Kent & Medway Cancer Collaborative

Lung Tumour Site Specific Group meeting
Thursday 28th September 2023
Mercure (Great Danes) Hotel, Maidstone, ME17 1RE
13:30 - 16:30

Final Meeting Notes

Present	Initials	Title	Organisation
Tuck-Kay Loke **(Chair)**	**TKL**	Consultant Respiratory & General Physician	MTW
Claire Pearson	**CP**	Lung – Clinical Nurse Specialist	DVH
Marie Payne	**MP**	Macmillan Lead Cancer Nurse / Clinical Services Manager	DVH
Adeyinka Pratt	**AP**	MDM Streamlining Project Manager	DVH
Toni Fleming	**TF**	Macmillan Lead Lung Cancer CNS	EKHUFT
Brett Pereira	**BP**	Clinical Lead - Respiratory	EKHUFT
Pippa Enticknap	**PE**	Senior Service Manager	EKHUFT
Sharon Gill	**SGill**	Clinical Nurse Specialist	EKHUFT
Vicki Hatcher	**VH**	Faster Diagnosis Lead	EKHUFT
Saleheen Kadri	**SK**	Respiratory and General Internal Medicine Consultant	EKHUFT
Ritchie Chalmers	**RC**	Medical Director	KMCA
Serena Gilbert	**SGilb**	Cancer Performance Manager	KMCA
David Osborne	**DO**	Data Analyst	KMCA
Jonathan Bryant	**JB**	Primary Care Clinical Lead	KMCA
Karen Glass **(Minutes)**	**KG**	Administration & Support Officer	KMCA & KMCC
Emma Forster	**EF**	Head of Service Improvement	KMCA / NHSE
Colin Chamberlain	**CC**	Administration & Support Officer	KMCC
Annette Wiltshire	**AW**	Service Improvement Facilitator	KMCC
Kolera Chengappa	**KCh**	Respiratory Consultant	MFT
Thomas Sanctuary	**TS**	Respiratory Physician	MFT
Heather Foreman	**HF**	Macmillan Lung CNS	MFT
Catherine Bodkin	**CB**	Macmillan Lung Cancer and Mesothelioma Clinical Nurse Specialist	MFT
Frances Weller	**FW**	Macmillan Lung CNS	MFT
Sarah Paterson	**SP**	Faster Diagnosis Lung CNS	MFT
Emma Bourke	**EB**	Personalised Care & Support Facilitator	MFT
Sarah White	**SW**	Clinical Trust Fellow	MFT

Riyaz Shah	**RS**	Consultant Medical Oncologist	MTW
Deana Giles	**DG**	Interim Deputy General Manager	MTW
Louise Gilham	**LG**	Macmillan Lung / Mesothelioma UK CNS (Kent)	MTW
Simon Webster	**SW**	Consultant Respiratory Physician	MTW
Neil Crundwell	**NC**	Consultant Radiologist	MTW
Jennifer Pang	**JPa**	Consultant Clinical Oncologist	MTW
Shona Sinha	**SS**	Consultant Histopathologist	MTW
Chris Singleton	**CS**	Senior Programme Manager – Kent and Medway Cancer Alliance Commissioning	NHS Kent & Medway ICB
Apologies			
Mavis & Ray Nye	**MN**	Patient Partner	
Burhan Khan	**BK**	Respiratory Consultant	DVH
Bradley Smith	**BS**	Lead Radiology Manager for Cancer Services	DVH
Simi Ojo	**SO**	Lung Early Diagnosis Clinical Nurse Specialist	DVH
Louise Black	**LB**	Macmillan Deputy Lead Cancer Nurse	MFT
Suzanne Bodkin	**SB**	Cancer Pathway Manager	MFT
Florina Hewitt	**FH**	Lung Cancer CNS	MTW
Russell Burcombe	**RB**	Consultant Clinical Oncologist	MTW
Sandra Wakelin	**SW**	Macmillan Lung Cancer CNS	MTW
Katharine Clark	**KCl**	Chemotherapy Day Unit - Unit Manager	MTW
Mathilda Cominos	**MC**	Consultant Clinical Oncologist	MTW
Melissa Cooke	**MC**	CAU Booking Clerk	MTW
Laura Alton	**LA**	Senior Programme Manager – Kent and Medway Cancer Alliance Commissioning	NHS Kent & Medway ICB
Andrea Hodges	**AH**	Cancer Care Coordinator	West Kent Primary Care

Item		**Discussion**	**Action**
1.	**TSSG Meeting**	**Apologies** • The formal apologies are listed above. **Introductions** • TKL welcomed the attendees to today's face to face meeting and introduced some new members:	

		i) Ritchie Chalmers – Medical Director – K&M Cancer Alliance **ii)** Jonathan Bryant – Primary Care Clinical Lead – K&M Cancer Alliance **iii)** David Osborne – Data Analyst - K&M Cancer Alliance • If you attended the meeting and have not been captured accurately within the attendance log above please contact karen.glass3@nhs.net directly. **Action log Review** • The action log was reviewed, 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 30th March 2023 were reviewed and agreed as a true and accurate reflection of the meeting.	
2.	**Lung TSSG's**	**Update by Ritchie Chalmers** • RC explained her plan is to attend as many of the upcoming TSSG meetings and to be a familiar face moving forwards. RC will be working closely with JB and the Targeted Lung Health Check Programme. • RC thanked the TSSG Chairs for their support and strong clinical leadership in driving forward their respective TSSG's. • RC mentioned the K&M CA will soon be embedded within the K&M Integrated Care Board (ICB) and as such will function as a bridge between the CA and the TSSG's. The aim will be to develop an ICB clinical strategy to utilise the data, CA funding and to be clinically led by the TSSG's. The TSSG's are key to driving forward the clinical strategy and shaping the service for the next year, 5-years and 10-years. • RC suggested they focus on what is pertinent to K&M in particular the areas of deprivation and inequality.	

3.	**TLHC update**	**<u>Update by Chris Singleton</u>** • CS provided an update on the K&M Targeted Lung Health Check programme. He clarified Holly Groombridge would normally have provided this update but she has now left K&M so for the time being CS would be taking this work forward. • South Kent Coast (SKC) is the first TLHC area to go live in K&M - this covers a catchment area from Sandwich to Romney Marsh. Buckland CDC in Dover is hosting the TLHC programme for SKC. The invites have now closed for Dover, they will then move onto Deal, then Folkestone and finally Romney Marsh. This pilot is due to finish in November 2024. • The One You smoking cessation advisor is located at the CDC at Buckland Hospital. • The latest SKC national data confirmed there have been 8,200 people invited for a TLHC with just over 37% uptake against the national average uptake of 40%. They hope to be able to increase this uptake. 5/6 patients have been diagnosed with an early stage lung cancer after having a low dose CT scan. Other cancers and incidental findings have also been found. • The next site due to go live in January 2024 is Medway and Swale. There will be two CDC sites – Rochester and the Isle of Sheppey. There is a much larger population of smokers in M & S compared to SKC. • Next steps include: **i)** Modular unit to be procured – CDC team is leading the governance process which is expected to arrive in October 2023. ii) Continue to work with the operational team at M&S to set up the TLHC. iii) TLHC steering group to start to discuss the plan for national roll out. iv) Requirement for modular / mobile scanners in K&M. v) Work towards plans for 100% TLHC coverage across K&M (including DVH and MTW). • TF explained the programme is going well and there has been a lot of uptake from the Dover area. However, she felt it could be more of a challenge getting people to come to the CDC from the Romney	**Presentation circulated to the group on the 29th September 2023**

		Marsh and Thanet areas. The stop smoking face to face service offered at the Buckland has been described as one of the best in the country alongside the Royal Brompton hospital. • TKL alluded to the TLHC programme eventually becoming a national screening programme as is Breast and Bowel with funding provided centrally from the Treasury. The Cancer Alliance will provide further updates to the TSSG as the detail is agreed. • EF asked in terms of the large prison population on the Isle of Sheppey would they be invited as part of the TLHC programme. CS confirmed it is within the scope to include the prison population but currently the invites are only going to those people who have been registered with a GP. **Action – TKL asked if the TLHC programme update could be kept as an agenda item for the next meeting.**	**AW / TKL**
4.	**Performance questions** **Performance data all trusts**	**<u>Update provided by David Osborne</u>** • DO highlighted that K&M CA are the second lowest alliance in the country in terms of their 28-day FDS performance at 68.6%. However, they are the second highest alliance in terms of 62-day performance at 58.6%. The urgent suspected cancer (USC) backlog has risen to 13.4%. • DO asked the group how they can improve their FDS performance target for Lung. **<u>DVH – update provided by Marie Payne</u>** **Please refer to the circulated performance slides for a complete overview of DVH's Cancer Waiting Times data.** • 28-day FDS standard has been impacted by consultant vacancies, annual leave, industrial action and diagnostic reporting delays. There are delays within the CT pathway which has impacted on the 62-day (consultant upgrade) standard. • Data completeness has been an issue for lung, although additional training has been provided so they should see this start to improve. **<u>EKHUFT – update provided by Pippa Enticknap</u>**	**Performance presentations circulated to the group on the 29th September 2023**

		Please refer to the circulated performance slides for a complete overview of EKHUFT's Cancer Waiting Times data. • PE outlined the main areas of concern within the 28-day FDS performance standard including diagnostic imaging reporting delays, diagnostic CT guided biopsy capacity, complex pathways and patients requiring multiple diagnostics. • They are working with phlebotomy to utilise additional capacity within the blood clinics. Also working closely with JB regarding blood tests, patient holidays and DNA rates. • 62-day (GP referral) performance is low with their main areas of concern affecting compliance which is due to delayed diagnostics, tertiary referrals – capacity and communication, oncology and radiotherapy delays. PE referred to the new molecular screening for next generation sequencing whereby results are taking 3-4 weeks to come back. • 62-day (consultant upgrade) process has improved and is being reviewed weekly. • BP mentioned CT guided biopsies are taking 7-8 weeks which is affecting everything including performance status. • TKL referred to the Next Generation Sequencing (NGS) – salvage pathway which is used in-house at MTW with a turnaround time of 4 days – 1 week and MTW are committed to continually fund. The turnaround time for molecular test results at the Genomic Laboratory Hub (GLH) is 4 – 6 weeks. **MFT – update provided by Nicola Cooper** **Please refer to the circulated performance slides for a complete overview of MFT's Cancer Waiting Times data.** • 28-day FDS – 2ww capacity, diagnostic and CT guided biopsy delays. A new STT Lung CNS (Anna) has been newly appointed to triage and phone patients so this should improve their 2ww performance. • The main breaches within the lung performance targets are due to multiple diagnostics, complex pathways and patient choice. • NC alluded to the large prison population within their trust and getting these patients into clinic and for diagnostics is an ongoing issue. • NC referred to the increase in referrals from 400 in 2021 to 600 + now. The bulk of their cancer work is due to incidental findings.	

		• TS explained daily triage has helped the front end of the pathway and CT capacity is an issue which takes over a week. Streamlining the nodule pathway has been beneficial. **<u>MTW – update provided by Simon Webster</u>** **Please refer to the circulated performance slides for a complete overview of MTW's Cancer Waiting Times data.** • Patients having mandatory CT's before attendance at 2ww clinics has allowed them to consistently perform above the target for FDS. This allows them to refer the patient on or discharge at the Out Patients Appointment. • Consultants triage on a daily basis. • Daily clinic at both Maidstone and Pembury sites. • Consultant strikes has impacted the lung pathway. • They are due to appoint an MDM Co-ordinator in the next couple of weeks. • Electronic booking system is now in place so they are able to track patients more easily. • Backlog is due to delays in surgery and radiotherapy issues. • Demand on radiologists outstrips capacity and also competing with other colleagues.	
5.	**GIRFT – discussion part 1 / part 2**	• The Lung TSSG is committed to improving the outcome of patients with lung cancer by: i) Encouraging early referral from primary care of "at risk" patients ii) Providing a rapid and comprehensive local pathway for investigation and treatment of these patients iii) Complying with NICE guidelines for the management of lung cancer. • **GIRFT recommendation 9** – all trusts should have an overall radical treatment rate of 85% or more in those patients with NSCLC stages I-II and of performance status 0-2. This includes all treatment modalities (surgery, radiotherapy including SABR, multimodality treatment and thermo-ablative techniques). • KMCA performance was below the 85% target for the last 3 quarters. Performance has fallen at DGT	**Presentation circulated to the group on the 29th September 2023**

		and MFT in the last 2 quarters, although the number of cases is small. • Data completeness is about 90% at each trust, so they can be confident that the data provided is reliable. • The data from the National Lung Cancer Audit is older but shows the 4 trusts were below the 85% target in 2021. • **GIRFT recommendation 16** – radical intent treatment should commence by day 49 of the overall NOLCP pathway. Furthermore, for surgery, thermo-ablation or radiotherapy, treatment should commence by day 16 after the decision to treat in line with NOLCP. • Radical intent treatment - the overall trend is towards improved performance, but no Trust is consistently achieving above 20 – 30%. • For surgery, thermo-ablation or radiotherapy – performance at each Trust is usually about 30 – 40%. • **Treatment / DTT by day 42 –** the median waiting time for all treatment modalities (excluding palliative care) is in excess of 42 days at all Trusts. **i) Curative radiotherapy** **KMCA – median time is 81 days.** **DGT –** 103 days **EKHUFT –** 77 days **MTW –** 92.5 days **MFT –** 92.5 days **ii) Curative chemotherapy** **KMCA – median time is 62 days** **DGT & EKHUFT –** no data due to small numbers **MTW –** 61 days **MFT -** 55 days	

		• The proportion of patients with a DTT by day 42 is usually about 50 - 60%. This suggests there is often a delay in MDT's reaching a consensus for DTT by day 42. This may be due to delays in getting a diagnosis and confirming if the patient is able to undergo radical treatment. • No trust has been able to treat 30% of their patients radically by day 42 as set by NOLCP. • TKL mentioned the following points: i) Need to work closely with Primary Care to ensure patients attend their appointments and do not DNA. ii) Streamline the diagnostic pathway to ensure timely scans and biopsies / asses the performance status of the patient. iii) When a DTT has been agreed to challenge KOC and GSTT to ensure there is capacity available for the patient to be treated. iv) How to tackle the challenges within diagnostics and treatment? • During the breakout session – TKL asked the following questions to the group: **i) How confident are you that your trust is following the optimal pathway?** **ii) What successes or challenges have you had?** **iii) What do we need in place to consistently achieve DTT by day 42?** **<u>MFT – update by Thomas Sanctuary</u>** i) Low confidence currently – have plans in place for improvement. ii) **Successes** - Good working relationship with radiology / new FDS nurse in place / excellent CNS team. **Challenges** – triage time / time for reviewing job plans / radiology capacity /delays to first CT. iii) Streamline pathway – if no cancer seen on CT to discharge the patient / no need to see in clinic. Endoscopy is the stumbling block for MFT / need to free up space to do E-BUS. **<u>MTW – update by Simon Webster</u>** i) MTW are following the NOLCP.	

		ii) **Successes** – one stop pathway in place to enable them to streamline the pathway / dedicated time for MDT vetting for all cancer diagnosis / nodule pathway taken out of the MDT to streamline the pathway. **Challenges** – streamline CT guided biopsies and radiotherapy treatment / see an Oncologist within 3 weeks. iii) More recruitment of clinical / medical oncologists. **EKHUFT – update by Saleheen Kadri** i) Not fully confident they are following the optimal pathway yet / patients having simple tests are proceeding through the pathway well. Not all patients come via a GP and the 2ww route. ii) & iii) as agreed by the other trusts already mentioned. **DGT – update by Marie Payne** i) They are not meeting the optimal pathway ii) **Successes** – STT CNS in place and very proactive / lung function drop ins available / CT-guided biopsies waiting times reduced to 1 week **Challenges** – Fluoroscopy / EBUS limited operators in place. iii) AP – SOC pathways project manager now in place. **Summary by Tuck-Kay Loke** i) Better access to STT / Diagnostics and timely reporting. ii) Timely CT-Guided biopsies. iii) Recruitment new consultants and EBUS operators. iv) Radical treatment – increased capacity for surgery and seeing oncologists.	
6.	**Cancer Alliance update**	**Update provided by Chris Singleton** • CS updated the group on the changes to Cancer Waiting Times Standards which will come into effect from October 2023. These include:	**Presentation circulated to the group on the 29th September**

		i) **Faster Diagnosis Standard** – replaces the 2ww standard. Target is 75% by March 2024 and 80% by March 2026. ii) **31-day Standard** – combines existing standards for first and subsequent treatments. Target is 96%. iii) **62-day Standard** – combines existing standards for urgent suspected cancer, breast symptomatic, screening and consultant upgrades. Target is 85% (with a commitment to reach 70% by March 2024). • K&M are about to embark on the third and final year of the NHS Galleri Grail trial. K&M are one of 8 Cancer Alliances nationally chosen to be part of this trial. 140,000 patients have been randomly chosen nationally to provide a blood test which is able to detect a cancer signal origin (CSO) before any symptoms are detected. The expected number of patients that would trigger a CSO is 1 – 2%. • The Galleri Grail mobile unit has visited a number of towns across the county including Dartford, Sittingbourne and Ashford. • CS referred to two upcoming GRAIL webinars: i) NHS Galleri-GRAIL clinical webinar on 16th October at 2pm (**details have been circulated to all of the TSSG's by KG**) ii) Kent & Medway GRAIL lessons learnt webinar – **TBC** • RC referred to the future of Galleri GRAIL screening which she anticipated would be used in conjunction with the TLHC and other national screening programmes including breast and bowel. • BP stated they have received some false positive test results from the Galleri Grail trial. RC explained the tests are based on circulating DNA which picks up a certain % of T1, T2, T3 and T4 stages of cancer.	**2023**
7.	**Patient Satisfaction Survey update**	**<u>Update provided by Louise Weller</u>** • LW provided an update of the Lung Cancer Support Service – patient satisfaction survey 2023 from MFT.	**Presentation circulated to the group on the 29th September**

		• LW explained overall, they were very happy with the outcome and had some very positive feedback from their patient survey. Their survey is sent to the patients after breaking bad news. DVH send out their patient survey at the oncology clinic. • LW outlined the specific details within the survey. They received 52 responses out of 113 requests. The following questions were asked: i) How long did you experience symptoms before seeking medical advice? ii) Were you seen by a GP or in A&E? iii) What symptoms did you experience? iv) If seen by GP initially, did you have any of the following (eg chest x-ray/CT, prescribed medication, referral to another doctor etc) v) Who first told you your diagnosis? vi) How many weeks did you have to wait to receive your diagnosis? vii) Did you find this time acceptable? viii) Were you expecting this diagnosis? ix) Did you understand the explanation of your diagnosis? x) Was this the right amount of information? xi) Was your diagnosis and subsequent care discussed in the presence of a family member or friend? xii) Did you feel your diagnosis was explained sensitively? xiii) Were you given the name of someone to contact for further support and advise? – Lung CNS xiv) Have you had contact with the Lung Cancer Nurse Specialist? Yes / No xv) What information and support did you receive from the Lung Nurse Specialist? Helpful / Unhelpful xvi) Who have you been referred to? xvii) Do you feel you are getting enough support from your GP? xviii) How would you rate the care given by the Lung Team at Diagnosis? • TF mentioned they are experiencing barriers within their audit department at EKHUFT but this is being worked on. • DVH have completed their patient survey but has been kept open and is ongoing.	**2023**

		• MTW have started their patient survey but it is not yet finished. **Action – TKL suggested the CNS's presented a Kent wide patient satisfaction survey audit at the next meeting if all of the data is complete so they are able to do a comparison across the 4 trusts.** • TKL concluded 30% of lung cancer patients will present through A&E which ultimately means a worse outcome for these patients.	**CNS's**
8.	**NOG update**	**<u>Update provided by Jennifer Pang</u>** • JP provided the group with an overview of: i) Radiotherapy issues ii) SACT – minor issues iii) Trials iv) Aspirations • JP alluded to the radiotherapy issues including: i) IV contrast availability – due to trained staff shortages and cannulation difficulties ii) Cardiac contouring – evidence of dose related toxicity iii) WBRT audit – carried out by Nicola Davis – patients live longer iv) Radiotherapy peer review meeting audit v) 4D Cone beam CT practice – local issue to be reviewed. • Upcoming trials to include: i) PRIMALung EORTC Trial 1901 – to open in the coming year. ii) TOURIST Thoracic Umbrella Radiotherapy Study – to open in the coming year. **Action - TKL is keen for there to be a regular audit update at each TSSG meeting to ensure service improvement and agreed to ask Nicola Davis if she would take on the role of audit lead.**	**Presentation circulated to the group on the 29th September 2023** **TKL**

9.	**Research**	**<u>Oncology Centre Update provided by Riyaz Shah</u>** • RS explained lung trials have been difficult to recruit into due to the lack of research nurses but this is starting to improve. • RS referred to the following open trials: i) Vinehealth trial – patients with lung cancer commencing adjuvant cytotoxic chemotherapy. ii) ctDNA Transformation Project – national trial not commissioned by the NHS – open at MTW and working well to improve patient outcomes. iii) NERO Trial – targeted cancer treatment for mesothelioma patients. • Historically, K&M have traditionally been very good at recruiting patients for Mesothelioma trials. • TKL is keen to improve the quality of care for their patients and to increase recruitment numbers into clinical trials. He understands the current constraints of research nurses. **Action – TKL would like to set up within the TSSG a Research Trials Group and if there is anyone interested in becoming part of this to speak to TKL directly.**	**TKL**
10.	**ctDNA pilot in K&M**	**<u>Update provided by Wesley Pigg</u>** **Unfortunately, due to Wi-Fi issues at the venue WP was unable to present on the ctDNA pilot.** • However, WP kindly provided the following update via email including his presentation which was circulated by KG after the meeting. There is a ctDNA pilot running in the South East region (South London, Kent, Surrey and Sussex) evaluating the process of embedding ctDNA genomic testing for lung cancer in the NHS. We are hoping to offer the opportunity to be involved in the pilot to all sites who are interested. Please see the slides for further information or contact Wesley.pigg@gstt.nhs.uk directly.	**Presentation circulated to the group on the 29th September 2023**

		Pt eligibility criteria: • Radiologically suspected stage III/IV Lung cancer, likely unsuitable for curative treatment • ECOG PS 0-3 • Blood liquid sampling to be taken before tissue biopsy • Histological diagnosis of NSCLC where molecular testing has failed and alternative option would be re-biopsy **Action – AW to invite Wesley Pigg to present at the next Lung TSSG meeting.**	**AW**
11.	**CNS update all trusts**	**<u>Role of the Lung Cancer Nurse Specialist team in Kent – update provided by Cat Bodkin</u>** • CB confirmed there have been 538 newly diagnosed lung cancers in K&M from 1st March to 31st August 2023. i) EKHUFT – 255 patients ii) MFT – 122 patients iii) MTW – 95 patients iv) DVH – 66 patients • CB explained there are actually more patients on the Lung Cancer pathway so this is not a true reflection of the CNS's workload. Additionally, they are vastly under resourced for the number of patients they see. • CB referred to the InfoFlex data detailing CNS contact with patients at the time of diagnosis which they felt was still not accurate across the trusts. These details need to be put on the CNS's page on InfoFlex to ensure accuracy. • CB outlined the additional numbers of CNS's now in post across K&M. There should be 1 CNS allocated to every 80 patients and they are far short of that number. LG explained there is a huge issue at EKHUFT with regards to the shortage of CNS's. • The CNS's have updated the changes in their workforce / services since the last meeting which is	**Presentation circulated to the group on the 29th September 2023.**

		highlighted in red on the presentation (circulated to the group). • Becky (Nelhams) and Holly (Groombridge) were looking at the number of CNS's across the trusts but understand they are no longer in post. SG explained some of this work is being picked up by Claire Mallett – Programme Lead- Living with and beyond cancer/Personalised Care and Support. **Action – TKL asked if the CNS's collectively could send to him an annual written report before March 2024 detailing as a group the shortfall they have and what is required going forward. He also asked if this could be presented to the group at the next TSSG meeting.** **<u>Mesothelioma Update – by Toni Fleming / Louise Gilham</u>** • TF presented data on mesothelioma patients with TNM staging between April 2022 and March 2023. She hoped to be able to provide more up to date data at the next meeting. • TF explained they need an MDM to be able to stage these patients appropriately. • LG mentioned the clinical coding for mesothelioma is still incorrect in some cases and should be C45 rather than coded as lung cancer. • KCh explained he has not been able to take forward the outstanding action regarding setting up a Mesothelioma regional MDT and asked if there would be CA funding available. **Action – LG agreed to put together a specification required to take forward a K&M Mesothelioma MDT. TKL emphasised as a TSSG they are keen to take this forward but currently there is no resource / funding available. Further discussion to take place at the next meeting in March 2024**. **Action – LG asked if they could discuss the SLA agreement – Meso UK at the next TSSG meeting.**	**CNS's** **LG / TKL** **LG**
12.	**AOB** **Patient Partners Engagement**	• EPIC roll out – update from SEL CA regarding the referral of patients to their Trusts for treatment - to highlight for an initial period there may be slight delays in communications between Trust teams as they get to grips with the new system. KG circulated the detail to the Lung TSSG group on Monday 2nd October 2023.	

		• TKL asked for it to be noted at today's meeting to thank Mavis Nye for her ongoing support and contribution to the Lung TSSG meetings over many years. Their thoughts are with Mavis and her family at this time. TKL reiterated the importance of having the patient voice at the heart of their TSSG meeting. He encouraged the group to reach out to potential patients from both the surgical and non-surgical arm to support this meeting going forwards. • KG mentioned that by hiring the meeting room at the Mercure today they were entitled to £100 to be donated to a charity of their choice. On discussion with TF, AW and TKL it was agreed to donate to the - **Mavis Nye Foundation - Why a Foundation.** If any of the members would also like to separately donate to the Mavis Nye foundation please click onto the link above for further details.	
13.	**Next Meeting Date**	• Thursday – March 2024 - TBC **Action – KG to circulate the meeting invite and venue details once agreed by TKL and AW.**	**AW / TKL / KG**