

HPB PATHWAY BOARD MEETING

Third meeting of the HPB Pathway Board 18 September 2014 & Educational Event, Royal Albert Edward Infirmary Wigan

IN ATTENDANCE	
Derek O'Reilly	HPB Pathway Director
Tom Pharaoh	Manchester Cancer Associate Director
Juan Valle	The Christie NHS Foundation Trust
Mairead MacNamara	The Christie NHS Foundation Trust
Debbie Clark	Pennine Acute NHS Trust
Mahesh Balme	Bolton NHS Foundation Trust
Vinod Patel	Tameside Hospital NHS Foundation Trust
Amanda Corfield-Halliwell	Bolton NHS Foundation Trust
Kevin Finn	GP Representative
Dr Mong-Yang Loh	Stockport NHS Foundation Trust
Rafik Filobbos	Radiology lead
Thomas Satyadas	Central Manchester University Hospitals NHS Foundation Trust
Vicki Stevenson-Hornby	Wrightington, Wigan and Leigh NHS Foundation Trust
Gurvindar Banait	Wrightington, Wigan and Leigh NHS Foundation Trust
Imran Alam	Wrightington, Wigan and Leigh NHS Foundation Trust
Apologies:	Ajith Siriwardena, Harry Kaltsidis, Caroline McCall

Agenda Item	Action
<p>1. Minutes of the second pathway board meeting of 24 June 2014 & Matters arising.</p> <p>The minutes of the meeting of 24 June 2014 were accepted and agreed as a true record of the meeting.</p> <p>Issues arising:</p> <ol style="list-style-type: none"> 1. DOR gave an update on the status of the Jaundice Pathway: an application for funding a Jaundice CNS had been made to the ACE programme (decision awaited). 2. The 2015 annual education event will take the form of a joint gastro-intestinal cancer meeting, with presentations by the OG, HPB and Colorectal Pathway Boards. 	<p>DOR to liaise with these pathway boards and provide speakers for the educational event (date & venue to be confirmed).</p>

Manchester Cancer

<p>2. The Cancer Patient Experience Survey & Opportunities for Improvement. DC gave a detailed presentation on the National Cancer Patient Experience survey (CPES) 2012/13. She outlined the national process, patient selection and survey method and response rate. CPES results for “Upper GI” (including HPB) at PAT and CMFT were presented, with comparison to the national result, for all 62 questions. An action plan was outlined (see Appendix 1). Discussion reflected a willingness to standardise patient information across the region, incorporating good practice from each of the 10 participating Trusts.</p>	<p>DC and other CNS members to commence work on standardised patient information.</p>
<p>3. MC Patient Charter and Patient Involvement TP outlined the MC strategy for patient involvement on the pathway boards. This includes: the MC patient charter, training, mentoring and “buddying-up” for participants. Funding is being sought from Macmillan Cancer.</p>	<p>TP to pursue funding to implement meaningful patient participation on the Pathway Boards.</p>
<p>4. Annual Report & Annual Plan These have been sent to all members. DOR presented the executive summary. The annual plan was agreed. It was acknowledged that resources for accurate data collection were essential for measuring progress.</p>	<p>CMC to put annual report and plan on Manchester Cancer website.</p>
<p>5. Ideas for network wide audit Item deferred to next meeting.</p>	
<p>6. Survivorship questionnaire TP outlined the request from the Living with & Beyond Cancer cross-cutting Pathway Clinical Director (Wendy Makin) for baseline data on the provision of services for patients as they approach the end of planned treatment. This is in line with The National Cancer Survivorship Initiative (NCSI).</p>	<p>ACH to lead on collating responses from CNS from each of the 10 trusts.</p>
<p>7. Membership and assigned roles It was agreed that Pathway Board members play a key role in the dissemination of information. They should act as a conduit of information between the Pathway Board and their clinical team, sharing freely documents and minutes. They should also link into any local or regional professional groups. Pathway Boards members were reminded of their responsibility to try to prevent any claims of lack of information and involvement from those not on the Board. New Board members (MMN, MB, ACH, VP, KF) were warmly welcomed. It was agreed that Trust representatives and their deputies may both attend the Pathway Board meetings but that, in the event of a vote, there would be 1 vote per Trust, with a casting vote by the Pathway Director, in the event of a tied vote.</p>	<p>Deputy representatives are required from each Trust, where these do not already exist.</p>

<p>8. Dates & Venues for Next meetings</p> <p>Future HPB Pathway Board meetings are scheduled to take place at two monthly intervals. These will take place at each of the ten participating Trusts in turn, with the additional feature of a wider meeting/educational event for the benefit of the local MDT. The day of the meeting will alter on a rolling basis.</p> <p>13/11/2014 10.00 - CMFT 23/01/2015 - Stockport March 2015 - Wythenshawe May 2015 – Macclesfield Sept 2015 – Bolton Nov 2015 - Tameside</p> <p>A combined CMFT & Manchester Cancer Research Event will take place on 19 November at CMFT.</p>	<p>Trust representatives to arrange date, times, appropriate venues and refreshments. Organisation of a lunchtime educational event for the local MDT is encouraged.</p>
<p>9. AOB.</p> <p>DOR thanked the local organisers (GB and VSH) for their work on organising the excellent venue and hospitality.</p> <p>A MC Educational Event (see appendix) followed lunch with the local MDT.</p>	

APPENDIX 1. The Cancer Patient Experience Survey 2012/13 & Opportunities for Improvement.

Actions:

- Additional CNS required to support case load
- Key contact for CNS / keyworker (business card)
- Information prescription commenced “right information at the right time”
- General tumour group specific leaflet given / details of Macmillan information centre
- Copy of clinic letter / record of consultation offered
- GP notification of cancer diagnosis faxed within 24hrs
- Ensure follow up appointment arranged
- CNS key worker contact details to be given to patient and family
- Patient provided with literature regarding treatment options
- Use of holistic needs assessment to identify concerns early
- Review information- treatment options, side effects and support needs, importance of early referral for benefits advice
- Provision of relevant information to patient & relevant others
- Signpost to support groups – include in specific patient literature, websites, information packs
- Complete patient held diary and records
- Information regarding research/clinical trials
- Early Implementation of HPB patient pathway / guidelines to ensure the patient receives the right care at the right time from the right person
- Dissemination of information to colleagues via appropriate forums ie; HPB pathway board, educational events, in house teaching to ward staff
- Ensure handover of care is accurate and comprehensive from Trust to Trust, department to department. CNS contact information for each part of the patient’s pathway to be given to the patient by the primary contact.
- All CMUH refurbishment plans will include a quiet / interview room
- All current ward configurations will allow access to a private area
- Use of Macmillan Centre as an alternative
- Use of holistic needs assessment to identify concerns (care plan available in patient records) – effective communication by CNS to ward / clinical staff
- All staff will have access to communication training e.g. Sage and Thyme. Consider shadowing CNS/ Macmillan colleagues to gain insight into role
- Consider local patient support group
- Appropriate number of ward staff on duty
- Obtain consent from patient to ask if they would like a family member to be contacted immediately following surgery (major cases)
- Ensure that the family member’s contact details is available for the Consultant to contact post operatively
- Availability of medical staff post-surgery
- Medication and referral to community teams prepared the day before or early morning on the day of discharge
- Transport arranged in a timely manner to prevent delays
- Discharge pack to be given to each patient by ward staff 24hrs prior to discharge, to include a checklist, ward contact details. CNS to provide specific information
- GP to receive treatment / discharge summary within 24 hours

**Greater Manchester
Cancer Services**

part of **Manchester Cancer**

A MANCHESTER CANCER EDUCATIONAL EVENT

DATE: Thursday 18th September 2014

TIME: 12.30 to 13.30

VENUE: Lecture Theatre, Educational Centre, Royal Albert Edward Infirmary

SPEAKERS

“Hepato-biliary & Pancreatic (HPB) services in the Manchester Cancer Region”

Mr. Derek O’Reilly, HPB Pathway Clinical Director, Manchester Cancer

“Improving Outcomes in Pancreatic Cancer”

Prof. Juan Valle, Professor of Medical Oncology, Christie Hospital.