

### ***London Cancer Lung Cancer Pathway Board***

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Date: **Thursday, 29<sup>th</sup> September 2016, 16.30-18.00**

Venue: **Meeting Room 4, 3<sup>rd</sup> Floor, 170 Tottenham Court Road, London, W1T 7HA**

Chair: **Sam Janes, Pathway Director**

#### **1. Welcome, Introductions and Apologies**

- SJ welcomed member of the board, introductions were made to the new London Cancer Lung Pathway Project Manager, Simon Evans.

#### **2. Minutes of the last meeting**

- Correction to be made to the previous minutes, Kelvin Lau is the lead of the The Barts Health Thoracic Centre.

#### **3. National Specification – the Optimal Lung Pathway**

- The Vanguards are committed to ensuring that Trusts achieve the national optimal pathways. Each Trust should identify where they have gaps against the optimal pathway. There has already been acknowledgement that the turnaround time in pathology was not currently feasible. The group were encouraged to see it as an opportunity to make a case for further resource if a business case would be required.
- Challenges in meeting pathway discussed. Seeing patients within days 1-5 is difficult for all Trusts. Patients vary as to the speed they want tests. It was stressed that to meet DTT within 28 days the start of the pathway needs to be compressed.

**ACTION – Each Trust representative at the PB to produce a 1 page report showing how they are meeting the optimal pathway and what gaps exist by 30/11/2016, SE to collate and distribute.**

**ACTION – Mary Falzon and Mike Sheaff to explain the pathology position on acceptable timings at UCLH/Barts by 30/11/2016.**

#### **4. Health Lung Checks and low dose CT programme update**

- CL confirmed that the North Central London (NCL) Cancer Board have agreed to support the programme with the next step being a letter written on behalf of the Board to the Accountable Officers and CFOs at the NCL CCGs requesting the programme is part of commissioning intentions.
- The North East London Cancer Board have a few concerns remaining and were wanting to see more evidence to support the case and were also keen to see further patient engagement around the project.
- FB is organising for NEL GPs and clinicians to meet and discuss further.
- SJ confirmed that an American research company are currently discussing a joint project with the expectation of scanning around 15,000 people in London and 15,000 in America. The trial would also include the lung health check as well as a collection of blood.

- SJ is now moving forward with involving academic groups, behavioural science units and smoking cessation with the next stage of planning.
- Computer aided diagnostics software that highlights nodules to radiologists allowing reporting within two minutes is also being explored to be part of the trial
- On the basis of the mini-trials it is estimated that around 1% of patients will have cancer and 10-12% will have nodules. The extra patient volume is likely to have implications for MDTs and SJ asked the PB members to look at this locally. It was agreed that existing trial data of this impact from the current UCL trial should be discussed at the next PB.

**ACTION – To help members understand the potential impact of the programme, UCLH and Homerton’s trial data is to be shared. SE to collate and circulate by 18/10/16.**

## 5. Data

- NN discussed data flows. Currently data goes to regional offices where it is rationalised with other sources such as SACT, pathology etc. before going onto ENCORE, a super computer that holds England’s cancer data.
- COSD data automatically uploads to the regional office on a monthly basis, after which the figures are very difficult to change. It was noted that unless Trusts have a validation processes in place the data is likely to be of low quality.
- NN validates UCLH information which takes around 2 hours a month.
- It was agreed that a named clinical data lead in each trust should review data for each Trusts before it is uploaded to the regional office.

**ACTION – SJ to send email to MDT leads asking for confirmation of a named clinical lead, response to be received by 30/11/2016.**

- Current reports produced by the Pan Vanguard Informatics team discussed. Members agreed the reports were largely inaccurate, highlighting the poor quality of data currently available.
- NN presented National Lung Cancer Audit agreed clinical indicators. The aspiration is that these indicators will be reported back to Trusts on a real time basis.

**ACTION – SE to send PI slide to all MDT leads by 18/10/2016.**

## 6. PREDICT

- A response is awaited from Pfizer re the recruitment of a statistician after which information will be requested from Trusts.

## 7. Stratified follow up

- Stratified follow up is a commissioning intention in prostate, breast and colorectal tumour groups. Alongside the implementation of the recovery package this allows discharge to self-management and primary care. There are clear monitoring procedures in place for patients on a stratified pathway.
- National work by Sharon Cavanagh (SC) and Mick Sharpe helped identify that around 15% of Lung patients might be suitable.
- The group felt that new CT screening process may enable a small proportion of patients to be discharged.

**ACTION – SE to invite SC to present at the next pathway board by 11/10/2016.**

**8. AOB**

- The next meeting will be moved to 14<sup>th</sup> December 16.00-17.30, venue TBC

**Next Meeting(s)**

Wednesday	14-Dec-2016	16:00-17:30	Boardroom, UCLH @ Westmoreland Street, 16-18 Westmoreland St, London W1G 8PH
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Name	Trust/Organisation
Sam Janes	UCLH
AliAbdulla Mohammed	Barts Health - Whipps Cross
Angshu Bhowmik	Homerton University Hospital
Arunesh Kumar	Barking,Havering &Redbridge University Hospitals NHS Trust
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

**Apologies**

Julian Singer	NMID +Harlow
Martin Forster	UCLH
Tania Anastasiadis	TH CCG

