Lung Tumour Site Specific Group meeting
Thursday 30th September 2021
Microsoft Teams
13:30 - 15:30

Final Meeting Notes

Present	Initials	Title	Organisation
Majid Mushtaq (Chair)	**MMu**	Respiratory Consultant	DVH
Amy Peacock	**AP**	Lung Cancer CNS	DVH
Michelle McCann	**MMc**	Operational Manager for Cancer & Haematology	DVH
Suraj Menon	**SM**	Consultant Radiologist	DVH
Toni Fleming	**TF**	Macmillan Lead Lung Cancer CNS	EKHUFT
Saleheen Kadri	**SK**	Respiratory and General Internal Medicine Consultant	EKHUFT
Samantha Cree	**SC**	Cancer Improvement Manager - SELCA	Guys and St Thomas' NHS Foundation Trust
David Osborne	**DO**	Data Analyst	KMCA
Ian Vousden	**IV**	Programme Director	KMCA
Tracey Ryan	**TR**	Macmillan User Involvement Manager	KMCC
Karen Glass (Notes)	**KG**	Administration & Support Officer	KMCC & KMCA
Colin Chamberlain	**CC**	Administration & Support Officer	KMCC
Annette Wiltshire	**AW**	Service Improvement Facilitator	KMCC
Jennifer Priaulx	**JP**	Macmillan Cancer Transformation Project Manager	MFT
James Shaw	**JS**	Deputy General Manager	MFT
Elizabet Sanchez	**ES**	Service Manager for Oncology & Haematology	MFT
Kolera Chengappa	**KC**	Respiratory Consultant	MFT
Shona Sinha	**SS**	Consultant Histopathologist	MTW
Simon Webster	**SWe**	Consultant Respiratory Physician	MTW
Neil Crundwell	**NC**	Consultant Radiologist	MTW
Ravish Mankragod	**RM**	Consultant Respiratory Physician	MTW
Mathilda Cominos	**MC**	Consultant Clinical Oncologist	MTW
Jane Brown	**JB**	Consultant Clinical Oncologist	MTW
Gillian Donald	**GD**	Clinical Scientist	MTW
Sandra Wakelin	**SWa**	Macmillan Lung Cancer CNS	MTW
Syed Husain	**SH**	Consultant Respiratory Physician	MTW
Julia Hall	**JH**	Consultant Clinical Oncologist	MTW

Holly Groombridge	**HG**	Cancer Commissioning Project Manager	NHS Kent & Medway CCG
Emma Yale	**EY**	Head of Service Improvement for Cancer	NHSE/I
Nirupa Murugaesu	**NM**	Consultant Medical Oncologist	St George's University Hospitals NHS Foundation Trust
Mavis Nye	**MN**	Patient Representative	
Apologies			
Pippa Miles	**PM**	Senior Service Manager – CCHH Care Group	EKHUFT
Fareen Rahman	**FR**	Locum Consultant Clinical Oncologist	GSTT
Russell Burcombe	**RB**	Consultant Clinical Oncologist	MTW
Alia Nasir	**AN**	Consultant Radiologist	MTW
Nicky Dineen	**ND**	Consultant Radiologist	MTW
Maher Hadaki	**MH**	Consultant Clinical Oncologist	MTW
Timothy Sevitt	**TS**	Consultant Clinical Oncologist	MTW
Tuck-Kay Loke	**TKL**	Consultant Respiratory & General Physician	MTW
Sona Gupta	**SG**	Macmillan GP & Cancer Lead	NHS Kent & Medway CCG

Item		**Discussion**	**Agreed**	**Action**
1.	**TSSG Meeting**	**<u>Apologies</u>** • The apologies are listed above. **<u>Introductions</u>** • MMu welcomed the members to the meeting and apologised for the reduction in the meeting time today. MMu explained his clinic was not cancelled due to the current pressure on their services. MMu was pleased to note there was representation from all trusts on the meeting today. **<u>Action log Review</u>** • The action log was reviewed, updated and will be circulated along with the minutes from today's meeting.		

		Review previous minutes • The minutes from the previous meeting which took place on the 11th March 2021 were reviewed and signed off as a true and accurate record.		
2.	**Genomic Laboratory Hub services**	**Cancer Genomics & Molecular Oncology - presentation by Nirupa Murugaesu** • NP introduced herself and stated she is a Medical Oncologist looking after patients with bowel cancer at St Georges Hospital. She is also the Cancer Lead for the South East Genomic Laboratory Hub. • NP agreed to provide an overview of the GLH and update on some changes pertaining to the Cancer test directory. • NM provided an overview of: i) Background on sequencing ii) Cancer Programme: 100,000 Genomes Project iii) Beyond 100,000 Genomes project: Genomic Medicine Service iv) Clinical interpretation; Genomic Tumour Advisory Board & case report v) Clinical & research impacts: future directions • NP mentioned NHS England through the Genomic Medicine Service have established a National Test directory - NHS England » National Genomic Test Directory. There will be a new iteration of this directory late October / November 2021 which flags all variants of genes that should be tested for each tumour type. There is a rare disease and also a cancer directory. • NP highlighted the testing will be delivered through the 7 national GLH's. • MMu asked what the situation is for K&M patients regarding genomics - specifically funding, logistics and where the testing will be done. This has been discussed many times and a decision is yet to be made. NP confirmed if within the test directory it will be funded by NHS England. If eligible for whole genome sequencing or for the tests flagged for lung cancer then patients from K&M would be eligible.		

		NP added due to the technology that is required to do the testing this will be delivered by GSTT in their GLH. • GD mentioned she is Clinical Scientist based within Cellular Pathology at MTW. They are working with the GLH and provide the molecular samples for lung patients in K&M. GD stated the NGS (Next Generation Sequencing) technical test is funded but the work they provide as part of that is not. NHSE have not identified this additional funding, so they do not have the additional capacity to provide this test for everybody. To summarise they are able to provide a normal service for the routine genes using the existing methodology. A small group of 5 patients per week are being tested for NGS as a pilot study which is the maximum they can test currently. EKHUFT samples are included in this pilot study. GD highlighted the ongoing issue of having enough biopsy material to carry out the test. GD added the NGS test is taking about 3 weeks from time of request to the results coming back. • MMu summarised the work GD is doing at MTW is unfunded and the amount of tissue they get often means they are unable to carry out the NGS test. This accounts for over 50% of biopsy material which they are unable to send. NP highlighted there are methodologies and SOP's that they could share to help here. • NP asked if there was a Pathology Lead she could contact. SS confirmed the lead was unable to make the meeting today but she would pass on the message and stated the importance of putting together the SOP. **Action - MMu agreed they need to have a Genomics Lead for Lung within K&M. NP asked KG / AW to email NP so that she can provide the details for the relevant people at the GLH. NP confirmed she was happy to share her presentation with the group but will remove the Phase 2 indications as they are yet to be announced by NHSE.**		**NP / KG / AW**
3.	**Targeted Lung Health Check Programme**	**<u>Presentation provided by Ian Vousden</u>** • IV mentioned phase 1 and phase 2 sites for the Targeted Lung Health Check Programme have been operational since 2019 with 23 places chosen. They are now about to move into phase 3 with an additional 15 - 20 places allocated as part		

		of the national programme. Longer term they will go onto phase 4 with national roll-out also known as the lung cancer screening programme. • The initial pilot started in Manchester and this identified a number of lung cancer diagnoses before being rolled out to specific sites nationally. • The potential impact from Phase 1 & 2 of the pilot highlighted 1,052,625 patients aged between 55 – 74 with a predicted total of 6,101 patients detected with lung cancer. • The TLHC programme will be expanded by 15 - 20 sites and an additional 750,000 – 1,000,000 eligible participants. • It is estimated that over 4 years, an additional 4,500 cancers could be diagnosed with 3,000 of these at an early stage. • A full national rollout could diagnose an additional 6,500 cancers at an early stage each year by 2028. • IV highlighted there is national funding available for the pilot - £328K in order to drive this work forward. The funding will support the following roles: i) Lead Clinician ii) Specialist Lung Health Check Nurse iii) Practice Nurse iv) PACS support v) Project Manager vi) Administrator • There is also additional variable funding - £264 per CT scan. • IV referred to the standard protocol – patient pathway as part of the pilot. All people aged 55 - 75 that have ever smoked will be invited for a lung health check. This would include a spirometry, lung cancer risk assessment and the ability to access smoking cessation services. There will be specific steps for those patients who are low risk and those that are at a high risk.		

		• IV confirmed in order to run the pilot there would need to be an overall Clinical Director for the programme together with a responsible assessor, radiologist and clinician. • IV was pleased to announce that K&M have been selected to be part of the next cohort of this national programme. This is really good news for K&M and they now need to work out how to bring together the provision of service to potentially start on the 1st April 2022. IV suggested this timescale could be unrealistic but possibly to start the pilot within the early half of next year. • IV suggested aligning this work with the CDC (Community Diagnostic Centres) particularly within EKHUFT and they are looking to base their CDC at Buckland Hospital, Dover where there will be CT capacity available. MMu is not sure the acute sector would have the capacity and they may need to look externally. • IV concluded if there were any clinicians (they would require a Lead Radiologist, Physician and overall clinical assessor) interested in being involved in this national pilot to contact IV directly - ian.vousden@nhs.net.		
4.	**K&M wide review of Lung Cancer Pathway**	**Presentation provided by Emma Yale** • EY explained as part of the CA Delivery Plan for 2021 the lung cancer pathway has been identified as a priority area to improve. • The National Planning guidance was an expectation that systems would restore both referral and treatment numbers back to pre-pandemic levels. There has not been the same trajectory within lung as other tumour sites which has less than 70% referrals. EY asked if this was due to patients not presenting to Primary Care or not identifying those patients onto a 2ww pathway quick enough. • The 62-day standard has only been met 3 times in the past 24 months and added these are small treatment numbers. Patients are being diagnosed at later stages and as a result have poorer outcomes.		

- It is important that they reduce the health inequalities based on the geography, depravation and race which equates to 15%. What do they need to do to engage and treat those patient's?

- GIRFT recommendations came out last year and it is important to build them into the lung cancer pathway. EY referred to the Targeted Lung Health checks pilot and the expectation is to see more patients diagnosed within K&M and ensure the pathway is aligned to meet the demand.

- EY suggested ways to move forward with the recommendations and evaluate what the current services / bottlenecks are across the K&M. EY proposed to establish a KMCA Lung Improvement Working Group which would sit beneath the Lung TSSG group in order to deliver the improvements which are required to diagnose patients quicker.

- EY confirmed they will be working closely with the MDT and admin teams starting with DVH. They will agree the pathway mapping and then roll out the programme to the other trusts over the next 3 months.

- EY highlighted the process mapping pathway from receipt of referrals to treatment with all 4 trusts (October – December). To establish a Lung Improvement Group to agree:

  i) Early signs of awareness
  ii) Primary Care
  iii) Clinical Protocols
  iv) Diagnostic Bundles
  v) Patient Experience
  vi) Tertiary Pathways

- EY asked if there were any volunteers on the call interested in becoming part of the Working Group. She would require experts within diagnostics, clinicians and patient representatives.

- EY confirmed the mapping would take about 3 months across all trusts and agreed to feedback to this group.

		• MMu confirmed EY had the support of the Lung TSSG group.		
5.	**Output Recommendations from GIRFT visits to present findings**	**DVH / EKHUFT and MFT – still waiting for a GIRFT visit** **MTW – update provided by Simon Webster** • SW confirmed MTW had a GIRFT visit last year, from which various points were highlighted and discussed at their recent AGM. • They received both positive and negative feedback. There was also a recommendation to set up a Nodule MDT which they are discussing. SW suggested this could be a monthly meeting with 1 WTE Consultant, Radiologist and admin support to create a list and ensure everything is well documented. There were no trusts in K&M currently doing a Nodule MDT. • GIRFT identified a number of patients were presenting late to the Trust and how could this be improved. SW added they also highlighted the Mesothelioma MDT. **Action – SW agreed to forward the list of what to expect from a GIRFT visit ahead of the other trusts forthcoming visits.**		**SW**
6.	**Performance All Trusts to present**	**DVH – update provided by Michelle McCann** • MMc mentioned they have not met the 2ww standard for the last 3 months and although they are small numbers this has an impact on the overall performance. This is due to patient's DNA and capacity issues. They have also had a big change in the Lung CNS team with AP now in post. • MMc confirmed they are meeting the 31-day standard. However, they are not meeting the 62-day standard. In June the breach was due to 2 complex patients from the UGI team and another breach due to a delay from MTW oncology. The breach in July was also due to a patient with complex requirements. MMc added there was only 1 patient over 104-days which was the same complex patient from		

		UGI. • MMc confirmed they have a total of 7 patients waiting over 62-days as of the 24th September. • Both MMc and MMu highlighted how well AP has coped having taken over from the 2 CNS's that have now left. • MMc explained they are working hard with additional resources to improve their 28-day compliance and completeness. • The NHSI Cancer Improvement meeting has taken place and have discussed the optimal pathway which will help the 28-day FDS. They are having daily radiology reporting calls which is also helping. • An Early Diagnosis CNS post will be funded by the CA transformational funding and should be in place soon. **EKHUFT – update provided by Saleheen Kadri** • SK confirmed EKHUFT are consistently meeting the 2ww and 31-day performance standards. SK asked how their patient numbers compare to the other trusts. SK added in 2016 they diagnosed 550 patients, 2017 – 493 and 2018 – 523 which are high numbers for EK. • SK highlighted they have not met the 62-day standard from June – August 2021 but did manage to achieve the 85% target during Covid for a couple of months. They have 2 patients sat at over 104-days but there are treatment plans in place. • They now have a STT nurse in post which has improved their 28-day FDS compliance and completeness which is 90% and there is additional admin support in place. • They have managed to keep their services going through Covid and are in the process of increasing their face to face clinics for lung cancer patients.		

		• In terms of diagnostics they are doing extra lists for Bronchoscopies and EBUS. SK admitted due to the large number of patients at EKHUFT it can be difficult to keep up with demand and also achieve the 62-day performance target. SK added the main 2 areas of concern are CT guided biopsies and EBUS which is primarily due to the number of interventional radiologists which they have. TF confirmed they are no longer able to do CT Guided biopsies at KCH. They can only be performed at QEQM and WHH where the respiratory doctors are located. As a consequence, this has had an impact on their capacity. **<u>MFT – update provided by James Shaw</u>** • JS highlighted they have not been compliant for 2ww data for August or September. They have no issues with their 31-day performance figures. In regards to their 62-day performance the small numbers of patient breaches have affected this standard. They are compliant with the 28-day FDS standard currently. • Key risks and barriers to delivery is due to lung function tests and EBUS procedures. They are looking into straight to test pathways, an early diagnosis CNS and same day reporting of GP x-rays to give patients an earlier CT date. • The main reasons for breaches include complex patient pathways and patient choice. • KC highlighted the lack of flexible capacity in both CT guided biopsies, outpatients' clinics and endoscopy has been an ongoing issue for them. KC hopes the ED CNS should help clear the non-cancer patients quickly off of the pathway so they can concentrate on the cancer patients. **<u>MTW – update provided by Simon Webster</u>** • SW agreed to provide an update on the MTW data in the absence of the cancer manager on the call. • SW confirmed they seem to be doing well in regards to 2ww and 31-day standards. SW highlighted they now have a dedicated cancer consultant on each site and are able to offer a 7-day one stop lung cancer clinic.		

		• Their main challenges are due to backlogs with patients transferred from other organisation and also late referrals from other tumour groups. • They have 2 new Interventional Radiologists which will help with their capacity issues going forward. They have an ongoing issue with PET capacity and getting the results back in time which has been challenging. Oncology capacity is stretched due to patients living longer and this is also having a knock-on effect on their backlog numbers. SW highlighted there is a national crisis due to the diminishing number of oncology consultants. • 28-day FDS compliance is in line with national standard at 78.4%.		
7.	**Research update**	• MC explained a lot of the trials had stopped during Covid, due to there being a lack of staff particularly within EKHUFT and MTW. MC added the trials are now in the process of slowly resuming.		
8.	**Cancer Alliance update**	• Serena Gilbert was unable to join this call so a full CA update was not provided.		**CA slides to be circulated by KG**
9.	**CCG update**	**<u>Update provided by Holly Groombridge</u>** • HG provided a brief update from a CCG perspective. They are transitioning to become an Integrated Care System (ICS) as per the national direction. They will continue to further support system level working in collaboration with cancer. • Additionally, the local ICP teams are working with the relevant CDS (Community Diagnostic Services) for which there will be 6 located in K&M. The first 2 CDS will be within West Kent and East Kent.		

10.	**How to empower practice nurses to complete cancer care reviews**	**<u>Presentation provided by Kate Regan</u>** • KR explained she is the Macmillan Primary Care Nurse Facilitator Lead for K&M and has been in post for approximately 4 years. Her main aim is to empower practice nurses working in PC to complete cancer care reviews. They have been delivery training modules consecutively to support the nurses. • Face to face training commenced in 2017 initially within EKHUFT and has been delivered by both KR and Ann Courtness. Due to Covid the training has been delivered virtually but has been rolled out to the whole of K&M. • The nurses attend a 6-month training course which is facilitated by Macmillan and supported by CNS teams to include Breast, Prostate, Head & Neck and Acute Oncology. • There are currently 14 nurses on the course with the main objective to improve patient experience, patient care and supporting their health and wellbeing. The nurses are asked to complete a case study. KR explained the only issue has been the nurses have not been able to shadow the CNS's in the trusts due to social distancing. KR has been attending some monthly CNS meetings to highlight the training, to develop a community of practice and collaborative working. • KR highlighted the QOF changes for completing a cancer care review which previously took place at 6 months and is now 3 months. This is completed by the social prescribers from the GP surgery and additionally the holistic care review is completed at 12 months after treatment. • MMu agreed this is very good and they are very appreciative of this service provided. • KR provided her email address - kateregan@nhs.net and asked if there are any further questions or they would like to be involved to contact KR directly.		

11.	AOB and CA update	• MMu stated the respiratory team are exhausted due to Covid and have therefore not been able to take any time off for the last 18-months. They are now taking their well-deserved leave. • The systems which were put in place during Covid are yet to be re-set. The Cancer Leads now have a big leadership role to play to put lung cancer back on the agenda. Teams were redirected to support Covid from the lung cancer teams. MMu added the radiologists are also exhausted due to the extra reporting. Cancer needs more manpower and to now have better systems in place as patients are living longer. • MMu admitted they do not have the manpower or systems in place to cope with the Targeted Lung Health Checks programme and also to be able to assess these patients now and in the future. • MN thanked the teams for all they did during Covid. MN mentioned she was treated in hospital during Covid and she felt very safe even though she had to attend on her own it was still a brilliant experience. MMu thanked MN for her comments. • TF provided an update from the Lung CNS's. TF has taken back the Lead CNS role as Karen (Connolly) and Jen (Gyertson) have now left DVH and AP is new to post. Sandra (Wakelin) (MTW – CNS) and Heather (Foreman) (MFT – CNS) updated they have been struggling due to staff shortages and sickness. HF has put in a business case at MFT for another CNS. TF has also put in a business case for another CNS at QEQM which should help the CNS's going forward. **Action - Toni F asked if SW could present the post-surgical follow-up audit and patient audit on brain metastases at the next TSSG meeting agenda.** **MMu suggested the CNS's have more time on the next agenda to discuss their core responsibilities, the extended roles expected of them / to be defined and used as a reference point for future negotiations with the trusts. TF agreed to look into this.** • NC believed there has been a significant change in the atmosphere and tone of this TSSG meeting. He added there is a more positive approach and a considerable		**AW / SW / TF / CNS'**

		shift in information sharing, discussion around communal practice and taking issues forward. NC concluded this group has moved on and he is pleased it is moving in the right direction.		
12.	**Next meeting**	• MMu and AW to agreed to discuss the next meeting date for March 2022 TBC and invites will be circulated accordingly. MMu stated he would prefer the next meeting to be face to face rather than via MS Teams.		