Manchester Cancer

Lung Pathway Board – Minutes of meeting

21st July 2015, Seminar room 8, UHSM Education and Research Centre

Attendance	Representation
Neil Bayman	Pathway Director
Carol Diver	Tameside
Carol Farran	Stockport
Rajesh Shah	UHSM
Liam Hosie	GP Rep
Carolyn Allen	Pennine
Leena Joseph	UHSM
Christine Eckersley	Bolton
Paul O'Donnell	Pennine
Simon Taggart	Central
Duncan Fullerton	MCHT
Karen Clayton	East Cheshire
Lorraine Creech	UHSM
Carole Higgins	Manchester CCG
Hodan Noor	Manchester Cancer Pathway Manager
Apologies	
Ben Taylor	Christie
Richard Booton	UHSM
Durgesh Rana	CMFT
Ram Sundar	WWL
Fional Blackhall	Christie
Sriram Iyer	ECHT
Yvonne Summers	Christie
Ian Watson	Oldham
David Shelton	CMFT
Simon Bailey	CMFT
Phil Barber	UHSM

In Attendance:
Ahmed Salem Clinical Fellow Christie
Ahmed Toba, Primary Care GP
Tanya Humphreys, Manchester Caner User Involvement Lead
Jonathan Turnbullross User Involvement Manager

	AGENDA ITEM	ACTION
1	**Apologies:** Apologies have been noted. Welcome and introduction for members in attendance; Ahmed Salem Clinical Research Fellow at Christie, Ahmed Toba GP representative, Tanya Humphreys, Manchester Caner User Involvement Lead and Jonathan Turnbullross Manchester Cancer User Involvement Manager. NB suggested to members to encourage trainees to attend and observe the work of one lung pathway board to gain an insight on the strategic developments which take place in the field.	
2	**Minutes from the last meeting** The minutes has been agreed to be an accurate reflection of the last meeting and PB comments has been incorporated.	
3	**Annual Plan/Report** NB thanked all members for their contribution in the development of the annual plan and report. Members have had the draft copy circulated in June for comments and the final versions of the plan and report can now be accessed on the Manchester Cancer website http://manchestercancer.org/services/lung/ There are two outstanding items from 2014/15 annual plan (1) patient user representations this will now be supported by Manchester Cancer User Involvement team (2) clinical trials portfolio for sector MDT including research nurse attendance at Sector MDTs this is currently underway and is supported by FB research lead for the board. The aim will be to have a clinical portfolio suitable for each MDT suitable for the hospitals to increase access to patients engaging in clinical trials. 2015/16 objectives are (1) completing and consolidating Lung MDT sectorisation (2) Improve patient experience (3) increasing palliative care engagement (4) Develop and implement universal model for lung cancer pathway, minimum standards (5) complete and evaluate the CWP project for north sector MDT. As part of the lung MDT sectorisation and Mesothelioma specialist MDT will also be developed in the coming year.	
4	**Objective no 4 – Improving & standardising high quality care across the whole service** a. Breach Analysis JF has given her apology to this meeting, members view the presentation, the Director of Operations have tasked the Cancer Managers to review the breaches to explore areas for improvement. NB highlighted this presentation frames the future work of	Lung_Cancer_Pathways_across_Greater_Ma

	the lung pathway, members agreed this would be useful if there was clarity or draw conclusion just based on the data. However, there is opportunity for members as part of the sector MDTs the members should review breaches and have lesson learning exercises for avoidable breaches. b. Defining optimal MC Lung Cancer pathway An email was sent to all members to map out what is happing real time in each trust to capture what is happing at each MDT to identify variations, similarities and challenges including. This data will also identify the actual vrs perception and will support the first step in defining a minimum standard for the pathway. The deadline for return by the 31st of July, however if the patients identified on the week commencing 13th of July MDT have not had a decision to treat members are advised to perspective follow the patients until a decision has been reached. The findings will be shared with wider audience to support defining minimum standards. East Cheshire, SRFT reviews breaches regularly; ST proposed each trust should identify their challenges to support a joint solution. Concerns that such changes might not been in the gift of Manchester Cancer, NB proposed if there is a consistent issue not a trust issue but has a wider impact e.g. capacity across the pathway members have the opportunity to raise the matters at provider board level. Future potential structure of MDT (1) pre diagnostic (2) post diagnostic treatment recommendation. NB highlighted the limited resources e.g. PET CT there is potential benefits from a sector view to standardise pathway to ensure investigations go through similar timeframe. c. Sectorisation of Lung Cancer MDTs Central Sector MDT is underway, feedback from MDT members faced some IT issues which has caused some problems however this is currently being resolved with funding support. Evening meeting outside of the MDT environment to jointly discuss sector issues was also helpful. Members have identified some MDT etiquette; members have felt real benefit in having the sector method in discussing clinical cases with the full complement of professionals has maximised the quality of decisions made. The initial meetings people have been over presenting due to the new way of working however confidence has improved and less time is being taken to present their case. IT is important the all information is provided for effective discussions and decisions to be had. The gap in medical oncologist has now been resolved at the Christie, new members will be appointed to cover the north west sector MDT, there is also cover in pennies, when the south sector is formed one will potentially, Central Sector is on the radar to	HN to identify mean time (1)GP referral to decision to treat(2) referral to treatment to actual treatment by Trust and by Networks

	resolve once the capacity in the south sector is rationalised. NB proposes there is an opportunity to have shared learning across the sectors and potentially members from individual sectors to visit each other to observe and comment on good practice and improvement opportunity. South sector MDT to begin in November and Pennine MDT will be the next phase to engage with the MDT charter. d. MC Lung Pathway Guidelines NB proposed that the board follows the London Cancer Guidelines and localise to the needs of Manchester Cancer, a partial content list was shared with the agenda to showcase the work. Members need to identify which on the list are not relevant and any guidelines to include, members then need to nominate or volunteer and a stage approach will be taken to develop. ST volunteered to develop the palliative care section. LH highlighted concerns that the new referral NICE guidance removed items(cough and shoulder pain) is there opportunity to still ensure the management of risk. NB proposed there is an opportunity as a group to discuss the NICE guidance on the agenda at the next meeting LH to facilitate the discussion for members. e. Mesothelioma specialist MDT The business case including the costing is currently being developed to run a specialist Mesothelioma MDT however the delivery of this MDT will be dependent on the commencement of the south sector MDT. There is opportunity to apply for funding e.g. health innovation fund, ACE NB proposed to ensure we need to engage with each other with proposal and be aare there are these opportunities. f. Lung Cancer Pathology Sub-group The pathology sub group will commence in September with representatives from every pathology lab involved in lung cancer and will develop a standard operating procedures, there is currently a mapping exercise underway to identify what procedures is currently going on in different labs. A chair is needed to be identified Durgesh and Leena need to explore who will be the chair for this group.	HN to send the full content list for comments and nominations. NICE guidance to be an agenda item for LH to present the impact on Manchester Cancer
5	**Objective no 1 – Improving outcomes / survival rates** a. MCIP & Screening pilot CH updated the group on the progress of MCIP, the project will continue post December 2015 funding has been sought. The early diagnosis project sub group and steering group has been established, the MCIP team have had a market place event for procurement process for CT scanning and Health checks. The aim is to begin the last week of March 2016 depending on the uptake the CCG's are interesting so this is all dependant on getting people presenting. Member has identified concerns that public health are currently cutting the smoking cessation programmes which is a	

	concern. b. ACE projects DF early diagnosis campaign for self-referral chest x-ray launched 7 of July, received 7 referral so far an recruited 25 community champions the campaign underway, information shared with community radio, poster campaigns. There are similarities to the Liverpool project. There is currently discussion how this will be evaluated as there is no standard template to collate this information. NB shared the work presented by the ACE project, a proposal to evaluate the different risk stratification models in primary care against the NICE guidance, with some refinement there is an opportunity to take this forward. NB put forward to members if the proposals do go forward with some refinement is this board interested to engage. LH proposed the project needs to be manageable, NB to explore further on the progress and the work involved. The CWP project is begins the pilot with Bolton in a week's time which then will be rolled out to the remaining two. The aim is to evaluate this pilot and if successful this will be rolled out other sector MDTs. Members highlighted some reservations and NB gave assurance the pilot will identify and provide solutions for any reservations including exploring other methods of collecting meaningful patient data, in real time and has interoperability with other data systems the lung pathway uses. Phase 2 of ACE will be exploring multi diagnostic centres with a focus on primary and secondary care diagnostic one stop shops, CH to share information to disseminate to the members to explore ideas. c. EBUS Subgroup update**– deferred to the next meeting** d. Emergency presentation data **– deferred to the next meeting** e. COSD Staging data **- attached data for information**	Lung Cancer COSD data 2014.doc
6	**Objective no 2 – Improving the patient experience** a. Increasing palliative care engagement The palliative care board presented to the provider board on the key challenges in delivering palliative care in greater Manchester. The workforce gap has been recognised, commissioners local and specialist have agreed to develop a specifications which the palliative care board can use to undertake a gap analysis and identify the monitory value of any potential shortfall. In the interim the sectorisation has rationalised the medical palliative care input and the lung cancer specialist nurses have been a key into screening patient at MDTs. The proposal is initially to pilot medical palliative care by screening patient at sector MDT setting, awaiting the update from palliative care conversations with commissioners. There is an aim with Christie accessing chemotherapy how the palliative care is screened, linked and are accessing services appropriately. Opportunity to scope the palliative care engagement at MDT and who has the role at	HN to develop

	MDT, HN informed members this analysis has been done across palliative care and will share this. b. Manchester Lung Cancer Patient experience survey – update CD shared that the survey has been signed of at Tameside and this survey will also bee used generically for the Trust. The survey has begun within Tameside, however there is concerns for Lung cancer survey data there is currently no resource in place to roll out this survey. There need to be an agreement or a process for collection prior to agreeing. There we a number of options from electronic real time recording, to using share point as a method to collate all data however there is still a significant gap in the inputting of the data. There is an opportunity for Manchester Cancer to analyse the data however there currently is no resource to support inputting. Lung pathway Board need to develop a letter including the template to be presented to the Director of operations to gain trust sign off as long as the survey has been agreed by the MDTs themselves first. c. Manchester Cancer User involvement TH the Manchester Cancer User Involvement Lead, appointed in May and 3 managers have now started, the last manager will start in august, JT will be the user involvement manager will be supporting the Lung pathway in identifying, recruiting and supporting people affected by cancer. The objective is to recruit and have at least one representative, support, develop and training to represent a larger group of people effected by cancer in the community. If members are aware of people effected by lung cancer who would like to engage in the development of user involvement please email Jonathan.turnbullross@nhs.net Wellbeing event pilot – Manchester Cancer Innovation fund There has been delay to the start date due to the recruitment process however the deadline has been extended to September. The first event is now scheduled for November.	template for scoping and share with members. HN to feedback thought and discussion about palliative care NB,TP and HN to identify resource solution for inputting
7	**Objective no 3 – Research and clinical innovation** Manchester Cancer Lung Trial portfolio (for Sector MDTs) NIHR report for 2014/15 as a network the recruitment is high however the opportunity to improve it on the sector MDTs in secondary care. Query if the NIHR collate Non- portfolio HN to identify if that data is available on the open platform.	 Open Access Platform NIHR 3rd July report.d
8	**AOB** Education Event 2016- NB shared the proposal in the spring of next year, first half is for Sector MDT's to present and share their performance dashboard, the second have is to be devoted to education potential a sector taking the lead to discuss cases which	

	would include e.g. surgeon, chest physician but using a patient journey. Members nominated North Sector to lead the first education session.	
9	**Future meetings:** 23rd October – The Christie FT, Department 2 Trust Administration, Level 3, meeting room 6	