

**Aneurin Bevan Health Board  
Lung Peer Review Action Plan July 2013**

<b>Reference/ MDT</b>	<b>Issue/Concern</b>	<b>Action Required</b>	<b>Resource Implication</b>	<b>By Whom</b>	<b>Date to be Achieved by</b>
C1 – NHH	Lack of Lung CNS cover on a pan Gwent basis. With only 1 WTE at NHH cover for this individual is currently not apparent.	A review of the WTE CNS Nurse provision within Lung cancer to be undertaken on a pan Gwent basis that identifies any shortfall in provision. and enable robust cross cover arrangements to be observed within both NHH and RGH Teams.	To be worked through, but early indications are highlighting a potential shortfall of 30 hours per week Band 6 CNS	MDT Leads in conjunction with the Respiratory Directorate manager and Cancer Services	Case to be submitted to Unscheduled Care for consideration by 30.9.13
C2 – NHH	Lack of Radiology support/cover for MDTs @NHH	Negotiations between Radiology and Cancer Services are ongoing regarding appropriate cover arrangements for Radiology at MDT meetings across all Tumour Sites. All Wales Cancer Standards state that appropriate cover arrangements need to be in place and the shortfall in Lung has been escalated to Radiology.	It has been estimated that approximately 30 hours per year of additional Consultant Radiologist support may be required to provide robust cover arrangements for the NHH MDT.	MDT Leads, Cancer Services, Radiology	Position statement regarding cover for the Lung MDT to be obtained by 31.8.13
C3 – RGH/NHH	Thoracic Surgery support/cover – resection rates	Cancer Services in conjunction with Lung have formulated a paper identifying the Thoracic Surgery needs for the Lung Cancer Service within Gwent and this has been forwarded to the Chief Executive of ABHB . A Task and Finish Group chaired by WHSCC has now been established to take forward the	A A resolution needs to be identified by WHSCC and the 3 Health Boards in South East Wales.	Exec Boards, WHSCC SWCN MDT Leads, Cancer Services	Position status of Briefing Paper to be sort by 1.10.13

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		Thoracic Surgery concerns within South Wales,.			
C4 – RGH	Oncology support/cover at both MDTs Currently there is no study or annual leave cover for oncology at RGH or NHH	Meet with Clinical Director Velindre to establish appropriate level of cover /support as defined by the Cancer Standards. This issue is likely to have been resolved in RGH MDT, with the appointment of an additional oncologist to support the service.	Additional oncology support required for NHH MDT	Cancer Services, Clinical Director Velindre MDT leads	To be reviewed by October 2013 after the current round of Job Planning at Velindre Cancer Centre
C5 - RGH	Chemotherapy delivery capacity at Medical Day Case Unit	Capacity issues to be identified in conjunction with Oncology, to ensure that all patients can commence treatment with chemotherapy on site within 1 week of decision to treat, if clinically indicated.  A meeting with the Lung Consultant Oncologist for RGH is to be arranged in September 2013 to clarify any operational concerns that may be apparent. In addition, a work stream is currently underway to remove the Pain Clinic from the MDCU to create additional capacity within the unit	To be identified	Cancer Services MDT Lead, Oncology	Meeting with Consultant Oncologist to be arranged for September 2013.  Pain Clinic work stream is currently ongoing.

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I1 – RGH/NHH	Non attainment of the 62 days USC Cancer Pathway-	Patient pathways and consultant job plans to be reviewed and where appropriate instigate change to improve timeliness	To be identified	MDT Leads	January 2014
I2 - RGH/NHH	Uniformed access to EBUS service Endo Bronchial Ultra Sound	In conjunction with UHW- EBUS service be reviewed and where appropriate instigate change to improve timeliness.  To develop an ABHB EBUS service, amongst other benefits, improve attainment of the 62 day USC cancer pathway. Support from the Unscheduled Care Division to develop a local service has been observed but this now needs to be formally adopted by this Division as a strategic objective and therefore part of their Annual Plan.	Additional funding required to set-up an ABHB EBUS service	MDT Leads, Directorate Managers	December 2013
I3 – RGH	MDT room facilities – CANISC MDM module roll out.	Given the investment in MDT Room facilities at both RGH (Friars) and NHH (Post Grad) it needs to be established by Lung/Cancer Services whether these rooms in their current format/functionality meet the requirements of the Lung MDT.  Roll out of MDM module to RGH.	To be identified	MDT, Cancer Services	Roll out of the MDM Module in CANISC for Lung pan Gwent April 2014
I4 –	Psychological Services	The Psychological Service within	Training need	Psychological	

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RGH/NHH	within Gwent – access to	Gwent is currently rolling out the Holistic needs assessment work programme and Team specific training is to be secured for the Lung MDTs at RGH/NHH. Training has already been provided via the CNS Forum within Gwent for Cancer Nurse Specialists and currently the tools and referral guidelines are available on the Internet for access. At the next operational lung cancer MDT meeting, Psychological Services are to update the Teams on the services available and how to access them.	identified and to be addressed by the service lead Dr S Flowers	Services, MDTs, CNSs	September 13
I5 – RGH/NHH	Oncology cross cover between the teams	Meeting with Velindre to discuss appropriate oncology support and cover for the lung cancer service on each site as identified in the Cancer Standards	Additional financial resource has been made available to Velindre as from 2013 onwards	MDT Leads Cancer Services, Clinical Director Velindre	October 2013
I6 –NHH	High Level of Emergency admissions.	Identify reasons for late presentation and work with Primary Care colleagues to address these issues across the Health Board. Identify what role the new ABHB Acute Oncology service can play to reduce this number  Cancer Services is currently planning	To be identified	MDT leads Primary Care Cancer Services Directorate managers	Work is ongoing to improve the functionality of CANISC to produce such reports on a regular basis, A dialogue

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		to run a report on stage presentation by Tumour Site, by locality which will hopefully identify geographical areas that need to be targeted to improve stage presentation in this Tumour Site.			with the Network and NWIS is observed.
17-RGH	<ul style="list-style-type: none"> <li>• Lower than Welsh average for PET rate @ RGH</li> <li>• Below Welsh Average for SCLC receiving chemotherapy @ RGH</li> <li>• Below Welsh Average for SCLC receiving chemotherapy within 14 days @ RGH</li> <li>• Low rate of NSCLC resections</li> <li>• Low rate of chemotherapy for NSCLC</li> </ul>	To re-audit, investigate , understand and address these issues and where possible develop action plans to bring inline with the Welsh National average	To be identified	MDT Leads, Cancer Services	Ongoing work programme
18-RGH/NHH	A specific forum for engagement between clinicians and management	Meetings to be set up between Directorate Management, Cancer Services and Lead Clinicians every 6 months	Not applicable	MDT Leads, Directorate Management, Cancer Services,	Autumn 2013
19	The system for taking and	To review and audit existing pathways	To be identified	MDT Leads,	April 2014

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RGH/NHH	managing patients with Small Cell Lung Cancer means that is highly unlikely that even the majority of patients would be treated within the recommended time frame	in order to understand where changes are needed and look to implement these changes in a timely fashion		Lung CNS, MDT Oncologists	
I10- RGH/NHH	A lack of systematic approach to receiving patient feedback on the service received	To review existing questionnaires, develop a suitable questionnaire / method of reviewing patient experiences and disseminate this to patients on an ongoing basis  The Lead Cancer Nurse for ABHB is to share a number of tools with the Lung CNS Team on how this key information can be captured on a regular basis, thus informing service improvement/delivery within Gwent.	Not applicable	MDT Leads, Lung CNS, Lead Cancer Nurse	November 2013 for a planned programme for patient feedback within this Tumour site to be established.