

London Cancer Lung Cancer Tumour Pathway Board Annual Report 2018-19

Introduction

The Lung Cancer Tumour Pathway Board is a cancer specific board led by Dr Neal Navani, Tumour Pathway Director, with project management support from Simon Evans. Its membership includes representation from cancer professionals across the region and active participation from primary care and patients.

In September 2018 Dr Navani took over management of the board from Prof Sam Janes, who resigned from this role to focus on the new low dose CT Screening study, Summit. The board would like to place on record its thanks to Sam.

“In the first 6 months of my pathway directorship my priority has been to lay the groundwork towards achieving 5 key goals. These include; implementing the national optimal lung cancer pathway (NOLCP), achieving earlier diagnosis, improving patient experience, preparing for SUMMIT and increasing availability, and uptake, of smoking cessation. Having secured and allocated transformation funds for the NOLCP, formed new working groups and established close working relationships with the SUMMIT team and STPs, I think we are well placed to continue making progress in these priority areas in 2019/20.” Dr Neal Navani



Dr Neal Navani, Lung Pathway Director & Consultant in Thoracic Medicine, UCLH

Achievements this year

This year we have established working groups to explore how patient reported outcomes measures (PROMS) should be collected and how we might integrate smoking cessation as part of the lung cancer pathway.

Our key achievements have been:

- Securing funding for, then overseeing the roll out of, patient navigators at 6 of our Trusts to help guide patients through the new, faster, National Optimal Lung Cancer Pathway (NOLCP). Initial results suggest that these navigators have helped hasten the pathway and improved patient experience.
- Histopathology process mapping and turnaround time analysis indicated the greatest opportunity for hastening pathology processes was reducing time taken to get pathology to molecular marker laboratories. Changes have already been brought into effect at UCLH following mapping workshops. Similar work is shortly to take place at Princess Alexandra Hospital and The Royal Free Hospital.
- SUMMIT, the low dose CT screening study is due to begin in 2019. Summit aims to scan 25,000 ‘at risk’ people and expects to identify 450 additional cancers. 70% of cancers diagnosed will be potentially curable and 80% of people who undergo treatment with curative intent will be cured. It

is anticipated that study has the potential to save approximately 252 lives and to facilitate a dramatic shift towards earlier stage diagnosis.

- The board will be work with commissioners to ensure our Trusts are well positioned to absorb the additional patients referred from Summit.
- Working with the Centre for Cancer Outcomes, our members have developed a pathway visualisation tool that pulls together all data sources and presents patients pathways' in a visual format.
- We discussed our approach towards maintaining a patient cantered focus at the 28th November patient involvement steering group. Following the meeting we started a successful recruitment drive for additional patient representation.
- Funding provided for Barts to test their innovative 'daily MDT' x-ray review meeting, releasing CT capacity.
- Undertook 62 day breach report analysis for North Central London. This provided evidence for the board's long held suspicion that the longest delays occur in the diagnostic phase, particularly in waits for PETs and pathology turnaround times.

Patient representation

Thank you to our patient representative Judy Cass who has helped us ensure all our patient information is clear, concise and serves its purpose and more broadly that that our projects and workstreams are focused towards having the greatest possible benefit for our patients.

"It's good to be part of such an active group with a coherent set of objectives. And great to see the focus on improving the stressful experience of diagnosis through to treatment being given a particular emphasis through improved support, data collection and communication."

Judy Cass, Patient Representative

Future plans

No	Objective	Owner	By
1	Roll out PROMS collection at three sites and agree plans for a future roll-out	SE/NN	March 2020
2	Roll out NOLCP and achieve the following; <ul style="list-style-type: none">• Increase the number of people being diagnosed or discharged by day 28 of their CWT pathway• Increase number of patients undergoing radical treatment• Increase number of people receiving treatment by day 49• NCEL compliance with 62 day target	SE/NN	March 2020
3	Help our hospitals understand how they can streamline pathology pathways to ensure that molecular markers testing happens as early as possible	SE/NN	July 19 & ongoing
4	Improve research and access to clinical trials	SE/NN	Ongoing
5	Review data collected by our patient navigators	SE/NN	June 19 & ongoing
6	Increase patient representation in the board's work	SE/NN	June 19
7	Increase availability and uptake of smoking cessation services	SE/NN	March 2020
8	Map current utilisation of reporting radiographers and agree plan for maximizing this resource and the upcoming cohort trained via HEE funding	SE/NN	March 2020

Acknowledgements

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

The Centre for Cancer Outcomes team has provided excellent data and analytical support, in particular in developing the collection tool around the NOLCP, we thank them for their work.