

Meeting of the *London Cancer Lung Tumour Pathway Board*

Date: **Wednesday 7th March 2018, 16:00-17:30**

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

Chair: **Sam Janes**

1. Welcome and introductions and minutes from last meeting

- 14th December minutes agreed as true record.
- The board confirmed that they are happy that if Stephen Edmondson cannot attend the board, a surgeon from Barts will take his place.

2. Grail update

- SJ recapped that the purpose of the study remains to scan 25,000 with low dose CTs alongside a lung health check including, spirometry, height, weight and brief smoking cessation advice in the first year with stratification into follow up scans and no scans in the 2nd and 3rd years
- Contracts were signed in the previous week. Information governance and renting the sites with all the required refurbishment are now the big challenges.
- The aim is to begin in the summer although there is acknowledgement this could be delayed to the autumn.

3. Board position on frequency of follow up scans

- At the previous board the variation in frequency of follow up CTs across the patch was identified as an issue that should be tackled.
- The consensus was reached that advice is needed for those that had undergone curative treatment. Unfortunately there is a lack of definitive evidence for benefit of follow up scans.
- The group considered whether we need bespoke advice for each treatment.
- Benefits of x-ray over low dose CT and whether we should be looking harder for small recurrences discussed. It was noted that early recurrence may not be picked up by x-ray.
- Whether abdomen, the most common site of recurrence should be included also needs to be considered.
- JCa commented that as a patient she would want reassurance that she is being tracked with a clear plan for what scans would be conducted and when. Clear patient information detailing the above would be useful.
- It would be useful to collate results of what we are finding on scans, perhaps on a London Cancer wide database.
- WR volunteered to adjust the previously circulated Bart's paper with any potential changes in ESMO 17 and IFCT-0302.

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

ACTION – WR to amend paper based on ESMO 17 and IFCT-0302 and circulate

4. Lung Pathway Tool

- MP was joined by Gavin Baily from NCRAS to discuss their prostate pathway tool and plans for adaption for Lung.
- The tool pulls in data from CWT, imaging datasets, hospital episodes, radiotherapy, SACT, office of national statistics and COS-D.
- The tool allows you to look at events in a systematic way and understand the interval between events by presenting each event as a section on a line graph. It is perhaps most useful to choose two dates as filter points, e.g. attendance at GP practice and diagnosis and study the occurrences in between. In this way it can be a tool for understanding how to achieve earlier diagnosis. Detailing the intervals between appointments also illustrates where delays commonly occur. At a local level the tool reveals where specific issues are located e.g. referrals between Trusts. The tool illustrates outliers that otherwise would not be identified without an audit.
- It was commented that the tool may supply us with evidence that problems that we have long suspected exist are in fact an issue that needs to be addressed. Further it will be useful as a first step in a deep dive analysis of the pathway and to evidence compliance with the NOLCP. MP further noted the tool could be used to monitor a clinical trials population.
- The collaborative has secured the funds to develop the tool for lung cancer. An expert panel to offer advice on the required adjustments is required. The group should represent a range of trust and specialities.
- In an answer to a query regarding the robustness of the tool MP confirmed that NCRAS check the data quality but they ultimately rely on the data they receive. Therefore members of the board are encouraged to ensure data on hospital systems is as good as can possibly be.
- Quality of molecular marker and EBUS pathology remains a challenge, one of our pathology experts should be approached to join the panel. It may be possible to include 'in-house pathology data'.
- The group confirmed they endorsed the project. Volunteers for the expert panel should contact SEv. The vast majority of involvement will likely be over email rather than face to face meetings.

ACTION – SEv to send email requesting volunteers to join the pathway tool expert panel.

5. Best Practice Pathway Implementation – 2018 Audit

- SEv presented the highlights to the update to last year's NOLCP audit. Hospitals were asked to review last year's responses and update where required.
- Responses received from most hospitals in NEL and NCL (Whittington, BHRUT, St Barts, Royal Free, Homerton, Barnet and Chase Farm, UCLH,). Awaiting response from Newham, North Middlesex & PAH in West Essex.
- The first stages of the pathway are improving – Triage of CT from day 0-day 3 is now reported as fully achieved bar 1 hospital.
- PET waiting times are improving generally although waiting times still fluctuate.
- Wait for molecular markers highlighted as the biggest challenge.
- Change to 49 day target will clearly offer a greater challenge than 62 days.
- All Trusts have GP direct access to CT in place, some do not make the CT within 72 hours of abnormal x-ray target.

- 6/8 hospitals are already fully compliant with the new 28 day diagnosis standard.
- The group discussed results. STT CT identified as a method of getting patients onto either a lung cancer or more relevant pathway (such as 18week wait) quicker.
- Other innovations include expansion of 1 stop clinics and the radiographer reporting pilot at the Homerton.
- The group discussed allocation of potential £309k of transformation funding that has been earmarked for implementation of the NOLCP. The board confirmed that spending should in some way improve the network as a whole. SJ has also suggested the board consider reinforcing robustness in the face of likely increase in patient volume due to the screening pilot. We may also wish to boost 2ww clinics, EBUS and CT biopsies and pathology. Improvements in these areas will help everyone. Alternatively we could use the funds to pump-prime services at one or more hospital to prove the NOLCP can be implemented with the right level of financial support.

ACTION: NN, MP and SE to review data.

SE to put together options paper and circulate for discussion at next board.

6. AOB

- Smoking cessation services discussed. There was concern that services are being scaled back although RFL and UCLH now have a smoking cessation lead. The board were encouraged to highlight the new smoking cessation C-Quin within their Trusts.
- SJ confirmed he is to stand down as pathway director. Kathy Prichard-Jones is to advertise the position shortly.
- Sam will concentrate on the low dose CT screening trial. Sam praised the board for the progress made during his tenure. Sam noted that this is as an exciting time for the board with the many innovations beginning to be implemented. The board warmly thanked Sam for his efforts on behalf of the network.

7. Next Meeting

Wednesday 13th June 2018 16.00-17.30, 6th Floor Central, East Meeting Room, 250 Euston Road, London NW1 2PG

Attendees

Name	Trust/Organisation
Sam Janes	UCLH
Catherine Docherty	Royal Free London
David Feur	Barts
Gavin Baily	NCRAS
Henrietta Wilson	Barts
Judy Cass	Patient Representative
Julian Singer	North Middlesex University Hospital
Karen Sennett	GP – NHS Islington
Konstantinos Giaslakitotis	Barts Health
Mick Peake	UCLH Cancer Collaborative
Neal Navani	UCLH
Paula Wells	Barts Health
Sam Hare	RFL – Barnet and Chase Farm
Sara Lock	The Whittington

Simon Evans	UCLH Cancer Collaborative
Stephen Burke	Homerton University Hospital
Tanya Ahmad	RFL (Barnet) and UCLH
William Ricketts	Barts

Apologies

Name	Trust/Organisation
Aliabdulla Mohammed	Barts Health – Whipps Cross
Claire Levermore	UCLH Cancer Collaborative
John Conibear	Barts
Martin Forster	UCLH
Tania Anastasiadis	TH CCG
Fanta Bojang	UCLH Cancer Collaborative
Sajid Khan	RFL
Stephen Edmondson	Barts Health
Subhra Chowdhury	PAH