

## HPB PATHWAY BOARD MEETING

### Meeting of the HPB Pathway Board, 4<sup>th</sup> September 2015 Bolton Royal Hospital

IN ATTENDANCE	
Derek O'Reilly	HPB Pathway Director
Rebecca Price	Manchester Cancer
Mahesh Bhalme	Bolton
Michelle Storey	WWL
Vicki Stevenson-Hornby	WWL
Rebecca Leon	GP representative
Lucie Francis	MacMillan / Manchester Cancer
Mong-Yang Loh	Stockport
Melanie Dadkhah-Taeidy	Tameside
Sarah Bell	Pancreatic Cancer UK
Apologies:	Rafik Filobbos, Mairead McNamara, Ramasamy Saravanan, Juan Valle, Debbie Clark, Sharan Ingram

Agenda Item	Action
<p><b>1. Minutes of the pathway board meeting of 6<sup>th</sup> May 2015</b></p> <p>DOR introduced latest version of the minutes of the last meeting.</p> <p>The minutes of the meeting of 6th May 2015 were accepted and agreed as a true record of the meeting.</p> <p style="text-align: center;"><b><u>Matters arising not on the agenda</u></b></p> <p><b>Endoscopic ultrasound –</b></p> <p><u>Minutes of a meeting held on 20 May 2015 at UHSM to discuss the HPB Patient pathway</u></p> <p><b>In attendance:</b> Dr. John Crampton, Medical Director, UHSM, Mr. Dave Shackley, Medical Director, Manchester Cancer, Mr. Derek O'Reilly, HPB Pathway Clinical Director, Manchester Cancer, Dr. Harry Kaltsidis, Consultant Gastroenterologist, UHSM.</p> <p><b>Purpose:</b> The purpose of the meeting was to clarify patient pathways for complex tertiary HPB endoscopy and endoscopic ultrasound (EUS).</p>	

**Outcomes:**

1. UHSM is fully committed to the Framework Commissioning Specification, Manchester Cancer and to CMFT as the sole provider for tertiary HPB care. It has no strategic aspiration to develop a rival “tertiary care centre for HPB endoscopy”.
2. Manchester Cancer and the CMFT SMDT fully support excellent local diagnostic services has no plan to centralise them. Routine, secondary care HPB endoscopy/ERCP will continue at UHSM and other referring Trusts.
3. When a referring secondary care centre deems it necessary to make a “tertiary referral” for a HPB endoscopic procedure, it should do so to the CMFT unit.
4. Future complex endoscopic interventions, e.g. radiofrequency ablation, endoscopic necrosectomy should only be developed on the CMFT site.
5. For all patients with HPB cancers, clinical decision making should be made at the CMFT Specialist SMDT.
6. It is the interests of patients with HPB cancers for Manchester Cancer and the CMFT SMDT to seek to utilise the expertise of skilled HPB practitioners within the region. Specifically, the option for existing EUS practitioners to undertake complex HPB endoscopy on the CMFT site should be explored and supported.

**EUS Audit:** - DOR Informed the group that the EUS audit data forms had been sent out in the last month. He explained that the audit questionnaire was similarly formatted to an NCEPOD questionnaire and is expecting these to be returned in the upcoming weeks. The Trusts involved have all been asked to also submit 50 EUS reports to be sent alongside the questionnaire. The reports will be analysed and scored against current quality measures of the American Society of Gastrointestinal Endoscopy and the British Society of Gastroenterology. The plan upon completion of the audit is to launch an event to highlight the findings of the audit, with all interested parties all in attendance.

**Gallbladder polyps** – M-YL outlined the changes to the follow-up protocol and presented an algorithm to aid with management. There was a discussion of follow-up in primary and secondary care and it was agreed that good communication and inclusion of the follow-up protocol with correspondence from secondary care is essential. The board approved the final draft contingent on this change. M-YL agreed to circulate the finalised document to the board. The final agreed algorithm can be found in appendix 1.

**Peer review** - DOR highlighted that Palliative care support was seen as the only area concern following this year’s peer review of the CMFT HPB Unit. It is recognised that there are very few consultants specialising in Palliative care nationally.

**Greater Manchester healthcare budget devolution and implications for Manchester Cancer** - RP informed the board that representatives of devolution had attended the Manchester Cancer Provider Board and that they were looking at Manchester Cancer

**Action: M-YL to circulate the finalised Gallbladder polyps document to the board.**

<p>as an example of the type of collaboration that will be required. A bid has been submitted by the Christie who is aiming to act as the managing site to set up these collaborations.</p> <p><b>Early diagnosis</b> - VSH updated the group to say that the early prevention and diagnosis pathway group have organised an event on 1st October, in Wigan. This will be in a primary care setting and the aim will be to produce an early diagnosis signs and symptoms leaflet.</p>	<p><b>Action: VSH will attend to represent the HPB pathway.</b></p>
<p><b>2. Annual Report</b></p> <p>DOR presented the final draft of the HPB board Annual report for 2014-15. He took the board through the contents, which included progress to date and outlined the objectives for the coming year:</p> <ol style="list-style-type: none"> <li>1. To fully implement a Regional Jaundice Pathway</li> <li>2. To implement a Prehabilitation Programme: <i>Nutritional Exercise and Psychological Assessment &amp; Support</i>.</li> <li>3. To conduct a regional EUS audit</li> <li>4. To improve Patient representation on the pathway board and patient experience</li> <li>5. To maintain recruitment to clinical trials and observational studies in excess of national targets</li> <li>6. To maintain a high level of engagement in all ten trusts, including the provision of educational events.</li> </ol>	<p><b>Action: RP to upload annual report to Manchester Cancer Website</b></p>
<p><b>3. Living with &amp; Beyond Cancer</b></p> <p>Postponed for presentation and discussion at the next meeting.</p>	
<p><b>4. Jaundice pathway: Update</b></p> <p>DOR updated the board informing them that the Jaundice pathway Data collection officer (Karen Ridyard) had now started in post and the Jaundice CNS (Aileen Ahearn) has also been appointed.</p> <p>Same day diagnostic testing was also discussed. The board raised concerns around its feasibility from trust to trust. Radiology support appeared to be cause for concern among the Board; feeling that operational policy and staffing levels may affect this. Also the board felt that capacity issues resulting in delayed waiting times may be a problem.</p> <p>DOR proposed writing a letter to each organisation's Medical Director (with David Shackley's co-signature), to highlight the need for continued support with implementation of the Juandice pathway at each Trust.</p>	<p><b>Action: DOR to write to each organisations MD's to gain support for the pathway.</b></p>

<p><b>5. Macmillan plans for patient involvement</b></p> <p>Lucie Francis was welcomed to the board as the new Macmillan User Involvement Manager. LF updated the board with the information that Macmillan has funded 5 posts to facilitate better and more meaningful patient involvement with Manchester Cancer. These appointments will help to facilitate patient representation on each of the patient boards.</p> <p>LF expressed her ambitions for the board for the upcoming year in regards to User involvement. She explained that she felt it was key that users feel confident and able to speak out/challenge the board. Lucie will be attending board meetings to support patient reps, and explained that the new rep can look to her for guidance and peer support if required. If any of board has any ideas for projects/demographics ideas etc they have advised to discuss with Lucie.</p>	<p><b>MD-T &amp; DC to meet with Macmillan User Involvement team</b></p>
<p><b>6. HPB Integrated programme / MacMillan Funding</b></p> <p>DOR explained the rationale behind the idea of formulating a Prehabilitation programme for patients due to undergo major HPB surgery. This is an integrated program of nutritional, exercise and psychological support throughout the patient journey, from initial diagnosis to “Living with and beyond Cancer”.</p> <p>RP updated the Board with feedback received from her recent meeting with part of the MacMillan Commissioning team. RP met with Macmillan to discuss the option of submitting an application for funding to develop the HPB Integrated programme. The MacMillan team were supportive of the proposed plan for development of this project, but felt that this might be co-awarded to the OG team in CMFT (where the Pre-hab project would be piloted). The Board agreed that any resources offered by Macmillan would be welcome. Application for possible funding of a dietician, part time CNS, Possible Co-ordination support and admin / IT support would also be considered. The deadline for applications is Mid October.</p>	<p><b>Action: RP will continue to liaise with DOR, staff at CMFT and MacMillan to develop an application for MacMillan funding.</b></p>
<p><b>7. Pancreatic Cancer UK</b></p> <p>The board welcomed Sarah Bell, Head of services for Pancreatic cancer to the meeting.</p> <p>Sarah gave a presentation entitled “Pancreatic Cancer UK; What is our Role &amp; Ambitions”. She discussed: the support line, discussion forum, publications for patients, support groups, information days, research funding, fundraising &amp; campaigning. The Support line received 2000 calls/emails during 2014/15 and up to 80% of contacts end up needing dietary support.</p> <p>A Study Day will take place at Crewe Hall, Crewe on Monday 19<sup>th</sup> October 2015. For further information: <a href="http://www.pancreaticcancer.org.uk">www.pancreaticcancer.org.uk</a></p>	

## 8. Dates and venues for future meetings

Future HPB Pathway Board meetings

- 18<sup>th</sup> Nov 2015 – Tameside 10.00
- 18<sup>th</sup> November HPB Research Evening – Nowgen Centre, Central Manchester University Hospitals. 18.00
- 22<sup>nd</sup> Jan 2016 – The Christie 14:00 until 16:00
- 23<sup>rd</sup> March CMFT, Manchester Royal Infirmary 10-12.00
- 14 April 2016 – The Manchester Pancreatic Cancer Symposium, Town Hall, Manchester
- May 2016 – The Christie
- 23<sup>rd</sup> September 2016, 10am-12pm – Manchester Royal Infirmary
- 18<sup>th</sup> November 2016

Appendix 1

