Peninsula Cancer Alliance

Meeting of the Peninsula Cancer Alliance Thoracic-Oncology SSG

Thursday 11th October 2018

Roadford Lake, Broadwoodwidger, Devon

Chair: Dr Amy Roy

Consultant Clinical Oncologist (University Hospitals Plymouth NHS Trust)

1.0	**Welcome and Introductions**
1.1	Please refer to separate record of attendance via this link.
1.1.2	Attendance at the meeting was sub-optimal; this particularly impacts the validity of group decisions where consensus is required in order to standardise care across the Peninsula.
1.1.3	Consideration was given to the venue (which is the most central location between Barnstaple and Truro) and the day/time of the meeting. It was noted that the days on which the meeting fall are rotated to avoid exclusion.
1.1.4	NK advised the group that attendance at other SSG meetings is more encouraging (circa 20-40 attendees for breast, colorectal and head and neck SSGs) and clearly not hindered by venue choice.
1.2	**Action**: AR to discuss with John Renninson the lack of support/job planning at Trust level, to facilitate adequate attendance at the bi-annual meetings.
1.3	Minutes of the previous meeting (held on 28th March 2018) were considered and accepted as an accurate record. With reference to section 11.2, the group were of the view that each centre will continue to develop and maintain their own chemotherapy protocols as opposed to developing Pan-Peninsula guidelines.
2.0	**Rapid Diagnostic Pathway for Lung Cancer-Project Evaluation** Presented by Nicola Gowen, Project Manager
2.1	Presentation slides available via this link
2.2	**Discussion**
2.2.1	**North Devon (NDHT)**
2.2.2	CT capacity continues to be a challenge; current waiting times are 2 weeks for a 2ww CT and 6 weeks for a routine scan. Turnaround times for reports are however very good.
2.2.3	North Devon has used a mobile scanner to clear a back log of CTs; however, the scanner is now only available for 5 days/month. A lack of diagnostic capacity is prohibitive to the successful implementation of the early part of the NOLCP (time to diagnosis).

2.2.4	**Action**: AR to liaise with John Renninson with a view to considering writing a letter on behalf of the SSG to highlight these concerns and ask for consideration to be given to expedite the arrival of a second, permanent CT scanner.
2.3	**Exeter (RD&E)**
2.3.1	CX3 reporting is not currently being used at the Trust.
2.3.2	The recently appointed navigator will be undertaking additional tasks such as HNAs.
3.0	**Stereotactic Ablative Radiotherapy (SABR)**
3.1	North Devon has noticed a significant wait from patient referral for SABR and patients receiving treatment.
3.2	Unfortunately the group were unable to discuss expanding SABR services due to a lack of adequate representation from member trusts.
4.0	**Pan-Peninsula Thoracic Surgical Referral Guidelines**
4.1	A need to standardise pre-referral requirements for patients being considered for surgical intervention was identified. Subsequently, draft guidelines were created and circulated to the Peninsula Lung MDT leads for comments a few weeks prior to this meeting.
4.1.1	It was suggested that perhaps the surgeons should take responsibility for requesting some of the tests; and if they could possibly be involved earlier on in the patient pathway to have input on patients that, for example, are potentially curative but cannot undergo CPET. AR felt that the tests should be requested as early as possible in the patient pathway to minimise delays and the point of the guidelines was to inform the chest physicians which tests are required.
4.1.2	In the absence of any requests for amendments, the group decided to accept the proposed draft document which will be circulated to all Peninsula Lung MDTs and is also available via the SWCN website.
5.0	**MDT Efficiency and Streamlining**
5.1	There is a move for all MDTs to consider how they currently function, with a view to stratifying suitable patient cohorts to pre-determined standards of care (SOC), without the need for full MDT discussion. This work is currently being led by Professor Martin Gore and a national pilot project is currently in the early stages of implementation.The aim is to decrease the burden on MDTs, with a particular focus on diagnostic colleagues.
5.1.1	Due to low attendance, the group were unable to discuss the implications of this work on Peninsula Lung MDTs. There will need to be a future discussion as to the predetermined SOC for local and regional MDTs.
6.0	**Patient Pathways**
6.1	UHP has successfully introduced a navigator role to help support patients through the diagnostic phase of the lung cancer pathway. This role has recently undergone

	evaluation and when the current stream of funding for this post comes to an end (in 2020) UHP (and other Trusts with similar roles) will need to secure on-going funding.
7.0	**Research** No updates were made available; this will be added to the agenda at the next meeting.
8.0 8.1 9.0 9.1	**AOB** None declared. **Date of next meeting** 6 months from today on a Monday afternoon-details TBC (NK to arrange with the possibility of teleconferencing?).