One-Stop
Lung Cancer Clinic

# SERVICE & PROCESS OVERVIEW:

## One-Stop Lung Cancer Clinic

# INTRODUCTION

In 2022 a new clinical service to support the Greater Manchester (GM) lung cancer pathway will be launched at Wythenshawe Hospital, Manchester University NHS Foundation Trust (MFT). This service is a 'One-stop Lung Cancer Clinic' for patients diagnosed with lung cancer suitable for curative intent treatment with either surgery or radiotherapy but when it is not clear which the best option is. The uncertainty is often driven by a higher level of risk from treatment related complications due to co-morbidity, frailty and other health concerns. Currently, the scenario can lead to the need for multiple hospital appointments across different hospital trusts to reach a decision. This can adversely affect outcomes through pathway delays and poor patient experience.

## THE NEW SERVICE WILL PROVIDE:

- A twice weekly service lasting half a day to a full day for the patients of Greater Manchester
- A multi-disciplinary approach to support shared decision making
- The opportunity to meet with different treatment specialists (surgeons, oncologists, physicians, oncogeriatrician, cancer nurse specialists in a single visit)
- A protocolised & standardised assessment to identify interventions to optimise all aspects of a patient's health and minimise the risk of treatment related complications
- Provide a holistic service with a kind & caring approach that facilitates the provision of detailed information in an understandable way and in a supportive environment that facilitates shared decision making (on the day of clinic where possible)
- Accelerated pathways to lung cancer treatment



# REFERRAL, BOOKINGS AND PRE-CLINIC ACTIONS

### Indications for referral the One-Stop clinic:

Patients under consideration for curative-intent lung cancer resection who fulfil the below criteria should be referred / considered for the one stop lung cancer clinic. Patients deemed unfit for surgery at the sector MDT should not be referred to this clinic (e.g. referred directly for radiotherapy or for best supportive care)

#### Absolute indications:

If a patient fulfils these criteria then one-stop clinic appointment is mandated:

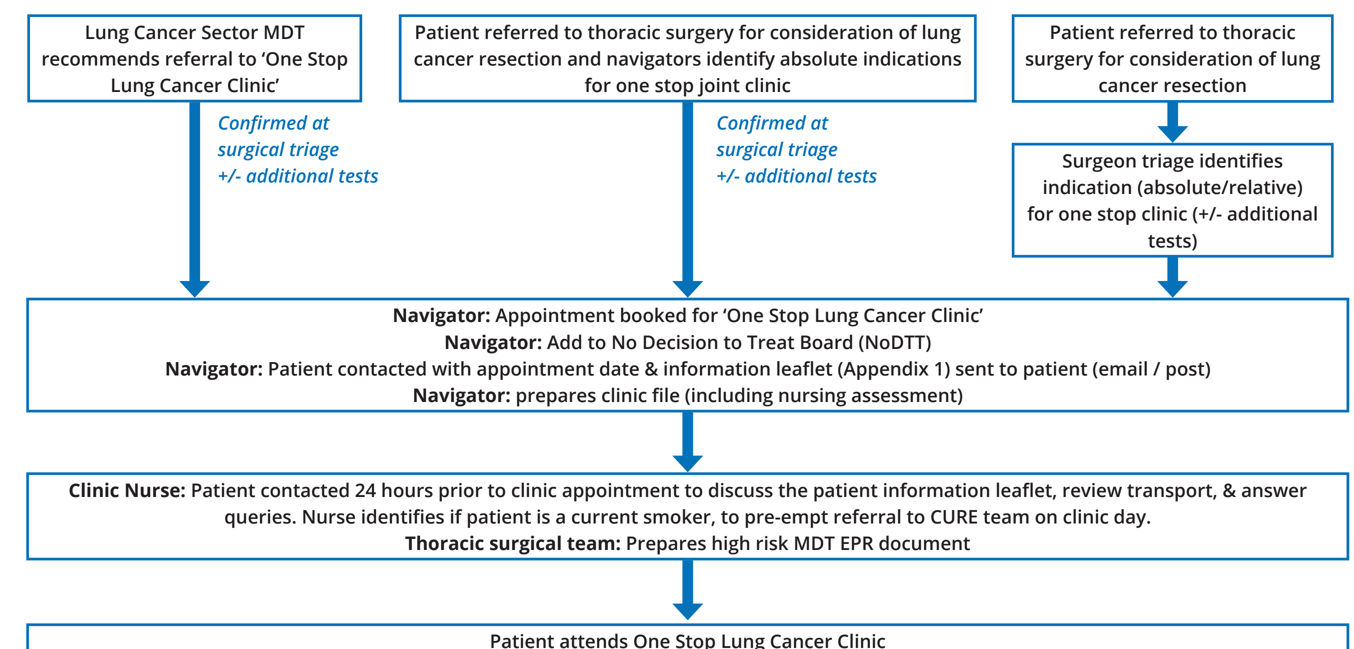
- BMI <= 20
- Proposed surgical option is pneumonectomy
- Performance status ≥2
- Clinical Frailty Score ≥5
- Established diagnosis of interstitial lung disease
- Post-operative predictive FEV1 <40%
- Post-operative predictive DLCO <40%
- Shuttle walk test <250m

#### Relative indications:

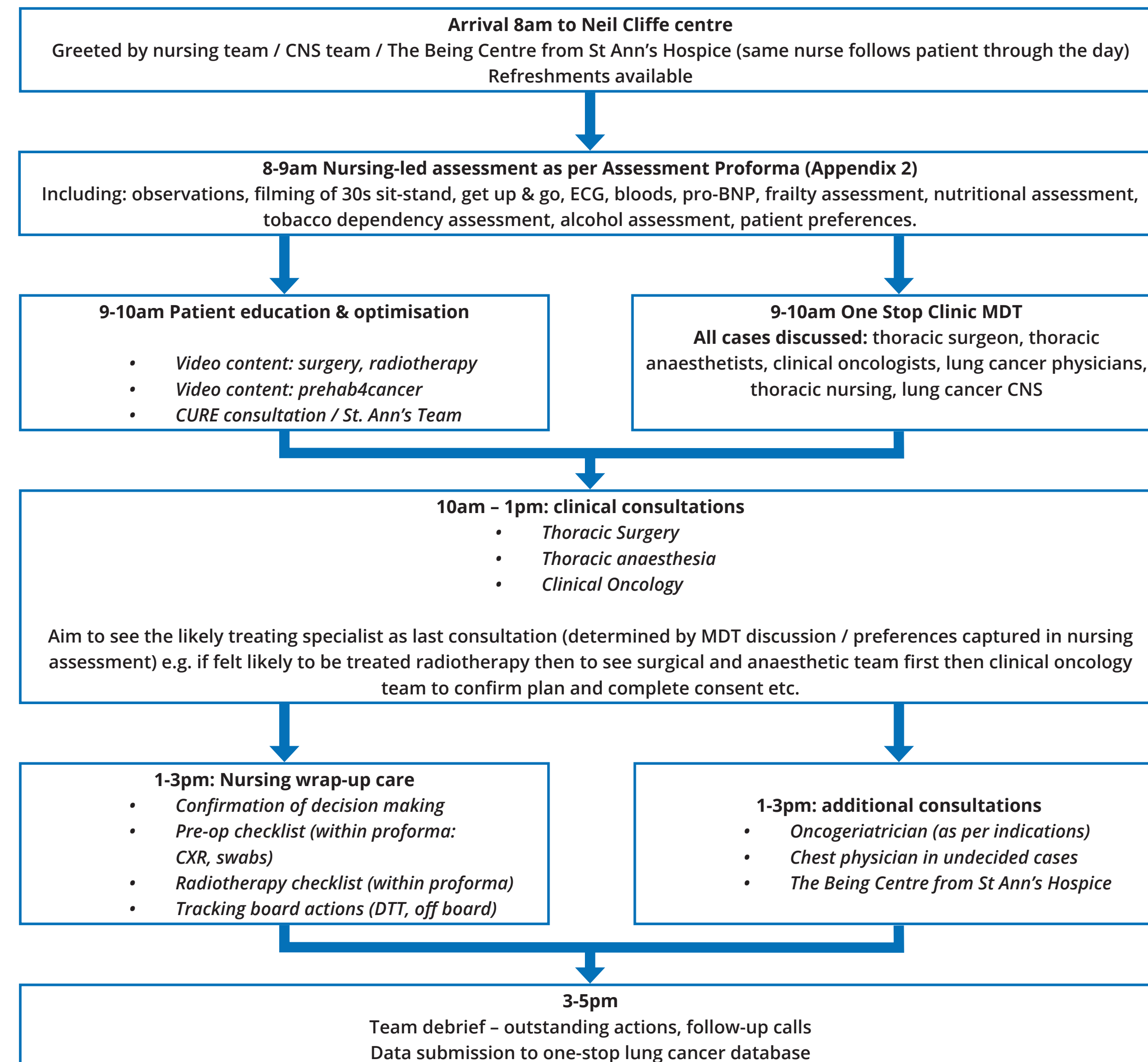
If a patient fulfils these criteria then one-stop clinic appointment could be considered

- Recent MI / CVA / PE (within the last 6 weeks)
- Thoracic revised cardiac risk index >=2 factors
- Previous irradiation to the thorax
- Chronic kidney disease stage 4-5 (eGFR <30)
- Severe PVD (claudication limiting functional capacity)
- Alcohol intake >20 units / week
- Previous head and neck surgery
- Any factor considered by the referring / receiving teams that makes an individual patient higher risk

### Process Map - Referral, bookings and pre-clinic actions



## Process Map - Clinic Day Schedule




# RESPONSIBILITIES OF THE CLINIC CLINICIANS

### Surgeon (patient has confirmed surgery as treatment):

- **Supervision of MDT proforma completion & scribe during MDT** (by surgical team – clinic consultant/middle grade)
- **Dictate letter to referring team and GP explaining the outcomes of the clinic assessment** (summarising outcomes of MDT and all consultations)
- **Complete surgery consent form**
- **Update thoracic nursing staff for listing process**
- **No need for clinical oncologists to dictate correspondence** (unless specific detail / information required to be provided e.g. complex cases)

### Clinical Oncologist (patient has confirmed radiotherapy as treatment)

- **Dictate letter to referring team and GP explaining the outcomes of the clinic assessment** (summarising outcomes of MDT and all consultations)
- **Complete radiotherapy consent form**
- **Complete radiotherapy booking form**
- **No need for thoracic surgeons to dictate correspondence** (unless specific detail / information required to be provided e.g. complex cases)

### Chest Physician (patient required additional physician-led consultation to agree treatment)

- **Chair high risk MDT meeting**
- **Dictate letter to referring team and GP explaining the outcomes of the clinic assessment** (summarising outcomes of MDT and all consultations) **including a formal referral to agreed treating clinician**
- **Update treating team to commence listing / treatment pathway**
- **Confirm follow-up if additional time required for decision making**

### Anaesthetist

- **Complete EPR form for anaesthetic clinic & document within assessment proforma** (important for visibility to anaesthetic team on the day of surgery)
- **No formal dictation required** (unless specific detail / information required to be provided e.g. complex cases)

### Oncogeriatrician

- **Dictate letter to referring team and GP explaining the outcomes of the clinic assessment** (separate letter to treating clinician letter)

### CURE team

- **Complete CURE specialist assessment form in EPR & confirm follow-up arrangements**

# ONE-STOP LUNG CANCER CLINIC DATABASE

**The clinic nursing staff will complete the following data-fields within a bespoke one-stop lung cancer clinic database:**

- **Patient name**
- **NHS number**
- **Age**
- **Gender**
- **Indication for clinic** (absolute indication, relative indication, other)
- **Performance status** (0-4)
- **Clinical frailty score** (1-8)
- **BMI**
- **MUST score** (points)
- **AMSE** (points)
- **Smoking status** (current smoker, ex-smoker, never smoker)
- **30sec sit to stand result** (repetitions)
- **Get up and go test** (seconds)
- **Pro-BNP level**
- **Established diagnosis of interstitial lung disease**
- **Post-operative predictive FEV1** (%)
- **Post-operative predictive DLCO** (%)
- **Shuttle walk test** (m)

### Adherence to protocol
(as per assessment proforma)

- **Tobacco dependency protocol** (Yes/No)
- **Nutrition protocol** (Yes/No)
- **Oncogeriatric referral protocol** (Yes/No)
- **Alcohol protocol** (Yes/No)
- **Prehab4cancer protocol** (Yes/No)

### Pathway data

- **Date of referral acceptance**
- **Date of clinic**
- **Date of decision to treat**
- **Decision to treat made on day of clinic** (yes/no)
- **Treatment outcome** (curative treatment -surgery, curative treatment oncology, curative treatment – other, no treatment)
- **Time from referral acceptance to** treatment decision (days)

### Outcome data (will be collected a later time point to clinic visit)

- **Date of treatment** (date or surgery or date radiotherapy commences)
- **Time from date of referral acceptance to treatment** (days)
- **Time from treatment decision to treatment**
- **Length if stay** (days) **– for surgical patients**
- **Length of CTCCU stay** (days) **– for surgical patients**
- **30-day mortality**
- **90-day mortality**

# KEY PERFORMANCE INDICATORS

### Adherence to optimisation protocols – reported quarterly

| Protocol | Red rated | Amber rated | Green rated |
|---|---|---|---|
| Tobacco | <75% | 75-90% | >90% |
| Nutrition | <75% | 75-90% | >90% |
| Oncogeriatrics | <75% | 75-90% | >90% |
| Alcohol | <75% | 75-90% | >90% |
| Prehab4Cancer | <75% | 75-90% | >90% |

### Pathway Performance – reported quarterly

| Protocol | Red rated | Amber rated | Green rated |
|---|---|---|---|
| Proportion of patients with a decision to treat made on the day of clinic | <50% | 50-75% | >75% |
| Time from referral acceptance to decision to treat ≤7days | <50% | 50-75% | >75% |

### Adherence to optimisation protocols – reported quarterly

| Protocol | Red rated | Amber rated | Green rated |
|---|---|---|---|
| Proportion of patients treated with curative intent treatment | <75% | 75-90% | >90% |
| Median Length of Stay (Surgery)<br>Median CTCCU stay (Surgery) | >14 days<br>>5 days | 7-14 days<br>3-5 days | <7 days<br><3 days |
| 30-day mortality | >5% | 3-5% | <3% |
| 90-day mortality | >10% | 5-10% | <5% |

# EVALUATION

## The evaluation of impact for this clinic will be multi-faceted

- Quarterly optimisation and pathway KPIs
- Annual outcome data
- Pre & post implementation pathway analysis comparison
- Pre & post patient experience analysis (Appendix 3)
- Pre-post referrer experience analysis
- Cost effective analysis through the GM cost benefit analysis team

# GOVERNANCE STRUCTURE

KPI reports and evaluation results will be reported into the Governance Board of the Lung Cancer & Thoracic Surgery Directorate at Wythenshawe Hospital, the Lung Oncology team at The Christie and the Greater Manchester Cancer Senior Leadership Team.