician, UHSM) has visited each trust involved. New database is more user-friendly and is expected to facilitate more complete data collection	Richard Booton to keep the pathway board updated
d) LUCADA 2014 Summary A slide-set of the Manchester Cancer data from LUCADA 2014, comparing with 2013 dataset was distributed before the meeting. Stage, performance status, 1-year survival, histological confirmation rates, and surgical resection rates were discussed at the Pathway Board. A significant number of incomplete staging data was noted. It was commented that LUCADA doesn't record any staging with an "x" suffix (e.g. TxN1M1b would be recorded as missing staging data). NB/CMc to clarify with national audit team. Variation in stage and performance status was noted. It was commented that there was no clear guidance on when stage and performance status data should be collected for LUCADA (i.e. some trusts might be registering performance data when first diagnosed in clinic, with others when the patient is seen by oncology or surgery). NB/CMc to clarify with national audit team at what point in pathway stage/performance status data should	NB/CMc to clarify with LUCADA (i) implication of "x" suffix in staging, (ii) when during pathway stage/PS expected to be registered Ram Sundar to explore reasons for significant drop in resection rates in Wigan LUCADA 2014 dataset to be presented at Pathway Board Education Event, March 2015

Comment [NABA1]: Here we need to list all the Lung ACE projects from the board: Ours, Wigan's, Mid Cheshire's, MCIP

Comment [NABA2]: Need to check this is correct with Richard

be registered for LUCADA There continues to be significant variation across the region for key lines of enquiry. However, it was commendable that for surgical resection rates, all except one trust was above the national average. Concern was raised about the disparity between surgical resection rates and 1-year survival for some trusts. For example, LUCADA 2014 showed Bolton had the 2nd highest surgical resection rate in the region but the lowest 1-year survival rate. Similarly, Wigan had the 3rd highest 1-year survival rate in the region but the lowest surgical resection rate. Wigan in particular had demonstrated a significant drop in surgical resection rate from LUCADA 2013 to LUCADA 2014 (30.5% to 22.1%). Ram Sundar is exploring possible causes for this change locally. Concern was raised about the quality of some data entry and the resource to support this in some MDTs. It was also acknowledged that trusts are also reliant on tertiary care centres accurately uploading treatment data, and tertiary care trusts reliant on secondary care sending through their data in advance of the LUCADA deadline to facilitate this. NB commented that the clinical web portal pilot aims to improve accuracy of data submitted to LUCADA.	
Objective no 2 – Improving the patient experience	
a) Manchester Lung Cancer Patient experience survey NB thanked Carol Diver, Carol Farran and Chris Eckersley for their work developing the Lung Pathway Patient Experience Survey. There was a discussion around the wording and legitimacy of some of the questions. It was however noted that all the questions had been taken from the National Patients Experience Survey and had therefore undergone prior validation. The survey includes all the questions required to measure the Pathway Board Quality Standards, peer review requirements, and the questions selected by MacMillan Cancer support and local patients as meaning the most to patients in our region. It was agreed that local Lung Cancer Patient Support Groups will be asked for their comments on the survey in the first instance (deadline end Feb2015). Each trust will then need to approve the survey. The survey will be a continuous process, with local Lung Cancer CNSs responsible for sending the survey to patients	Carol Diver to liaise with local CNSs to raise awareness of survey and ask for feedback from patient support groups NB/CMc to explore usability of chemotherapy/radiotherapy/surgery surveys

approximately 1 month after diagnosis. Patients will return the completed surveys directly to Manchester Cancer for central analysis (by trust and by sector). It was acknowledged that the survey does not include treatment. This was considered but it was felt that the survey in its current form enables a standardised process for distribution and analysis. The Christie and UHSM have local patient experience surveys which might be appropriate for measuring radiotherapy, chemotherapy, and surgery experience.	
b) Manchester Cancer user involvement Group To ensure Manchester Cancer achieves its commitment to put people affected by cancer at the heart of improving cancer services for the population of Greater Manchester and East Cheshire funding has been approved for a new 'patient involvement group' this will consist of a manager and 4 facilitators. The new team will be responsible for patient/user "recruitment" to particular roles, and provide appropriate training and support. They will also engage with pathway boards, in particular facilitating patient experience surveys including responsibility to scope the current information in the region and quality of this information to ensure we are fully and appropriately engaging with patients and their carers. The roles are currently being advertised.	CMC to keep board informed of developments.
<u>Objective no 3 – Research and clinical innovation</u>	
a) Manchester Cancer Lung Trial portfolio for Sector MDTs NB noted that a survey of pathway board members last year highlighted lack of clinician awareness of lung cancer clinical trials outside of the tertiary centres and a significant obstacle to trial recruitment. NB suggested one approach to overcoming this could be a Lung Cancer Pathway Board Trial Portfolio, listing the clinical trials feasible outside of a tertiary care setting. It was noted that a similar approach might already have been undertaken by GM Clinical Research Network.	NB to discuss this with Fiona Blackhall (research lead)
b) Living with and beyond cancer MacMillan fund applications Lorraine Creech and Carol Diver outlined their recent applications to the £350k Macmillan Living with a Beyond fund. Applications	CMC/LC/CD to keep board updated and continue to meet for any application queries to be resolved.

are being reviewed and we hope to hear more by March. The board thanked Carol and Lorraine for their efforts	
Objective no 4 – Improving & standardising high quality care across the whole service	
a) Manchester CCGs Lung Cancer Service Spec NB advised the board that the 3 Manchester CCGs (MCP) have written and approved a service spec for lung cancer (distributed with the agenda). It was discussed that MC pathway boards will be developing their own guidelines. It was acknowledged that in order to achieve world-class outcomes as part of MC objectives, the lung pathway guidelines would have to go above and beyond the current service specification.	NB/CMc to source (i) GMCCN previous guidelines, (ii) national lung cancer service spec, (iii) London Cancer Lung Guidelines (available on London Cancer website) as starting point.
b) Sectorisation of Lung Cancer MDTs update NB updated the Board following the developments of MDT sectorisation since the sector MDT workshop chaired by Manchester Cancer Medical director Dave Shackley November 2014. There have been meetings with Tameside/Stockport/Central (minutes of this meeting are embedded into this document). It is proposed that these trusts will form a sector MDT on Thursday 2-4pm. Discussions continue with individual members around job plans etc. Sector MDT aims to go live first week in April Meetings are planned with Pennine and UHSM/Mid-Cheshire/East Cheshire. NB presented the MDT sectorisation report and asked the board for any comments regarding this. Phil Barber commented that the suggested configuration appeared to reduce rather than increase access to the critical mass of lung-cancer expertise in South Manchester, and expressed his concern that the process by which the sectors had been determined had been one of voting preference, rather than a considered network view on what would maximise quality of care'. NB responded that sector performance would be closely audited, and outcomes used to inform future reviews of sector configurations.	NB to create MDT charter to be agreed by board. NB & CMC to continue with meetings with South, Central and NE sectors. Cental Sector Meeting_2015_01_16

c) Sector MDT Charter The Sector MDT Charter was distributed prior to the meeting and NB asked for any comments. The charter lists the aims of the sector MDT and pledges expected to be incorporated into a sector MDT operational policy to enable effective and efficient MDT working. It was acknowledged that the document had only been distributed a few days before the meeting and agreed that board members be given more time to comment.	NB asked the board for any further comments to be made by 31st January prior to approval
d) Outcome measures/Performance analysis pilot MC Pathway board has made a successful bid to the MacMillan/CRUK/NHSE ACE programme to help fund a pilot of the clinical web portal in the NW sector MDT. This is an essential pilot to understanding the key to the problems in the lung cancer pathway and will be a universal data-collection system capable of monitoring performance and outcomes throughout the entire pathway and across the whole of Greater Manchester and East Cheshire in **real-time**. This would enable transparency and therefore a rapid response to improve poor performance and the immediate analysis of any changes made. This pilot has been officially approved at MC provider board. A Manchester Cancer project board has been developed to drive this forward. Caroline McCall has been in discussions with the trusts involved in the NW Sector MDT	NB/CMc to keep pathway board updated
e) 62 day breach review - Lung CMC informed the board there is to be a review of breaches from Heck and neck, Colorectal, Prostate, Upper GI and Lung pathways. The board of Director of Operations across the region have asked for a review of these pathways and have assigned an operational manager to work in conjunction with MC to review the last 15-20 breaches. Once this has been conducted, the board have asked if these can be reviewed by the appropriate pathway board for any clinical input or ideas to improve performance or learn any lessons.	CMC will keep board updated.

AOB	
a) NICE suspected Cancer draft consultation NB thanked the pathway board for their comments which were submitted to NICE, and also contributed to the Lung Cancer CRG response. It was acknowledged that the pathway board did not support the document in its current format, and from a lung cancer perspective, did not feel it was radical enough to make a real difference in outcome. Concerns were raised around the impact this guidance would have on secondary care services without additional resource as the threshold was being significantly lowered for 2WW referrals	NB to update board on response from NICE
b) **MC Lung Pathway Education Event** The first Annual Lung Cancer Pathway Education Day set for **Friday 20th March** at the Etihad stadium. Please find attached flyer details.	 Invitation lung education.pdf
c) Date of next meeting: Friday 24th April at 2-4pm. Mayo Building, Salford Royal hospital. Room will be send around with the next agenda.	