Manchester Cancer

HPB PATHWAY BOARD MEETING

Meeting of the HPB Pathway Board, 6th May 2015
Macclesfield General Hospital

IN ATTENDANCE	
Derek O'Reilly	HPB Pathway Director
Amanda Corfield- Halliwell	Bolton
Mahesh Bhalme	Bolton
Juan Valle	Christie
Ajith Siriwardena	CMFT
Konrad Koss	East Cheshire
Ramasamy Saravanan	East Cheshire
Mong-Yang Loh	Stockport
Gurvinder Banait	WWL
Vicki Stevenson-Hornby	WWL
Adrian Tang	Macclesfield
Kristy Williams	Stockport
Rafik Filobbos	Pennine
Harry Kaltsidis	UHSM
Thomas Pharaoh	Manchester Cancer
Melanie Dadkhah-Taeidy	Tameside
Khalid Barakat	East Cheshire
Anna Lewis	East Cheshire

Agenda Item	Action
1. Minutes of the pathway board meeting of 20th March 2015 DOR introduced latest version of the minutes of the last meeting. He informed the board that they had been revised and abbreviated in the light of feedback from board members on the previous version. The minutes of the meeting of 20th March 2015 were accepted and agreed as a true record of the meeting. **Matters arising not on the agenda** Voting – DOR outlined a proposed section on voting to add to the board's terms of reference and no objections were raised. Endoscopic ultrasound – DOR reminded the board that there had been some disagreement on this issue at the previous meeting and gave a summary of the discussion. It was clarified that there were 5 centres currently undertaking	DOR to escalate matter to Dave Shackley, Manchester

EUS and that all were supported to continue to do so but that a regional audit would be undertaken to maintain the quality of these services. It was noted that there were plans to develop a service at The Christie. Colorectal liver metastases – DOR noted that the document had been disseminated among colleagues for validation and DOR will disseminate to the board once a final draft is available. DOR noted that the big issues were who does surveillance for colorectal liver metastases and how long surveillance should last for. Gallbladder polyps – M-YL outlined the changes to the follow-up protocol. There was a discussion of follow-up in primary and secondary care and it was agree that this change needed to be incorporated. The board approved the final draft contingent on this change.	Cancer Medical Director. DOR to distribute CRLM document once finalised. MYL to amend GB polyp algorithm.
2. National Cancer Peer Review briefing TP introduced a briefing document that was developed and shared widely by the Manchester Cancer core team. He explained to the board that its purpose was to set down in one place everything that needed to be known about the peer review process. The board heard that peer review took place at two levels: the MDT and 'network' level. It heard that the MDT level continued to be the responsibility of trusts and that Manchester Cancer was responsible for the network level. TP stated that the Manchester Cancer core team was committed to peer review but also committed to minimising the administrative burden of peer review. The board heard that the templates for Pathway Board annual reports and annual plans had been developed to fit the peer review process and that Pathway Boards would have their constitutions and self-assessment paperwork drafted for them by the Manchester Cancer team. The board heard that this year the HPB Board was one of the Pathway Boards that were required to conduct a self-assessment this year. He talked the board through the timeline that was included in the briefing document. TP also outlined the ways in which the Manchester Cancer team was ensuring that trusts could assess their compliance with MDT peer review measures that were reliant on activity at the 'network' level.	CMFT HPB Unit to undergo Peer Review Self-assessment 9 July 2015
3. CMFT HPB Unit clinical results: the first 6 months DOR introduced Georgio Alessandri (GA), Senior Clinical Fellow at CMFT, to present the activity and outcomes of the new single merged HPB unit from	

October 2014 to March 2015. The board heard that all instances of complications were recorded and discussed by the team at CMFT. It heard that complications were graded and the extent to which they were the result of an error was assessed. GA outlined that for liver resection the unit had a complication rate of 15.7% in the period analysed. The board heard that the majority of complications were bile leaks but that this was in the range expected from the literature. The board heard that there were no reoperations and no mortality associated with liver resection. The board heard that for pancreatic resection the unit had a complication rate of 41%. GA outlined that the majority of complications were pancreatic fistula, only one of which was severe enough to require reoperation. The board heard that there was a single postoperative death in the 6-month period since the unit was formed. GA outlined the case in detail and the board heard that after the discussion the team had classified this as 'not preventable'. DOR thanked GA for his talk and there was some general discussion of the results. It was noted that data on patients readmitted to their local hospitals following surgery at the central unit was not well captured. DOR suggested that Pathway Board could be the vehicle to resolve this and stated that updated data would be presented at six-monthly intervals. JV noted that the inclusion of information from the literature on the outcomes that should be expected was helpful for non-surgeons and suggested that the unit set its own tolerance limits using this information. It was noted that a high complication rate was likely to be related to good data collection but that minimum thresholds should be set for readmission, reoperation and mortality. DOR noted that the clinical outcomes of the unit so far justified the difficult process of bringing the two units together.	
4. Jaundice pathway: the Macclesfield experience DOR noted that Macclesfield was the first place in the region to develop a jaundice pathway and invited RS to talk about the pathway and its outcomes. RS outlined the nature of the pathway before the changes were introduced, which often resulted in delays. The board heard that he used the example of the jaundice pathway in place where he had trained in Plymouth to develop the new pathway. The board heard that the service had seen 28 patients over 18 months, with	

an average age of 69 years. It heard that 100% of patients had investigations within 2 weeks and that 96% had an outcome within 2 weeks. RS noted that, due to rapid access to clinic and radiology support, 86% of these patients were managed as an outpatient and admissions were therefore reduced. The board heard that the average wait from referral to investigation was 4.8 days. RS noted that demand was expected to increase as GPs learn about the service and the population ages. The board heard that useful data for planning future services had been collected over the 18 months. He noted that there were still improvements to be made to the pathway and outlined plans for a patient survey and improved patient information The board heard that discussions with commissioners would be required to extend the service. DOR thanked RS for outlining the fantastic service in place at Macclesfield and stated that the board should have the ambition to ensure that the service was replicated across the region.	DOR to lead on appointment of Jaundice CNS and data collector, using ACE funding.
5. Research report JV presented a HPB-specific research report provided by the local NIHR Clinical Research Network team and noted that updated data for the last financial year as a whole was expected soon. JV outlined the recruitment targets set by the NIHR: 7.5% of patients into interventional studies and 20% into observational studies. He stated that in HPB the 7.5% target had been achieved in the first 6 months of the year but that, while this was seen as an 'easy win' in other pathways, recruitment to observational studies was low in HPB. The board hear that a few major studies had closed during the course of the year, making it difficult to keep the recruitment numbers up. It heard that there was currently no adjuvant study or high-recruiting study into metastatic pancreatic cancer to recruit into. JV stated that he was hopeful that improvements to trial recruitment could be driven by the new merged unit. He informed the board that he had asked for Manchester to join a key study on the NIHR portfolio that it was not yet involved with. The board heard that there were also opportunities for Manchester to develop its own studies and there was some discussion of this.	
6. Liver Multiscan research proposal AT outlined the work of a company (Perspectum Diagnostics) offering the service of non-invasively quantitating fibrosis fat and iron with MR without contrast. AT noted that the service was open to any hospital with a Siemens	

scanner using off-the-shelf sequences (from the MyoMaps package). He outlined the detail of the process and noted that after the initial set up the company could provide images for £200 per patient. AT introduced the data from the only peer-reviewed paper with validation of the technique used. He also outlined where the service was being used currently in research studies but noted that nowhere was it being used in isolation. There was a discussion of the proposed service. It was noted that there was an opportunity for a site with a Siemens scanner and MyoMaps to be involved in further research.	Board members to contact AT if interested in Liver Multiscan research
7. Greater Manchester healthcare budget devolution and implications for Manchester Cancer DOR invited TP to give an update on Greater Manchester devolution. TP informed the board that the proposals were developing and that some key documents were expected: an outline business case by August 2015 (outlining these governance arrangement and some early priorities) and a full strategic plan by December 2015. The board heard that full devolution would take place by April 2016 but that this would be dependent on the election of a mayor for the region. TP noted that representatives of devolution had attended the Manchester Cancer Provider Board and that they were looking at Manchester Cancer as an example of the type of collaboration that will be required. There was some general discussion of the concept of devolution. The board heard that a formal update would be shared with Pathway Boards when available.	
8. MC and Macmillan plans for patient involvement TP gave an update on the Manchester Cancer core team's work with Macmillan on user involvement. The board heard that towards end of last year Manchester Cancer had been successful in a partnership application to Macmillan for over £300k to fund a dedicated user involvement team. TP noted that the process had taken longer than he wold have liked but that the members of this team were now starting in post. The board heard that its priority would be to work with Directors and Pathway Boards to develop patient representation in all groups and also work on patient information and patient experience work. The Board welcomed the development and looked forward to the benefits that meaningful user involvement would bring.	DOR to meet with Macmillan User Involvement Team
9. Standardised patient information leaflets	SI to lead on the

DOR noted that this work was ongoing.	development of Manchester Cancer patient leaflets
10. Roles and responsibilities of Pathway Board members DOR asked for volunteers for the roles of mentor for future patient representatives and leads for palliative care and living with and beyond cancer.	Interested members to get in touch with DOR
11. Dates and venues for future meetings 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. The HPB Pathway Board meeting was followed by an educational event held at the Macclesfield Grand Rounds (Appendix 1). Forthcoming meetings: • 4th Sept 2015 – Bolton • 18 Nov 2015 – Tameside • 26-27 November – Pancreatic Society of Great Britain and Ireland	

Appendix 1

A MANCHESTER CANCER EDUCATIONAL EVENT

DATE: 06.05.2013

TIME: 12.30

VENUE: Lecture theatre, First floor, Macclesfield General Hospital

SPEAKERS

"HPB Services and Strategy 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.

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