

Lung Cancer

A High Level Operational Policy

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1.0 Introduction and background

The purpose of this document is to provide the Kent & Medway Cancer Alliance Delivery Board Trusts, Clinical Commissioning Group (CCG) and all Clinicians engaged in the management of Lung Cancer with an overview of the minimum requirements to be addressed in order to achieve Improving Outcomes Guidance (IOG) compliance.

An important aim of this document is to provide an overview of the recommendations of the KMCC Lung Tumour Site Specific Group (TSSG) on processes to ensure the delivery of clinically safe, evidenced based, clinically effective and IOG compliant lung cancer services.

This document does not aim to provide guidance on the clinical aspects of patient management. The clinical guidance recommendations of the Lung TSSG can be found in the following:-

- A Pathway of Care for the Management of Lung Cancers
<http://www.kmcc.nhs.uk/resource-library/lung-tssg/>
- The Oncology treatment for Lung Cancer
<http://www.kmcc.nhs.uk/resource-library/lung-tssg/>
- Imaging Guidance for Cancer
<http://www.kmcc.nhs.uk/resource-library/diagnostics-ccag/>

The Lung TSSG will be the KMCA Delivery Board's source of guidance on the implementation of the Lung Cancer IOG as well as the development of the clinical protocols and policies required to support this. As such these groups will expect organisations across Kent & Medway to adhere to the principles set out in this document.

2.0 Kent & Medway

Kent & Medway has a resident population of about 1.8 million. Some residents from Sussex flow into Kent for oncological treatments expanding the population to approximately 1.9 million.

Total locality population	781,376			717,470			283,534
Trusts	EKHUFT East Kent Hospitals University NHS Foundation Trust			MTW Maidstone & Tunbridge Wells NHS Trust		DG&S Dartford, Gravesham & Swanley NHS Trust	Medway Medway Foundation Trust
Hospitals	K&C Kent & Canterbury	QEQM Queen Elizabeth the Queen Mother	WHH William Harvey	TW Tunbridge Wells	MS Maidstone	DVH Darent Valley	MFT Medway Maritime
Note	Whilst geographically outside K&M, for the purposes of cancer the Queen Victoria Foundation Trust (QVH) at East Grinstead fall under the umbrella of K&M						

3.0 The Lung Cancer TSSG

The KMCC established a Lung Cancer TSSG (previously known as Disease Orientated Group – DOG) in 2000.

- The TSSG is IOG compliant
- The TSSG has multidisciplinary / multi-professional membership which is drawn from:
 - Each of the acute Trusts providing Local / Specialist level service
 - Primary Care
 - Patient / Users
- The TSSG has a multidisciplinary/multiprofessional membership which is drawn from:
 - Each of the acute trusts providing Lung cancer MDT services
 - Primary Care
 - Patient/users

Named Leads for the Lung TSSG are:

Chair	:	Majid Mushtaq, Consultant Chest Physician
KMCC Lead	:	Annette Wiltshire
Non Surgical Oncology Group (NOG) Lead	:	Dr Riyaz Shah, Consultant Medical Oncologist
Research and Trials (RAT) Lead	:	Mathilda Cominos Consultant Clinical Oncologist
Users Issues Lead	:	Karen Connolly, Lung CNS
Mesothelioma Lead	:	Kolera Chengappa
Named Admin Support	:	Karen Glass & Colin Chamberlain, KMCC

A full list of current membership is available from the Lung TSSG attendance record – a copy of which is located on the KMCC website: <http://www.kmcc.nhs.uk/resource-library/lung-tssg/>

3.1 Overview of Kent & Medway Lung Cancer & Mesothelioma Services

- It is agreed that provision of Lung Cancer and Mesothelioma Services for Kent & Medway (K&M) is accurately described in the table below.
- It is agreed that as all of the K&M cancer Lung MDTs/MDMs have excellent input from the Guy's Thoracic Surgical Unit and that it is unnecessary for K&M to establish separate MDTs for mesothelioma
- It is agreed that Louise Gilham Mesothelioma UK Regional Nurse Specialist will act as a resource for Mesothelioma for K&M
- Thoracic surgery for K&M will be provided by Guy's
- Thoracoscopy services delivered at Darent Valley and Tunbridge Wells Hospital (2020)

Catchment Populations, Trusts, Diagnostic Services, MDTs, Specialist Teams

	Trust	Hospitals providing diagnostic services for lung cancer & mesothelioma	MDTs	Thoracic Surgical Centre
Eastern & Coastal Kent Population 781,376 (Patients flows from Swale are mainly into Medway Maritime)	East Kent Hospitals University NHS Trust	K&C (Canterbury)	Joint QEQM/K&C Diagnostic Lead Dr Saleheen Kadri	Guy's
		QEQM (Thanet)		
		WHH (Ashford)	WHH Diagnostic Lead Dr Sanjay Sharma	
Medway Population 283,534	Medway Foundation Trust Hospital	MFT (Medway & Sittingbourne)	MFT Kolera Chengappa	
West Kent Population 717,470	Maidstone & Tunbridge Wells NHS Trust	Maidstone	MTW Dr Simon Webster Pembury Dr Simon Webster	
		Tunbridge-Wells (<i>Pembury</i>)		
	Dartford, Gravesham & Swanley NHS Trust	Darent Valley	DVH Dr Majid Mushtaq	

3.2 Function of the TSSG – Terms of Reference

- A copy of the full Terms of Reference for all TSSGs is located on the KMCC website: <http://www.kmcc.nhs.uk/resource-library/>
- The role of the TSSG Chair is included in the TSSG Chair Job Description, a copy of which is located on the KMCC website: <http://www.kmcc.nhs.uk/resource-library/>

3.3 Research & Trials Groups (RATs)

The Lung TSSG has an established formal Research & Trials Group (RAT).

It is the responsibility of the TSSG Chair to ensure that the Clinical Trials Report is discussed at the twice yearly TSSG meetings.

Kent and Medway Cancer Research Network

The Kent and Medway Cancer Local Research Network (KMCRN) was established in 2003 and is one of 32 National Institute for Health Research Cancer Local Research Networks which cover the whole of the NHS in England. The KMCRN coordinates cancer clinical research and facilitates study set up and delivery. It is important to note that the KMCRN is currently in a period of transition due to the changes being made by the NHS Reforms.

Role of Research and Trials Groups

- The groups are responsible for the strategic development of the Kent and Medway Cancer Research Network portfolio of clinical studies, in accordance with national policy and guidelines
- The groups are responsible for ensuring a Network wide approach for delivering cancer clinical studies within Kent and Medway
- The groups will provide the platform for discussion of cancer clinical studies and act as a resource for information pertaining to those studies

3.4 Non-Surgical Oncology Group (NOG)

The Lung NOG was formally established in 2008.

A copy of the NOG full Terms of Reference is available on the KMCC website: <http://www.kmcc.nhs.uk/resource-library/>

A copy of the Oncological Treatment of Lung Cancer is located on the KMCC website: <http://www.kmcc.nhs.uk/resource-library/lung-tssg/>

4.0 Children & Young People (CYP) / Teenage & Young Adult (TYA)

4.1 Children & Young People (CYP)

Children and Young People with Lung Cancer will be treated in accordance with principles set out in the CYP IOG.

All Children and Young People up to the age of 18 must be referred to the CYP Principle Treatment Centre which for Kent & Medway is based at the Royal Marsden.

All Young People between 16 and 24 years of age must be offered a referral to the CYP Treatment Centre.

Referral to a CYP Principle Treatment Centre does not necessarily mean that treatment will be undertaken at that Centre; shared care management protocols may allow some treatments to be undertaken locally.

4.2 Teenage & Young Adult (TYA)

The main principles in the Teenage & Young Adult guidance are as follows:

- The 16-18 age group should be seen and treated at the TYA Principal Treatment Centre (PTC) and have their management plans discussed by the TYA PTC. Although shared care can be arranged as part of the pathway
- Young People aged 19-24 years must be given choice where they would like to be treated either:
 - In the TYA Principal Treatment Centre.
- **Or**
 - An adult service designated by Commissioners to treat young adults 19 to 24 years.
- In both cases all young people must be given access to the services and resources offered by the TYA MDT at the PTC, this may be remotely or through specified clinical services or supportive activities, and each Trust will need a mechanism to identify all new TYA patients regardless of which MDT they initially present to.

5.0 Data & Data Collection

Collection of data at each stage of the pathway is the responsibility of the team looking after the patient at that time. The minimum dataset agreed by the TSSG will be a combination of those data items that meet national requirements, and additional items as agreed by the TSSG.

National data requirements will include:

- Cancer Waiting Times monitoring, including Going Further on Cancer Waits. The data items required will be as defined in ISB0147 at the time of referral and/or treatment.

Cancer Waiting Times data will be submitted according to the timetable set out in the National Contract for Acute Services.

- The Cancer Outcomes and Services Dataset. The data items will be as defined in ISB1521, and any subsequent versions, at the time of diagnosis and/or treatment. The requirement will include those fields listed in the "Core" section of the dataset, and any additional tumour site specific sections, as applicable.

Details of the COSD are available from:

http://www.ncin.org.uk/collecting_and_using_data/data_collection/cosd.aspx

Cancer Registration and Cancer Outcomes and Services (COSD) data will be submitted according to the timetable set out by National Cancer Registration Service (NCRS).

- Where applicable, teams will also collect additional data items as defined in any corresponding National Clinical Audit Support Programme (NCASP) audit dataset.

Data for NCASP audits will be submitted, where applicable, according to timetables as agreed by the TSSG, and within the overall submission deadlines for each audit.

Submission of data to meet these national requirements will be the responsibility of each individual Trust.

Note that these standards are subject to variation from time to time, and where these requirements change, the data items required to be collected by the team will also change in line with national requirements.

Local data requirements will include any additional data items as agreed by the TSSG. These must be selected to avoid overlap with any existing data items, and where possible must use standard Coding as defined in the NHS Data Dictionary.

Where possible and applicable, InfoFlex will be used for the collection and storage of data.

Additional areas of the COSD, relating to pathology, radiotherapy, SACT, diagnostic imaging and basic procedure details will feed into the dataset from other nationally mandated sources. It is the responsibility of each team to ensure that the whole of the relevant dataset is collected, and it is acknowledged that this may come from a variety of sources.

6.0 Pathology

All KMCC reporting pathologists follow The Royal College of Pathologists Histopathology Reporting on Cancers guidelines.

Core Cell Path members of the MDT should be taking part in a general (but recognised) EQA scheme. It is expected that Trusts will monitor this and inform the Lung TSSG in the event of any deviation from this. The Trusts should also take responsibility for agreeing and implementing any remedial actions arising from either [a] any non compliance with this measures and / or [b] matters identified through the EQA process.

Core Cell Path members of the K&M Lung Cancer Teams (and any other Cellular Pathologist providing a Lung Cancer Service) will participate in any Lung TSSG agreed cell path related audits.

7.0 Glossary

Acronyms in common usage throughout KMCC documentation:-

CYP	Children & Young People (in relation to the IOG)
DCCAG	Diagnostic Cross Cutting Advisory Group
DOG	Disease Orientated Group (NSSG/TSSG/TWG)
DVH	Darent Valley Hospital
EK	East Kent
EKHUFT	East Kent Hospitals University Foundation Trust
HoP	High Level Operational Policy
IOSC	Improving Outcomes: A Strategy for Cancer
K&C	Kent & Canterbury Hospital, Canterbury, (EKHUFT)
K&M	Kent & Medway
KMCA	Kent & Medway Cancer Alliance
KMCC	Kent & Medway Cancer Collaborative
KMCRN	Kent & Medway Cancer Research Network
LSESN	London & South East Sarcoma Network
MFT	Medway Foundation Trust
MTW	Maidstone & Tunbridge Wells NHS Trust
NOG	Non-Surgical Oncology Group (<i>Permanent oncologist sub group of the TSSGs with a specific responsibility for chemo/rad pathways and advice to the TSSG, KMCC and geographical locations on new drugs</i>)
PoC	Pathway of Care (<i>KMCC agreed disease site specific clinical guidelines</i>)
QEQM	Queen Elizabeth the Queen Mother Hospital, Margate (EKHUFT)
QoL	Quality of life
RAT	Research and Trial Group (<i>Permanent sub-group of the TSSGs with a specific responsibility for taking forward the clinical trials agenda</i>)
RMH	Royal Marsden Hospital
RNOH	Royal National Orthopaedic Hospital
QVH	Queen Victoria Foundation Trust Hospital East Grinstead
UCLH	University College Hospital London
WHH	William Harvey Hospital, Ashford (EKHUFT)
WK	West Kent

8.0 Revision History

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