

London Cancer Lung Cancer Pathway Board

Date: **Wednesday 14th December 2016, 16.00-17.30**

Venue: **Boardroom, UCLH @ Westmoreland Street, 16-18 Westmoreland St, London, W1G 8PH**

Chair: **Sam Janes, Pathway Director**

1. Welcome, Introductions and Apologies

- SJ welcomed members of the board.

2. Minutes of the last meeting

- Steve Edmondson to be added to list of attendees.
- Minutes otherwise agreed as a true record.

3. Healthy lung checks, low dose CT update

- SJ updated the group as to the low dose CT screening project.
- SJ confirmed that now the contract has been signed members should expect a concerted effort around planning for the pilot particularly for respiratory services.
- 2 additional scanners are to be placed in NEL and 2 in NCL. The locations of 3 are close to being confirmed, the fourth is to be finalised.
- ICT work is ongoing to ensure people with suspicious scans are quickly referred into cancer departments.
- The Board thanked CL and FB for their work preparing the sector for the pilot.
- **ACTION – SJ to present calculation of new cancer cases at the next ERG.**

4. National Specification Achievements and Obstacles

- SEv presented the results of the self-reported audit of current practice against the national optimal pathway.
- Responses received from the St Barts site, UCLH, BHRUT and The Whittington.
- Each Trust declared whether they were fully achieving, were partially achieving or were not achieving at all, each milestone. Responses revealed that the beginning of the pathway was the most challenging.
- Each hospital is able to offer a CT before the first OPA but not necessarily as part of a GP straight to test pathway. Barts feel that triaging via a radiologist review of the GP x-ray and a clinical review of patient history is in the patients' best interest.
- It was noted that BHRUT have significantly improved the proportion of patients undergoing CT before 1st OPA, now at 50-60%.
- Patients in NEL are facing a longer wait for PETs than in NCL. The audit may be used to present a case for further PETs in NEL. Capacity at UCLH could also be shared with NEL.
- Other pan London Cancer challenges include reporting times for pathology and molecular markers.

- **ACTION – SEv to pursue responses from outstanding Trusts and incorporate audit in a bid for Alliance funding to implement the national lung pathway.**

5. Stratified Follow Up

- SC introduced the background to London Cancer’s stratified follow up work. Supported self-management releases capacity in acute settings and improves patient experience.
- SC stressed the role of a fully implemented recovery package in enabling supported self-management.
- It was acknowledged that shorter survival rates and longer follow up times mean that fewer lung patients are eligible and that those who are may need closer monitoring. Indeed guidelines state the patients should be followed up in clinic five years post treatment, the board confirmed their agreement with this policy.
- However a prototype pathway for Lung has been developed and has been implemented elsewhere.
- The board reiterated that mortality makes lung fundamentally different from tumour sites such as breast which have made progress in this area. However SC was invited back to discuss how Lung stratified follow up has been implemented throughout the country.
- **ACTIN – SC to be invited to speak to board again re examples of implementation.**

6. PREDICT

- Item deferred until Pfizer confirmed their statistician funding decision.

7. NLCA

- 2015 data previously circulated by NN discussed.
- It was acknowledged that the quality of COS-D data is currently poor.
- Around 6,000 patients not discussed at MDT have also recently been added, adversely affecting statistics.
- RFL have found uploading data problematic. Before upload RFL data completeness appears to be 100% complete however in NLCA figures this statistic significantly reduces.
- Newham to be asked their opinion on data quality.
- The group felt that holding MDT coordinator and clinician training sessions may improve data quality.
- NN has previously made the following suggestions:
 - Dedicated person with protected time to lead on lung cancer data in each trust
 - Clinical validation of data from local systems before COSD upload
 - Ensure place first seen is completed in COSD for every patient
 - Each trust to examine performance in the key clinical indicators
- The group also noted that one year survival rates show a clear upward trend.
ACTION – NN to respond to RFL’s and the wider board’s concerns on behalf of the NLCA.

8. Trial Recruitment

- December recruitment figures from the CRN discussed.

- Recruitment numbers are improving although this has been distorted by the low dose CT trial. The trial is due to end in March.
- Members felt that recorded recruitment number (271) for the Checkmate trial, should in fact be higher.
- It was reiterated that the trial recruitment numbers only reflect the unit where a patient actually joined the trial rather than referring hospital.

9. Pan Vanguard Pathway and Guidelines

- A phone call is to be set up between SJ and his counterpart in Manchester, Neil Bayman and in RM Partners, Tom Newson- Davies regarding development of a pan vanguard pathway and guidelines. Implementation will then be monitored by the Centre for Cancer Outcomes.
- Lung has been chosen because the pathway has already been developed nationally so is best placed for implementation and analysis.

10. AOB

- Including the 8th classification onto Somerset discussed.
ACTION – Request assistance from Ian Woolhouse and/or senior Somerset managers.
- The effect of ‘Be Clear on Cancer’ on earlier stage diagnosis discussed. The consensus was that other diagnoses are increasingly being identified but earlier cancer diagnosis wasnot occurring.
- 2017 meetings discussed. It was agreed to alternate between Wednesdays and Thursdays. The July and December dates should be moved forward.
ACTION – SEv to send updated dates.

Next Meeting(s)

Wednesday	26-Apr-17	16.00-17.30	Lung Pathway Board	Boardroom, UCLH @ Westmoreland Street, 16-18 Westmoreland Street
Thursday	27-Jul-17	16.00-17.30	Lung Pathway Board	Boardroom, UCLH @ Westmoreland Street, 16-18 Westmoreland Street
Wednesday	27-Sep-17	16.00-17.30	Lung Pathway Board	Boardroom, UCLH @ Westmoreland Street, 16-18 Westmoreland Street
Thursday	21-Dec-17	16.00-17.30	Lung Pathway Board	Boardroom, UCLH @ Westmoreland Street, 16-18 Westmoreland Street

Attendees

Name	Trust/Organisation
Sam Janes	UCLH
Angshu Bhowmik	Homerton University Hospital
Catherine Docherty	Royal Free London
David Feuer	Barts Health, Homerton University Hospital
Sajid Khan	RFH
Stephen Burke	Homerton Hospital
Tanya Ahmad	UCLH/RFL
William Ricketts	BARB
Claire Levermore	UCLH
Fanta Bojang	UCLH
Angshu Bhowmik	Homerton
Sara Lock	Whittingtom
Paula Wells	SBH/BH
Michael Sheaff	Barts Health
Neal Navani	University College London Hospitals
Paula Wells	Barts Health
Stephen Edmondson	Barts Health
Karen Sennett	GP

Apologies

Julian Singer	NMID +Harlow
Martin Forster	UCLH
Tania Anastasiadis	TH CCG
Arunesh Kumar	Barking, Havering & Redbridge University Hospitals NHS Trust
Michael Sheaff	Barts Health
Neal Navani	UCLH
Paula Wells	Barts Health
Stephen Burke	Homerton

