

London Cancer Lung Tumour Pathway Board Annual Report 2017-18

Introduction

London Cancer incorporates the geographical areas of North Central and East London and West Essex with a population of 3.7 million. Since 2016, London Cancer has been one of the six principal programmes of the UCLH Cancer Collaborative.

The Lung Tumour Pathway Board has been led this year by Prof Sam Janes, Professor of Respiratory Medicine is responsible for driving improvement across the whole care pathway. Prof Janes stepped down as director in March 2018 to concentrate on leading the upcoming high risk screening pilot. The Board's membership includes multi-disciplinary representation from cancer professionals across the region and active participation from primary care and from patients.



Prof Sam Janes, Pathway Director,
Professor of Respiratory Medicine at
UCLH

The role of each pathway board is to understand any variation in practice and set standards that take advantage of planning whole pathways of cancer care for a large population. This drive to improve cancer care for patients covers an integrated care pathway that extends from presentation and diagnosis through to palliative care and living with and beyond cancer.

The past year has seen the lung board continue to explore novel data analysis projects, prepare for a screening project that will scan a potential 25,000 at risk people, launched various innovations with a view to implementing the National Optimal Lung Pathway (NLCP). Next year's focus will be on building on this progress with the ultimate aim of reducing the stage of diagnosis and increasing 1 year survival of our lung cancer population.

Achievements this year

2017/18 has seen the Lung Tumour Pathway Board continue its work within the UCLH Cancer Collaborative. Working as part of the national Cancer Vanguard within the New Care Models programme of NHS England this has allowed us to consult closely with colleagues within Greater Manchester Cancer Vanguard Innovation when developing new ways of working that will deliver the national CRG optimal lung pathway.

This year we have had a focus on improving earlier diagnosis and making the stage at diagnosis as low as possible.

Our key achievements have been:

- Updated our 2016 gap analysis against the national optimal pathway allowing us to measure progress and understand where 2018/19 transformation funding should be directed.
- Using intelligence gained from the gap analysis and collected data to begin Trust consultations with a view to creating an action plan that can deliver the national pathway by the end of 2018.
- Our members continue to prepare for the low dose lung CT screening pilot and lung health check pilot

UCLH Cancer Collaborative brings together hospital trusts, GPs, health service commissioners, local authorities and patients across north and east London and west Essex.

- With International Consortium for Health Outcomes Measurement (ICHOM) began to pilot implementation of their Lung dataset in UCLH and Barts.
- Development of a lung performance data dashboard with the Centre for Cancer Outcomes.
- Presented our pathway innovations and lessons learned to other alliances

Future plans

In 2018/19 we will aim to achieve earlier diagnosis of Lung Cancer.

No	Objective	Owner	By
1	Implement then monitor the continual achievement of the National Optimal Lung Pathway (NOLCP) across our patch	SE/NN	April 2019
2	Support the high risk screening program	SE/SJ	Summer/Autumn 2020
3	With the Centre for Cancer Outcomes (CfCO) develop a Lung Pathway visualisation tool.	SE/CfCO	April 2019
4	Participate in the North East London EDAG & LungPREP projects both of which examine large sets of data to understand if any interventions could have diagnosed patients with lung cancer at an earlier stage.	Nominated board members	April 2019
5	Develop a board position on the frequency of follow up scans post treatment	SE/WR	June 2018
6	Continue to implement The International Consortium for Health Outcomes Measurement (ICHOM) standard set	NN/JC	June 2018

Acknowledgements

We would like to thank all the members of the Lung Tumour Pathway Board for contributing their time to Tumour Pathway Board meetings and projects outside the meeting.

Particular thanks to Dr Neal Navani for launching our best practice pathway work and to Dr John Conibear and Neal for leading the ICHOM implementation work.