NHS
Peninsula Cancer Alliance

Meeting of the PCA Thoracic-Oncology Site Specific Group (SSG)

Wednesday 28th March 2018

The Arundell Arms, Fore Street, Lifton, Devon

14:00-17:00

THIS MEETING WAS SPONSORED BY ASTRAZENECA, BOEHRINGER-INGLEHEIM, ROCHE AND MERK SERONO

FREEDOM OF INFORMATION

This group will observe the requirements of the Freedom of Information Act (2000) which allows a general right of access to recorded information including minutes of meetings, subject to specific exemptions. No one present today had any objections to their names being distributed in the minutes.

Draft Notes (TO BE AGREED AT THE NEXT SSG MEETING)

1.0 **Welcome and Introductions**

1.1 Please refer to separate record of attendance here.

2.0 **Ratification of the minutes of the previous meeting**

2.1 The minutes were considered and accepted as an accurate record.

3.0 **Resection Rates** (for patients who are anatomically resectable but not physiologically suitable for surgery-Peninsula Wide Data Collection-discussion led by Adrian Marchbank-AM)

3.1 It is difficult to make comparisons across the Peninsula Trusts as different data is collected and not standardised. AM has received very useful data from Torbay, North Devon and Exeter; however data from Cornwall and Plymouth has been difficult to analyse.

3.2 **Action**-AM to contact teams to ensure that the data collected is clear and allows for cross site comparison to facilitate accurate benchmarking.

4.0 **Standardisation of patient pathways**

4.1 AM-this work has stalled and has been hindered by the difference in size of MDTs. There are currently 4.5 WTE thoracic surgeons across the Peninsula for elective surgery.

4.2 PHT senior management have had discussions which infer removal of onsite surgical representation from North Devon Hospital, however information regarding this has not been forthcoming to clinicians at North Devon.

4.3 Concern was raised that discussing patient suitability for resection via telephone conferencing is not ideal.

4.4 AM explained that cross cover time as a block is within the existing job plans and

that the thoracic surgeons need to have a more visible presence.

4.5 ND asked if Torbay would get consultant level cover if their surgeon was away-AM advised that they would, however the position for North Devon is less certain.

4.6 AR explained that there needs to be an efficient way of getting patients from 'A to B'. It would be beneficial to have a pool of 5 consultants cross covering with similar protocols and knowledge of pre-referral requirements.

4.7 It is important for each trust to obtain baseline data to enable comparison of services pre and post changes.

5.0 **Lung Nodules**

5.1 The BTS is yet to publish their quality standards document for pulmonary nodules.

5.2 The SSG agreed that they will await BTS guidance prior to making any changes to the pathway.

6.0 **National Optimal Lung Cancer Pathway (NOLCP)** discussion led by Nikki Gowen PCA/SWAG NOLCP Project Manager

6.1 (Refer to Nikki's presentation slides here).

6.2 NG will be asking trusts to fill out a process map to ascertain the current position across the Peninsula.

6.3 Trusts may not necessarily manage the NOLCP pathway in exactly the same way; however, clear processes are required at local level.

6.4 It is acknowledged that there are wider issues regarding CT scanning capacity-this is being addressed at STP level.

6.5 TW highlighted that access to radiology, speed of reporting and tracking results were crucial and asked what strategies were in place to ensure sufficient resources?

6.6 BP commented that there is a radiology group that has met twice in the last month to formulate a plan. Concern was raised by some members present they were not aware of this group and/or had not been included in these discussions.

6.7 AR discussed the importance of looking at a more fluid agreement between trusts in respect of how diagnostics are reported; including training of radiographers to report CXRs and looking at how trusts may be able to report for other hospitals.

6.8 BP clarified that a service review of diagnostic capacity in the Peninsula has been commissioned.

6.9 Concern was raised about the Somerset Radiology Reporting Tool; some clinicians felt that this was being imposed on them without discussion, and some of the trusts do not want to use it in their reporting. A discussion followed which clarified the use of the tool and how CX1, 2 and 3 codes will capture the outcomes of CXRs for patients across the Peninsula. AR was of the view that the tool will improve the quality of reporting.

6.10 TW commented that symptomatic lung cancer is almost always incurable and that incidental findings which require immediate action are becoming a lot more frequent- it can be challenging to sort out what to do with non-fast-track referrals.

6.11 A lot of abnormal CXRs arise outside of the 2ww referral process and in order to pick up resectable disease, it is important to ensure rapid access to diagnostics and reporting for this patient group also.

6.12 Concern was raised that GPs are not referring patients for CXR under the NICE 2015 criteria (which was also noted to be extremely broad); referrals may be limited by a lack of access to local 'walk in' CXR services.

6.13 Plymouth currently has a back log of reporting of about 6-8 weeks-difficulties have also arisen from outsourcing of reporting which can be rather ambiguous.

6.14 It was agreed that all trusts and departments need to commit to deliver this pathway and in order to drive the work forward, a key working group at each acute hospital needs to be established.

7.0 Reflex testing for molecular studies

7.1 Practice across the Peninsula varies and there are a number of challenges to the provision of EGFR testing including a paucity of pathology resources and IT systems.

7.2 TW (who was unable to attend the meeting) sent an email to say that genetic testing in malignancy is going to be centralised into 6 labs across the country which may impact turn-around times for EGFR in Devon and Cornwall as the nearest lab may be Bristol. Alk and PDL1 are undertaken in histopathology labs and will not be affected.

7.3 Plymouth have started to do PDL1 testing, however this is not within the current job plan and is not sustainable.

7.4 Concern was raised that centralising this service seemed retrograde, and that it would be in the patient's best interest for the service to be delivered in-house. It was however acknowledged that putting forward a robust business case for the required resources may be challenging and adversely impacted by a lack of pathologists in the area.

7.5 AR suggested that as an Alliance we would ideally want to keep molecular testing in house and reflex testing should be an aspiration. Trusts need to be in a better position to provide more support to pathology before this is realised.

8.0 Central Airway Obstruction Referrals and Pathways

8.1 AM and CD looked at one year of data to calculate the prevalence of central airway obstruction.

8.2 It demonstrated that around 1 in 8 patients have evidence of significant airway obstruction at presentation.

8.3 When looking at radiology reporting alone, only 60% of patients with significant

airway obstruction was captured, leaving 40% unreported.

8.4 Patients should have access to good quality palliative interventions such as debulking and stenting. This is an area of work that requires input. It was acknowledged that access to educational input and expert opinion on this would be helpful.

9.0 **Research Update**

9.1 Research updates available via this link.

10.0 **Working Groups**

10.1 It was agreed that lung cancer pathway working groups in each trust are required to take the Alliance NOLCP work forward.

10.2 CD sent an email out with regards to a unified EBUS policy which had previously been discussed. The idea is that everyone contributes to this.

11.0 **AOB**

11.1 Unified policies for chemotherapy regimes in thoracic malignancies should be agreed.

11.2 **Action**: NK to contact ND for details of work already undertaken on this.

12.0 **Next meeting date**

SAVE THE DATE Thursday 11th October 2018 (details TBC)