GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Cancer Clinical Programme Group

Lung Cancer Peer Review – Action Plan

This plan represents the Health Boards response to the Peer Review of the Health Boards three lung cancer MDTs and the associated lung cancer service. The plan has implications for a number of Clinical Programme Groups (CPGs) and this plan has been shared with those CPGs and their input included. Delivery of the plan overall will rest with the Cancer CPG.

Issue/Concern	Action Required	Resource Implication	By Whom	Date to be Achieved by
Lack of adequate CNS input into the YG team	Working practice needs to be analysed to better ensure input into the team – this should include cover arrangements when the post holder is on leave.	Likely to have resource implications in terms of additional hours and/or cover requirements. CPG ownership of issue needs to be addressed.	S.Thomas A Foster C Lynes	Dec 2013.
No CNS support at YG at time of review because of lack of cover for sick leave	Actions have been put in place to provide nursing cover both in respiratory and oncology clinics. Needs to be re-evaluated in terms of length of CNS absence and additional support required from established Lung Cancer CNS in BCUHB	Has already had resource implications in terms of moving staff into position to support the MDT. Further work will required if absence is extended and this will have resource implications in terms of impact on other services.	S.Thomas A Foster	Sept 2013.
Pathology support to all three MDTs including cytology	Pathology support needs to be re-assessed and the type of support better defined in light of changes to	If additional manpower is implicated then there will be a resource implication. However changes to pathology may change work practice to the extent that	D Fletcher	March 2014.

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	pathology structures and recruitment.	resource implications are minimised.		
Oncology cross cover at Wrexham	Current allocation of oncology input needs to be analysed and the options for cover explored. A process needs to be considered whereby cover arrangements for MDT meetings are accommodated as a priority.	Current oncology manpower is limited with vacancies existing. Approach might not require additional resource but more a fundamental change in oncology practice.	G Roberts	March 2014.
Lack of robust pleural service for YG patients, leading to pressure on YGC service	Service model needs to be identified by clinical team and approach that may require a YG/YGC model. Model also may link to other concerns within this plan. Needs to be understood and worked through by CPGs	Likely to have resource implications including capital for ultrasound. Resources might be limited through resolution of other multiple issues.	D Heron	Dec 2013
Thoracic surgery attendance at MDT meetings for all teams, especially 'alternating surgeon' model at YGC MDT	Contractual detail needs to be re-visited between N Wales and Liverpool Heart &Chest. Work with WHSSC to reconsider contract.	Contract will likely require some additional investment to ensure regular MDT attendance. It is likely that change in personnel has altered functionality of service	D Heron	Dec2013.

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Lack of recognition of time for MDT in all job plans (including preparation time for radiology and pathology)	All MDT participants should have appropriate time within their job plans to participate or plan/participate in MDTs.	Will have resource implications across CPGs particularly Pathology and Radiology.	D Heron to lead	2014/15
Low cancer trial activity in YG and Wrexham.	Clinical Trials Network need to consider the issue and working with the MDTs ensure better access to trials at a local level. Discussion with clinical trials required to ensure actions are in place to improve recruitment.	It is known that Clinical Trials staff exist on all three sites and thus it maybe more of an issue around integration and engagement wit the MDT. Clinical Trials Network will need to consider if there is a resource issue.	D Heron	Dec2013.

Many of the issue above need to be considered against a context of three MDTs. Merger of MDTs has been considered before with all three teams rejecting the suggestion on the basis of workload. Whilst this might be the case it maybe that some degree of contingency between MDTs is considered necessary.