

# Improving the Lung Cancer Pathway in Greater Manchester

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## 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

- Pooling expertise to drive standards
- Reducing variation in clinical practice and outcome
- Improve core member attendance
- Increase trial recruitment
- Accountable for governance of integrated pathway within sector

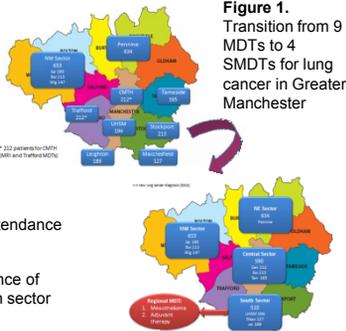


Figure 1. Transition from 9 MDTs to 4 SMDTs for lung cancer in Greater Manchester

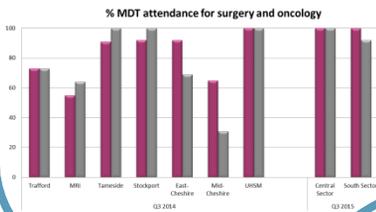


Figure 2. Oncology and surgery attendance before and after formation of lung cancer SMDTs

## 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.



Figure 3. Clinical Web-Portal MDT tool used to electronically refer patients to SMDT, and a page of the Lung Pathway Patient Experience Survey

- 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.

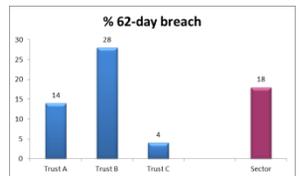
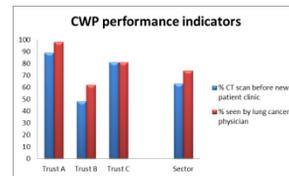


Figure 4. Performance against Lung Pathway Quality Standards correlates with 62-day breach rates. This data triggered diagnostic pathway improvements at Trust B

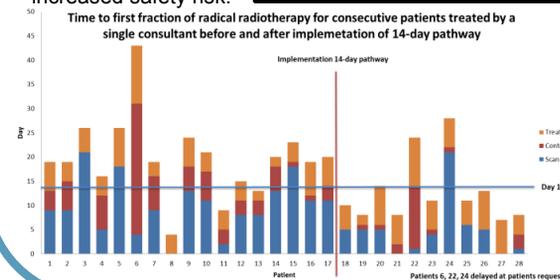
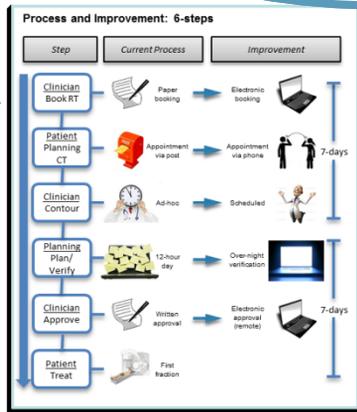
Lung Cancer Pathway Board  
Established April 2014

## Greater Manchester Cancer

Respiratory physicians, radiologists, pathologists, GPs, CNSs, oncologists, surgeons, people affected by cancer

## 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.



## NEXT STEPS

- Progress to date has resulted in cross-organisational sector-based lung cancer teams collectively accountable for pathway performance measured against agreed standards.

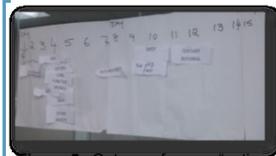


Figure 5. Outcome from an "Optimal lung cancer pathway" workshop

- To achieve this, the trusts and CCGs within the 4-sectors will work in partnership to deliver a single synchronous pathway based on
  - Direct access to CT from primary care
  - Rapid triage to PETCT
  - 1-stop diagnostic bundle
  - 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."

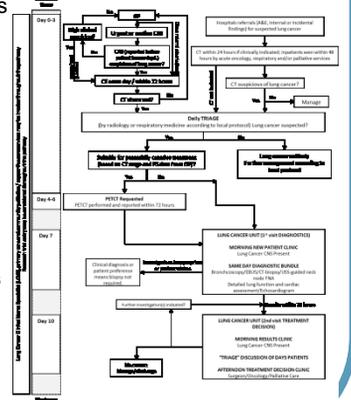


Figure 6. Proposed Lung Cancer Pathway