# HPB PATHWAY BOARD MEETING

## Meeting of the HPB Pathway Board, 18th November 2015

## Tameside Hospital

| IN ATTENDANCE | |
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| Derek O'Reilly | Pathway Director |
| Rebecca Price | Pathway Manager |
| Vicki Stevenson-Hornby | WWL |
| Lucie Francis | Macmillan Patient User manager |
| Mong-Yang Loh | SSH |
| Melanie Dadkhah-Taeidy | Tameside |
| Lindsey Wilby | Macmillan LW&C Project Manager |
| Debbie Clark | CMFT |
| Steph Gooder | SHH |
| Karen Ridyard | Jaundice Pathway Data Co-ordinator |
| Vinod Patel | Tameside |
| Konrad Koss | Macclesfield |
| Adrian Tang | Macclesfield |
| Sajjad Mahmood | PAT |
| Ramasamy Saravanan, | Macclesfield |
| Rafik Filobbos | PAT/CMFT |
| Gurvinder Banait | WWL |
| Juan Valle | Christie |
| HU Laasch | Christie |
| **Apologies:** Mairead McNamara, Sharan Ingram, Mahesh Bhalme, Michelle Storey, Rebecca Leon, Aileen Ahearne | |

| Agenda Item | Action |
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| **1. Minutes of the pathway board meeting of 4th September 2015**<br>DOR introduced latest version of the minutes of the last meeting.<br>The minutes of the meeting of 4th September 2015 were accepted and agreed as a true record of the meeting.<br>**Matters arising not on the agenda** | |

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| **Tertiary HPB Endoscopy:** -The section dealing with tertiary referrals for EUS and ERCP was emphasised, i.e. the minutes of the meeting at UHSM on 20 May 2015. 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.<br><br>**EUS Audit:** - DOR asked trust representatives at CMFT, PAT, SRI, UHSM and WWL to chase the status of the EUS audit in their trust. A questionnaire and 50 consecutive EUS reports are required to be sent to Manchester Cancer. Deadline is end of December 2015.<br><br>**Gallbladder polyps –** M-YL to send Gallbladder polyp algorithm to be to CCG leads. | **Action: DOR, SM, LW, HK & RK to provide audit data**<br><br>**Action: M-YL to send Gallbladder polyp algorithm to be to CCG leads.** |
| **2. The role of PET-CT in staging HPB Cancers**<br><br>JV presented the Royal College of Physicians and Royal College of Radiologists Report "Evidence based indications for the use of PET-CT in the UK 2013". The PET lead at the Christie (Dr Prakash Manoharan) has advised that there is capacity to undertake PET-CT scanning according to this guidance.<br><br>**Indications for PET-CT**<br><br>• Staging of patients with potentially operable pancreatic adenocarcinoma where cross sectional imaging is equivocal for metastatic disease and a positive PET-CT would lead to a decision not to operate.<br><br>• Suspected recurrence of HPB cancers in selected patients, where other imaging is equivocal or negative, taking into consideration that up to 30% of PDAC may not be FDG avid.<br><br>• Diagnosis and staging of gallbladder cancer and cholangiocarcinoma for equivocal metastatic disease<br><br>• Consider PET-CT for staging of patients with potentially operable HCC, where cross sectional imaging is equivocal for metastatic disease and a positive PET-CT would lead to a decision not to operate and for suspected recurrence of HCC in selected patients, where other imaging | **Action: DOR to incorporate into 2nd Edition of Greater Manchester and Cheshire HPB Unit Guidelines** |

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| is equivocal or negative, taking into consideration that up to 50% of differentiated HCC may not be FDG avid. | |
| **3. Jaundice pathway: Update**<br><br>DOR updated the board informing them that the Jaundice pathway Data co-ordinator (Karen Ridyard) had now started in post and the Jaundice CNS (Aileen Ahearn) has also been appointed.<br><br>Same day diagnostic testing was also discussed. The board raised concerns about its feasibility. Radiology support appeared to be cause for concern, feeling that operational policy and staffing levels may be inadequate. Also the board felt that capacity issues may result in delayed waiting times.<br><br>DOR reiterated that the purpose of Manchester Cancer is to redesign pathways to improve patient outcomes. He proposed writing to each organisation's Medical Director (with David Shackley's co-signature), to highlight the need for continued support with implementation of the Jaundice pathway at each Trust. | **DOR to write to Trust Medical Directors with new Jaundice Pathway, including contact details for the regional jaundice CNS.** |
| **4. Macmillan plans for patient involvement**<br><br>Lucie Francis updated the board with the information that she had managed to source a Patient Representative to attend the next board meeting in January. She explained the Induction and mentoring process for patient representatives. | **LF, MDT & DC to create glossary of HPB terms for the Patient Rep** |
| **5. Irreversible Electroporation**<br><br>Irreversible electroporation (IRE) is a soft tissue ablation technique using ultra short but strong electrical fields to create permanent lethal nanopores in the cell membrane, to disrupt the cellular homeostasis, resulting in apoptosis. It is used to deliver non-thermal ablation to liver tumours and in locally advanced pancreatic cancer. DOR explained that he and members of the radiology team at CMFT had undergone the initial stages of training with this new technology in the animal lab at the Amsterdam Medical Centre. There was full support for IRE to be developed at the CMFT site. | **DOR to pursue funding options at CMFT and with local commissioners.** |

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| **6. Delays in Transfers to CMFT**<br><br>Delays in transfer of patients accepted by CMFT were highlighted by the representatives of several Trusts: Macclesfield, WWL and SHH. Typically this was for patients with obstructive jaundice requiring biliary decompression by PTC or ERCP.<br><br>DOR made reference to the challenges NHS services and HPB units throughout the UK are facing due to capacity and bed management issues.<br><br>It was generally agreed that: a maximum wait of 48hrs for patients with malignant biliary obstruction was acceptable; this should be same-day transfer if co-existing cholangitis was present; and that greater use of "treat and transfer" should be made. | **DOR to speak to management at CMFT and obtain a document with maximum times for transfer for HPB patients within the region.** |
| **7. Telemedicine**<br><br>RS, Lead clinician for Telehealth projects, East Cheshire Trust (ECT), gave a presentation on telemedicine and the impact that this could have on the future healthcare vision in the UK. Telemedicine is remote clinical care delivered via video consultation. The requirements are: INTERNET –WIFI, Camera; Device: Telecart, computer, PC, tablet, smart phone, Licence, Protocol/permission for its use. He explained that a pilot study will start at ECT, whereby they will conduct remote ward rounds. Future uses may include: Links to specialist centres (HPB, Liver unit etc.), virtual MDT/tele-MDT from departments and offices rather than fixed venues and times, linking hospice and cancer care teams, transforming to a truly "BORDERLESS HOSPITAL". He proposed a HPB Network Tele-service with the "Easy flow of information rather than patients" in conjunction with EPR / large file transfers –avoiding duplication of work. | **RS to provide results of pilot project at a future HPB Pathway Board meeting.** |
| **8. National Cancer Patient Survey**<br><br>Debbie Clark presented the data from the National Cancer Patient survey for HPB, prepared September 2015 from the CMFT 2015 Bespoke Cancer Patient Experience Survey. Key findings are outlined in appendix 2.<br><br>The board discussed the poor return to the national survey and the limited coverage of HPB patients. Possible solutions were discussed | **DC and DOR to develop a proposal for a MC HPB questionnaire, based on NCPES** |

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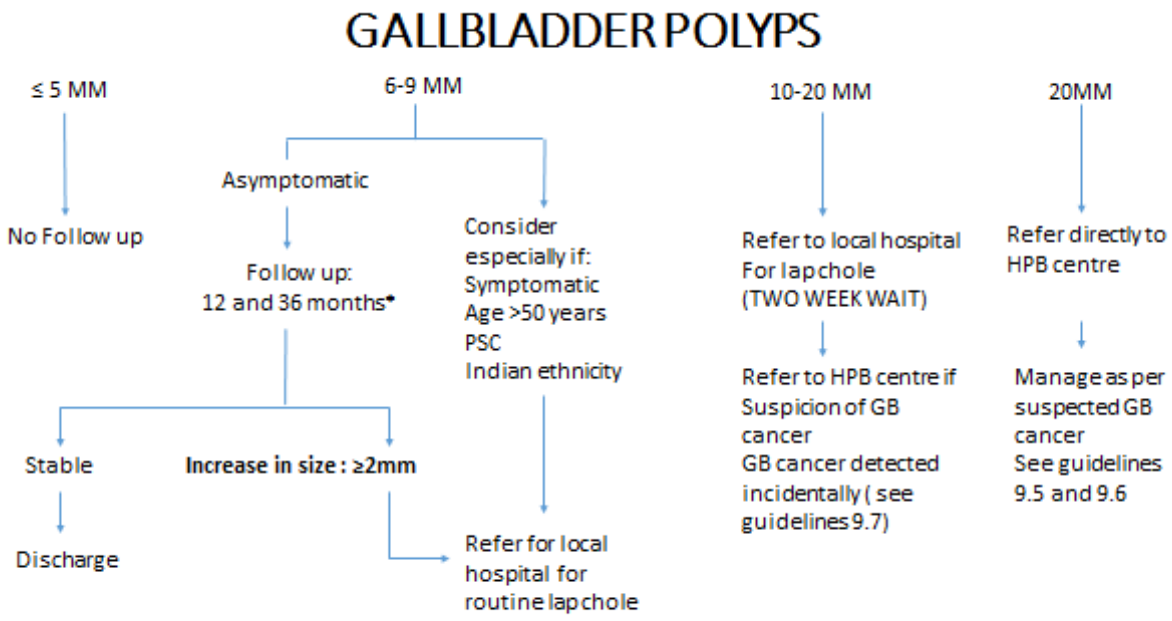
| including a shorter web based questionnaire for all patients with HPB cancers | |
| **9. Research report**<br><br>JV presented the Q2- FY2015-16 research report (Recruitment activity window: 1st April 2015 – 30th September 2015). Sixteen patients have been recruited to Interventional Trials and 38 to observational studies: see appendix 3 for further detail. Data source: NIHR Portfolio - Open Data Platform. (See Appendix 3). | |
| **10. Living with & Beyond Cancer**<br><br>Lindsey Wilby, Macmillan Project Manager - Living with and Beyond Cancer gave a presentation entitled "Living With and Beyond Cancer: the Recovery Package". She outlined the components of the recovery package (Appendix 4), emphasising Holistic Needs Assessment, End of Treatment Summary, Health & Wellbeing Events and Cancer Care Reviews.<br><br>The board agreed that it would be useful to Invite a representative from the Psychology Support Group to a future HPB board meeting. | |
| **11. AHP reps on Manchester Cancer Boards**<br><br>Not discussed. | **Julie Emerson (AHP lead) to be invited to a future HPB Pathway Board meeting.** |
| **12. Dates and venues for future meetings**<br><br>Future HPB Pathway Board meetings<br><br>• 22nd Jan 2016 – The Christie14:00 until 16:00<br>• 23rd March CMFT, Manchester Royal Infirmary 10:00-12.00<br>• **14 April 2016 – The Manchester Pancreatic Cancer Symposium, Town Hall, Manchester**<br>• 19th May 2016 – Pennine Acute Trust 10.00 – 12.00<br>• 23rd September 2016, 10am-12pm– Manchester Royal Infirmary<br>• 18th November 2016 – The Christie | |

## APPENDIX 1 FINAL VERSION OF THE GALLBLADDER POLYP PATHWAY




* Follow up can be done at Primary Care level, following discussion with GP and Hospital Clinician

# APPENDIX 2. CMFT 2015 BESPOKE CANCER PATIENT EXPERIENCE SURVEY HPB: KEY FINDINGS.

- 81% of patients thought they were seen as soon as necessary
- Overall improvement with written and verbal communication / explanation for patients undergoing diagnostic test
- 59% (93% 2014) of patients told they could bring a friend when first told they had cancer (75% national average)
- 81% of patients completely understood the explanation of what was wrong (73% national average)
- 95% of patients felt they received understandable answers to important questions all / most of the time from their CNS (average 91%)
- 90% of patients felt their CNS listened carefully the last time spoke to (comparable with national average)
- 63% (57% 2014) felt more involvement in decisions about care and treatment (72% national average)
- 81% of patients saw cancer research (71% 2014) information in the hospital (national average 86%)
- Overall improvement with ward nurses care / communication although remains lower than national average
- Overall improvement with information provided prior to discharge
- 72% (67% 2014) of patients given clear written information about what should / should not do post discharge (85% national average)
- 73% (50% 2014) of patients felt day care / outpatient staff did everything they could to help control pain (comparable to national average 73%)
- Overall improvement with care from GP / practice staff
- 77% of patients given the name of their CNS (89% national average)
- 62% of patients received information about support groups ( 83% national average)
- 50% of patients received information about the impact of cancer on work life or education (75% national average)
- 26% of patients received information on getting financial help (national average 54%)
- 29% of patients told they could get free prescriptions (national average 91%)
- Taking part in research discussed with 30% of patients (average 31%)
- 46% of patients asked what name they preferred to be called by (national average 60%)
- 67% patients got understandable explanation of how operation had gone (national average 78%)
- 36% (50% 2014) patient's family definitely had the opportunity to talk to a doctor (67% national average)
- 56% of patients felt day care / outpatient staff gave enough emotional support (national average 70%)
- 11% of patients offered written assessment and care plan (national average 22%)
- 83% 86% 2014) of patients rated their care "excellent" /" very good" (national average 89%)

## APPENDIX 3

# Local (GM) analysis by Trusts

| Study Design | Acronym | East Lancs | The Christie | Grand Total |
|---|---|---|---|---|
| **Interventional** | ABC-06: ASC alone or with mFOLFOX for advanced biliary tract cancer | | 7 | 7 |
| | NCRN - 2724 LT extension study of Telotristat Etiprate (LX1606) | | 3 | 3 |
| | NCRN640 Cabozantinib vs. Placebo in Subjects with HCC | | 2 | 2 |
| | SIEGE | | 1 | 1 |
| | SORAMIC | | 3 | 3 |
| **Interventional Total** | | | **16** | **16** |
| **Observational** | CTC in pancreatic cancer | 38 | | 38 |
| **Observational Total** | | **38** | | **38** |
| **Grand Total** | | **38** | **16** | **54** |

## APPENDIX 4. THE MACMILLAN RECOVERY PACKAGE