Meeting of the *London Cancer* Lung Tumour Pathway Board

Date: **Wednesday 12th December 2018, 16:00-17:30**

Venue: 6th Floor East Meeting Room, 250 Euston Road, London NW1 2PG

Chair: **Neal Navani**

1. Welcome and introductions and minutes from last meeting

- 12th September minutes agreed as true record.

2. NOLCP

- The circulated data collection/tracking spreadsheet was discussed. When the data is sent to SE patient identifiable information should be removed.
- Navigators have begun to use the spreadsheet at North Middlesex and Barts, they have not reported it being too onerous yet.
- It was noted that a risk of the spreadsheet and the role of the navigator in general is duplication with the MDT coordinator role. Boundaries for each role should be set at each Trust.
- The group signed off the worksheet, any further comments that arise through use should be sent to SE.
- Data collection to begin in January, data to be sent to SE at 6-8 weeks, we will need to present provisional data in March to commissioners. SE to remind board members in January.
- The board will monitor the data at the next and at subsequent meetings. Data will either be used to inform local business cases or transformation bids for continuation of navigators.
- Feasibility of pathology turnaround timescales in the NOLCP discussed, specifically 3 days for diagnosis of cancer and a further 10 days for molecular markers.
- Barts have attempted adding a biomedical scientist, locum pathologists and in/out sourcing but the timescales remained unachievable on a consistent basis.
- At UCLH NN feels that the timescales can be achieved but not at the level (85-95%) that would represent compliance. At 3 days it is usually possible to ascertain adenocarinoma or squamous cell carcinoma. This is still useful for physicians to break bad news.
- In other updates SL noted that Whittington radiographers now report x-rays and had set up an alert for suspected cancer a CT should then follow on the same day, this has worked exactly as designed for one patient already. However the subsequent PET then

took a long time negating the saved time. The group hope that navigators working together will be able to expedite PETs. Simply by chasing appointments the navigator has had an impact at North Middlesex.

- Increased demand has been noted for systemic therapy leading to longer waits.

Action
Data collection to begin 3rd week of January at the latest. Data to be reviewed at next board. KPJ to be informed that the NOLCP pathology timescales are not currently achievable but this should not prevent the overall aim of reducing time to treatment.

3. Summit

- CL and Dr Carolyn Horst discussed the circulated capacity implication of Summit paper.
- The four CT scanners at UCLH, Mile End, Finchley Memorial and King George's will begin scanning patients from the last week of February-April. Each is expected to open within 2-3 weeks of each other, with King George last to do so.
- The plan is for an even spread of referrals across CCGs
- Estimated increase in referrals to MDTs discussed. CL clarified that it is not possible to estimate number of referrals for PAH, but any increase is expected to be nominal.
- Conversations around how to cope with the increased activity which will affect every point of the pathway have begun. Initially the Summit team, commissioners and the cancer collaborative are asking Trusts to respond to the paper with estimates of what they need to absorb the increased activity. Members were encouraged to make their estimates and to send responses back to SE for collation.
- Payment for the new activity discussed. Naser Turabi, programme director for the UCLH Cancer Collaborative will liaise with commissioners once the responses are received. KS assured the board that commissioners have repeatedly confirmed that they support SUMMIT.
- WR noted that Barts pathologists had expressed concern about dealing with the increased numbers.
- CH confirmed that there is money built in for research nurses.
- HW confirmed Barts have the surgical capacity for these additional patients, NN understands that UCLH do as well.
- NN summarised our greatest challenges
    - MDTs are close to capacity already. Separate diagnostic MDTs should be introduced or expanded, patients should only go to a full MDT meting when they have had all diagnostic tests.
    - CNS' will have an increase to their already heavy caseload.
    - There will be an estimated extra PET scan per day per scanner. An initial meeting between NN and the UCLH nuclear medicine team is occurring next week.
- Patients will be referred via the Summit team with CT report and scan received via IEP. Trusts should make a consultant upgrade when they see fit.

ACTION – Members to liaise with teams and respond to Summit Capacity Implications via SE.

ACTION – Summit to be a standing agenda item.

4. NOLCP Tariff

- Royal Free have noticed a loss of income associated with the optimal pathway. Dr Anant Patel discussed his plans to establish a tariff for the new hastened early stages of the pathway. The proposed tariff will cover the CT and triage before 1st OPA for cancer and abnormal benign or entirely normal in which case patients receive discharge by letter.
- The tariff includes £170 for a Straight to test CT, if required the OPA is then paid for as a follow up. The new tariff would bring substantial savings for the CCG whilst still ensuring the hospital is recompensed for activity.
- Currently UCLH call patients that are being discharged rather than notifying by letter.
- KS challenged whether receiving a letter rather than than call or consultation is optimal for patient experience and whether a letter will give enough feedback to the referring GP. RFL thoracic consultants write the letter which contains advice and guidance for GPs. The Whittington and Royal Free have confirmed that they have been running the process for a while and have had no complaints so far.
- WR noted that at Barts CTs are often not reported until the day before clinics, this means they cannot divert the non-cancer patients. Other Trusts do not book OPAs until the CT is reported, WR des not think this is possible within Barts' system. It was acknowledged that even if the tariff is in place there is no obligation to charge to it.

ACTION SE to send AP's sides to the board. Discuss proposal with commissioners and invite to next board meeting

5. PROMS

- The PROMS working group has now met twice. Donna Chung has been in touch with Macmillan re adding quality of life questions to the e-HNA online portal as part of a pilot at UCLH, Barts and Royal Free. The advantage of this is the capability to remotely complete PROMS. Depending on results on the pilot we can move onto a full roll-out.
- The group are considering how to make the process health care assistant led, as has been implemented successfully in South Wales.

6. Smoking Cessation

- A smoking cessation group is to be formed with the aim of bringing smoking cessation service back to hospitals.
- It was noted smoking particularly effect radiotherapy, systemic therapy and recurrence post surgery.
- We may apply for transformation funding to support our work, e.g. hiring/training level 2 smoking cessation.
- COSD will soon include a smoking cessation treatment field and will be measured nationally.

7. AOB

- The next board will be a Wednesday in 3 months' time. SE to send dates.
- Wai Keong, a haematologist at UCLH has developed an app for clinical trials, currently only haematology is listed but he is looking to expand.
- MRI brain is to be recommended for stage 3 cancers in NICE 2019 guidelines. Ring fenced slots may be required to meet demand within NOLCP timeframes.

- NLCA reports should have been received by Trusts. Members were encouraged to send NN positive stories for tweeting and asked to send summary sheets to SE for review at the next board.

ACTION- Trialslink website to be circulated (keytrials.com).

ACTION- Members to SE NOLCP summary sheets for review at next board.

8. Next Meeting
Wednesday 6th March

Attendees

Name	Trust/Organisation
Aliabdulla Mohammed	Barts Thorax Centre
Angshu Bhowmik	Homerton
Carolyn Horst	Summit team
Catherine Docherty	Royal Free London
Claire Levermore	UCLH Cancer Collaborative
David Feur	Barts
Karen Sennett	GP – NHS Islington
Judy Cass	Patient Representative
Julian Singer	North Middlesex University Hospital
Mick Peake	UCLH Cancer Collaborative
Neal Navani	UCLH
Paula Wells	Barts Health
Sara Lock	The Whittington
Simon Evans	UCLH Cancer Collaborative
Subhra Chowdhury	PAH
Tanya Ahmad	RFL (Barnet) and UCLH
William Ricketts	Barts Thorax Centre
Zaheer Mangera	North Middlesex

Apologies

Name	Trust/Organisation
Konstantinos Giaslakiotis	Barts Health
Fanta Bojang	UCLH Cancer Collaborative
John Conibear	Barts Health
Martin Forster	UCLH
Sam Hare	RFL – Barnet and Chase Farm
Sajid Khan	RFL
Sam Janes	UCLH
Stephen Burke	Homerton University Hospital
Stephen Edmondson	Barts Thorax Centre
Tania Anastasiadis	TH CCG