Meeting of the *London Cancer* Lung Tumour Pathway Board

Date: **Wednesday 26th April 2017, 16:00-17:30**

Venue: 6th Floor West, 250 Euston Road, London, NW1 2PG

Chair: **Sam Janes**

1. Welcome and introductions and Minutes from last meeting

- Minutes agreed as true record
- Previous actions discussed. It was agreed that stratified follow up was not suitable for the vast majority of lung cancer patients therefore it would be inappropriate to ask Sharon Cavanagh to re-present.
- NLCA surgical resection rates highlighted as an issue by MH. The published figures are out of kilter, being much higher in the report than they are in reality. SJ is to write to Richard Page to highlight concerns.

ACTION: SJ to write to Michael Page highlighting concerns re figures.

2. Healthy lung checks, low dose CT update

- Funding for the CT screening pilot has not yet been confirmed.
- NSC results are awaited; these will most likely be published next year.
- The pilots have revealed obstacles. Homerton have done particularly well in recruiting patients. SJ to express this in a formal letter to the Homerton CEO and Medical Director.
- The proposed pilot will include 4 new CTs at 4 sites. Currently placing a mobile unit at King George's a fixed diagnostic unit at Mile End, and CTs at UCLH and Finchley memorial are being explored
- Recruitment information is to be obtained from GPs i.e. patients aged 55-77 and recorded as smoking in the last 15 years. Administrators from a new booking centre will call identified patients.
- Centres will be responsible for patients until cancer is ruled out. The scanning sites will do nodule follow up. It is anticipated a minimum of 20 radiologists will be required; the financial recompense is being developed.
- The pilot trials have suggested a 3.7% prevalence over three years.
- Methods to simplify reports so that COPD, bronchitis is more easily identified are being explored. SH requested that this work is passed for his attention.
- Based on UKLS rates if 5,000 are scanned in the trial there will be 1185 repeat scans, 275 repeat CTs, 50 CT biopsies, 5 EBUS, 115 PETS, 80 surgical reviews, 30 oncology reviews and 75 new cancers.
- TA commented that GP buy-in is crucial. It was suggested that cancer transformation teams in each CCG are first approached with a request to communicate the trial's importance to GPs. TA is happy for her name to be used for an endorsement in communications to GPs.
- Other possible avenues for engaging GPs include including adding the trial into e-module education. TA is happy to meet with CL and SJ. TA also to provide details of her equivalents throughout London.

ACTION: SJ To express gratitude for contribution made to the low dose CT screening trial by Homerton to their CEO and Medical Director.

CL to discuss engagement of GPs with TA.

3. Centre For Cancer Outcomes - Dashboard

- Ben Goretzki, Senior Analyst at the Centre for Cancer Outcomes, presented the draft version of the dashboard that presents metrics and cancer outcomes from various sources on one website. BG acknowledged that initially the dashboard will be most useful for highlighting data quality issues. Lung is the first tumour site whose data will be inputted in the dashboard.
- Key features include:
  - The presentation of data before it is sent to COS-D helping to drive data quality improvements.
  - Patient level data is included so we can interrogate data before it is sent to the registry.
  - The database can incorporate data from any source meaning it can link into Trust systems and the national audit.
  - The system works via an N3 system so the site can be reached via any device.
  - The system is first being tested on UCLH before going out to further Trusts. Visits will shortly be made to Barts.
  - The dashboard has a space for tumour specific metrics, meetings are ongoing to define which lung metrics should be included. BG therefore asked for suggestions to be sent to him.
- Data sharing between Trusts remains an obstacle to sector wide comparisons. Board members expressed concern around sharing data before it has been verified.
- SJ commended the dashboard is a promising prototype and will be useful as a means by which data quality can be challenged at an earlier opportunity.

4. Lung Data Evening - Actions

- SE presented a summary from the lung cancer data evening held on 29th March at which current data, supplied by Mick Peake and Michael Sharpe, was reviewed and levers, obstacles and gaps were identified and a plan for improvement formulated.
- Issues identified included:
  - Data uploads appearing as 100% on Trust systems before showing as incomplete at the registry.
  - Marked variation within London Cancer.
  - 'Seen by a CNS', 'why was patient not treated' and Fev1 completion is particularly poor.
- Possible solutions included:
  - MDT Clinical Data Leads to check data quality.
  - NCRAS are releasing early versions of reports creating a feedback loop, allowing issues to be identified early.
  - FEV-1 – is often recorded on MDT proformas but not on the MDT system - meaning it is missing from the audit.
  - The CNS field needs to be completed in the MDT – this information is not collected via any other feed.
  - Requests to Infoflex and Somerset re possible technical blips e.g. the 2 separate CNS fields on Somerset.
- The following next steps were agreed at the meeting:

- MDTs to consider candidates for data clinical lead – draft role description is available.
- An overarching pathway board data lead to be appointed
- All Trusts to improve their 2016 data with a focus on the following areas:
    - Place first seen
    - Performance status
    - FEV1
    - CNS

ACTION: Clinical Data Lead role description to be circulated
Pathway board data lead to be appointed.

5. ICHOM – Implementation of Standard Sets

- UCLH have signed a contract to implement the ICHOM standard sets alongside one further Trust.
- The ICHOM standard sets measure outcomes that go further than merely survival, the only outcome that is well recorded at the moment.
- ICHOM will work with Trusts to increase capacity and design IT solutions to enable the capture of these metrics.
- The board suggested that we ask ICHOM to consider including recovery package metrics when considering IT solutions.

6. Access to Clinical Trials

- Homerton were again congratulated for the recruitment of 259 patients into the healthy lung check and low dose CT trial.
- The board noted new immunotherapy trials were shortly to begin, members were implored to refer patients for consideration

7. National Specification Achievements and Obstacles Update & Implementation

- SE presented updated results from the audit. This reinforced the preliminary results that suggested that PET waiting times and histology turnaround times were the biggest obstacles to achieving the pathway.
- The three vanguard medical directors have committed to fully implementing the national optimal lung pathway fully implemented across the entire cancer vanguard footprint by December 2017. The gap analysis will now help us to focus our efforts in implementing the pathway.

ACTION: SE to circulate slides and the national optimal pathway to board members.

8. AOB

- No further business

9. Next Meeting

Thursday 13th July 2017 16.00-17.30, 6th Floor Meeting Room (East), 250 Euston Road, NW1 2PG

Attendees

Name	Trust/Organisation
Sam Janes	UCLH
Angshu Bhowmik	Homerton University Hospital
Aliabdulla Mohammed	Barts Health – Whipps Cross
David Feuer	Barts Health, Homerton University Hospital
Claire Levermore	UCLH Cancer Collaborative
Fanta Bojang	UCLH Cancer Collaborative
Sara Lock	Whittingtom
Paula Wells	SBH/BH
Michael Sheaff	Barts Health
Paula Wells	Barts Health
Tania Anastasiadis	TH CCG
Martin Hayward	UCLH& BCFH
Sam Hare	Royal Free London
Simon Evans	UCLH Cancer Collaborative

Apologies

Name	Trust/Organisation
Julian Singer	NMID +Harlow
Martin Forster	UCLH
Arunesh Kumar	Barking ,Havering & Redbridge University Hospitals NHS Trust
Neal Navani	UCLH
Paula Wells	Barts Health
Catherine Docherty	Royal Free London
Tony Lawlor	NELCSU