LUNG PATHWAY BOARD

CONSTITUTION & TERMS OF REFERENCE

JULY 2014

Date for Review: July 2015
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<td>13</td>
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</table>
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*

<table>
<thead>
<tr>
<th>Local Lung Diagnostic Teams</th>
<th>Diagnostic Lead Clinician</th>
<th>Referring CCGs</th>
<th>Catchment Population</th>
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<tbody>
<tr>
<td>Bolton Hospitals NHS Trust</td>
<td>Dr Ian Webster</td>
<td>Bolton</td>
<td>288,341</td>
</tr>
<tr>
<td>Trust Name</td>
<td>SMDT Lead Clinician</td>
<td>Referring MDTs</td>
<td>Catchment Population</td>
</tr>
<tr>
<td>----------------------------------------------------------------</td>
<td>------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Royal Bolton Hospital Foundation Trust (NW Sector)</td>
<td>Dr Ian Webster</td>
<td>Salford Royal NHS Foundation Trust, WWL Foundation Trusts, Royal Bolton Foundation Trust</td>
<td>838,073</td>
</tr>
<tr>
<td>Central Manchester University Hospitals NHS Foundation Trust</td>
<td>Dr Simon Bailey</td>
<td>Central Manchester University Hospitals NHS Foundation Trust</td>
<td>206,690</td>
</tr>
<tr>
<td>University Hospital South Manchester Foundation Trust</td>
<td>Dr Philip Barber</td>
<td>University Hospital South Manchester Foundation Trust, Trafford Healthcare NHS Trust</td>
<td>395,222</td>
</tr>
<tr>
<td>East Cheshire NHS Trust</td>
<td>Mrs Lorraine Creech</td>
<td>East Cheshire NHS Trust</td>
<td>203,504</td>
</tr>
<tr>
<td>Pennine Acute Hospitals</td>
<td>Dr Paul O'Donnell</td>
<td>Rochdale Infirmary, North Manchester</td>
<td>819,720</td>
</tr>
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</table>

### 2.2 Specialist Lung Teams

<table>
<thead>
<tr>
<th>Specialist Lung Cancer Teams</th>
<th>SMDT Lead Clinician</th>
<th>Referring MDTs</th>
<th>Catchment Population</th>
</tr>
</thead>
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<td>Dr Paul O’Donnell</td>
<td>Rochdale Infirmary, North Manchester</td>
<td>819,720</td>
</tr>
<tr>
<td>Stockport NHS Foundation Trust</td>
<td>Dr Suman Das</td>
<td>Stockport NHS Foundation Trust</td>
<td>538,584</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------------</td>
<td>-------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>Carol Diver</td>
<td></td>
<td>Tameside Hospital NHS Foundation Trusts</td>
<td></td>
</tr>
<tr>
<td>Mid Cheshire Hospitals Foundation Trust</td>
<td>Dr Duncan Fullerton</td>
<td>Mid Cheshire Hospitals Foundation Trust</td>
<td>267,273</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td>3,269,066</td>
</tr>
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</table>
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;
- Waddington, 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

<table>
<thead>
<tr>
<th>Name</th>
<th>Provider Trust</th>
<th>Designation</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mrs Christine Eckersley</td>
<td>Bolton</td>
<td>Lung Cancer CNS</td>
<td>Bolton representative</td>
</tr>
<tr>
<td>Dr Neil Bayman</td>
<td>Christie</td>
<td>Consultant Clinical Oncology</td>
<td>Pathway Board Clinical Director</td>
</tr>
<tr>
<td>Dr Yvonne Summers</td>
<td>Christie</td>
<td>Consultant Medical Oncology</td>
<td>Christie representative Pathway Board Lead for Oncology</td>
</tr>
<tr>
<td>Dr Fiona Blackhall</td>
<td>Christie</td>
<td>Consultant Medical Oncology</td>
<td>Pathway Board Lead for Research</td>
</tr>
<tr>
<td>Dr Ben Taylor</td>
<td>Christie</td>
<td>Consultant Radiologist</td>
<td>Pathway Board Lead for PETCT</td>
</tr>
<tr>
<td>Dr Simon Bailey</td>
<td>CMFT</td>
<td>Consultant Respiratory Physician</td>
<td>CMFT representative</td>
</tr>
<tr>
<td>Dr Durgesh Rana</td>
<td>CMFT</td>
<td>Consultant Cytopathologist</td>
<td>Pathway Board Lead for Cytopathology</td>
</tr>
<tr>
<td>Mrs Lorraine Creech</td>
<td>East Cheshire</td>
<td>Lung Cancer CNS</td>
<td>East Cheshire representative Pathway Board Lead for Specialist Nursing</td>
</tr>
<tr>
<td>Dr Duncan Fullerton</td>
<td>Mid Cheshire</td>
<td>Consultant Respiratory Physician</td>
<td>Mid Cheshire representative</td>
</tr>
<tr>
<td>Dr Paul O’Donnell</td>
<td>Pennine</td>
<td>Consultant Respiratory Physician/Palliative Care</td>
<td>Pennine representative</td>
</tr>
<tr>
<td>Dr Carolyn Allen</td>
<td>Pennine</td>
<td>Consultant Radiologist</td>
<td>Pathway Board Lead for Radiology</td>
</tr>
<tr>
<td>Dr Simon Taggart</td>
<td>SRFT</td>
<td>Consultant Respiratory Physician</td>
<td>SRFT representative</td>
</tr>
<tr>
<td>Carol Farran</td>
<td>Stockport</td>
<td>Lung Cancer CNS</td>
<td>Stockport representative</td>
</tr>
<tr>
<td>Mrs Carol Diver</td>
<td>Tameside</td>
<td>Lung Cancer CNS</td>
<td>Tameside representative</td>
</tr>
<tr>
<td>Mr Rajesh Shah</td>
<td>UHSM</td>
<td>Consultant Thoracic Surgeon</td>
<td>UHSM representative Pathway Board Lead for Surgery</td>
</tr>
<tr>
<td>Dr Richard Booton</td>
<td>UHSM</td>
<td>Consultant Respiratory Physician</td>
<td>Pathway Board Lead for EBUS</td>
</tr>
<tr>
<td>Name</td>
<td>Institution</td>
<td>Position</td>
<td>Role</td>
</tr>
<tr>
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<td>-----------------------------------------------</td>
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</tr>
<tr>
<td><strong>Dr Phil Barber</strong></td>
<td>UHSM</td>
<td>Consultant Respiratory Physician</td>
<td>MCIP Programme representative</td>
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<tr>
<td><strong>Dr Leena Joseph</strong></td>
<td>UHSM</td>
<td>Consultant Histopathologist</td>
<td>Pathway Board Lead for Histopathology</td>
</tr>
<tr>
<td><strong>Dr Ram Sundar</strong></td>
<td>WWL</td>
<td>Consultant Respiratory Physician and Early Detection Pathway Board Clinical Director</td>
<td>WWL representative Pathway Board Lead for Early Detection</td>
</tr>
<tr>
<td><strong>Dr Liam Hosie</strong></td>
<td>Primary Care (Dicconson Group Practice, Wigan)</td>
<td>GP</td>
<td>Primary Care Representative</td>
</tr>
<tr>
<td><strong>Dr Ian Watson</strong></td>
<td>Primary Care (Saddleworth Medical Practice)</td>
<td>GP</td>
<td>Primary Care Representative</td>
</tr>
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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


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)

- Suspected cancer
  - GP Referral or other route referral
  - Site Specific Team (SiSpMDT)
  - Site-Specific Diagnostic Pathway
  - Highly suspected or Confirmed Diagnosis
  - TYA MDT Notified and patient referred to the TYA PTC for treatment
Suspected cancer
GP Referral or other route referral

Site Specific Team (SiSpMDT)

Site-Specific Diagnostic Pathway

SiSpMDT meeting - diagnosis and treatment decision

TYA MDT Notified
TYA team, advice & support to SSMDT +/- patient/family

Jointly-agreed MDT Decision.**
Treatment plan, clinical trial, informed patient choice re place of care.

TYAMDT meeting – diagnosis, treatment & care package

INTEGRATED TREATMENT PLAN AND KEY WORKER AGREED

Treatment in TYA designated hospital.
Coordinated by Site Specific MDT in conjunction with PTC

Follow-up by SiSpMDT to integrated plan agreed with the TYAMDT

Treatment in Principal Treatment Centre.
Coordinated by TYAMDT

Follow-up by TYAMDT to integrated plan agreed with the SiSpMDT

** Jointly agreed MDT decision should not delay the start of urgent treatment
TEENAGE AND YOUNG ADULT PATHWAY 19-24 YEARS.

Non Designated TYA Hospitals

- Suspected cancer
  - GP Referral or other route referral

  Site Specific Team (SiSpMDT)

  Site-Specific Diagnostic Pathway

  Confirm Diagnosis

  First Surgical treatment to be undertaken by designated TYA hospital

TYA MDT Notified and patient
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)

REFERRAL – Other route
Suspected cancer

GP REFERRAL – Suspected cancer

Site Specific Team
(SiSpMDT)

TYA MDT Alerted
TYA team, advice & support to SSMDT +/- patient/family

Site-Specific Diagnostic Pathway

SiSpMDT meeting - diagnosis and treatment decision
TYAMDT meeting – diagnosis, treatment & care package

Jointly-agreed MDT Decision

Treatment options and Place of Care options discussed with patient. All patients will be offered treatment at PTC (young people)

If age 19+
Patient choice - treatment in PTC or local adult service.

INTEGRATED TREATMENT PLAN

If age <19
Treatment in age-appropriate setting @ PTC

Local SiSpMDT responsible for delivery of all treatment, ongoing review, co-ordination of supportive and palliative care.

TYA team provide outreach support and psychosocial care to patient/family when needed and advice to local SiSpMDT and local TYA Key Worker

Treated in local ‘TYA Network Partnership’ service, co-ordinated by SiSpMDT + local TYA key worker

Follow-up by SiSpMDT to integrated plan agreed with the TYA MDT

Treated in YP facility at PTC, co-ordinated by TYA MDT

Follow-up by TYA MDT to integrated plan agreed with a SiSpMDT

/+ Shared Care as locally agreed

TYA team responsible for delivery of non-surgical oncology treatment, ongoing review, outreach support, and co-ordination of supportive and palliative care.

SiSpMDT @ PTC provide advice on treatment provide non-chemo e.g. surgery, RT. Review at SiSpMDT meeting as required