



Greater Manchester
Cancer Alliance

Making the optimal pathway as easy as possible for patients

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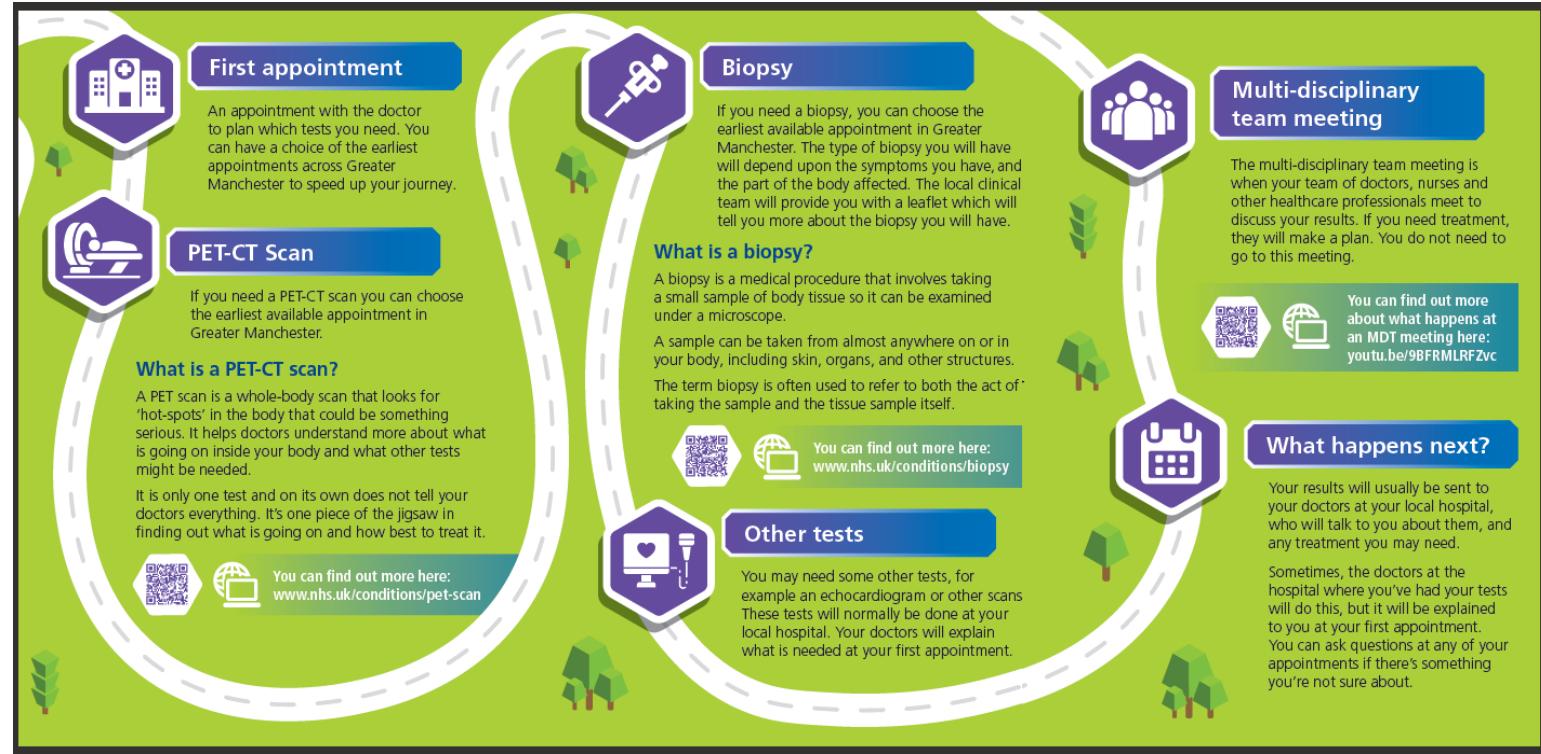
@MatthewEvison1



Objectives

- Showcase two work programmes led by Greater Manchester Cancer
 - GM Single Queue Diagnostics (SQD) Programme
<https://gmcancer.org.uk/faster-diagnosis/single-queue-diagnostics>
 - GM One stop Lung Cancer Clinic
<https://gmcancer.org.uk/lungclinic>





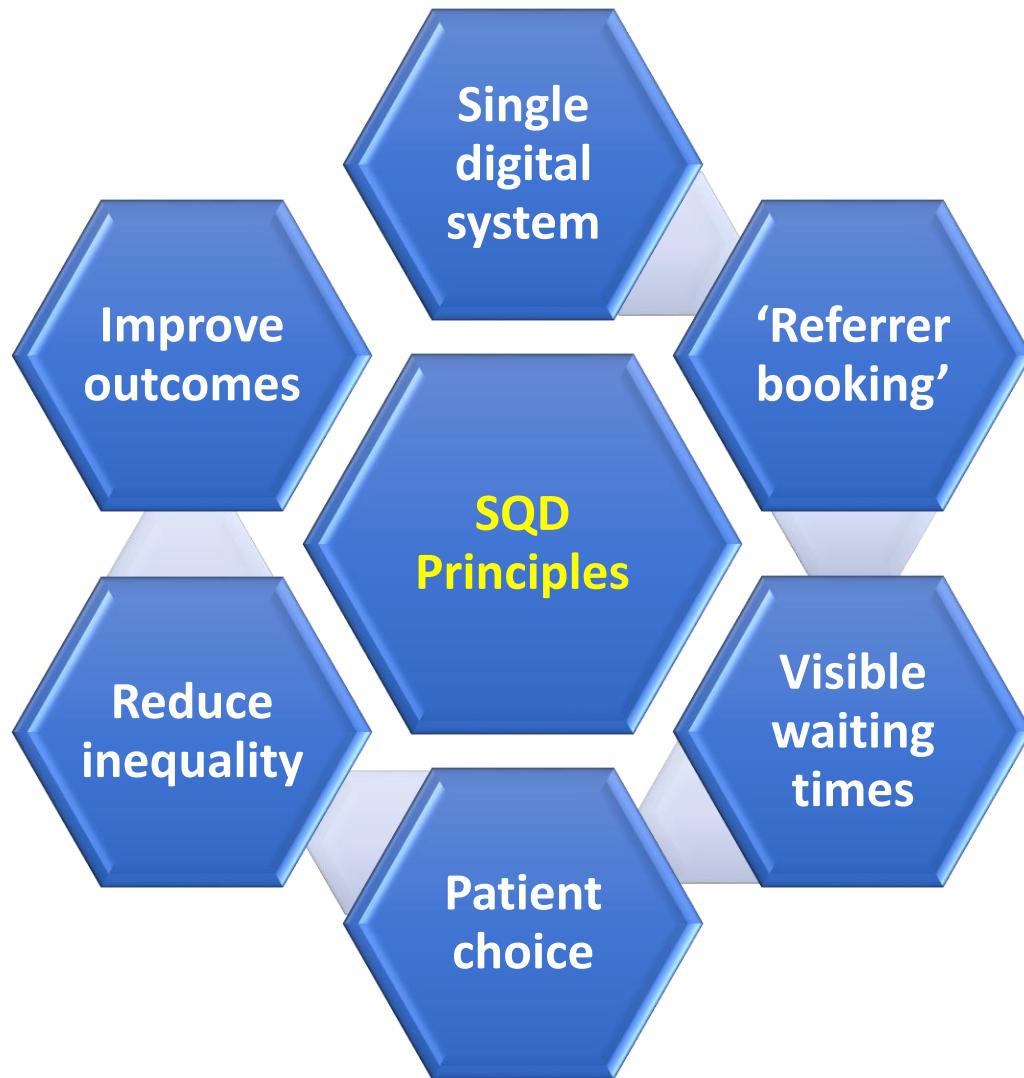
GM Single Queue Diagnostics Programme (SQD)

<https://gmcancer.org.uk/faster-diagnosis/single-queue-diagnostics>

What are the issues being addressed?

- **Delays in specialist cancer diagnostics**
 - GIRFT recommendations 5 days request to procedure
 - EBUS Referral to procedure time of <7days ranging from 37% to 87% across GM
- **Variation in capacity and service resilience**
 - EBUS: median wait times varying from 6-11 days across GM (post-covid)
 - EBUS: Number of operators ranging from two to seven across the GM EBUS services
- **Flawed existing operating model**
 - Waiting times for EBUS services across GM are not available to the referring teams
 - Responsibility of the EBUS scheduling is with the provider organisation but the accountability remains with the referring hospital
 - No patient choice
 - Rigid referral pathways

The GM Single Queue Diagnostics Programme: *Guiding principles*



- ✓ Build collaborative networks & system working
- ✓ Empower clinical teams with the ability to co-ordinate cancer pathways
- ✓ Breakdown organisational barriers and fixed referral routes
- ✓ Maximise diagnostic capacity & reduce waiting times
- ✓ Improve experience of care

GM SQD Platform

Schedule Appointment [EBUS Referral](#)

Booking Details

Booking status Awaiting Scheduling

Earliest dates for test:

Date of PET-CT According to anticoagulant protocol

PET-CT prior to test

Date requested

Earliest EBUS test date

EBUS Test Details

Site Location

Date & Time

[Search for Appointment](#)

Documents to generate 

EBUS Leaflet provided to patient

Bronchoscopy Leaflet provided to patient

[Save Appointment](#)

Patient Leaflets (click to view and print)

[Bronchoscopy Patient Leaflet](#) [EBUS Patient Leaflet](#)

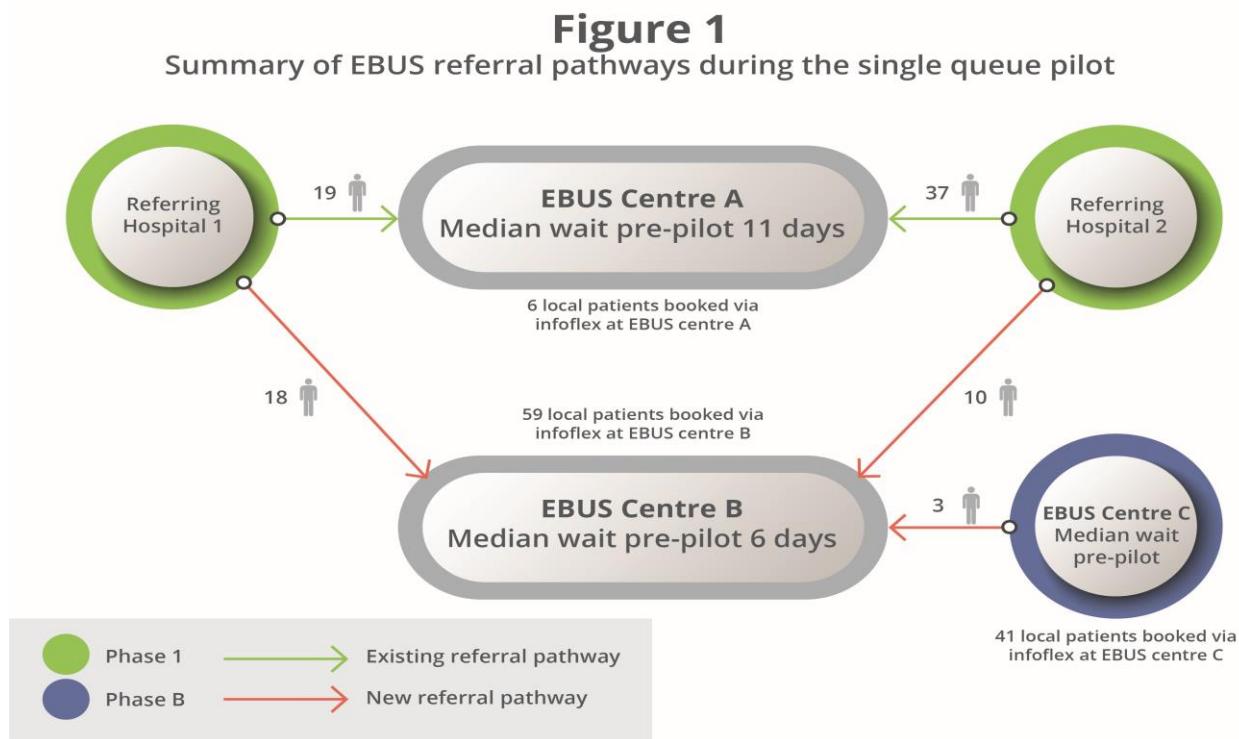
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GM SQD Timeline

- **May 2021 – November**
 - EBUS pilot (6 GM Hospitals)
 - EUS pilot
- **November 2021 – June 2023**
 - EBUS & EUS pilot continuation
 - SQD programme expansion planning (EBUS, CT-guided lung biopsy, PET, thoracoscopy)
 - Recruitment (clinical lead, sub-group chairs, SRO, Delivery Officer)
 - Governance
 - Project plan
 - System design
- **June 2023**
 - EBUS & local anaesthetic thoracoscopy launch
- **November 2023**
 - CT guided lung biopsy launch
 - Peripheral bronchoscopy launch (radial EBUS, navigational bronchoscopy)

EBUS Pilot Results 2021

- 193 EBUS procedures booked via SQD system
- EBUS waiting times reduced across the participating sites by 20%
- Median wait reduced from 11 days to 9 days
- Variation in EBUS waiting times reduced by 18% across the participating sites



BMJ Open
Respiratory
Research

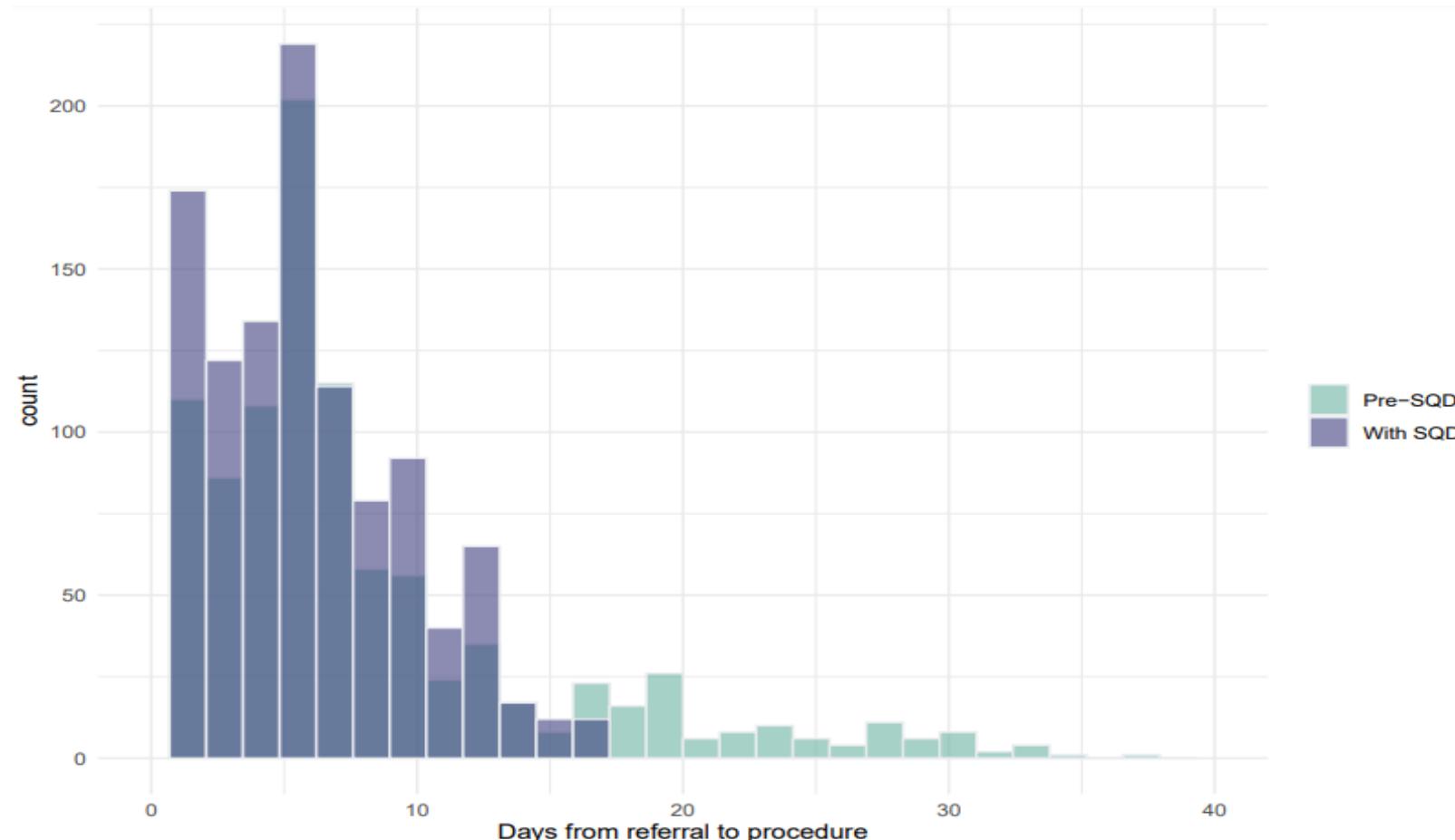
Regional single-queue scheduling
platform for specialist diagnostics in the
lung cancer pathway: accelerating
cancer recovery from the
COVID-19 pandemic

Matthew Evison ^{1,2} David Shackley, ³ Lisa Galligan-Dawson³

<https://bmjopenresrespres.bmj.com/content/9/1/e001321>

EBUS pilot continuation

- Pre-SQD (2018-2019): 1027 procedures. Median wait 6 days (IQR 3-9 days)
- SQD (2021-2023): 1066 procedures. Median wait 5 days (IQR 3-8 days)



SQD: Successes & challenges

- All GM EBUS services live and **current median waiting time 5 days**
- 40% of patients referred to ‘new’ providers
- 66% of patients offered first available appointment
- All GM thoracoscopy services live and offering ‘one-stop model’ (clinic AND procedure)
- Substantial work to reach the point of launch in CTGLB
 - Vetting step and grading of biopsy (level 1-3)
 - Unprecedented collaborative working across thoracic radiology
- Additional cancer diagnostics in development (prostate biopsy, TURBT, CTC)
- Ongoing challenges to launch PET (**telephone system in place as interim measure**)
- Lack of IT integration across GM creates additionality (admin posts funded)
- Travel funded within programme
- **Strong leadership from cancer alliance**

Useful videos

Introduction to the One-Stop Lung Cancer Clinic



Radiotherapy: Julie A's experience



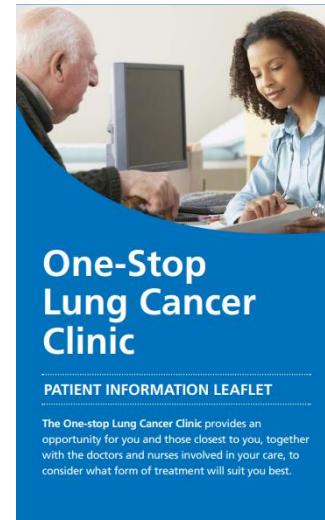
Introduction to Radiotherapy



Radiotherapy: Julie C's experience



NHS in Greater Manchester



Decisions about your treatment

Often, a person is diagnosed with a lung cancer that could be treated in several different ways.

For example, lung cancer can sometimes be treated with:

- Surgery to remove the cancer, or;
- Radiotherapy which uses beams of radiation directed into the lung to destroy the cancer

It is also often the case that one treatment is not significantly better than another treatment. So, it is important that your medical team helps you to understand the different treatments and the different advantages and disadvantages of each treatment.

It is very important to say, when lung cancer has been caught early then both surgery and radiotherapy are very effective treatments with very high success rates.

Purpose of the clinic

During your time with us in the clinic, we want to provide you with clear and easy to understand information about your treatment options so that we can decide together which treatment will suit you best.

It is not for us to tell which treatment you can or can't have, but instead to support you to make the right decision for you. To help you with this, there may be a lot of information to discuss. You may also meet several different doctors and nurses.

The results of all the different tests you have already had, along with some further tests to be completed on the day of your clinic visit, will be reviewed by our team and discussed with you.

Please bring a family member or friend with you for support on the day, an extra pair of ears is always helpful!

Our team

During the day you might meet some of the following members of our team:

Thoracic surgeon

A specialist that performs operations to remove cancers from the lung

Clinical oncologist

A specialist in treating lung cancer with radiotherapy

Anaesthetist

A specialist in looking after patients before, during and after an operation

Lung cancer physician

A specialist in all aspects of lung cancer diagnosis and treatments

Thoracic or Macmillan nurse

Specialist nurses supporting patients with cancer

CURE team

A team of specialists helping patients that smoke to stop

Prehab4cancer team

Exercise practitioners that help patients prepare for cancer treatment

Oncogeriatrician

A specialist doctor that supports patients with cancer to improve all aspects of their health

The 'Being You' team from St Ann's Hospice

A team that provides a range of wellbeing tools available to support you

What happens at the clinic

Clinic start time: 8am

Please arrive promptly for 8am as the first hour of your day will be busy. You can expect to be with us in the clinic for several hours (often the entire morning, sometimes longer if needed).

On your arrival, nursing staff will meet you on your arrival and complete all the necessary outstanding tests and assessments. Please wear comfortable, loose clothing and your everyday shoes.

Next, your doctors and nurses will meet together to review and discuss the tests you have had done at your local hospital and when you first arrived at out clinic.

Meanwhile, you will have the opportunity to watch a range of information videos about lung cancer treatments and how to prepare for these treatments. You will also meet any teams relevant to your needs, such as the specialist stop smoking team or a complimentary therapist from St Ann's Hospice.

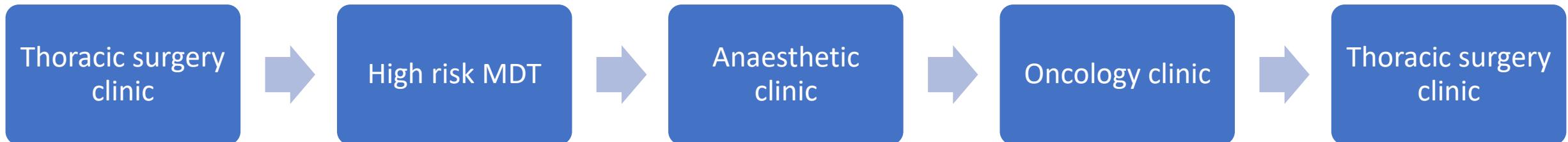
Finally, will have the chance to meet with the different doctors, discuss your treatment options and hopefully feel supported to make a decision about your treatment.

There is a lot of information to take in and you will be supported by our specialist to ask any questions throughout the day.

GM One-Stop Lung Cancer Clinic

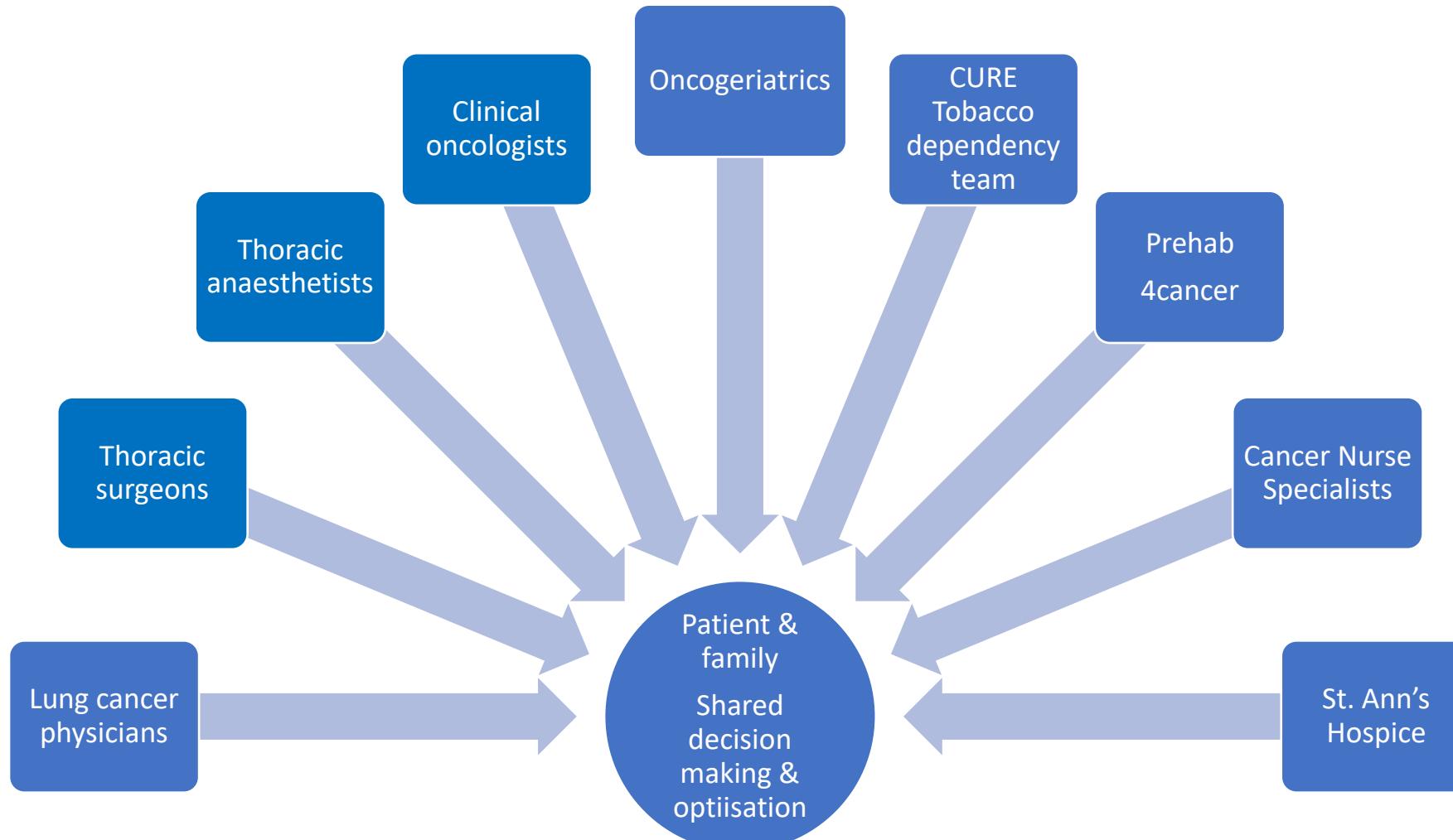
<https://gmcancer.org.uk/lungclinic>

Key challenge in GM: making treatment decisions in 'higher risk' patients with NSCLC referred for thoracic surgery



- Source of delayed pathways and poor outcomes (upstaging & poor experience)
- January 2022 – May 2022 = 95 patients
- Time from Referral to Decision to Treat (DTT): Mean 28 days, Median 20 days, **range 3-207**
- Time from Referral to First Definitive Treatment (FDT): Mean: 48 days, Median 41 days, **range 13-228**
- **47% of the patient harms recorded in GM (20/21) relates to lung cancer through 104-day reviews**

The GM One Stop Lung Cancer Clinic



Regional Business Case

1 x WTE Clinical Oncologist
1x WTE Thoracic Anaesthetist
Oncogeriatrician PAs
Prehab4cancer
Significant nursing resource

Launched June 2022

First 6 months 1x per week
2023: 2x weekly clinics
6 patients per clinic

Clinic structure



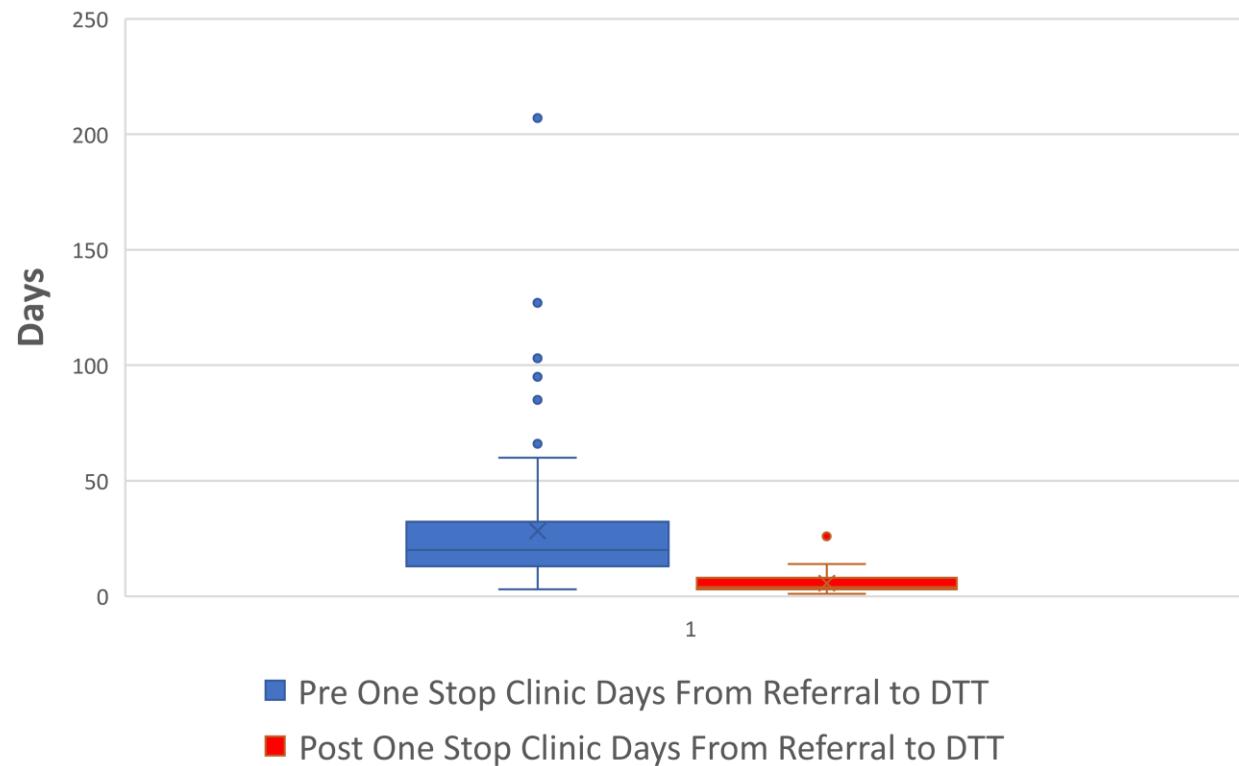
- **8am: Arrival**
 - Dedicated private taxi company contract, transport provided FOC)
- **8-9am: Standardised nursing assessment and CNS/surgeon initial meeting**
 - Sit-stand test, pro-BNP, tobacco dependency, alcohol, physical activity & prehab
- **9-10am: One stop clinic MDT**
 - Presented by surgical team, chaired by chest physician
- **9-10am: Patient information videos**
 - Surgery, radiotherapy, prehab, CURE
- **10-12.45pm: Consultations**
 - Thoracic surgery, thoracic anaesthesia, clinical oncology, CURE, prehab, oncogeriatrics, chest physician
- **12.45-1pm: Wrap-up meeting**



GM One Stop Lung Cancer Clinic: Outcomes (115 pts)

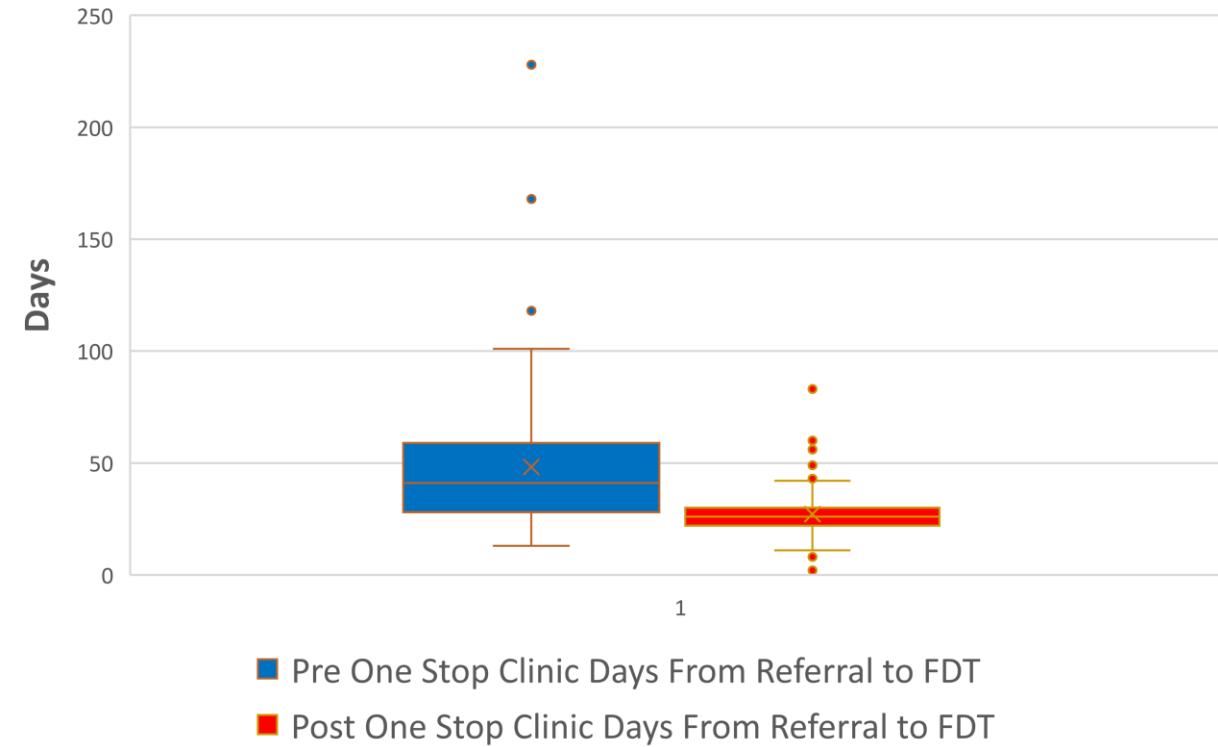
88% of patients made a treatment decision on the day of clinic

Pre and Post One Stop Clinic Implementation
Days From Referral to DTT



Mean 5 days: **Saving of 23 days**
Median 4 days: **Saving of 16 days**

Pre and Post One Stop Clinic Implementation
Days From Referral to FDT



Mean 27 days: **Saving of 21 days**
Median 26 days: **Saving of 15 days**

Patient optimisation pre & post one stop implementation

Tobacco dependency

- Review by specialist tobacco dependency team for active smokers increased from **15% to 91%** (offered NRT, vaping kit & specialist support on the day)

Prehabilitation

- Engagement in prehab4cancer programme increased from **69% to 81%** and participants completed an average of 5 sessions of prehab prior to treatment

Frailty

- Clinical frailty score assessment increased from **48% to 100%**
- Oncogeriatrician holistic care review increased from **4% to 40%**

Conclusions: Making the optimal pathway as easy as possible for patients

SQD

- Make all available specialist cancer diagnostics capacity available across an integrated care system
- Allow patient & clinician choice to define when and where
- **Evidence this improves pathway times and reduces inequality**

One-stop

- Provide all treatment specialists in a supportive decision-making environment
- Deliver effective & standardised optimisation interventions
- **Evidence this improves pathway times and reduces inequality**

Cross-cutting themes

- Provide transport, information (all languages/easy-read)
- Strong leadership within the cancer alliance
- Robust governance processes within the cancer alliance

Acknowledgements

Lisa Galligan-Dawson: Director of Performance, GM Cancer. SRO for Operational performance, faster diagnosis & treatment variation

Sarah Hulme: Delivery Officer, Single Queue Diagnostics Programme

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Rebecca Duerden: CTGLB Chair, SQD. Consultant Thoracic Radiologist, Stockport

Chris Craig: Thoracoscopy sub-group chair, SQD, Consultant Chest Physician, Wythenshawe

Haval Balata: Peripheral bronchoscopy sub-group chair, SQD, Consultant chest physician, Wythenshawe

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- Kandadai Rammohan
- Annabel Sharkey
- Vijay Joshi
- Eustace Fontaine
- Som Ghanti

Chest Physicians

- Nicola Sinnott
- Phil Crosbie
- Richard Booton
- **Prehab4cancer:** Kirsty Rowlinson-Groves, Jack Murphy
- **CURE:** Helen Huddart

Clinical Oncology

- David Woolf
- Neil Bayman
- Kathryn Banfill
- Jenny King
- Claire Barker

Nursing & CNS

- Kath Hewitt
- Siobhan Keegan
- Karen Peplow
- Julie Watts

Oncogeriatrics

- Cassandra Ng

Questions & Discussion



UNITED KINGDOM
LUNG CANCER COALITION

Additional results



- Higher proportion of performance status 2 in one-stop clinic
- Mean ISWT 270m in One-stop vs 370m in pre-implementation cohort
- 10% reduction in surgery (73% to 63%) pre- to post-implementation
- 10% increase in curative-intent radiotherapy
- Reduction in median length of stay from 7 to 6 days
- Improvement in 90-day mortality from 95.7% to 98.2%

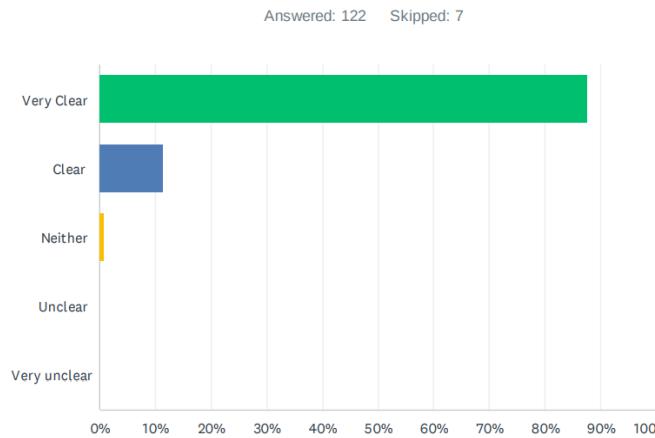
Future plans:

Addition of medical oncology to one-stop clinic from November 2023 – to deliver multimodality treatment assessment including neoadjuvant treatment

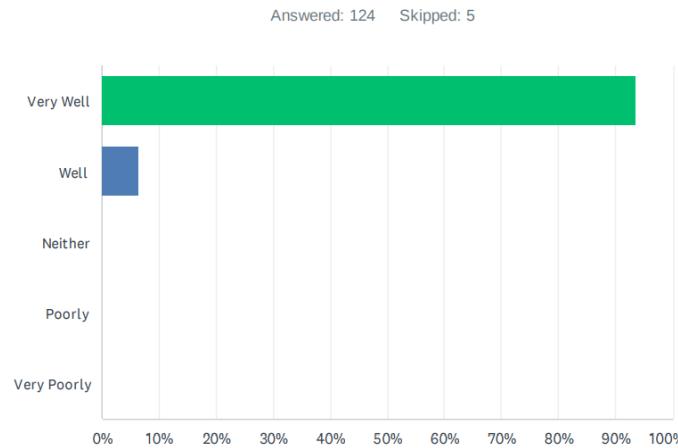


Experience of care: GM One Stop Lung Cancer Clinic

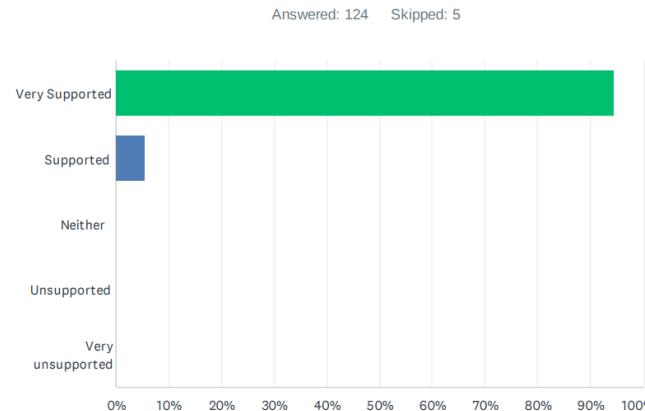
Q6 Overall, how clear and understandable was the information given to you by all of the different teams to help you make a decision about which treatment is best for you?



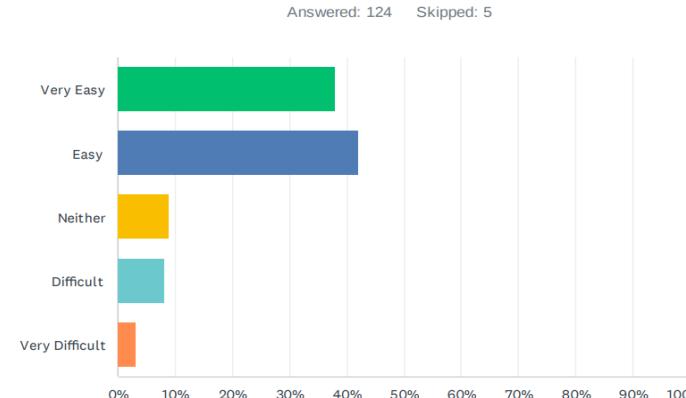
Q9 Overall, how well did your medical teams listen to your concerns and questions and ensure these were answered satisfactorily?



Q7 Overall, how well supported did you feel by the medical teams involved in your care to make this decision about your treatment?

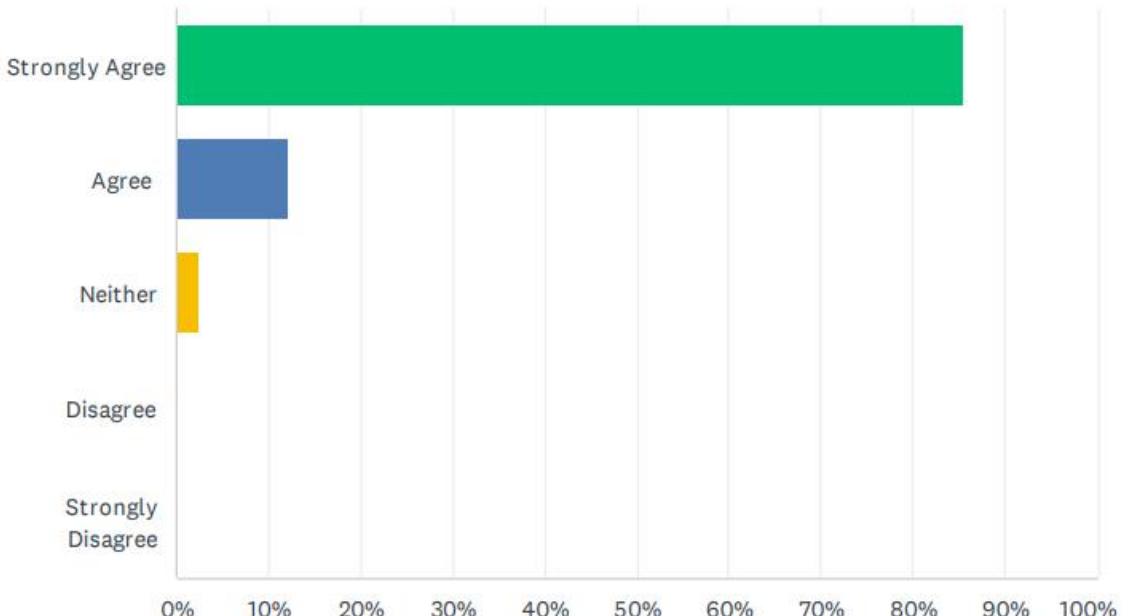


Q10 How difficult was it for you to make the decision about which treatment would be best for you?



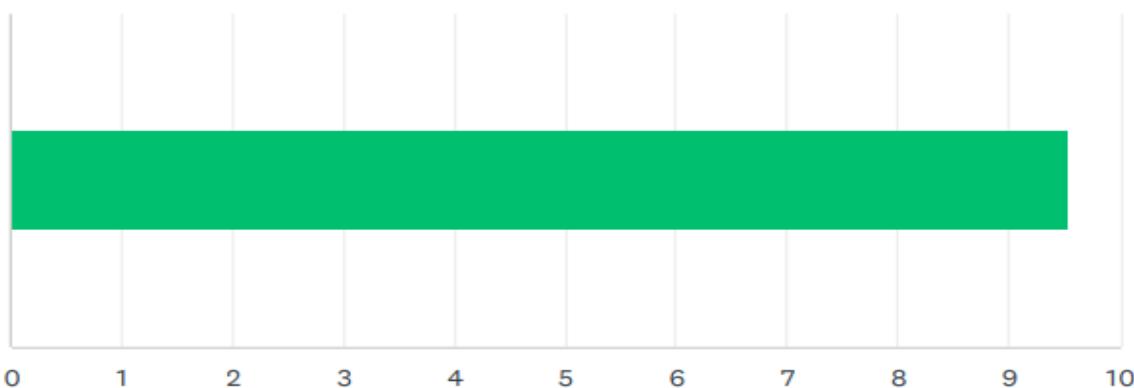
Q11 How do you feel about the following statement 'seeing all the different teams in the same clinic on the same day is the best way to discover all the information required to make an informed decision about my treatment'.

Answered: 124 Skipped: 5



Q12 Overall, please rate your experience of care from 1 - 10 (1 being the worst experience of care and 10 being the best experience of care)

Answered: 119 Skipped: 10



GM Cancer Alliance Structure

