

Quality Standards Topic Expert Group day 1

Lung Cancer Quality Standard

Minutes of the meeting held on Wednesday 7th September 2011

Meeting held at Manchester offices, Bollin meeting room 2

Attendees	<p>David Baldwin (Chair) (DB), Azim Lakhani (AL), Sion Barnard (SB), Matthew Hatton (MH), Robert Rintoul (RR), Andrew Wilcock (AW), Richard Neal (RN), Michael Peake (MP), Bob Park (BP), Jeremy Braybrooke (JB), Paul Cane (PC), Thomas Haswell (TH), Barry Atwood (BA), Mia Schmidt-Hansen (MSH), Ian Manifold (IM),</p> <p><u>NICE Attendees</u></p> <p>Anna Brett (AB), Terence Lacey (TL), Andrew McAllister (AM), Jenny Harrison (JH) (Minutes)</p> <p><u>Observers</u></p> <p>Andrew Champion (NCC-C Centre Manager), Andrew Wragg (NICE), Michelle Standing (NICE), Gabriel Agboado (NICE)</p>
Apologies	Dana Knoyle, Jesme Fox, Rorie Jefferies, Fergus Gleeson, Abebaw Mengistu Yohannes

Agenda item	Discussions and decisions	Actions
1.Introductions and apologies	<p>1.1. The chair, David Baldwin (DB) welcomed the attendees, and reviewed the agenda for the day. Members of the Topic Expert Group (TEG) introduced themselves.</p> <p>1.2. DB announced the apologies for the day.</p> <p>1.3. The group accepted the minutes from the scoping meeting held on 3rd June 2011.</p>	
2.Declaration of Interest	<p>2.1. DB asked the group whether they had any new interests to declare since the last meeting. Bob Park (BP) stated that he is a council member for MacMillan and has conducted lectures for drug companies in the past.</p>	
3.Objectives of the meeting	<p>3.1. Anna Brett (AB) stated that 20 potential areas for development were identified at the scoping meeting and briefly outlined the key objectives of the day: to discuss and agree the wording of 15 to 20 draft quality statements and measures for consultation.</p> <p>3.2. The group questioned how the elimination and prioritisation of the statements will work. Andrew McAllister (AM) informed the group that this is in part the role of the TEG. Some of this will be carried out by the group over the course of the day, with further prioritisation at TEG2, taking into account comments received through the consultation process.</p>	

Agenda item	Discussions and decisions	Actions
4.Review of process for developing the Lung Cancer quality standard	<p>4.1. Terence Lacey (TL) reviewed the process for developing the quality standard and asked the TEG to think about factors which would have a high impact on outcomes, reducing variation in quality, lead to more efficient use of NHS resources and promote choice and equality whilst maintaining clarity and intent.</p> <p>4.2. The group enquired if NICE had any Publication Partners in mind at this stage. AM informed the group that it is now an open advert process and that if the group had any ideas to flag them up. (Action 1)</p> <p>4.3. AB presented the areas of care pathway which was revised from the scoping meeting. The group raised a concern with the layout of the map in relation to palliative care, noting that 'supportive and palliative care' was a cross-cutting theme. They agreed to illustrate the area of care pathway in a more appropriate way. (Action 2)</p>	<p>Action 1: AM to email the TEG to ask for any Publication Partner suggestions.</p> <p>Action 2: Illustrate the area of care pathway in a more appropriate way - completed in the meeting.</p>
5.Draft quality statements (QS) and quality measures (QM) developed from Lung Cancer recommendations <ul style="list-style-type: none"> • Presentation •Discussion •Agreement 	<p><u>Draft Quality Statement 1: 'People are aware of the symptoms and signs of lung cancer through coordinated campaigns that encourage early presentation'</u> The word 'encourage' to be replaced with 'result in'. (Action 3)</p> <p>The outcome measure of 'One and five year survival rates for lung cancer' to be eliminated and replaced with the following three measures: 'Early emergency admission rates', 'Patients identified by the awareness campaign' and 'Deaths at 3 months'. (Action 4)</p> <p>The TEG discussed the use of the word 'early' as it could have multiple meanings. However it was agreed to keep this wording as the purpose of having a campaign would be to encourage 'early' presentation.</p>	<p>Action 3: AB to change wording in the quality statement.</p> <p>Action 4: AB to delete draft outcome measure and replace with 3 new outcome measures.</p>

Agenda item	Discussions and decisions	Actions
	<p><u>Draft Quality Statement 2: 'People presenting with symptoms suggestive of lung cancer are referred urgently for a chest x-ray or directly to a respiratory physician linked to the lung cancer MDT in accordance with NICE guidance'</u></p> <p>The wording 'linked to the lung cancer MDT' to be replaced with 'who is a core member of MDT'. (Action 5)</p> <p>The wording 'in accordance with NICE guidance' to be removed from the statement. (Action 6)</p> <p>The TEG discussed the wording 'symptoms suggestive of lung cancer' and made the decision to include this in the definitions.</p> <p>The TEG discussed the word 'urgent' and noted that the recommended wait from referral for x-ray in the DH document is 1 week. Decision made to include this in the definitions. (Action 7)</p>	<p>Action 5: AB to change wording in the quality statement.</p> <p>Action 6: AB to remove 'in accordance with NICE guidance' from the quality statement and measures.</p> <p>Action 7: AB to include two additional definitions, 'symptoms suggestive of lung cancer' and 'urgent'.</p>

Agenda item	Discussions and decisions	Actions
	<p><u>Draft Quality Statement 3: 'People with chest x-ray result incidentally suggestive of lung cancer have a copy of the radiologist's report sent to a member of the lung cancer MDT, which has mechanisms in place to follow up the report'</u> The wording of 'incidentally' to be removed (Action 8)</p> <p>The TEG discussed the wording 'a member of' and decision made to remove this. (Action 9)</p> <p>The TEG noted that there was guidance in development by the cancer diagnostics advisory group but that this is not expected to go against the proposed standards. (Action 10-TL to check this)</p> <p>The TEG questioned whether mechanisms in place involved reporting back to GPs. It was agreed that this was an important consideration but that follow-up mechanisms would be a matter for local agreement. The group also noted that this statement is not just about GPs requesting x-rays. It was noted that a significant number of chest x-rays are requested within A&E and that these are not reported. (Action 11-TL to check this)</p> <p>For the structure measures the TEG discussed the wording 'local arrangements' and added the term "local written protocols". (Action 12)</p> <p>The TEG discussed patient safety in the process measures. NICE to consider a new measure for the proportion of untoward incidents. (Action 13)</p>	<p>Action 8: AB to remove the word 'incidentally' from the quality statement and measures.</p> <p>Action 9: AB to remove the wording 'a member of'</p> <p>Action 10: TL to check guidance in development</p> <p>Action 11: TL to check data for number of annual reports where chest x-rays are recorded.</p> <p>Action 12: AB to change 'local arrangements' to 'local written protocols' in the structure measures.</p> <p>Action 13: NICE team to consider a new process measure regarding proportion of untoward incidents.</p>

Agenda item	Discussions and decisions	Actions
	<p><u>Draft Quality Statement 4:</u> ‘People with lung cancer are provided with the opportunity to discuss tests and the risks and benefits of treatment options in a private environment, and are offered information that supports them to make an informed choice’</p> <p>The wording ‘opportunity’ and ‘choice’ to be replaced with ‘opportunities’ and ‘choices’. (Action 14)</p> <p>The TEG noted substantial variation in practice and that risks/benefits are not always discussed.</p> <p>The TEG noted that the national patient survey could be a measurement tool, however limited numbers of lung cancer patients participate. The group agreed that the quality standard had the potential to highlight this and that the patient survey would be referenced in the data source section.</p>	<p>Action 14: AB to change the wording in the quality statement and measures.</p>
	<p><u>Draft Quality Statement 5:</u> ‘People with lung cancer have access to a clinical nurse specialist who they can contact between scheduled hospital visits, and who provides the option of protocol driven follow-up and continuing support’</p> <p>The words ‘known or suspected’ to be included in the statement to read ‘People with known or suspected lung cancer’. (Action 15)</p> <p>The TEG agreed to include a further process measure regarding the clinical nurse specialist (CNS). (Action 16)</p>	<p>Action 15: AB to include the wording ‘known or suspected’</p> <p>Action 16: AB to include additional process measure.</p>

Agenda item	Discussions and decisions	Actions
	<p><u>Draft Quality Statement 6:</u> ‘People with lung cancer have their psychological well being assessed by their doctor, consultant and/or clinical nurse specialists at all key stages of care, and are offered prompt referral to specialist services when necessary’</p> <p>The wording of ‘have their psychological well being assessed by their doctor, consultant and/or clinical nurse specialists’ to be removed from the statement and replaced with ‘are offered a holistic needs assessment’. (Action 17)</p> <p>Due to word change it was agreed that a list of what will be included in the holistic needs assessment would be included within the definitions (to refer to NCAT guidance). (Action 18)</p> <p>The group asked whether the assessment could be refused by a patient as they may not want it. However they noted that a key part of holistic needs assessment is asking/establishing if people want an assessment so that this aspect would implicitly be covered.</p> <p>The TEG agreed that further measures should be included in the process measures. These should address the following: what is included, whether it has occurred, what is the quality of assessment. (Action 19)</p>	<p>Action 17: AB to change wording in the statement and measures.</p> <p>Action 18: NICE to develop list of what will be included in the holistic needs assessment.</p> <p>Action 19: AB to include further measures.</p>

Agenda item	Discussions and decisions	Actions
	<p><u>Draft Quality Statement 7: ‘People with a suspected or confirmed diagnosis of lung cancer who are current smokers are given smoking cessation advice, offered therapies to help them stop smoking and informed of the risks of smoking after lung cancer surgery, without causing delay to that surgery’</u></p> <p>The wording of ‘a suspected or confirmed diagnosis of’ to be removed from the statement. The word ‘offered’ to be removed from the statement. The wording of ‘and informed of the risks of smoking after lung cancer surgery, without causing delay to that surgery’ to be removed from the statement. (Action 20)</p> <p>The word ‘given’ to be replaced with ‘offered’. (Action 21)</p>	<p>Action 20: AB to remove several sections of wording from the statement.</p> <p>Action 21: AB to change wording of the statement.</p>
	<p><u>Draft Quality Statement 8: ‘People with suspected and confirmed lung cancer following initial assessment and discussion by the multidisciplinary team are offered tests that give the most information about diagnosis and staging with the least risk, in accordance with the NICE diagnostic and staging algorithm’</u></p> <p>The TEG agreed that this statement will merge with draft statement 11, along with the measures. (Action 22)</p> <p>The wording of ‘and confirmed’ to be removed from the statement and measures.</p> <p>The wording of ‘discussion by the multidisciplinary team’ to be removed from the statement. (Action 23)</p> <p>The word ‘CT’ to be included in the statement. (Action 24)</p> <p>Process measure ‘C’ to be removed. (Action 25)</p> <p>The word ‘invasive’ to be included in process measure ‘E’. (Action 26)</p>	<p>Action 22: AB to merge statements and measures 8 and 11.</p> <p>Action 23: AB to remove two sections of wording from the statement and measures.</p> <p>Action 24: AB to include ‘following initial assessment and CT’ in the statement.</p> <p>Action 25: AB to remove process measure ‘C’.</p> <p>Action 26: AB to include ‘invasive’ into process measure ‘E’.</p>

Agenda item	Discussions and decisions	Actions
	<p><u>Draft Quality Statement 9:</u> 'People with suspected and confirmed lung cancer are offered comprehensive diagnosis and staging tests within 2 weeks (of their first consultant appointment)' <u>OR</u> 'People with suspected and confirmed lung cancer are offered comprehensive tests that include non-ultrasound- guided TBNA, EBUS, EUS-guided FNA, transthoracic needle biopsy, US guided neck node sampling and fibreoptic bronchoscopy where appropriate, that are subject to confirmation and audit'</p> <p>The TEG decided that statement 1 is more appropriate, therefore deleting statement 2. (Action 27)</p> <p>The TEG discussed that 2 weeks could cause issues for tertiary services.</p> <p>The wording 'and confirmed' to be removed from the statement and measures. (Action 28)</p> <p>The wording 'are offered' to be replaced with 'complete' in the statement and measures. (Action 29)</p>	<p>Action 27: AB to delete the second of the draft statements and measures.</p> <p>Action 28: AB to remove 'and confirmed' from the statement and measures.</p> <p>Action 29: AB to change wording in the statement and measures.</p>

Agenda item	Discussions and decisions	Actions
	<p><u>Draft Quality Statement 10: ‘People with suspected and confirmed lung cancer have diagnosis and staging tests that provide adequate samples to enable pathological diagnosis, including tumour sub-typing and measurement of predictive markers’</u> The TEG decided that the title of this statement should change from ‘Adequacy of samples’ to ‘Tissue diagnosis’. (Action 30)</p> <p>The wording ‘and confirmed’ to be removed from the statement and measures. (Action 31)</p> <p>The wording of ‘have diagnosis and staging tests that provide adequate samples to enable’ to be changed to ‘have adequate tissue samples to provide a full pathological diagnosis’ (Action 32)</p> <p>It was noted that this moves beyond guideline recommendations and therefore needs to reference TAs as source guideline recommendations. (Action 33)</p> <p>The TEG discussed the measures to be included and suggested three areas. (Action 34)</p> <p>The TEG asked for ‘tumour sub-typing’ to be added to the definitions. (Action 35)</p>	<p>Action 30: AB to change title of the statement.</p> <p>Action 31: AB to remove ‘and confirmed’ from the statement and measures.</p> <p>Action 32: AB to change wording of statement and measures.</p> <p>Action 33: NICE team to look at referencing the relevant TAs as source guideline recommendations.</p> <p>Action 34: AB to include suggested measures.</p> <p>Action 35: AB to include ‘tumour sub-typing’ in the definitions.</p>
	<p><u>Draft Quality Statement 11: ‘People with lung cancer are offered mediastinal staging in accordance with NICE guidance’</u> The TEG agreed that this statement will merge with draft statement 8, along with the measures. (Action 22)</p>	<p>Action 22: AB to merge statements and measures 8 and 11.</p>

Agenda item	Discussions and decisions	Actions
	<p><u>Draft Quality Statement 12:</u> ‘People with lung cancer who are potentially suitable for treatment with surgery are offered a comprehensive tripartite assessment of risk of a cardiac event, perioperative mortality and post-operative dyspnoea’</p> <p>The TEG agreed to include smoking in this statement and its measures as this was removed from statement 7. Therefore ‘People who smoke are informed of the risks of increased postoperative morbidity from continued smoking’ is to be included at the end of the statement. (Action 36)</p> <p>The wording ‘are potentially suitable for treatment with surgery’ to be changed to ‘have technically resectable tumours’. (Action 37)</p> <p>The wording ‘a comprehensive tripartite’ to be removed from the statements and measures. (Action 38)</p> <p>It was discussed that ‘fitness assessment’ alone is not explanatory enough therefore noted for this to be added to and developed within the definitions section. (Action 39)</p> <p>The TEG discussed outcomes measures and agreed to further develop these to include inpatient mortality and other important factors.</p>	<p>Action 36: AB to include smoking sentence and measure.</p> <p>Action 37: AB to change wording in the statement and measures.</p> <p>Action 38: AB to remove ‘a comprehensive tripartite’ from the statement and measures.</p> <p>Action 39: AB to include ‘fitness assessment in the definitions. List of what will be involved will be discussed with DB.</p>
	<p><u>Draft Quality Statement 13:</u> ‘People with lung cancer have their suitability for radiotherapy with curative intent assessed by a clinical oncologist specialising in thoracic oncology and those considered for multimodality treatment are assessed by a thoracic surgeon’</p> <p>The wording of ‘have their’ is to be removed from the statement. (Action 40)</p> <p>The TEG believed this statement needs the order readdressing to put the thoracic oncologist before the clinical oncologist. (Action 41)</p> <p>The TEG requested ‘thoracic surgeon’ to be explained in the definitions, and specifically noted that they should be a core member of the MDT. (Action 42)</p>	<p>Action 40: AB to remove ‘have their’ from the statement and measures.</p> <p>Action 41: AB to reorder of statement.</p> <p>Action 42: AB to include ‘thoracic surgeon’ in the definitions.</p>

Agenda item	Discussions and decisions	Actions
	<p><u>Draft Quality Statement 14:</u> ‘People with lung cancer who are medically fit and suitable for treatment with curative intent, including people with borderline fitness and smaller tumours, are offered surgery with the aim of complete resection and postoperative chemotherapy where the person had a good performance status and stage as specified in NICE guidance’</p> <p>After the consensus of the TEG the wording of the statement was changed to read ‘People with technically resectable lung cancer who are of borderline fitness (see definition) are offered surgery with the aim of complete resection. If they are turned down for surgery a second opinion should be sought from a multidisciplinary team including another thoracic surgeon’. (Action 43).</p>	<p>Action 43: AB to reword the statement.</p>
	<p><u>Draft Quality Statement 15:</u> ‘People with lung cancer who are unsuitable or unable to undergo surgery are offered radiotherapy with curative intent, employing the latest radiotherapy techniques that give maximal dose to the tumour whilst limiting normal tissue damage.</p> <p>The words ‘stage 1-3’ are to be included in the statement and measures. (Action 44)</p> <p>The words ‘give maximal dose’ to be replaced with ‘and optimise treatment by maximising the dose’ in the statement and measures. The wording ‘limiting’ to be replaced with ‘minimising the risk of’ in the statement and measures. (Action 45)</p>	<p>Action 44: AB to include the words ‘stage 1-3’ in the statement and measures.</p> <p>Action 45: AB to change wording in the statement and measures</p>

Agenda item	Discussions and decisions	Actions
	<p><u>Draft Quality Statement 16:</u> ‘People with lung cancer are offered chemotherapy tailored to the histological type and sub-type of the tumour, and individual genetic predictive factors’</p> <p>The TEG decided for the title of this statement to change from ‘Chemotherapy’ to ‘Chemotherapy for advanced NSCLC’. (Action 46)</p> <p>The word ‘Chemotherapy’ changed to ‘systemic therapy’ throughout the statement and measures. (Action 47)</p> <p>The words ‘advanced stage 3b or 4 non small cell’ to be included in the statement and measures. (Action 48)</p> <p>People with advanced stage 3b or 4 non small cell lung cancer and performance status 0-1 are offered systemic therapy. The systemic therapy is tailored to the histological type and sub-type of the tumour, and individual genetic predictive factors.</p>	<p>Action 46: AB to change the title of the statement.</p> <p>Action 47: AB to change ‘chemotherapy’ to ‘systemic therapy’ throughout the statement and measures.</p> <p>Action 48: AB to include the wording ‘advanced stage 3b or 4 non small cell’ into the statement and measures.</p>
	<p><u>Draft Quality Statement 17:</u> ‘People with small cell lung cancer care are assessed by a thoracic oncologist within 1 week of the decision to recommend treatment and are offered chemotherapy sequential or concurrent chemotherapy in accordance with NICE guidance.’</p> <p>The wording ‘sequential or concurrent chemotherapy’ to be removed from the statement and measures. (Action 49)</p> <p>The wording ‘and radiotherapy’ to be included in the statement and measures. (Action 50)</p>	<p>Action 49: AB to remove the wording sequential or concurrent chemotherapy’ from the statement and measures.</p> <p>Action 50: AB to include ‘and radiotherapy’ in the statement and measures.</p>

Agenda item	Discussions and decisions	Actions
	<p><u>Draft Quality Statement 18:</u> ‘People with lung cancer are offered a specialist follow-up appointment within 6 weeks of completing treatment to discuss ongoing care, and regular appointments thereafter’ The wording ‘regular appointments’ to be changed to ‘protocol driven follow-up’ in the statement and measures. (Action 51)</p> <p>The TEG discussed the term ‘protocol driven’ and noted that this is an evidence free area on how to stratify patients. There are however unpublished DH studies on evidence of benefits for follow-up – NICE staff to check this. (Action 52)</p> <p>The group agreed that it was important that the follow up meeting should be with the specialist and the person seen at the first meeting.</p> <p>The TEG discussed the possibility of making a link to cancer networks in the structure measures. (Action 53)</p>	<p>Action 51: AB to change the wording in the statement and measures.</p> <p>Action 52: NICE team to check DH studies on beneficial follow-up.</p> <p>Action 53: AB to consider possible link to cancer network in the structure measures.</p>
	<p><u>Draft Quality Statement 19:</u> ‘People with lung cancer care offered early endobronchial treatment when endobronchial obstruction is identified. The wording of the statement to be rearranged and ‘offered early’ to be removed to read ‘People with lung cancer are monitored for endobronchial obstruction and offered prompt endobronchial treatment when endobrochial obstruction is identified’. (Action 54)</p>	<p>Action 54: AB to amend the statement as agreed.</p>
	<p><u>Draft Quality Statement 20:</u> ‘People with lung cancer have access to all appropriate palliative care treatments including chemotherapy, radiotherapy, pleural aspiration or drainage, non-drug interventions, opioids and stent insertion, which are delivered by expert clinicians’ The list of treatments to be removed from the statement and measures. (Action 55)</p> <p>AW believed this statement may still need extra work. (Action 56)</p>	<p>Action 55: AB to remove the list of treatments from the statement and measures.</p> <p>Action 56: AW to work alongside AB and TL to find best worded statement.</p>

Agenda item	Discussions and decisions	Actions
<p>6.Consultation on the draft Quality standard</p>	<p>6.1. AB concluded by guiding the TEG through the draft quality statements compiled during the day. There are a total of 19 statements to go to consultation.</p> <p>6.2. AM discussed stakeholders with the group and explained that to comment on the draft quality standard an organisation must register as a stakeholder on the NICE website.</p> <p>6.3. AM gave an update on the NICE policy of securing publication partners for quality standards. He explained that publication partners are not approached directly by the quality standards team but are instead required to express an interest via the website, following which their application would be considered by the NICE team. However AM did ask the group if they had any suggestions as these could be approached if appropriate. (Action 1)</p>	<p>Action 1: AM to email the TEG to ask for any Publication Partner suggestions.</p>
<p>7.Next steps and AOB</p>	<p>7.1. TEG members were given an update of the next steps</p> <p>7.2. DB thanked AB and the TEG for their hard work so far and closed the meeting.</p>	