

Meeting of the *London Cancer Lung Tumour Pathway Board*

Date: **Wednesday 4th October 2017, 16:00-17:30**

Venue: Trustees Board Room, 5th Floor East, 250 Euston Road, London, NW1 2PG

Chair: **Sam Janes**

1. Welcome and introductions and minutes from last meeting

- Minutes agreed as true record.
- SJ noted that Michael Sheaff has decided to step down from the board with Konstantinos Giaslakitotis taking his place as pathology representative. SJ thanks Michael for all his hard work on behalf of the board.

2. Summit update

- SJ updated as to the progress of the CT trial. The trial aims to scan 25,000 'at-risk' people.
- SJ confirmed he expects the contract to be signed by Grail in the next 10 days. CL will then begin work developing the 4 sites hosting the new CT machines with a focus on IT support and protocols.
- A mid-November GP and commissioner meeting will outline how the CT screening process will work.
- CL will also be visiting hospitals to explain projected increases in activity. It is expected that there will be a spike in cancers diagnosed in the first year before a levelling out in the second. CWT figures should be unaffected.
- SJ noted that other screening programmes such as those in Manchester, Leeds and Liverpool have been funded via commissioners, whilst Summit is entirely privately funded and aims to scan many more people.

3. Best Practice Pathway Implementation

- Gap analysis revealed common as well unique issues that each hospital is now attempting to address.
- Discussion as to when the 2ww clock starts on the national optimal pathway. It was agreed that ideally a 2ww form should arrive at the same time as CT request. At the Whittington when an abnormal GPs are asked to refer on a standard 2ww form and a CT is requested.
- It was agreed that it was not appropriate for all referrals to go straight to CT.
- UCLH and Barts are looking to improve the early stages of the pathway. At UCLH this will involve a same day CT, hot reporting, triage and OPA a similar pathway has proven successful in Manchester. WR is also planning on hastening the first stages of the pathway at Barts. The Centre for Cancer Outcomes has been helping gauge a baseline and will help to measure success.
- The criteria GPs are given to consider when sending for a CT noted as vague. The board should consider developing formal advice for GPs across the patch. Local commissioners across our patch should be asked for their opinion on how best to accommodate straight to CT with 2ww referrals. It was suggested that Nottingham may have adaptable or replicable criteria, SB to send to SE.
- The board agreed that the new national optimal lung cancer pathway 49 day timescale was reasonable.
- Homerton are currently achieving an X-ray – CT within 1 day. It should be explored whether this is replicable.

ACTION: SB to send to send Nottingham CT criteria to SE to further circulate

4. MDT Improvement Recommendations

- Professor Muntzer Mughal and Professor Martin Gore's MDT Improvement reports discussed.
- The board felt that Lung cancer patient MDT reviews should not be protocolised, and that it was inappropriate for any patients to undergo treatment without an MDT discussion. This directly contradicts point 9 in Prof Mughal's report.
- SJ asked for comments to be sent to SE so a formal response from the board can be developed.

ACTION – Members to send comments on Prof Mughal and Prof Gore's MDT improvement reports to SE/SJ

5. Lung e-referrals

- News had reached commissioners that RFL has stopped accepting e-referrals. Royal Free reps on the board will be asked to check whether this is still the case.
- It was broadly felt that the e-referrals system slows down the pathway, for example UCLH are usually unable to give e-referred patients a CT before first OPA as they are not given enough notice before patients are due to attend clinic. However it was noted that patients generally like the system and that NHSE want to see e-referrals working. One solution may be to offer telephone slots before making a CT and OPA.

6. Access to Clinical Trials

- Recruitment data from the North Thames CRN reviewed. Members agreed it would be useful to compare with last year's and with national data if possible.

ACTION – SE to find comparative data for next board.

7. Centre for Cancer Outcomes Update

- BG presented an update on the dashboard created by the Centre for Cancer Outcomes, with data from CWT, COS-D, SACT, the national lung cancer audit etc.
- The current aim is for full roll out across all Trusts within UCLH by mid-December, shortly after it will be available on the UCLH internal intranet, 'insight'.
- Summarised versions will be available to pathway boards.
- St Barts will be the next Trust with whom the centre will be working, BG acknowledges that adjustments will be need to be made to account for each Trusts different IT systems but is confident these will be relatively straightforward to overcome.
- BG noted that initially the main benefit of the benefit will be helping to improve data quality by highlighting gaps.

8. Next Meeting

Thursday 14th October 2017 16.00-17.30, 6th Floor Central, East Meeting Room, 250 Euston Road, London NW1 2PG

Attendees

Name	Trust/Organisation
Sam Janes	UCLH
Angshu Bhowmik	Homerton University Hospital
Aliabdulla Mohammed	Barts Health – Whipps Cross
Catherine Docherty	Royal Free London
Claire Levermore	UCLH Cancer Collaborative
David Feur	Barts
Julian Singer	North Middlesex University Hospital
Karen Sennett	GP – NHS Islington
Neal Navani	UCLH
Sajid Khan	RFL
Paula Wells	Barts Health
Sara Lock	The Whittington
Stephen Burke	Homerton University Hospital
Simon Evans	UCLH Cancer Collaborative
Tanya Ahmad	RFL (Barnet) and UCLH
Ben Goretzki	UCLH Cancer Collaborative
Will Ricketts	Barts
Tony Lawlor	NELCSU
Tracey Horey	Princess Alexandra
Henrietta Wilson	Barts Health
Subhra Chowdhury	PAH
Fanta Bojang	UCLH Cancer Collaborative

Apologies

Name	Trust/Organisation
John Conibear	Barts
Martin Forster	UCLH
Martin Hayward	UCLH& BCFH
Tania Anastasiadis	TH CCG