Meeting of the *London Cancer* Lung Tumour Pathway Board

Date: **Wednesday 12th September 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

- 13th June minutes agreed as true record with small corrections from AB to be incorporated into final version.

2. Visualisation tool update

- MP gave a brief recap of the pathway visualisation tool. 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.
- Dates of events can be used 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.
- The tool pulls in all data that NCRAS can pull i.e. from CWT, imaging datasets, hospital episodes, radiotherapy, SACT, office of national statistics and COSD.
- The tool enables us to 'own' data that is not available in the national lung cancer audit.
- The board commented that a reminder of how members can review current COSD data will be useful. Additionally it would be useful for Trusts to understand how data is retrieved from systems for the national audit.
- MP is finalising data access, with a focus on retrieving as current a set of metrics as possible. Work will now begin on the design and appearance of the tool. MP is hopeful that the first draft of the first draft of the tool will be available to view in December or January.
- Feedback on the tool to be added as a standing item to the agenda.

Action
COSD data retrieval advice to be drafted and sent to board.
Feedback on tool to be added as a standing item.

3. ICHOM/PROMS

Prof Kathy Pritchard-Jones – Chief Medical Officer
Naser Turabi – Programme Director

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- MP confirmed that the partnership with ICHOM had now come to a close. Therefore the continuation of the work should now be referred to as the Lung 'PROMS' (patient reported outcome measures) project.
- John Conibear, Mick Peake and others recently visited Wales to understand the progress they had made work in value based healthcare. Areas Wales had covered included Parkinson's, diabetes, orthopaedics and lung cancer.
- In a Welsh DGH setting EQ-5D quality of life metrics had been collected at diagnosis for 250 lung cancer patients. CNS' initially helped patients' complete surveys before the job was passed to healthcare assistants.
- The board felt a DGH setting means a single clinic can be targeted thus making it easier to collect data.
- Tracey Cole, a CNS at UCLH has raised the issue of survey fatigue as patients are asked to complete many surveys including e-HNAs which Trusts are mandated to offer at various points of a patient's pathway including at diagnosis.
- The board agreed and suggested that merging our PROMS collection with that of e-HNAs should be explored. It is understood that there is no national specification for e-hna format so a merge will be possible.
- Timeframes discussed. CD pointed out e-HNA completion can already take over an hour. CD also queried how fair it is to conduct the survey immediately after communication of diagnosis.
- iPADs, are commonly used for e-HNAs, any new tool will also need to be compatible with iPADs. E-HNAs are also more generally available online. HNAs are sometimes carried out on paper.
- Serving all levels of literacy and different languages is an issue that should be considered.
- NN commented that a new PROMS team could be created and suggested the creation of a working group to progress the project. The group should consider objectives, resource required and options for funding and develop a proposal with clear boundaries.
- Patients suitable for radical treatment to be considered for pilot. It may be easier to pilot at a smaller hospital although it was noted that Barts have a dedicated treatment clinic.
- The group should aim to learn from the Welsh model in particular what worked well and what elements patients and staff found useful.

ACTION – SE to send email to potential working group members re a meeting.

4. Priorities for the next year

- NN confirmed that summit is not opening in December as had previously been planned.
- Improving earlier stage diagnosis is the first priority for the board. The Summit trial is designed to facilitate this. Summit will have an impact on all our services which will have to be prepared for and mitigated. An impact assessment has been produced by the Summit team which should be circulated.
- Capacity planning in particular will need to be a focus. The Summit tam can help with this. NN suggested all should make contact with the team. Claire Levermore and Fanta Bojang are contacts in the first instance.
- It was confirmed the Summit suspected cancer patients will be referred to their local MDT with GP informed of the process.
- Hospital systems will need to treat these patients as 2ww.

- The blood test picks up other cancers than just lung so other tumour types will also be affected.
- Faster diagnosis via the national optimal lung cancer pathway (NOLCP) is the next priority. The key elements include treatment by day 49 and a reported CT within 72 hours of x-ray. NN confirmed that data around NOLCP achievement should be added as a standing item to each agenda.
- UCLH are doing a CT scan and report within 72 hours. However turnaround time for radiology reports is generally a challenge.
- New NICE guidelines are expected in 2019 and are shortly to go to consultation; changes are expected that will require resource. MP commented that there may be CRUK resource for projects that eradicate variation.
- Working across our geography as an integrated system will be required to remove variation. Opportunities around PETs may arise, if as thought likely, a bid for a single PET service run by NHS hospitals has been successful. The board would like to see PET resources pooled so lung cancer patients from across the network can be allocated an available slot on any of the three machines. Facilitating this may be a role for the patient navigators.
- As discussed earlier on the agenda furthering the ICHOM work and improving patient experience is another objective.
- Reducing smoking is an area that the board should focus as currently there is no joined-up system for our geography. NN confirmed that like most of our hospitals UCLH has lost its in house service.

  A smoking cessation sub group should be established, NN is particularly keen to introduce a 'make every encounter count' system with clear signposting to smoking cessation services. KS suggested that Charlotte, a public health consultant that has been working in this area be invited to join the group. Julie Billet also recently made a relevant presentation.
- The current C-QUIN which mandates that 90-95% of patients are assessed for smoking cessation is thought to be close to impossible to achieve. Furthermore the board should concentrate on outpatients as well as inpatients.
- Further elements to be considered is healthy living advice for those that do not have cancer and increasing trial recruitment.
- A draft NHSE service specification for mesothelioma and for EBUS is being drafted.

ACTION
SUMMIT Impact assessment to be circulated.
NOLCP data to be added to each agenda.
SE to circulate NN priority slides.
SE to collate list for smoking cessation working group including representation from the most senior London cessation lead .

5. NOLCP Patient Navigators – Data Collection

- NHSE have not given guidance on how to monitor achievement of the NOLCP.
- The collection should be live and robust, to also act as a tracking tool for the navigators. Barts and North Middlesex to share their datasets developed for the NOLCP.

- MP confirmed that centre for cancer outcomes analysts will help us develop a tool. Pathology should be asked to feed into identifying possible metrics and how they should be collected.
- AS well as demonstrating achievement of NOLCP the data will be used to support a business case for the continuation of the navigators, which this financial year are being funded by transformation funds.

ACTION
ZM to share North Middlesex data collection spreadsheet.

6. Local Guidelines

- The London Cancer local guidelines have not been reviewed or updated since 2014. Discussions held as to whether the board should refer to NICE guidelines or refresh the aforementioned local versions.
- The board wishes to refer to NICE guidelines but produce a paper which explains local deviations and introduction to local services.
- NN confirmed that the NICE guidelines will be 'live' which will mean changes can be made as national recommendations evolve.

ACTION
A summary document highlighting local services to accompany new NICE guidelines.

7. AOB

- KS confirmed that if after CT in the NOLCP pathway a patient needs to be referred onwards it should be clearly dictated in a letter to GPs that a further referral is needed. KS commented that consultant to consultant referral is also acceptable if the GP is kept informed.
- KS raised an area of good practice; in east London GP links mean Trusts can now see all GP data held on patients.

8. Next Meeting

Wednesday 12th December

Attendees

Name	Trust/Organisation
Aliabdulla Mohammed	Barts Health – Whipps Cross
Angshu Bhowmik	Homerton
Catherine Docherty	Royal Free London
David Feur	Barts
Judy Cass	Patient Representative
Karen Sennett	GP – NHS Islington
Konstantinos Giaslakiotis	Barts Health
Mick Peake	UCLH Cancer Collaborative
Neal Navani	UCLH
Paula Wells	Barts Health
Sara Lock	The Whittington
Simon Evans	UCLH Cancer Collaborative
Tanya Ahmad	RFL (Barnet) and UCLH
William Ricketts	Barts Thorax Centre

Apologies

Name	Trust/Organisation
Claire Levermore	UCLH Cancer Collaborative
Fanta Bojang	UCLH Cancer Collaborative
John Conibear	Barts
Martin Forster	UCLH
Julian Singer	North Middlesex University Hospital
Sam Hare	RFL – Barnet and Chase Farm
Sajid Khan	RFL
Sam Janes	UCLH
Stephen Burke	Homerton University Hospital
Stephen Edmondson	Barts Thorax Centre
Subhra Chowdhury	PAH
Tania Anastasiadis	TH CCG