

HPB PATHWAY BOARD MEETING

Meeting of the HPB Pathway Board, 23 January 2015
Stepping Hill Hospital, Stockport

IN ATTENDANCE	
Derek O'Reilly	HPB Pathway Director
MY Loh	Stepping Hill Hospital
Vicki Stevenson-Hornby	Wrightington, Wigan and Leigh NHS Foundation Trust
Debbie Clark	CNS, CMFT
Amanda Corfield-Halliwell	CNS, Bolton NHS Foundation Trust
Sharan Ingram	Salford Royal Infirmary
Anna Lewis	CNS, Macclesfield
Carole Mula	Manchester Cancer Palliative Pathway Director
Gurvindar Banait	Wrightington, Wigan and Leigh NHS Foundation Trust
Kristy Williams	CNS, Stepping Hill Hospital
Jo Puleston	CMFT
Apologies:	Konrad Koss, Martin Prince, Rafik Filobbos, Luke Williams, Juan Valle, Caroline McCall

Agenda Item	Action
<p>1. The minutes of the meeting of 13 Nov 2014 were accepted and agreed as a true record of the meeting.</p> <p>a. Matters arising not on the agenda: Consultation on strategy for systemic therapy delivery. The response prepared by Prof J. Valle is attached as appendix 1.</p>	
<p>2. Objective no 1 – Improving outcomes / survival rates</p> <p>a. Jaundice Pathway DOR reported success in obtaining funding for a Jaundice CNS and a data collector from the ACE fund (sponsored by NHS England, Macmillan and CRUK). The posts are to be recruited at CMFT. See appendix 2 for summary of the Jaundice Pathway.</p> <p>b. Gallbladder polyps protocol MYL presented an alternative to the Manchester Cancer/HPB unit guidelines, which recommended less intensive ultrasound surveillance for small (<5mm) polyps. It was agreed that the latest "UptoDate" algorithm be adopted. See Appendix 3.</p>	<p>DOR to lead on recruitment at CMFT.</p> <p>MYL to provide latest version of gallbladder polyp algorithm.</p>
<p>3. Objective no 2 – Improving the patient experience</p> <p>a. Palliative Care</p>	

<p>Carole Mula, Manchester Cancer Palliative Pathway Board Clinical Director gave a detailed presentation. Themes included: Who Provides Palliative Care?; Supportive Care; Quantifying the cancer care pathway; ASCO Guidelines; Evidence that palliative care, when combined with standard cancer care, leads to better patient and caregiver outcomes; Earlier integration of palliative care for patients with HPB; Challenges and Progress made by the Palliative Pathway Board; Putting the Five Priorities for Care into Action; Implementation of the Electronic Palliative Care Coordination System (EPaCCS); Earlier integration of palliative provision into oncology care and; How we can work together. Guidelines on Pain and symptom control, as well as referral, admission and discharge are being prepared by the Strategic Clinical Network and will be available soon.</p>	
<p>4. Objective no 3 – Research and clinical innovation</p> <p>a. EUS Audit</p> <p>DOR outlined the process and proposed quality measures for the regional EUS audit. These are based on the BSG Joint Advisory Group Quality and Safety Indicators for Endoscopy and the ASGE Quality Indicators For GI Endoscopic Procedures. This will comprise an organisational questionnaire and a review of individual EUS reports.</p> <p>b. Macmillan Innovation Fund applications</p> <p>Two applications from the HPB Pathway Board have been made to this fund;</p> <p>“An Integrated program of Nutritional support; Exercise and improved general well-being; and Screening for anxiety and depression, right across the four phases of: Prehabilitation, Enhanced recovery, Recovery/reablement and Living with and beyond cancer”; lead DOR and “INNOVATING CARE AT HOME FOR HPB AND UGI CANCER PATIENTS AND SURVIVORS WITH TELEMEDICINE” lead Adrian Tang, Macclesfield.</p>	<p>HK and DOR to complete the audit document and obtain support from Manchester Cancer medical Director and Provider Board.</p>
<p>5. Objective no 4 – Improving & standardising high quality care across the whole service</p> <p>a. Standardisation of patient information</p> <p>VSH reported progress and it was agreed that a standardised Manchester Cancer patient information leaflet be developed on the topic of ERCP/PTC/biliary stenting</p> <p>b. Minimum levels of HPB CNS in each hospital</p> <p>DC presented a review of the 2014 Specialist Adult Cancer Specialist Nurse census which was carried out in partnership with Macmillan Cancer Support, the Strategic and Cancer Networks and analysts, supported by the Centre for Workforce Intelligence. There are considerable variations in the provision of specialist cancer nurse expertise for those diagnosed with different cancer types and across geographic locations. The National Cancer Action Team has recommended 100 new cancer patients per CNS per annum. Of the 10 Manchester Cancer Trusts only 8 have a HPB CNS. The WTE provision and case load range is outlined in Appendix 4. UHSM & Pennine Acute Trust have no HPB CNS.</p> <p>c. Survivorship questionnaire</p> <p>ACH reported that 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 had been</p>	<p>VSH to lead on patient leaflet</p> <p>DOR & DC to take up the variation in HPB CNS provision and excessive numbers of patients per CNS per annum with the Manchester Cancer Medical Director and Provider Board.</p>

<p>submitted.</p>	
<p>6. AOB DOR thanked the local organisers (MYL and KW) for their work on organising the excellent venue and hospitality. A MC Educational Event (see appendix 5) followed lunch with the local MDT.</p>	
<p>6. Dates & Venues for Next 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.</p> <p>Forthcoming meetings:</p> <ul style="list-style-type: none"> 31/01/2015 – Joint Pathway Board (HPB/Colorectal/OG) Educational Event for GPs (Appendix 6). 20/03/2015 – Wythenshawe 21/05/2015 to 06/05/2015 – Macclesfield 04 Sept 2015 – Bolton Nov 2015 – Tameside Jan 2016 – Salford Royal Infirmary 	<p>Trust representatives to arrange date, times, appropriate venues and refreshments. Organisation of a lunchtime educational event for the local MDT is encouraged.</p>

Appendix 1. HPB Pathway Board response to the consultation on strategy for systemic therapy delivery.

Professor Gordon Jayson
Pathway Director
Manchester Cancer SACT Pathway Board
The Christie
Manchester
M20 4BX

04 February 2015

Dear Prof Jayson

Re: Proposal to Deliver Adjuvant Chemotherapy away from the Christie Withington site

I am writing on behalf of the Manchester Cancer Pathway Board to inform you of our thoughts on this proposal. With respect to HPB, Manchester now operates a single specialist MDT hosted at Central Manchester Foundation Trust; this centralized service allows us to channel all patients through the service with all patients (currently) receiving systemic anti-cancer therapy (SACT) through the Christie.

We are supportive of the proposal to consider delivering adjuvant chemotherapy (currently gemcitabine monotherapy) for appropriate patients as suggested in the strategy document. We would be keen to ensure that this did not compromise clinical trial recruitment as we have been amongst the lead recruiters in the major adjuvant NCRI studies (including ESPAC-1, ESPAC-3, ESPAC-4 and BilCap). However, there would be merits in opening these relatively straight-forward studies at multiple sites provided the appropriate governance measures were in place.

Please note that we already do avail ourselves of treatment slots in the “Christie-at” facilities for patients receiving palliative chemotherapy (in low numbers); regimens include single-agent gemcitabine, gemcitabine and capecitabine, cisplatin and gemcitabine and FOLFOX (in selected patients).

Kind regards



Professor Juan W Valle
Professor / Honorary Consultancy in Medical Oncology

Appendix 2. The Manchester Cancer Jaundice Pathway

The MC Jaundice Pathway provides for earlier diagnosis and timely referral for patients with pancreatic cancer through same-day definitive radiological imaging and fast-track referral for early surgery.

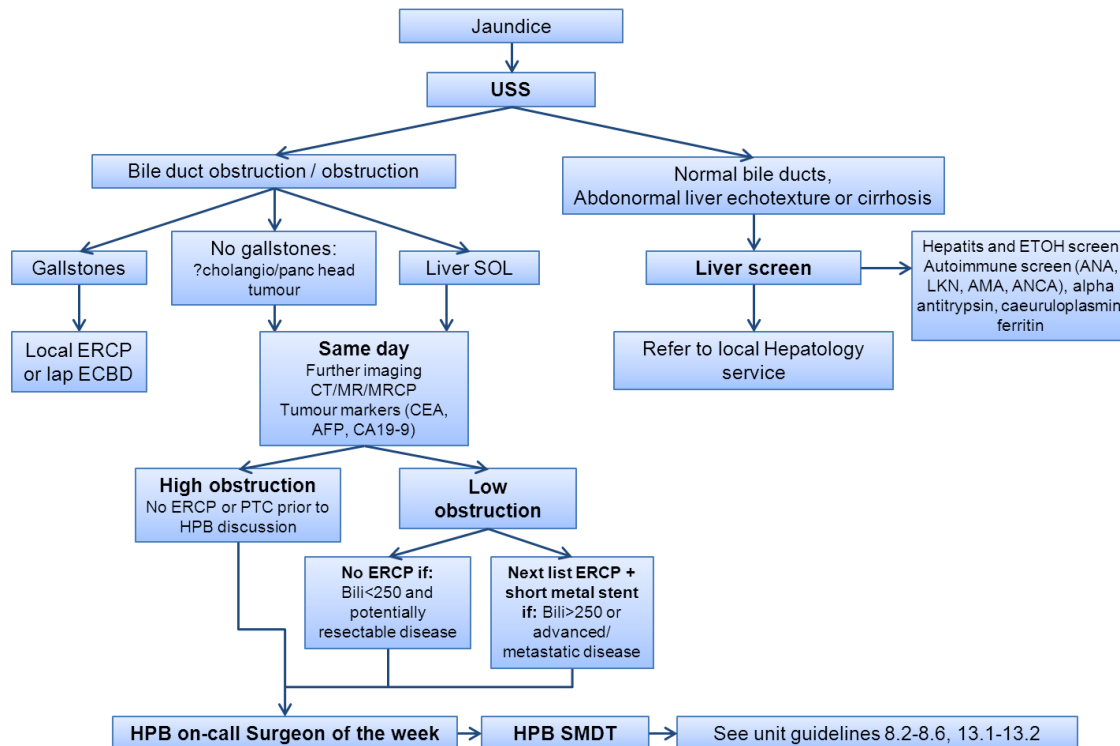
The Problem

The problems with the existing system of referring cancer patients presenting with jaundice are threefold: lack of timeliness, poor patient experience and high complications rates.

The solution

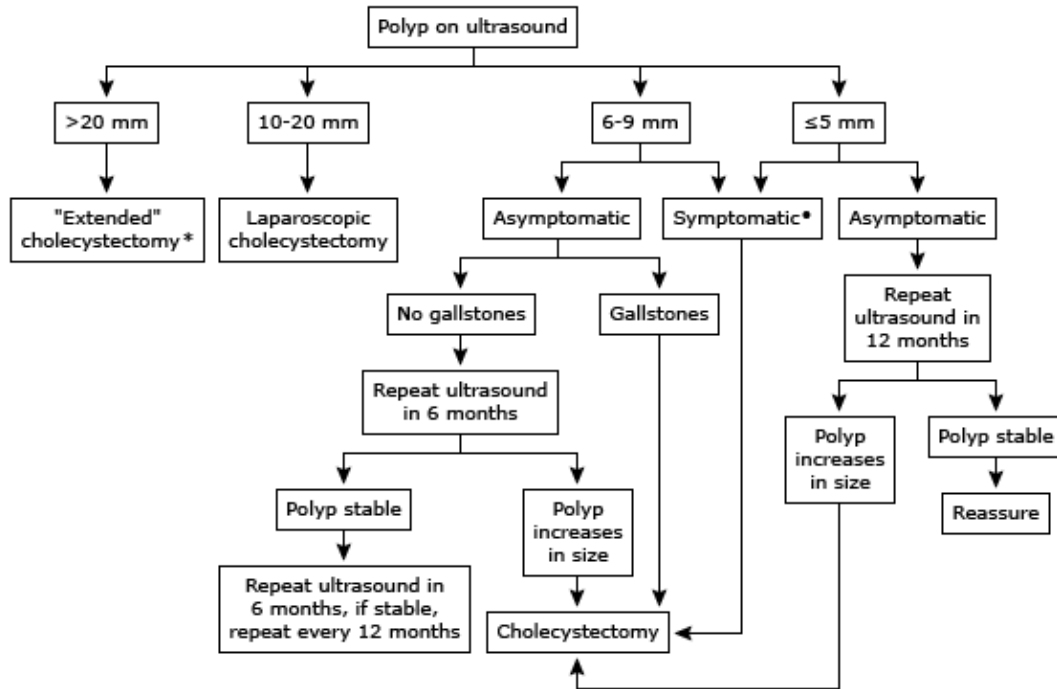
The MC Jaundice Pathway provides for earlier diagnosis as well as timely referral and improved pathways. The key innovations are twofold:

- 1 Same day definitive radiological imaging for patients presenting with obstructive jaundice not due to gallstones. The purpose is to provide for earlier diagnosis and timely referral and to improve patient experience.
- 2 Fast-track referral for jaundiced patients with pancreatic cancer for early surgery. The aim is to reduce overall complications and prolong survival.



Appendix 3. Proposed HPB Pathway Board algorithm for gallbladder polyps.

A suggested algorithm for managing gallbladder polyps found on ultrasound



* An extended cholecystectomy includes lymph node dissection and partial hepatic resection in the gallbladder bed.

• Symptoms: Biliary type pain, common duct obstruction, cholangitis, or recurrent pancreatitis. Dyspepsia is not an indication for surgery.

Appendix 4. HPB CNS Provision among Manchester Cancer Hospitals.

TRUST	WTE	CASELOAD PA
Bolton	35 hrs	109 (15 benign)
CMFT	3.4	>600 CMFT / PAHT
Christie	1.0	356 & 117 NET
Macclesfield	1.0 +upper GI	no data
*Pennine	0	
Stockport	12 hrs	125
Salford	1.0	47
Trafford	18hrs	new to post Dec 14
Tameside	0.50 not solely HPB	Tracked 90 saw 37
Wigan	1-0	162 (40 benign)
*Wythenshawe	0	

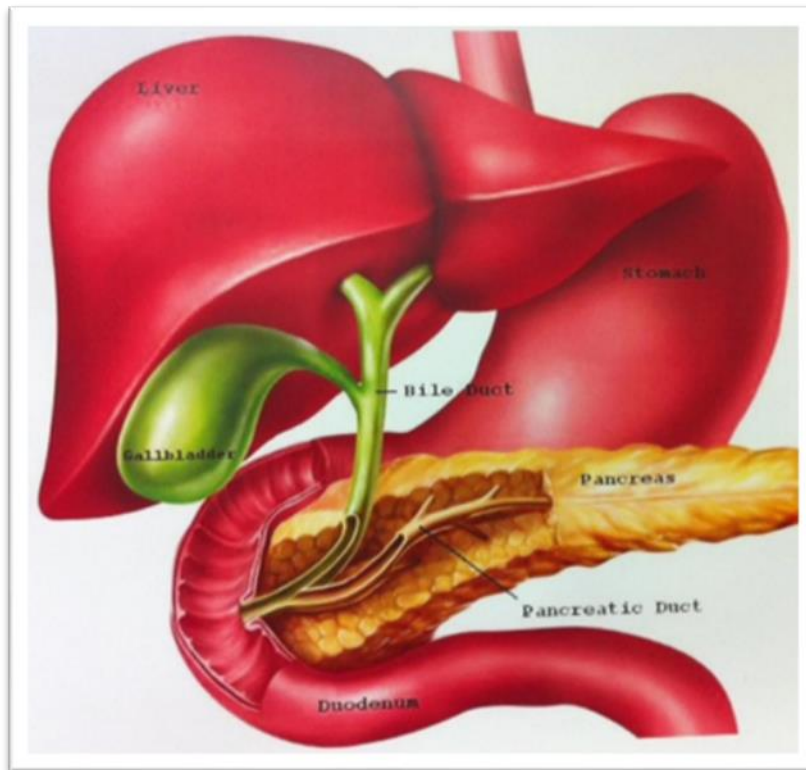
Appendix 5. A MC Educational Event Stepping Hill Hospital 23 Jan. 2015

MEDICAL GRAND ROUND
23RD JANUARY 2015
SPEAKERS FROM MANCHESTER HEPATOBILIARY
BOARD

1.00pm

“Hepato-biliary & Pancreatic (HPB) Services in the Manchester Cancer region”

Mr. Derek O’Reilly Consultant HPB Surgeon, Manchester Royal Infirmary
HPB Consultant and Pathway Director, Manchester Cancer



1.30 pm

“Improving Outcomes in Pancreatic Disease”

Dr. Joanne Puleston

Consultant Gastroenterologist, Manchester Royal Infirmary

<http://manchestercancer.org/services/hepato-pancreato-biliary/>

Appendix 6. Joint Pathway Board (HPB/Colorectal/OG) Educational Event for GPs



GI CANCER STUDY MORNING
A Practical Guide

SATURDAY 31st January 2015

PROGRAMME

9am – 10.30am: Session 1

Screening for GI Malignancy

9am : Screening and prevention of hepatocellular carcinoma. Dr M Prince, Consultant Hepatologist, CMFT

9.25am: Bowel Cancer Screening and Flexiscope. Dr A Makin, Consultant Gastroenterologist, CMFT

9.50am: Barrett's oesophagus. Dr R Willert, Consultant Gastroenterologist, CMFT

10.15am: Q&A

10.30 COFFEE BREAK

11.00am – 12.30pm: Session 2
Early Diagnosis of GI Malignancy

11am: The Manchester Cancer Jaundice Pathway. Mr D O'Reilly, Consultant Hepatobiliary Surgeon, CMFT

11.25am: Early Diagnosis in Colorectal Cancer. Mrs S Duff, Consultant Colorectal Surgeon, UHSM

11.50am: Early diagnosis in oesophagogastric cancer – Mr K Akhtar, Consultant Oesophagogastric Surgeon, Salford Royal

12.15pm: Q&A

12.30 End of Meeting

Manchester Cancer

Appendix 7 Manchester hosts the joint EHPBA and ASGBI international Surgical Congresses.

