

Lung Tumour Site Specific Group meeting
Thursday 30th March 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 / Clinical Director - Outpatients	MTW
Catherine Fenson – Guest speaker	CF	Health Companion Team	DaSH-Global
Marie Payne	MP	Macmillan Lead Cancer Nurse / Clinical Services Manager	DVH
Hateme Haxha	HH	Registered Nurse - Rosewood	DVH
Bradley Smith	BS	Lead Radiology Manager for Cancer Services	DVH
Toni Fleming	TF	Macmillan Lead Lung Cancer CNS	EKHUFT
Brett Pereira	BP	Consultant Respiratory	EKHUFT
Louise De Pledge	LDP	Chemotherapy Nurse	EKHUFT
Serena Gilbert	SG	Cancer Performance Manager	KMCA
Karen Glass (Minutes)	KG	Administration & Support Officer	KMCA & KMCC
Colin Chamberlain	CC	Administration & Support Officer	KMCC
Annette Wiltshire	AW	Service Improvement Facilitator	KMCC
Ann Courtness	AC	Macmillan Primary Care Nurse Facilitator	NHS Kent & Medway ICB
Rakesh Koria	RK	Macmillan GP Associate Advisor for Kent and Medway & NHSE GP Appraiser	NHS Kent & Medway ICB
Kolera Chengappa	KCh	Respiratory Consultant	MFT
Heather Foreman	HF	Lung Cancer CNS	MFT
Catherine Bodkin	CB	Macmillan Lung Cancer and Mesothelioma Clinical Nurse Specialist	MFT
Emma Bourke	EB	Personalised Care & Support Facilitator	MFT
Holly Groombridge	HG	Cancer Commissioning Project Manager - KMCA	NHS Kent & Medway ICB
Riyaz Shah	RS	Consultant Medical Oncologist	MTW
Deana Giles	DG	Interim Deputy General Manager	MTW
Madie Corse	MCor	Senior MDT Coordinator	MTW
Melissa Cooke	MCoo	CAU Booking Clerk	MTW
Simon Webster	SW	Consultant Respiratory Physician	MTW
Charlotte Gosden	CG	Senior Study Support Service Coordinator	NIHR
Mavis & Ray Nye	MN	Patient Representative	

Apologies			
Burhan Khan	BK	Respiratory Consultant	DVH
Suraj Menon	SM	Consultant Radiologist	DVH
Tom Grant	TG	Oncology Research Nurse	EKHUFT
Ian Vousden	IV	Programme Director	KMCA
Suzanne Bodkin	SB	Cancer Pathway Manager	MFT
Ravish Mankragod	RM	Consultant Respiratory Physician	MTW
Jennifer Pang	JPa	Clinical Oncologist	MTW
Russell Burcombe	RB	Consultant Clinical Oncologist	MTW
Louise Gilham	LG	Macmillan Lung/Mesothelioma UK CNS (Kent)	MTW
Sandra Wakelin	SW	Macmillan Lung Cancer CNS	MTW
Alia Nasir	AN	Consultant Histopathologist	MTW
Neil Crundwell	NC	Consultant Radiologist	MTW
Katharine Clark	KCI	Chemotherapy Day Unit - Unit Manager	MTW
Mathilda Cominos	MC	Consultant Clinical Oncologist	MTW
Timothy Sevitt	TS	Consultant Clinical Oncologist	MTW
Emma Forster	EF	Head of Service Improvement for Cancer	NHSE

Item	Discussion	Action
1. TSSG Meeting	<p>Apologies</p> <ul style="list-style-type: none"> The apologies are listed above. <p>Introductions</p> <ul style="list-style-type: none"> TKL welcomed the members to the face to face meeting and personally thanked Mavis and Ray for attending. TKL noted there being fewer attendees than previous years and hoped to encourage better attendance at future meetings. If you attended the meeting and have not been captured within the attendance log above please contact karen.glass3@nhs.net directly. 	

		<p><u>Action log Review</u></p> <ul style="list-style-type: none"> The action log was reviewed, updated and will be circulated to the group along with the final minutes from today's meeting. <p><u>Review previous minutes</u></p> <ul style="list-style-type: none"> The minutes from the previous meeting, which took place on the 22nd September 2022 were reviewed and agreed as a true and accurate reflection of the meeting. <p><u>Future meetings</u></p> <ul style="list-style-type: none"> The next meeting date was discussed and a place holder date was sent out for Thursday 28th September 2023 – 13:30 – 16:30 - venue to be confirmed (action – completed by KG on 6th April 2023). 	
<p>2.</p>	<p>Cancer Alliance Update</p>	<p><u>Update by Serena Gilbert</u></p> <p>(Please refer to the circulated presentation for the complete CA update)</p> <ul style="list-style-type: none"> SG provided an update on the National Cancer Programme for 2023/24 including the Service Development Funding (SDF) which supports the various programmes of work. The priority areas for 2023/24 include: <ul style="list-style-type: none"> i) Faster Diagnosis and Operational Performance – to support Best Practice Timed Pathways and other pathway improvements to support the 28-day FDS and 62-day backlog objectives. ii) Early Diagnosis – support local early diagnosis interventions – including the ovarian and skin cancer awareness campaigns which are ongoing – lung cancer awareness would also be good to pursue. iii) Treatment and Care – Personalised Care, Personalised Stratified Follow-Up and Psychosocial support. iv) Cross-cutting themes – priorities such as patient engagement & involvement – National Cancer Experience Survey – Tracey Ryan is working with the CNS's and patient representatives. 	<p>Presentation circulated to the group on the 3rd April 2023</p>

		InfoFlex improvements to ensure the data is recorded accurately.	
3.	TLHC Programme	<p><u>Update by Holly Groombridge</u></p> <ul style="list-style-type: none"> v) HG confirmed the first data upload for the Targeted Lung Health Check Programme will be due on Monday so will not be available for today’s meeting. vi) South Kent Coast was the first area to launch the TLHC in Kent which went live with 1 GP practice in November 2022. 75% of GP’s signed up to the TLHC programme – pre-launch. The next areas to go live will include Dover by Summer 2023 and Folkestone to commence in the Autumn of 2023. vii) 1500 patients have been invited to date – 48% patients accepted, 30% declined and 22% did not respond. <ul style="list-style-type: none"> • 4 lung cancers have been identified so far (2 x stage 1, 1 x early stage 2 and 1 x awaiting staging). • Next steps: <ul style="list-style-type: none"> i) South Kent Coast continued roll out, pilot due to finish November 2024. ii) Working with the Roy Castle Lung Cancer Foundation to set up South Kent Coast community events. iii) Medway and Swale are the next site to go live with TLHC – with an eligible population of 41,850. iv) Modular Unit in the process of being procured, the CDC team are leading on the governance process. 	<p>Presentation circulated to the group on the 3rd April 2023</p>
4.	Meso/Lung Dax health companion	<p><u>Update by Catherine Fensome</u></p> <ul style="list-style-type: none"> • CF provided a detailed presentation on the Your Health Companion a FREE app for patients. The app has been developed alongside Mesothelioma UK, Roy Castle Lung Cancer Foundation and Lung Cancer Nursing UK. The digital app can be downloaded onto a smart phone or used via a desktop computer. 	<p>Presentation circulated to the group on the 3rd April 2023</p>

- The app has been designed to help patients take more control and management of their cancer by keeping an electronic diary which they can take to their Consultant / CNS appointments and outlines:
 - i) Diagnosis & treatment
 - ii) Symptoms & Quality of Life
 - iii) Experience of cancer services
 - iv) Costs associated with their cancer
- The information can also be shared with healthcare providers, family and friends and legal partners.
- They are working closely with a number of NHS trusts, using PROMS (Patient Reported Outcome Measures) to support the pre-habilitation programme in order to provide good quality data for evaluation.
- CF outlined the benefits of the app:
 - i) Activating discussions about what patients need and to have better management of their cancer.
 - ii) Provides a reminder of key health concerns to enable more productive conversations.
 - iii) Invaluable data for research into new cancer interventions and treatments.
 - iv) Better understanding of how the disease is impacting on patients and their quality of life.
 - v) Mechanism to provide patient feedback on care – positive and negative.
 - vi) Able to keep a record of health-related expenses.
- CF confirmed this app is currently only available for lung and mesothelioma patients. CF mentioned it is possible to register as a demo user to see how the app works - sign up for either Apple or Android phones – Your Health Companion. Access via desktop computer is www.health-companion.me. There is a dedicated helpline in place – help@health-companion.me for any questions or technical difficulties.
- CF explained by the 17th April, patients will then be able to enter their symptoms onto the app on a weekly basis.

<p>5.</p>	<p>Lung Improvement Work</p>	<p><u>Update by Serena Gilbert</u></p> <ul style="list-style-type: none"> • SG referred to 5 key recommendations for lung cancer care to offer the most significant opportunities in order to improve outcomes: <ol style="list-style-type: none"> i) Making a rapid and precise diagnosis – target of 75% patients diagnosed with cancer or a ruling out of cancer within 28-days. Increasing the numbers of lung cancers diagnosed earlier at stages 1 and 2. Speeding up the process of referral to CT. ii) Delivery of effective treatment – EBUS, development of Lung Cancer Bundles and reducing treatment variations. iii) Effective multidisciplinary working. iv) Improving data and information. v) Resources, organisation and accountability. 	
<p>6.</p>	<p>Performance questions</p> <p>KMCA lung cancer survival & reasons for disparity in performance between Trusts</p> <p>Performance data all trusts</p>	<p><u>K&M Survival from lung cancer – update by Serena Gilbert</u></p> <ul style="list-style-type: none"> • K&M CA are currently the worst alliance in the country for 1-year survival from lung cancer at 41.3% against the England average of 45.4%. • A higher proportion of patients at EKHUFT and MFT receive palliative care and statistically have lower survival rates than DVH and MTW. There is a higher percentage of health inequalities across EKHUFT and MFT. This is possibly due to being a less affluent area with a higher number of patient’s that DNA appointments compared to MTW and DVH. • The differences in treatment type are not explained by stage at diagnosis, the proportion of people presenting with stage 3 and 4 lung cancer by trust are relatively small. Patient uptake of treatment is improved if a CNS is present at the diagnosis. • SG mentioned David Osborne – david.osborne11@nhs.net - K&M CA data analyst would be available to discuss the data further as required. • TKL would be interested to know the percentage of patients recruited into clinical trials across the 	<p>Performance slides were circulated to the group on the 3rd April 2023.</p>

patch.

- RS mentioned the performance status was incorrectly reported or recorded on InfoFlex in at least 50% of cases at MTW. He stated the importance of the data being recorded accurately and in the correct place.

DVH – update provided by Marie Payne

Please refer to the circulated performance slides for a complete overview of DVH’s Cancer Waiting Times data.

- 28-day FDS they have seen improvements since October 2022.
- PET scans and Interventional Radiology delays are affecting their 62-day performance.
- Backlog over 62-days – 8 patients, of which 2 are over 104-days – these are complex patients – delays in oncology, radiotherapy and GSTT capacity.

EKHUFT – update provided by Toni Fleming

Please refer to the circulated performance slides for a complete overview of EKHUFT’s Cancer Waiting Times data.

- 28-day FDS they have seen improvements since the recruitment of the Lung STT nurse and the compliance administrator.
- 62-day performance is a gradually improving picture – delays with CT scans and CT guided biopsies has affected performance.
- Improved consultant upgrades.
- 2 MDT’s take place at EKHUFT.
- Surgical capacity has started to improve at GSTT with extra consultants now in post.
- Daily 2ww clinics.
- Patients coming in with CT’s to respiratory clinics has now improved.
- Importance of continued GP education.
- Backlog over 62-days – 15 patients with 4 patients waiting over 104-days. Clinical harm reviews are shared with care groups for shared learning and improvement.

		<p><u>MFT – update provided by Kolera Chengappa</u></p> <p>Please refer to the circulated performance slides for a complete overview of MFT’s Cancer Waiting Times data.</p> <ul style="list-style-type: none"> • 28-day FDS – diagnostic and respiratory consultants time – job planning exercise. CT capacity is an ongoing issue but is a trust priority. • 62-day – these are small numbers so performance data fluctuates. Delays due to diagnostics. Working with one of the clinicians to improve the pathways. • 1 patient waiting over 62-days due to HMP issues, no patients waiting over 104-days. • Prison referrals are a separate issue across all of the tumour groups and getting the prisoners into hospital for their appointments and diagnostics. <p>Action – RK agreed to speak separately to the ICB – regarding the health inequalities for the prison population across K&M.</p> <p><u>MTW – update provided by Madie Corse</u></p> <p>Please refer to the circulated performance slides for a complete overview of MTW’s Cancer Waiting Times data.</p> <ul style="list-style-type: none"> • 28-day FDS – consultant engagement and understanding has helped compliance. • 31-day – dip in performance due to an increase in patients awaiting radiotherapy. • 62-day – no issues with performance. • 62-day consultant upgrade – delays at GSTT due to capacity and the junior doctors strikes which has impacted on surgical lists and breach dates. • Patients waiting over 62-days has changed as of today which is now 7 with 1 patient waiting over 104-days. • HG explained the delays at GSTT should start to improve, as a new consultant has been recruited and will start in April. 	<p>RK</p>
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<p>7.</p>	<p>MDT Streamlining</p>	<ul style="list-style-type: none"> • TKL asked the group the following questions: <ul style="list-style-type: none"> i) Is your trust adopting MDT Streamlining Protocols? ii) If not, are you planning to. iii) What if any challenges do you see each MDT faces in doing so. • TKL confirmed the MDT Streamlining document has previously been circulated and advised everyone to look at it. MDT Streamlining is advised for those tumour groups with large numbers of patients being discussed such as prostate, breast and colorectal. • DVH and MTW – have adopted MDT streamlining protocols. • EKHUFT and MFT – have NOT adopted MDT streamlining protocols. <p>Action - TKL asked the members to review the MDT Streamlining document for discussion at the next meeting in September 2023. SG agreed to support both EKHUFT and MFT if required.</p>	<p>Trusts</p>
<p>8.</p>	<p>Research</p>	<p><u>Oncology Centre Update provided by Riyaz Shah</u></p> <ul style="list-style-type: none"> • SYSTEMS-2 – a randomised phase II trial of standard versus dose escalated radiotherapy in the treatment of pain in malignant pleural mesothelioma - trial completed with results to be presented soon. • The largest Lung cancer trials had very good recruitment prior to Covid but studies closed during this time. • Ongoing struggle to recruit research and oncology staff nationally. Re-banding of the research roles may help with future recruitment. • Vinehealth trial – patients with lung cancer commencing adjuvant cytotoxic chemotherapy – trial due to close • REFINE-Lung Trial – open at EKHUFT. 	

		<ul style="list-style-type: none"> • NERO Trial – targeted cancer treatment for mesothelioma patients – open at MFT. • Liquid DNA Transformation Project – national trial not commissioned by the NHS – open at MTW. 30 GSMA tests – patient’s stage 4 lung cancer – to improve patient outcomes. • TF referred to the Galleri Grail trial which is in its second pilot year within K&M. EKHUFT have had 9 patient referrals with a positive CT for lung cancer. 	
<p>9.</p>	<p>CNS update all trusts</p> <p>Patient Satisfaction Survey</p> <p>Mesothelioma update</p>	<p><u>Role of the Lung Cancer Nurse Specialist team in Kent – update by Heather Foreman</u></p> <ul style="list-style-type: none"> • HF confirmed there have been 1243 diagnosis of lung cancer across K&M from 1st January to 31st December 2022. <ul style="list-style-type: none"> i) EKHUFT – 563 patients ii) MFT – 278 patients iii) MTW – 250 patients iv) DVH – 152 patients • HF referred to the InfoFlex data detailing CNS contact with patients at the time of diagnosis which they felt was not accurate across the trusts. The details need to be put on the CNS’s page of InfoFlex to ensure accuracy. • HF 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 currently but this is slowly improving. • The CNS’s have updated any changes in their workforce or services and is highlighted in red on the presentation circulated to the group. • HF concluded the TSSG Lung CNS role has been taken over by MFT from EKHUFT for the next two years. <p><u>Patient Satisfaction Survey</u></p>	<p>Presentations circulated to the group on the 3rd April 2023</p>

		<ul style="list-style-type: none"> • The “Patient Satisfaction Survey” – for lung cancer – update to be provided by the CNS’s across all sites for the next meeting. <li style="margin-left: 20px;">i) MFT – survey has started and due to close in July 2023. <p><u>Mesothelioma Update – by Toni Fleming</u></p> <ul style="list-style-type: none"> • TF mentioned the clinical coding for mesothelioma is still incorrect in some cases and should be C45 rather than coded as lung cancer. There is a comparative audit of 2 years data for referrals to London Asbestos Support Awareness Group (LASAG) and Hampshire Asbestos Support Awareness Group (HASAG). • TF highlighted 2 MTW support groups which take place at the Mercure Hotel, in Maidstone and Uckfield. • The number of patients diagnosed with Mesothelioma in K&M is slightly down from 106 in 2021 to 97 in 2022. • TF referred to the current mesothelioma clinical trials in the UK and how to take part in a trial – search Mesothelioma UK – the app is free. • Trials currently open include NERO at MFT for Mesothelioma using the drug Niraparib and MITOPE a clinical trial which is not yet open in Kent. 	
<p>10.</p>	<p>Pathway of Care document</p>	<p><u>Update provided by Tuck-Kay Loke</u></p> <ul style="list-style-type: none"> • TKL confirmed the POC document has been finalised and circulated to the group prior to the meeting. • There has been a lot of ongoing work at the front end of the pathway to encourage patients to present earlier, either through screening or following on from public health campaigns. 	

12.	AOB	<p>Action - RS suggested an agenda item for the next meeting to include an update on molecular testing and the differences across East and West Kent. TKL agreed to speak to Dominic Chambers and Gillian Donald to ask if they would be happy to present. KG to invite DC and GD to the next meeting.</p> <p>Action – AW was asked if there was a possibility of including an MS Teams link to this meeting. AW agreed to look into this.</p>	<p>TKL / KG</p> <p>AW</p>
12.	Next Meeting Date	<ul style="list-style-type: none"> Thursday 28th September 2023 – 13:30 – 16:30. Venue to be confirmed. 	<p>KG has sent out the placeholder meeting invite</p>