GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

Greater Manchester Cancer

Meeting HPB pathway board

Minutes of the meeting held at CMFT boardroom

Date 23.09.16

In attendance:

Derek O'Reilly	Pathway Director
Claire O'Rourke	Pathway Manager
Evangeline Quinn	Macmillan Patient User manager
Roger Prudham	Cancer Clinical Lead PAT and Vanguard standards lead
Juan Vale	Consultant, Christie
Melanie Dadkhah-Taeidy	Macmillan HPB CNS
Saurabh Jamdar	Consultant HPB surgeon
Dr G Banait	Consultant, Gastroenterologist
Debbie Clark	HPB CNS CMFT
Gary Morris	Physiotherapist, CMFT
Jo Puleston	Consultant Gastroenterologist
Saurabh Jamdar	CMFT deputy rep
Sajjad Mahmood	PAT rep
Harry Kaltsidis	UHSM rep
HU Laasch	Christie, consultant radiology
Mairead McNamara	Christie deputy rep
Alieen Aherne	Jaundice CNS, CMFT.
Sharon Ingram	HBP specialist Nurse
Rebecca Leon	GP lead

DOR introduced latest version of the minutes of the last meeting. The minutes of the meeting of **19th May at Pennine Acute Trust (PAT) 2016** were accepted and agreed as a true record of the meeting.

Matters arising not on the agenda:

- **Patient experience survey**: This has been developed but is not up and running yet. 10 question patient experience data based on the National Cancer Patient Experience Survey. Request from *DOR* to start process and requested an update on this for next board meeting. Survey to be undertaken at the end of treatment as agreed by board.
  Action: AA and SI
- **Discussion of EUS audit**- only CMFT has undertaken this and presented their data as yet.
  Action: SM for PAT to present next time as well as *DOR* requesting UHSM and WWL to present an audit of their EUS service.

- **ESPAC 5F**: JV updated on this feasibility study: borderline resectable cancer-identified at MDT, 4 arm study. Open in Liverpool but only 2 patients recruited so far from Manchester; need to push study.
- **Jaundice Pathway***: AA* informed the board that 34 patients had been referred in 9 months. 14 fast track Whipple's operations completed. North Manchester highest referral thus far.
- **HPB Annual report:** agreed and approved, this will now be uploaded to the website.

1. **<u>The Jaundice Pathway at Macclesfield Hospital. Presentation by Dr R. Saravanan– Consultant Gastroenterologist, Macclesfield hospital</u>**

Discussion summary	The Macclesfield jaundice pathway comprises: GP-Gastro referral day 1; One stop US/CT/MR once a week Monday slot; Wed ERCP/MDT Results: 24/28=86% were investigated as OP. Referral to investigation average 4.8 days; 100% had investigation /GI review within 2 weeks; 96% had outcomes within 2 weeks. 7/28 (25%) had a cancer diagnosis. Next steps include: E- Jaundice pathway referral from GP to Secondary/Tertiary care.
Conclusion	Jaundice can be managed as an OP with rapid access to investigations/specialist/clinics. This will reduce health costs and improve access to services and improve patient satisfaction All hospitals to have jaundice pathway as per recommendations
Actions and responsibility	Further development of one stop jaundice clinics across the region (DOR HPB Board)

2. **<u>Presentation by Gary Morris: Prehabilitation &Physiotherapy.</u>**

Discussion summary	GM discussed the physiotherapy aspects of this one year pilot project in prehabiliation funded by Macmillan. The intervention consists of: Full medical assessment (and PMH, Recent ops); HPC and functional levels throughout the journey; anxiety and depression screening; Progressive fitness assessment to 80% HRMAX; CPET advice, f/u advice, +/- pedometer, surgery school, +/- F/u Initial experience is that patients generally proceeding to liver resection, following previous colorectal or liver surgery have not generally returned to a good physical level. They generally have reduced activity from first symptoms to the clinic. Few new liver patients require input but we do have a longer period of time with these patients (compared with pancreatic cancer patients).Re-assessment of benefit has been difficult to capture. Results: To date no patient has showed any reduction in CVS fitness in the build-up to surgery They show: longer periods at higher levels on incremental assessment and longer periods until 80% HRMax is achieved There is a very linear improvement in reported activity levels since initial assessment. Discussion: The board agreed this has been an excellent piece of work and congratulated GM on his achievements to date. RP recommended incentivising major surgical services to do this, as it is "a must do" for this group of patients.
Conclusion	Prehabilitation is an excellent example of a Manchester Cancer Pathway board innovative project which puts us at the "vanguard" of cancer care

	delivery.
Actions and responsibility	Further data acquisition from physiotherapy and dietetics are required (GM, NB, DOR)

3. Research: Clinical trials update by research lead Prof J Vale

Discussion summary	JV discussed the risk factors for pancreatic cancer, with a focus on inheritable pre-disposition, assessment of current referral practice to genetic counselling and outcomes of genetic screening. He described an audit performed to assess the current referral pathway for genetic counselling of 400 consecutive patients diagnosed with Pancreatic Adenocarcinoma. Selection of patients for referral was as per EUROPAC criteria. The primary objective was to assess the suitability of referral to genetic counselling. Audit results showed wide variation in compliance with standards
Conclusion	Early assessment of family history and earlier referral to genetic services are necessary. Expansion of the referral criteria may be necessary/
Actions and responsibility	Further emphasis to be placed on this aspect of screening for hereditary risks in all referring trusts. Presentation of results at the HPB Research event; 10/11/2016

4. Update on the GM Cancer system board- Roger Prudham

Discussion summary	RP described the Manchester Cancer Vanguard Standards work stream team. RP is the Standards lead. The aim is to: develop systems to record, measure and improve cancer standards for GM, the vanguard and beyond. The system will be based on Global ratings scale (GRS methodology), which has been used nationally and internationally for improvement in endoscopy services. The purpose is to embed continuous standards measurement & assurance (to patients, commissioners and providers) and to embed quality improvement and knowledge sharing. The overarching themes are as follows: 1- Leadership, strategy and management 2- Operational delivery of the clinical service 3- Systems to support clinical service delivery 4- Person centred treatment and /care 5- Risk and safety 6- Clinical effectiveness 7 - Clinical service users with complex needs 8 - Staffing a clinical service 9- Improvement, innovation, and transformation 10- Educating the future workforce
Conclusion	Patient experience will be a key domain across the whole system. Some themes may be bespoke for pathways or providers. This process will replace Peer review as a long term plan.
Actions and responsibility	DOR requested RP to attend the HPB sMDT to assess the quality and effectiveness of that meeting (DOR/RP)

5. **Any other business:**

Meeting dates for 2016- 2017:

10th November-3rd Annual research event at CMFT all welcome. See Appendix 1
18th November 14.00 – 16.00hrs Christie Hospital
1-2nd December Pancreatic Society meeting- in Manchester Hilton
24th January 14.00 – 16.00hrs-Wigan
March: Salford RI

Appendix 1

Thursday 10 November 2016

The CMFT HPB Unit and Manchester Cancer 3rd Annual Research Event

AGENDA

14.00 MCRC *"Obtaining biopsies for research in pancreatic cancer"*

16.00 Nowgen Centre Meeting Room 2 - *Webinar: Clinical experience with IRE in the treatment of locally advanced pancreatic cancer*

18:00 Nowgen Centre Board Room *- Research Prize & Guest Speaker*

21.00 Mughli Restaurant *Dinner*

Presentations by HPB researchers and trainees:

Chair: Mr Derek O'Reilly & Dr Claus Jorgensen

1. Ben McIntyre: Prophylactic antibiotic use and post-operative infective complications in patients undergoing major elective liver and pancreatic surgery in a tertiary HPB unit
2. Joe Geraghty: The initial experience at CMFT with a novel lumen opposing cystgastrostomy stent in managing complex pancreatic collections
3. Santhalingam Jegatheeswaran: Tumour-M2-Pyruvate Kinase (Tu-M2-PK) is a plasma marker of prognosis in pancreatic cancer.
4. Giulia Veluscek: Targeting the tumour stroma in PDAC
5. Jennifer Redfern: Antibiotic use and misuse in acute pancreatitis, as recorded during the NCEPOD review 'Treat the Cause'
6. Alexander JP Fulton: Risk factors for pancreatic cancer with a focus on inheritable pre-disposition
7. Lewis A: Health-related quality of life (HRQoL), anxiety, depression and impulsivity in patients with advanced Gastroenteropancreatic Neuroendocrine Tumours.
8. Rille Pihlak: Outcomes for patients diagnosed with metastatic pancreatic ductal adenocarcinoma (mPDAC): a tertiary referral centre experience.
9. Aileen Aherne: The Manchester Jaundice Pathway – One stop clinics and fast-track surgery.

Guest Speaker:

Mr. David K. Chang, University of Glasgow

"Precision Medicine for Pancreatic Cancer"

PRECISION PANCO

Personalising treatment for pancreatic cancer

THIS MEETING HAS BEEN SPONSORED BY EDUCATIONAL GRANTS FROM ANGIODYNAMICS AND MYLAN