

LUNG PATHWAY BOARD

CONSTITUTION & TERMS OF REFERENCE

JULY 2014

Date for Review: July 2015

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1. INTRODUCTION

2013/14 was a transitional year for cancer services in Greater Manchester and East Cheshire. The Greater Manchester and Cheshire Cancer Network ceased to exist in March 2013 when cancer networks nationally were amalgamated into strategic clinical networks as part of the NHS reorganisation. In Greater Manchester this coincided with the creation of Manchester Cancer, an integrated cancer system for Greater Manchester and East Cheshire.

Twenty Manchester Cancer Pathway Clinical Directors were appointed in late 2013 and took up their roles on 1st January 2014. They spent the first months in post forming their Pathway Boards, multi-professional clinical groups from across the region. These Pathway Boards are now formed and most had their first meeting in April/May of 2014.

As such, this is a transitional constitution document based on the legacy document. In July 2015 every Manchester Cancer Pathway Board will publish a full constitution alongside its annual report and work plan for the year ahead.

2. CONFIGURATION OF SERVICES

Manchester Cancer covers a population of just over 3 million served by the following organisations:

Wrightington Wigan and Leigh NHS Trust
Royal Bolton Hospital NHS Foundation Trust
Salford Royal NHS Foundation Trust

Pennine Acute Hospitals NHS Trust (Bury, North Manchester, Oldham, Rochdale)
Central Manchester University Hospitals NHS Foundation Trust (Manchester Royal Infirmary and Trafford General Hospital)

Tameside Acute NHS Foundation Trust
Stockport Foundation NHS Trust
University Hospital of South Manchester NHS Foundation Trust
Christie Hospital NHS Foundation Trust
East Cheshire NHS Trust
Mid Cheshire NHS Trust

Radiotherapy is delivered at Christie (Withington), The Christie at Oldham (Royal Oldham Hospital) and The Christie at Salford (Salford Royal Hospital). All Lung Cancer surgery is undertaken at UHSM.

Chemotherapy is delivered at:

- Christie
- UHSM
- East Cheshire
- Mid Cheshire

2.1 Diagnostic Services

Local Lung Diagnostic Teams	Diagnostic Lead Clinician	Referring CCGs	Catchment Population
Bolton Hospitals NHS Trust	Dr Ian Webster	Bolton	288,341

Central Manchester University Hospital Trust	Dr Simon Bailey (Manchester Royal Infirmary) Dr Nicola Sinnott (Trafford General Hospital)	Manchester (Central)	206,690
East Cheshire NHS Trust	Mrs Lorraine Creech	Central & Eastern Cheshire - East Cheshire - South Cheshire & Vale Royal	470,777
Mid Cheshire NHS Trust	Dr Duncan Fullerton		- 203,504 - 267,273
Pennine Acute NHS Trust	Dr Paul O'Donnell	Bury HMR Manchester (North) Oldham	194,675 213,229 173,272 238,544
Salford Royal Foundation Trust	Dr Simon Taggart	Salford	233,966
Stockport Foundation NHS Trust	Dr Suman Das	Stockport	298,505
Tameside Acute NHS Trust	Dr Parveen Bhatia	Tameside and Glossop	240,079
University Hospital of South Manchester NHS Trust	Dr Phil Barber	Manchester (South)	162,603
Wrightington, Wigan and Leigh NHS Trust	Dr Ram Sundar	Ashton, Leigh and Wigan	315,766
TOTAL			3,269,066

2.2 Specialist Lung Teams

Specialist Lung Cancer Teams	SMDT Lead Clinician	Referring MDTs	Catchment Population
Royal Bolton Hospital Foundation Trust (NW Sector)	Dr Ian Webster	Salford Royal NHS Foundation Trust, WWL Foundation Trusts, Royal Bolton Foundation Trust	838,073
Central Manchester University Hospitals NHS Foundation Trust	Dr Simon Bailey	Central Manchester University Hospitals NHS Foundation Trust	206,690
University Hospital South Manchester Foundation Trust	Dr Philip Barber	University Hospital South Manchester Foundation Trust, Trafford Healthcare NHS Trust	395,222
East Cheshire NHS Trust	Mrs Lorraine Creech	East Cheshire NHS Trust	203,504
Pennine Acute Hospitals	Dr Paul O'Donnell	Rochdale Infirmary, North Manchester	819,720

		General Hospital, Fairfield Hospital, The Royal Oldham Hospital	
Stockport NHS Foundation Trust	Dr Suman Das	Stockport NHS Foundation Trust	538,584
	Carol Diver	Tameside Hospital NHS Foundation Trusts	
Mid Cheshire Hospitals Foundation Trust	Dr Duncan Fullerton	Mid Cheshire Hospitals Foundation Trust	267,273
TOTAL			3,269,066

3. TERMS OF REFERENCE (13-1C-102c)

These terms of reference were agreed on 25th March 2014 by Dr Neil Bayman, Pathway Clinical Director for Lung Cancer, and Mr David Shackley, Medical Director of Greater Manchester Cancer Services, on behalf of the Greater Manchester Cancer Services Provider Board. The terms of reference will be subject to future review.

3.1 The Pathway Board

The Lung Cancer Pathway Board is a cancer care specific board with responsibility to improve cancer outcomes and patient experience for local people across Greater Manchester and areas of Cheshire (a catchment population of 3.2 million). This area is synonymous with the old Greater Manchester and Cheshire Cancer Network area.

The Pathway Board is led by a Pathway Clinical Director and is formed of a multidisciplinary team of clinicians and other staff from all of the hospital trusts that are involved in the delivery of Lung cancer care in Greater Manchester. The Pathway Board also has membership and active participation from primary care and patients representatives.

The Lung Cancer Pathway Board reports into and is ultimately governed and held to account by the Greater Manchester Cancer Services Provider Board.

3.2 Greater Manchester Cancer Services Provider Board

The Greater Manchester Cancer Services Provider Board is responsible for the service and clinical delivery arm of Manchester Cancer, Greater Manchester's integrated cancer system. Manchester Cancer has two other arms: research and education (see appendix for the structure of Manchester Cancer).

The Provider Board is independently chaired and consists of the Chief Executive Officers of the ten acute hospital trusts in the Greater Manchester area:

- Bolton NHS Foundation Trust
- Central Manchester University Hospitals NHS Foundation Trust
- East Cheshire NHS Trust
- Pennine Acute NHS Trust
- Salford Royal NHS Foundation Trust
- Stockport NHS Foundation Trust
- Tameside Hospital NHS Foundation Trust
- The Christie NHS Foundation Trust
- University Hospital of South Manchester NHS Foundation Trust;
- Wrightington, Wigan and Leigh NHS Foundation Trust;

The Provider Board regularly invites representatives of commissioners, the Strategic Clinical Network, and Manchester Cancer to its meetings.

3.3 Purpose of the Pathway Board

The purpose of the Pathway Board is to improve cancer care for patients on the Greater Manchester Lung cancer pathway. Specifically, the Pathway Board aims to save more lives, put patients at the centre of care, and improve patient experience. The Board will represent the

interests of local people with cancer, respecting their wider needs and concerns. It is the primary source of clinical opinion on this pathway for the Greater Manchester Cancer Services Provider Board and Greater Manchester's cancer commissioners.

The Pathway Board will gain a robust understanding of the key opportunities to improve outcomes and experience by gathering and reviewing intelligence about the lung cancer pathway. It will ensure that objectives are set, with a supporting work programme that drives improvements in clinical care and patient experience.

The Pathway Board will also promote equality of access, choice and quality of care for all patients within Greater Manchester, irrespective of their individual circumstances. The Board will also work with cancer commissioners to provide expert opinion on the design of any commissioning pathways, metrics and specifications.

3.4 Role of the Pathway Board

The role of the Lung Cancer Pathway Board is to:

Represent the Greater Manchester Cancer Services professional and patient community for lung cancer.

Identify specific opportunities for improving outcomes and patient experience and convert these into agreed objectives and a prioritised programme of work.

Gain approval from Greater Manchester's cancer commissioners and the Greater Manchester Cancer Services Provider Board for the programme of work and provide regular reporting on progress.

Design and implement new services for patients where these progress the objectives of commissioners and Greater Manchester Cancer Services, can be resourced, and have been shown to provide improvements in outcomes that matter to patients.

Ensure that diagnosis and treatment guidelines are agreed and followed by all teams in provider trusts, and are annually reviewed.

Ensure that all providers working within the pathway collect the pathway dataset measures to a high standard of data quality and that this data is shared transparently amongst the Pathway Board and beyond.

Promote and develop research and innovation in the pathway, and have agreed objectives in this area.

Monitor performance and improvements in outcomes and patient experience via a pathway scorecard, understanding variation to identify areas for action.

Escalate any clinical concerns through provider trusts.

Highlight any key issues that cannot be resolved within the Pathway Board itself to the Medical Director of Greater Manchester Cancer Services for assistance.

Ensure that decisions, work programmes, and scorecards involve clearly demonstrable patient participation.

Share best practices with other Pathway Boards within Greater Manchester Cancer Services.

Contribute to cross-cutting initiatives (e.g. work streams in living with and beyond cancer and early diagnosis).

Discuss opportunities for improved education and training related to the pathway and implement new educational initiatives.

Develop an annual report of outcomes and patient experience, including an overview of progress, difficulties, peer review data and all relevant key documentation. This report will be published in July of each year and will be the key document for circulation to the Provider Board. A template for this report is available so that all Pathway Boards complete the report in a similar manner.

3.5 Membership principles

All member organisations of Greater Manchester Cancer Services will have at least one representative on the Pathway Board unless they do not wish to be represented.

Provider trusts not part of Greater Manchester Cancer Services can be represented on the Pathway Board if they have links to the Greater Manchester lung cancer pathway.

All specialties and professions involved in the delivery of the pathway will be represented.

The Board will have at least one patient or carer representative within its membership

One professional member of the Pathway Board will act as a Patient Advocate, offering support to the patient and carer representative(s).

The Board will have named leads for:

- Early diagnosis
- Pathology
- Radiology
- PETCT
- EBUS
- Surgery
- Oncology
- Specialist nursing
- Living with and beyond cancer ('survivorship')
- Research
- Data collection (clinical outcomes/experience and research input).

It is possible for an individual to hold more than one of these posts. The Pathway Clinical Director is responsible for their fair appointment and holding them to account.

These named leads will link with wider Greater Manchester Cancer Services Boards for these areas where they exist.

All members will be expected to attend regular meetings of the Pathway Board to ensure consistency of discussions and decision-making (meeting dates for the whole year will be set annually to allow members to make arrangements for their attendance).

A register of attendance will be kept: members should aim to attend at least 5 of the 6 meetings annually and an individual's membership of the Pathway Board will be reviewed in the event of frequent non-attendance.

Each member will have a named deputy who will attend on the rare occasions that the member of the Board cannot.

3.6 Frequency of meetings

The Lung Cancer Pathway Board will meet every two months.

3.7 Quorum

Quorum will be the Pathway Clinical Director plus five members of the Pathway Board or their named deputies.

3.8 Communication and engagement

Accurate representative minutes will be taken at all meetings and these will be circulated and then validated at the next meeting of the Board.

All minutes, circulated papers and associated data outputs will be archived and stored by the Pathway Clinical Director and relevant Pathway Manager.

The Pathway Board will design, organise and host at least one open meeting per year for the wider clinical community and local people. This meeting or meetings will include:

- An annual engagement event to account for its progress against its work programme objectives and to obtain input and feedback from the local professional community
- An annual educational event for wider pathway professionals and interested others to allow new developments and learning to be disseminated across the system

Representatives from all sections of the Greater Manchester Cancer Services professional body will be invited to these events, as well as patient and public representatives and voluntary sector partners.

An annual report will be created and circulated to the Medical Director of the Greater Manchester Cancer Services Provider Board by 31st July of each calendar year.

The agendas, minutes and work programmes of the Pathway Board, as well as copies of papers from educational and engagement events, will be made available to all in an open and transparent manner through the Greater Manchester Cancer Services website once this has been developed.

3.9 Administrative support

Administrative support will be provided by the relevant Pathway Manager with the support of the Greater Manchester Cancer Services core team. Over the course of a year, an average of one day per week administrative support will be provided.

4. MEMBERSHIP (13-1C-101c)

Table 1: Lung Pathway Board Membership

Name	Provider Trust	Designation	Role
Mrs Christine Eckersley	Bolton	Lung Cancer CNS	Bolton representative
Dr Neil Bayman	Christie	Consultant Clinical Oncology	Pathway Board Clinical Director
Dr Yvonne Summers	Christie	Consultant Medical Oncology	Christie representative Pathway Board Lead for Oncology
Dr Fiona Blackhall	Christie	Consultant Medical Oncology	Pathway Board Lead for Research
Dr Ben Taylor	Christie	Consultant Radiologist	Pathway Board Lead for PETCT
Dr Simon Bailey	CMFT	Consultant Respiratory Physician	CMFT representative
Dr Durgesh Rana	CMFT	Consultant Cytopathologist	Pathway Board Lead for Cytopathology
Mrs Lorraine Creech	East Cheshire	Lung Cancer CNS	East Cheshire representative Pathway Board Lead for Specialist Nursing
Dr Duncan Fullerton	Mid Cheshire	Consultant Respiratory Physician	Mid Cheshire representative
Dr Paul O'Donnell	Pennine	Consultant Respiratory Physician/Palliative Care	Pennine representative
Dr Carolyn Allen	Pennine	Consultant Radiologist	Pathway Board Lead for Radiology
Dr Simon Taggart	SRFT	Consultant Respiratory Physician	SRFT representative
Carol Farran	Stockport	Lung Cancer CNS	Stockport representative
Mrs Carol Diver	Tameside	Lung Cancer CNS	Tameside representative
Mr Rajesh Shah	UHSM	Consultant Thoracic Surgeon	UHSM representative Pathway Board Lead for Surgery
Dr Richard Booton	UHSM	Consultant Respiratory Physician	Pathway Board Lead for EBUS

Dr Phil Barber	UHSM	Consultant Respiratory Physician	MCIP Programme representative
Dr Leena Joseph	UHSM	Consultant Histopathologist	Pathway Board Lead for Histopathology
Dr Ram Sundar	WWL	Consultant Respiratory Physician and Early Detection Pathway Board Clinical Director	WWL representative Pathway Board Lead for Early Detection
Dr Liam Hosie	Primary Care (Dicconson Group Practice, Wigan)	GP	Primary Care Representative
Dr Ian Watson	Primary Care (Saddleworth Medical Practice)	GP	Primary Care Representative

5. PATHWAYS AND GUIDELINES (13-1C-104c & 13-1C-106c)

The Pathway Board has only been in place since spring 2014 and has not yet had the opportunity to review its clinical guidelines and patient pathways. As such, the guidelines created by the previous cancer network group have been adopted until such time as they can be reviewed and updated in the coming year.

All of the relevant documentation remains on the legacy website of the old cancer network www.gmccn.nhs.uk and will be migrated to the Manchester Cancer website over the coming months www.manchestercancer.org.

A full list of active current guidelines and their renewal dates will be produced for the updated constitution of July 2015.

6. CHEMOTHERAPY ALGORITHM GENERIC MEASURE FOR CSGs (13-1C-105c)

All chemotherapy algorithms are accessed via the Christie intranet. These are live documents. The link is

<http://www.christie.nhs.uk/documents/default.aspx?Category=Y&Category1=1>

This will navigate to the Intranet site, then under the document database:
Select Policies & Clinical Guidelines

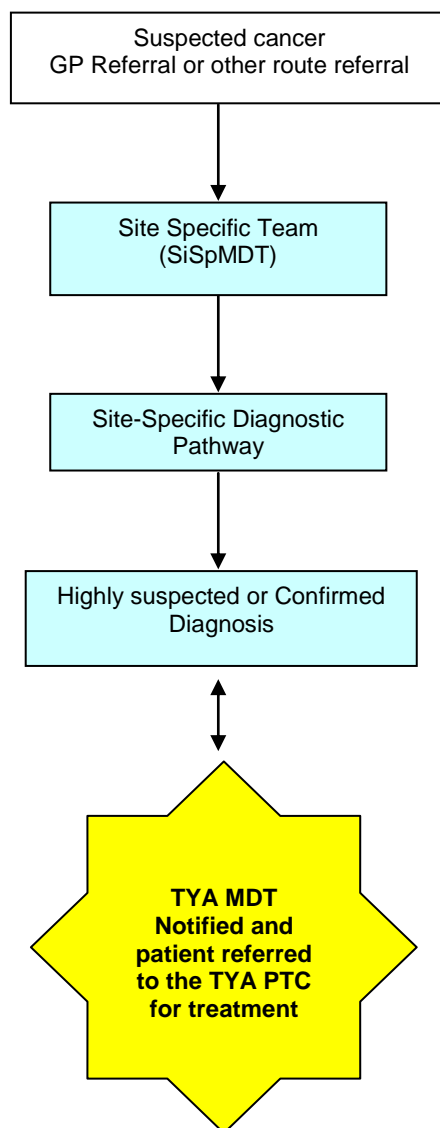
From the sub-category 1 drop down menu select Chemotherapy Protocols. This will list the relevant documents.

The TYACN Pathways for Initial Management

TEENAGE & YOUNG ADULT PATHWAYS FOR MANCHESTER CANCER

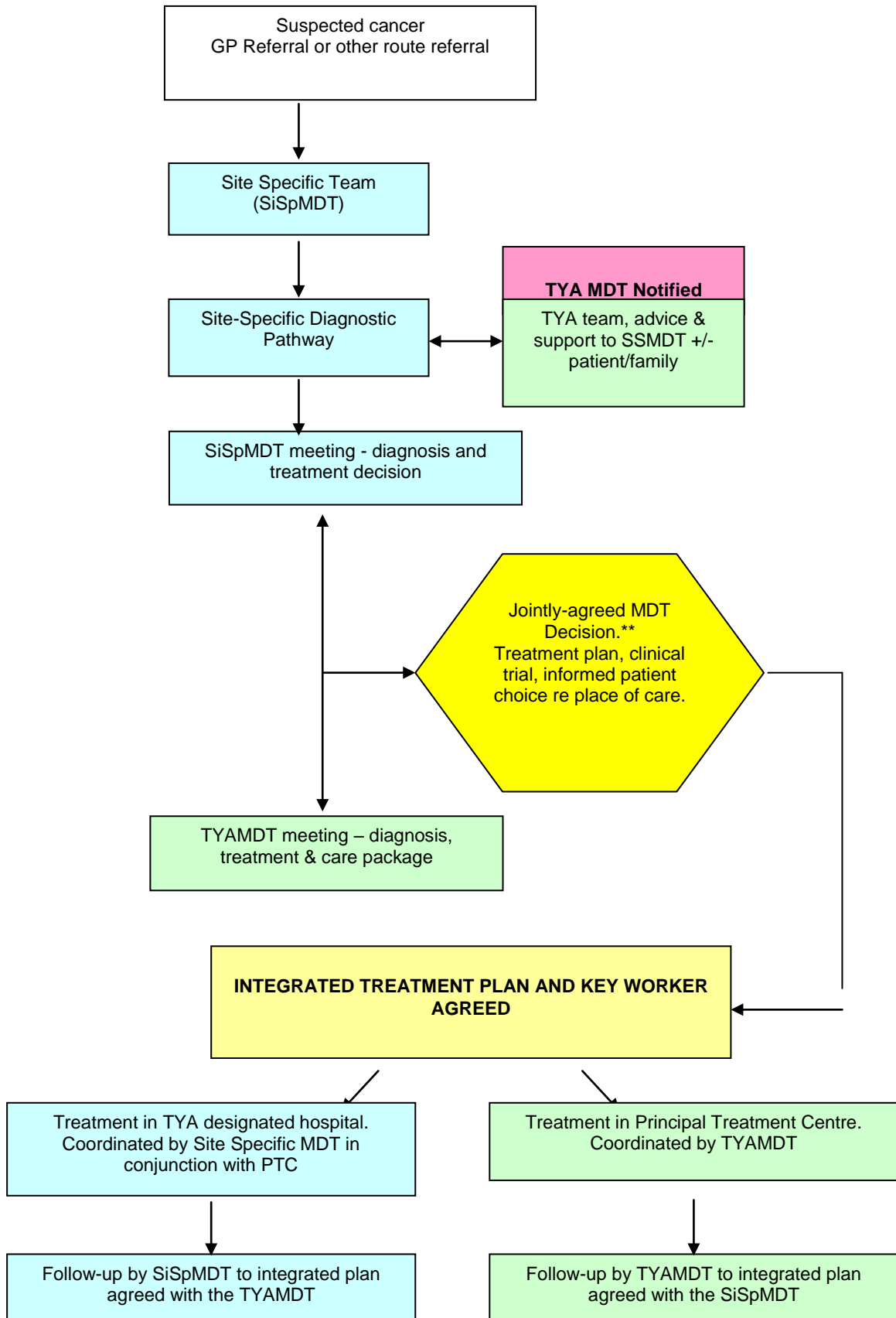
TEENAGE AND YOUNG ADULT PATHWAY 16-18 YEARS INCLUSIVE

(Designated and Non Designated TYA Hospitals)



TEENAGE AND YOUNG ADULT PATHWAY 19-24 YEARS

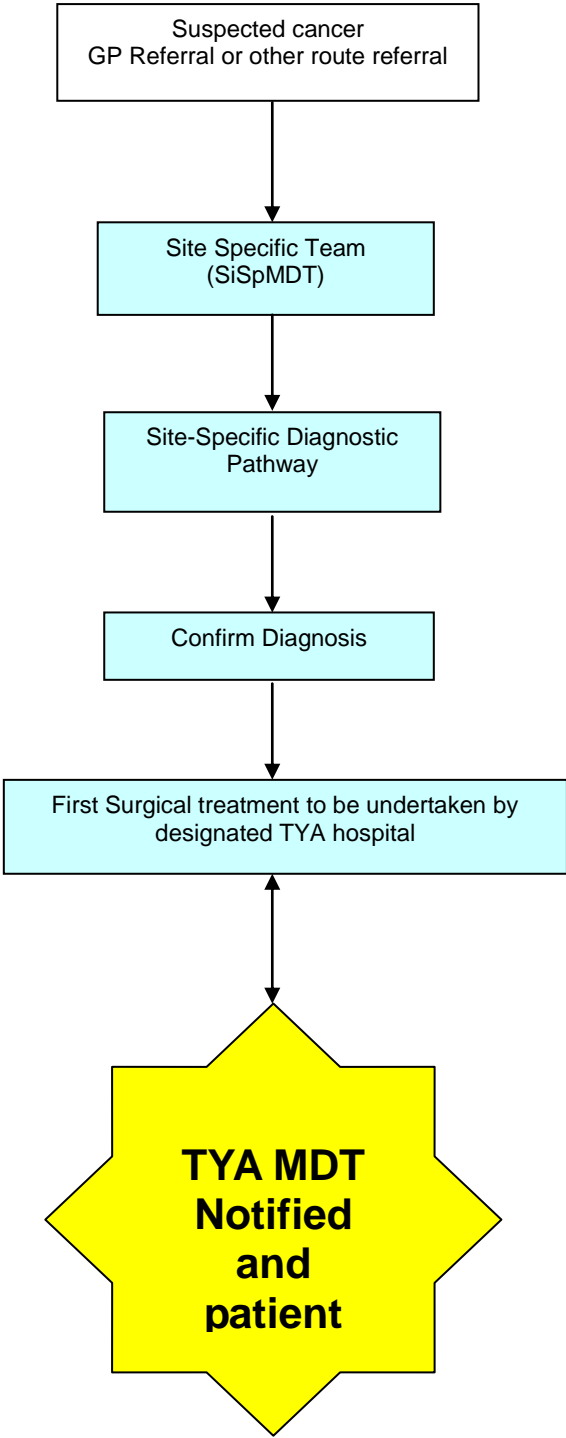
Designated TYA Hospitals



** Jointly agreed MDT decision should not delay the start of urgent treatment

TEENAGE AND YOUNG ADULT PATHWAY 19-24 YEARS.

Non Designated TYA Hospitals



The TYA Pathway for Follow Up on Completion of First Line Treatment

Patient aged 16-24yrs Referred to a Site-specific MDT that is NOT based at a Principal Treatment Centre (Young People)

