

Lung Tumour Site Specific Group meeting Thursday 22nd September 2022 The Orchards Conference Centre – East Malling, ME19 6BJ 13:30-17:00

Final Meeting Notes

| Present | Initials | Title | Organisation |
|-----------------------|----------|--|--------------|
| Tuck-Kay Loke (Chair) | TKL | Consultant Respiratory & General Physician / Clinical Director - Outpatients | MTW |
| Riyaz Shah | RS | Consultant Medical Oncologist | MTW |
| Alia Nasir | AN | Consultant Histopathologist | MTW |
| Neil Crundwell | NC | Consultant Radiologist | MTW |
| Katharine Clark | KCI | Chemotherapy Day Unit - Unit Manager | MTW |
| Jennifer Pang | JPa | Clinical Oncologist | MTW |
| Janice Christie | JC | Chemotherapy Development Nurse Practitioner | MTW |
| Sandra Wakelin | SW | Macmillan Lung Cancer CNS | MTW |
| Ravish Mankragod | RM | Consultant Respiratory Physician | MTW |
| Harman Saman | HS | Consultant Medical Oncologist | MTW |
| Nicola Davis | ND | Clinical Oncologist | MTW |
| Marie Payne | MP | Macmillan Lead Cancer Nurse / Clinical Services Manager | DVH |
| Hateme Haxha | НН | Registered Nurse - Rosewood | DVH |
| Simiat Ojo | so | Staff Nurse | DVH |
| Toni Fleming | TF | Macmillan Lead Lung Cancer CNS | EKHUFT |
| Saleheen Kadri | SK | Respiratory and General Internal Medicine Consultant | EKHUFT |
| Syed Hassan | SH | Consultant Respiratory and General Medicine | EKHUFT |
| Brett Pereira | BP | Consultant Respiratory | EKHUFT |
| Jennifer Santer | JS | Qualified Nurse – Celia Blakey Centre | EKHUFT |
| Serena Gilbert | SG | Cancer Performance Manager | KMCA |
| Karen Glass (Minutes) | KG | Administration & Support Officer | KMCC & KMCA |
| Colin Chamberlain | СС | Administration & Support Officer | KMCC |
| Annette Wiltshire | AW | Service Improvement Facilitator | KMCC |
| Suzanne Bodkin | SB | Cancer Pathway Manager | MFT |
| Frances Weller | LW | Macmillan CNS | MFT |
| Kolera Chengappa | KCh | Respiratory Consultant | MFT |



| Heather Foreman | HF | Lung Cancer CNS | MFT |
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| Emma Bourke | EB | Personalised Care & Support Facilitator | MFT |
| Tom Sanctuary | TS | Simulation / Medical Education Fellow | MFT |
| Holly Groombridge | HG | Project Manager – Cancer Commissioning | NHS Kent & Medway ICB |
| Emma Forster | EF | Head of Service Improvement for Cancer | NHSE/I |
| Apologies | | · | |
| Burhan Khan | ВК | Respiratory Consultant | DVH |
| Suraj Menon | SM | Consultant Radiologist | DVH |
| Bradley Smith | BS | Lead Radiology Manager for Cancer Services | DVH |
| Simon Spencer | SS | Consultant Radiologist | EKHUFT |
| Tracey Ryan | TR | Macmillan User Involvement Manager | КМСС |
| Jennifer Priaulx | JPr | Macmillan Cancer Transformation Project Manager | MFT |
| Mathilda Cominos | MC | Consultant Clinical Oncologist | MTW |
| Simon Webster | SW | Consultant Respiratory Physician | MTW |
| Timothy Sevitt | TS | Consultant Clinical Oncologist | MTW |
| Natalie Aluwalia | NA | Programme Manager - Medway & Swale Integrated Care Commissioning - Health & | NHS Kent & Medway ICB |
| | | Care Partnership | , |
| Mavis Nye | MN | Patient Representative | |

| Item | | Discussion | Action |
|------|--------------|--|--------|
| 1. | TSSG Meeting | <u>Apologies</u> | |
| | | The apologies are listed above. | |
| | | <u>Introductions</u> | |
| | | TKL welcomed the members to the meeting and asked the group to introduce themselves. | |
| | | If you attended the meeting and have not been captured within the attendance log above please contact karen.glass3@nhs.net directly. | |
| | | Action log Review | |



| | | During the break out session, the action log was reviewed by TKL, updated and will be circulated to the group along with the final minutes from today's meeting. Review previous minutes The minutes from the previous meeting, which took place on the 31st March 2022 were reviewed and agreed as a true and accurate reflection of the meeting. Future meetings The next meeting date was discussed and is planned to take place on Thursday 30th March 2023. To be confirmed by the Cancer Alliance if the next meeting will take place via Teams or face to face. The group were very keen for all future Lung TSSG meetings to take place face to face but with the option of hybrid log in, if possible, for those unable to attend in person. | |
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| 2. | Performance data and MDT Leads | DVH – update provided by Marie Payne Please refer to the circulated performance slides for an overview of DVH's Cancer Waiting Times data. The Trust are due a GIRFT visit but no date has yet been set. EKHUFT – update provided by Syed Hassan Please refer to the circulated performance slides for an overview of EKHUFT's Cancer Waiting Times data. The Trust were due to have a GIRFT visit in October 2021 but this was delayed due to Covid. The visit is due to take place later this year. MFT – update provided by Kolera Chengappa | Performance slides were circulated to the group on the 23 rd September 2022. |



| | Please refer to the circulated performance slides for an overview of MFT's Cancer Waiting Times data. | |
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| | The latest GIRFT visit for MFT was January 2020. | |
| | MTW – update provided by Neil Crundwell | |
| | Please refer to the circulated performance slides for an overview of MTW's Cancer Waiting Times data. | |
| | • TKL highlighted the 2 radiotherapy centres in Kent were based at the Kent Oncology Centre at MTW and Kent & Canterbury Hospital. There are backlogs within radiotherapy due to workforce and equipment issues. | |
| 3. Research | Update provided by Riyaz Shah | |
| | Interventional Oncological trials were very good pre-pandemic but these have been hit by Covid. | |
| | There has been some difficulty recruiting and retaining research nurses, with an outstanding requirement for a research nurse at both MTW and EKHUFT. There have been regular invitations to join clinical trials but they are unable to take these on currently due to the lack of workforce. | |
| | No update regarding trials at EKHUFT. | |
| | There is a national shortage of nurses and the job of a research nurse is not perceived as attractive as previously, they need to work closely with Research and Development to improve this situation. | |
| | Action – RS agreed to send out a copy of the current research trials and to provide an update at the next meeting. | RS |
| 4. Radiologist update | NC outlined the issues regarding interventional radiology capacity and the ability to report scans in a timely fashion due to workforce issues. | |
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5. **EBUS** Update provided by Tuck-Kay Loke, Syed Hassan and Kolera Chengappa An EBUS working group has been set up to look at EBUS practice across Kent & Medway with the chair rotating at each meeting. The last meeting took place on the 21st September 2022. The plan in the long term is to share capacity across the patch, this is currently not feasible. There is agreement to run a network-wide EBUS audit on a yearly basis. MTW – 2 x dedicated EBUS lists per week **DVH** – 1 x dedicated EBUS list per week MFT – 2 x dedicated EBUS lists **EKHUFT** – 2 x dedicated EBUS lists per week TKL highlighted there needed to be additional work to harmonise practice across the patch. Update on Molecular Pathology by Alia Nasir (update kindly sent to KG after the meeting) Genomics laboratory hub is back to their 21 working day turnaround time. This is after their IT failure during the summer. We have had no further contact from them with regards to their service provision. i) The business continuity plan for the GLH is Idylla units.

• Maidstone and Tunbridge Wells NHS Trust, are continuing to perform the salvage pathway testing for all of Kent, however we do not know the testing criteria employed by East Kent.

pathway to Maidstone and Tunbridge Wells NHS Trust.

Currently the GLH is receiving all of the funding and refusing to support outsourcing of the salvage

ii)

• The Department does not currently have capacity to instigate reflex requesting of NGS panel in cases which

| | | are negative for the initial testing. This is due to the different timings of results reporting and the collation of data required. It is recommended that this role be assumed by the CNS team or the oncologist and they are the first person to have all of the results together simultaneously. They are therefore Best positions to request further NGS testing. We are currently offering the whole panel of testing (eGFR/BRAF/KRAS (including G 12 C)/PDL 1/ROS1/ALK). The lab is currently validating the RNA targeted fusion panel which is now CE IVD approved. It is expected that validation will be completed within the next 4 to 6 weeks and the test will be deployed at this time. The lab has quadrupled its testing capacity with the addition of 3 more Idylla units. This comes with a cost pressure and a business case is in progress which we are hoping the cancer alliance will support. The Department have been approached by the molecular pathology clinical team to develop closer clinical links with the genomic laboratory. Dr Chambers is meeting with them this afternoon. | |
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| 6. | Review of Pathway of Care | Update provided by Tuck-Kay Loke TKL highlighted the importance of updating the PoC document to ensure it is relevant for practice: Improving Outcomes – a strategy for Cancer (2011) National Optimal Lung Cancer Pathway (2017) NHS Long Term Plan (2019) Get It Right First Time Report (April 2022) TKL stated the updated document should also be shared with Mavis Nye the Lung patient representative and also Rakesh Koria (GP) to in order to provide feedback. TKL referred to the new sections within the document and specific revisions within particular areas. TKL stated the next steps: | Presentation circulated to the group on the 23 rd September 2022 |



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| | | i) Update weblinks that are not live |
| | | ii) Section on Research & Development to be included – RS to provide these details |
| | | iii) Peer review (including patient representative) |
| | | iv) Revised version to be published (October / November 2022) |
| | | Action - TKL encouraged the CNS's from each trust to ask for additional patient representatives / carers who would be interested in attending future TSSG meetings. They should contact Tracey Ryan - tracey.ryan1@nhs.net - CNS's / TRACEY INVOIVEMENT Manager who would be happy to support. |
| • | Challenges of delivery of | Challenges of delivery of cancer pathway / Break out groups |
| | cancer pathway | There were group break out sessions to discuss the challenges of delivering NOLCP across Kent & Medway: |
| | | i) What are we doing well? |
| | Break out | ii) What is not working? |
| | groups | iii) How can we prevent delays in the pathway? |
| | | iv) What will you do next in your organization? |
| | | v) What is the opportunity to collaborate across the system – to "do things once." |
| | | Discussions included: |
| | | i) Protected CT slots which nurses can book directly. |
| | | ii) Standardised information across the system with clear instructions. |
| | | iii) Better comms. |
| | | iv) Deep dive into the current processes used. |
| | | v) PET and CT biopsy capacity to be improved. Better access to STT. |
| | | vi) X-ray to CT – reduce time for patients. |
| | | vii) To increase the number of CNS's and Pathway Navigators to support the pathways. |
| | | viii) Increase the number of patients coming into secondary care via GP practice rather than via A&E with late stage cancer. |
| | | ix) Challenges with accessing GP appointments and the referral quality varies – more work needed. |
| | | x) PET scans – waiting times, capacity and limited locations available. |
| | | xi) Explore time to molecular testing – funding issues. |



| | | xii) Diagnostic bundles – priority – impacts on the pathway. xiii) "Future Me" – wish list – action learning sets – see where there is improvement and take forward. | |
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| 8. | CNS Updates | Update provided by Toni Fleming | Presentation circulated to |
| | | Please refer to Toni's presentation which provides a more detailed update on the role of the Lung CNS teams across Kent & Medway. | the group on the 23 rd September |
| | | TF highlighted how many more lung cancer patients are diagnosed at EKHUFT compared to the other 3 sites. NICE guidelines state for every 80 – 100 lung cancer patients there should be 1 CNS in post. This means EKHUFT should have 7 CNS's which is not the case and more funding is required. Under these guidelines DVH currently have the correct amount of CNS's in post. | 2022 |
| | | SW mentioned at MTW the CNS's are not able to support all the 2ww clinics due to long-term sickness within the nursing team. They are looking to start the STT pathway. | |
| | | • TF explained at EKHUFT the workforce has been depleted, she is currently working on the TLHC programme and her role has not been backfilled. There is a requirement for more band 4 staff in order to be able to offer all patients HNA's. Their STT nurse has just resigned. Within respiratory they have dedicated 2ww cancer clinics which the nurses support. They also cover both MDM's at KCH and WHH. They are unable to cover the Oncology follow up clinics routinely. They also support the Meso support group which takes place once a month in Canterbury. | |
| interest for the | There is a STT nurse vacancy at MFT which has gone back out to advert again. There were no expressions of interest for the first advert. The surgical follow up clinics are nurse led via telephone and there is no plan to go back face to face. 90% of their patients who have ongoing treatment will get a monthly or bi-monthly follow up call. | | |
| | | TF stated not all trusts have a STT service in place and this includes MFT and MTW. | |
| | | TF and Louise Gilham are Mesothelioma UK CNS's and cover the geography of Kent and Sussex. There were 106 patients diagnosed in 2021 – 62 diagnosed in East Kent with 44 from West Kent. Clinical trials are very important for mesothelioma patients. TF outlined their vast local, regional and national duties and | |



| | | responsibilities as a Meso UK CNS. TF referred to the MARS 2 trial which looks at whether chemotherapy alone or chemotherapy and surgery is better for patients with Mesothelioma. New patients are reviewed at the MDT before being offered surgery and they consider the patients preference, quality of life, symptoms and frailty. • TKL agreed the importance for this TSSG to set up a Regional Mesothelioma MDT for Kent (action already noted in the action log). | |
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| 9. | Audit updates | Action - To look at the "Patient Satisfaction Survey" with regards to lung cancer across all sites and for the CNS's to update at the next meeting. | CNS's |
| 10. | Cancer Alliance update | Please refer to the full CA update which has been circulated. K&M will be launching the first stage of the Targeted Lung Health Check (TLHC) programme – phase 1 to start at Buckland Hospital – to cover areas from Sandwich to New Romney. MFT to commence next, with Thanet / Canterbury to follow. TLHC invites to be sent out in November 2022 and CT scans to commence in December 2022. The TLHC programme is centrally funded by the Screening Committee for both capital and revenue funding. | Presentation circulated to the group on the 23 rd September 2022 |
| 11. | АОВ | ND is currently working on 3 projects which she is keen to present back to a future TSSG meeting: Frailty scores Geriatric Oncology service outcomes Brain metastases project Lung peer review meetings. National Lung Cancer Audit - latest data is from 2019. The 2021 report is due to be released imminently. | |



| | | TF referred to a mesothelioma / lung cancer patient mobile telephone app – training due to take place at EKHUFT to then go live. This has already gone live at MFT for their patients. | |
|-----|----------------------|--|--------------------------------|
| | | TKL is keen for there to be GP representation at future Lung TSSG meetings and for Rakesh Koria to be invited. (Please note - Rakesh is on the distribution list for this meeting). | |
| 12. | Next Meeting Date | Thursday 30 th March 2023 – 13:30 – 16:30. Venue / Teams meeting to be confirmed. | KG to send out meeting invites |