Improving the Lung Cancer Pathway in Greater Manchester

Neil Bayman
Clinical Oncology, The Christie NHS Foundation Trust, Manchester, UK
Lung Cancer Pathway Director, Greater Manchester Cancer

REDUCING VARIATION

• To drive standards and reduce variation, individual hospital-based MDTs merged forming 4 sector MDTs (SMDT) across Greater Manchester and East Cheshire.
• A SMDT Charter sets out aims and pledges of SMDT working.
• Each SMDT has >1 clinician in every discipline.

Aims of Sector MDT
1. Pooling expertise to drive standards
2. Reducing variation in clinical practice and outcome
3. Improve core member attendance
4. Increase trial recruitment
5. Accountable for governance of integrated pathway within sector

REDUCING TIME-TO-TREATMENT

• The Greater Manchester Cancer Lung Pathway aims to start treatment within 14-days of decision-to-treat.
• Improvements in the radiotherapy pathway led to reduction in time to “contour” whilst planning & verification unchanged.
• This reduced time-to-treatment with no increased safety risk.

PATHWAY ASSURANCE

• SMDTs are the "command centres" for the integrated lung cancer pathways, accountable for quality assurance and quality improvement of the pathway within the sector.
• A prospective, robust, trust and sector-level dataset of all patients diagnosed with lung cancer is collected via a bespoke Clinical Web-Portal and Patient Experience Survey.
• Sector performance scorecards are returned to SMDTs every quarter, demonstrating performance against the Lung Pathway Quality Standards.

NEXT STEPS

• Progress to date has resulted in cross-organisational sector-based lung cancer teams collectively accountable for pathway performance measured against agreed standards.
• To achieve this, the trusts and CCGs within the 4 sectors will work in partnership to deliver a single synchronous pathway based on
  I. Direct access to CT from primary care
  II. Rapid triage to PETCT
  III. 1-stop diagnostic bundle
  IV. Treatment decision clinics (surgery, oncology, palliative care).

The Lung Pathway Board agreed an ambitious standard: “50% of patients should be informed of a definitive diagnosis within 14-days from referral with suspected lung cancer and 95% within 28-days.”