

## Hywel Dda Lung Cancer Peer Review Action Plan 2013

## DRAFT

Ref	Area for Improvement	Action Required	Priority	Lead	By When	Progress to Date
1	MDT Structure	Implement Single MDT for Hywel Dda	High	Gareth Collier	Complete	Single MDT implemented.
2	Ensure Cellular Pathology Presence	Pathologist attends 95% of MDT meetings	High	John Murphy	Complete	With the implementation of a single MDT, there will be regular Pathology representation at the meeting.
3	Ensure Radiological Presence	Radiologist attends 95% of MDT meetings.	High	Ali Moalla	October 2013	With the implementation of a single MDT, there will be regular core radiology representation at the meeting. Resilience requires further recruitment of consultant radiologists.
4	Ensure Oncological Presence	Meeting to be held with oncologists to formalise service arrangements.	High	Sian Lewis	October 2013	With the implementation of the single MDT, the Health Board now has 3 oncologists who attend the lung MDT. The service needs to develop to ensure cross-cover. However, there is still an overall capacity problem to service all MDTs. The Health Board will undertake a review of oncology services with a view to strengthening the links with ABMU.
5	Increase Thoracic Surgical Support to MDTs	Arrangements for cover for the consultant to be held with ABMU Executive.	High	Phil Kloer	October 2013	Surgical input to the MDT will be supported by the implementation of the single MDT. However, cover needs to be ensured.
6	Interventional Radiology	Ensure access to interventional Radiology at Witybush	High	Ali Moalla	December 2013	EBUS service provided by respiratory physician reduces demand for CT guided biopsy with one consultant radiologist providing access to biopsies. Resilience requires further recruitment of consultant radiologists (ongoing)
7	Achieve 95% USC waiting time target	Review diagnostic pathway to reduce time to diagnosis. Whole System	High	Gareth Collier	December 2013	Good practice identified within counties. One stop clinics established.

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		Lung Cancer Pathway Development Process to be held.				
8	Time to Diagnosis	Reduce pathology turn around times. To be included in pathway development process.	High	John Murphy	Review in April 2014	<p>The pathology department is working to ensure that accurate reports are turned around as quickly as possible.</p> <p>Recruitment to vacancies continues and vacancies currently pose challenges during leave.</p> <p>The Pathologists are now co-located which improves joint working and collegiate support in assuring reporting, but additional time is required to do this.</p>
9	Time to Diagnosis	Reduce radiology referral to report interval. To be included in pathway development process.	High	Ali Moalla	October 2013	<p>The radiology department is working to ensure that accurate reports are turned around as quickly as possible.</p> <p>Additional capacity for reporting is provided by extensive use of third-party organisation.</p> <p>Radiographers are currently being trained (in addition to those in post) to undertake more reporting thus freeing consultants to undertake the more complex work.</p> <p>Recruitment to vacancies continues and vacancies currently pose challenges during leave.</p>
10	Patient Satisfaction	Health Board Patient Survey to be Carried Out in 2013/14	Medium	Lung CNSs	March 2014	-

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11	Support for patients in rural areas	Develop CNS as independent prescribers.	Medium	Bob Bowen	2015/16	-
12	Documentation of Key Worker	Ensure named key worker is documented on care plan and Multi Disciplinary Module	High	All clinicians.	August 2013	-
13	Information for Primary Care	Ensure information is provided to primary care within the required timescale using the Multi Disciplinary Module in Witybush.	High	Bob Bowen	July 2013	The MDM module is being used, but the letters were not being issued. This will commence in July 2013.
14	Radiotherapy	Improve access to latest treatment modes. To be part of pathway development process	Medium	Phil Kloer	2015	Requires involvement of WHSSC. Ensure Pathways in place to allow patients to access the optimal treatment available.
15	Radiotherapy Access	Ensure rurality is not a barrier to access.	High	Dr Urfi	Complete	Recent audit data indicates that access for patients in rural areas is not compromised. This may be due to small numbers and the Health Board will continue to monitor this issue.
16	CT Scan before Bronchoscopy	Improve rate at Witybush; To be part of pathway development process.	High	Ali Moalla/ Heather Mortimer	December 2013	Scans currently being undertaken prior to bronchoscopy
17	Access to PET	Monitor situation. To be part of the pathway development process.	High	Gareth Collier	March 2014	Was reported as below Welsh average, but figures have improved recently. Situation to be monitored.
18	Low CNS rates at BGH	Improve rates	High	n/a	Complete	A new Macmillan post commenced in late 2012 and has addressed this issue.
19	Active Treatment Rates for Small Cell Lung Cancer at Carms	Monitor situation. To be re-audited.	Medium	Gareth Collier	March 2014	Currently slightly below Welsh average.
20	Surgical Resection Rates at Carms	Monitor situation. Audit annually	Medium	Gareth Collier	March 2014	Currently slightly below Welsh average. Audited annually

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21	Ensure audits outcomes are documented	The MDT to present at their regular planning meetings.	Medium	Gareth Collier	Complete	
22	Out of Hours Service/Helpline	Establish out of hours service/helpline for patients receiving chemotherapy.	Immediate	Sian Lewis		The chemotherapy help here has not yet been implemented because of a number of complexities in delivering this across 4 sites. We are therefore taking a staged approach and have agreed a single contact number for patients with suspected neutropenic sepsis. This will involve the GP out of hours service. A more general help line will be implemented as part of the oncology review.
23	Mortality/Morbidity reviews	Ensure that M&M reviews at ABMU for chemotherapy patients are fed into the appropriate local process.	High	Sian Lewis	December 2013	To be discussed as part of the oncology service review.
24	Executive Leadership	Improve Executive support for cancer services	Immediate	Phil Kloer	Complete	The New Executive Lead for Cancer Services has identified an Associate Director to support the process and improve the links within and without the organisation.
25	Service development	Improve involvement of MDTs in the development of cancer services.	Medium	Phil Kloer	March 2014	The MDT presents annually to the CPG which now has improved executive presence. The service development issues will be promoted by formally linking each cancer site MDT with a Health Group so it forms part of their prioritisation and work plan.