

HPB PATHWAY BOARD MEETING

Minutes of the meeting of the HPB Pathway Board, held on 24th March 2016 at Central Manchester Foundation Trust

IN ATTENDANCE	
Derek O'Reilly	Pathway Director
Rebecca Price	Pathway Manager
Lucie Francis	Macmillan Patient User manager
Melanie Dadkhah-Taeidy	Tameside deputy rep & patient rep mentor
Steve Sawyer	Patient Representative
Aileen Aherne	Regional Jaundice CNS
Karen Ridyard	Jaundice Pathway Data Co-ordinator
Debbie Clark	HPB CNS CMFT
Neil Bibby	Dietician CMFT
Gary Morris	Physiotherapist CMFT
Saurabh Jamdar	CMFT deputy rep
Sajjad Mahmood	PAT rep
Juan Valle	Christie rep & Research lead
Harry Kaltsidis	UHSM rep
Rafik Filobbos	PAT & CMFT, radiology lead
HU Laasch	Christie
Mairead McNamara	Christie deputy rep
Apologies: Sharan Ingram, Mahesh Bhalmé, Vicki Stevenson-Hornby, Mong-Yang Loh, Konrad Koss, Rebecca Leon	

Agenda Item	Action
<p>1. Minutes of the pathway board meeting of 18th November 2015</p> <p>DOR introduced latest version of the minutes of the last meeting.</p> <p>The minutes of the meeting of 22th January 2016 were accepted and agreed as a true record of the meeting.</p>	

<p style="text-align: center;">Matters arising not on the agenda</p> <p>EUS Audit: - DOR asked trust representatives at CMFT, PAT, SRI, UHSM and WWL to report on the status of the EUS audit in their trust if they have not already done so.</p> <p>Jargon Buster: - DOR thanked LF, DC & MDT for developing a “jargon buster” document, explaining HPB specialist terms in lay language.</p>	<p>HK & SM to update next meeting on progress. JP to present CMFT audit results.</p>
<p>2. Jaundice pathway: Update</p> <p>Aileen Ahearn (AA) gave a presentation outlining the role of the regional Jaundice CNS that she had been involved in since starting in late 2015.</p> <p>The Macclesfield data, previously presented at the HPB Pathway Board, Macclesfield General Hospital, held on 6th May 2015 was referred to. Briefly, this showed that the Macclesfield service had seen 28 patients over 18 months. 100% of patients had investigations within 2 weeks and that 96% had an outcome within 2 weeks. Due to rapid access to clinic and radiology support, 86% of these patients were managed as an outpatient and admissions were therefore avoided. The average wait from referral to investigation was 4.8 days. Final diagnoses were of 7 cancers and 21 non cancers. This represents a high pick up for cancer of 25%.</p> <p>Similar one-stop jaundice pathways, with access to same day ultrasound and CT scanning facilities are about to commence at PAT and CMFT (Appendix 1). Other sites are encouraged to develop their own one stop jaundice service.</p> <p>AA explained the current Fast track Pancreatic Cancer Surgery service (Appendix 2). This data had recently been presented to the ACE meeting, held in London on the 17th March 2016. From the 1st December 2015, there had been: Number of Referrals: 11; Number proceeding to Surgery: 5; Number not having fast track surgery: 6.</p> <p>Reasons referred patients did not undergo fast track surgery were: Stone disease identified (1), bilirubin in excess of 250 (1), comorbidity (1) Uncertain diagnosis (2), and failure to follow correct pathway (1)</p>	

Initial patient outcomes were as follows:				
Patient	Time from presentation to surgery (days)	Time from referral to surgery (days)	Post op LOS (days)	Post op complications
1	17	5	9	none
2	9	4	7	none
3	3	3	9	Chyle leak, resolved before discharge (CD grade I)
4	1	1	11	Superficial wound dehiscence (CD grade I)
5	4	4	12	Delayed gastric emptying (ISGPS grade A)
<p>Patient experience is being captured using the ACE patient experience Survey Monkey tool.</p>				
<p>3. Manchester Cancer HPB Patient Experience Survey</p> <p>Lucie Francis presented to the board the recently updated Patient experience survey (PES) following suggestions made from feedback at the last pathway board meeting. The survey is based on the NHS National Patient Experience Survey, with 2 added advantages: it is shorter and it is online. It is hoped that this will produce a greater quantity of patient experience returns, in real time, to assist with improving patient outcome and experience. The survey can be found at:</p> <p>https://www.surveymonkey.co.uk/r/L3B66Y2</p>				<p>Pathway Board members should incorporate the HPB PES into local patient information leaflets and online tools.</p>

4. Vanguard Briefing

Thomas Pharaoh (TP) gave a presentation informing the board of the current plans that are being developed by the Greater Manchester Vanguard team.

He first identified the challenges for Greater Manchester:

1. There is **fragmentation** of both the commissioning arrangements and the care that patients receive
2. No one body **accountable** for cancer outcomes and experience across the city
3. Lack of **whole pathway** approach leading to too much focus on secondary care treatment

That addressing these challenges:

1. Needs a new way of organising cancer care
2. A single system leader for cancer
3. A single point of cancer commissioning
4. Local partners working together to propose that this be achieved by GM becoming a ***cancer vanguard***

The local partners comprising the Greater Manchester Cancer Vanguard are: Manchester Cancer, the Christie Foundation Trust & Trafford CCG. Together with the Royal Marsden Foundation Trust & UCLH FT, the Greater Manchester Cancer Vanguard have been successfully chosen to be part of single national cancer vanguard involving three areas and a population of 10m+, charged with delivering the aims of the national cancer strategy and piloting new approaches to service delivery.

The aims of the Greater Manchester Cancer Vanguard are as follows:

To address the challenge of **fragmentation**:

- Co-produce new and challenging clinical and operational standards across all pathways
- Create a single cancer system for Greater Manchester
- Introduce a single point of commissioning for cancer

To strengthen **accountability** for cancer care:

- Create a single system leader that can be held to account for cancer outcomes and experience in GM
- Introduce a cancer intelligence unit to give the system and our patients the information needed to make sure that standards are being met and money is being

<p>spent most effectively</p> <p>To improve care across the whole pathway:</p> <ul style="list-style-type: none"> ▪ Launch a local campaign to raise awareness of cancer ▪ Develop convenient, local one-stop diagnostic services ▪ Explore new ways of diagnosing people earlier, like self-referral for tests & identifying those at highest risk of cancer ▪ Reliably deliver the recovery package and new models of aftercare for those living with and beyond cancer ▪ Appropriate supportive and end of life care 24/7 <p>The clinical transformation work programme leadership structure is contained in Appendix 3.</p>	
<p>5. Research report</p> <p>Juan Valle (JV) presented the Q3- FY2015-16 research report (Recruitment activity window: 1st April 2015 – 31st December 2015)</p> <p>Data source: NIHR Portfolio – Open</p> <p>National (England) analysis by LCRN, shows that Greater Manchester is the leading recruiter for HPB. Local (GM) analysis by Trust is shown in Appendix 4.</p> <p>He highlighted the importance of the recently opened ESPAC5F trial of neoadjuvant therapy in pancreatic cancer (Trial schema shown in Appendix 5)</p>	
<p>6. Prehabilitation</p> <p>DOR welcomed Neil Bibby and Gary Morris, who have recently been appointed at CMFT as Macmillan Prehabilitation dietician and physiotherapist. Prehabilitation is the process of enhancing functional capacity to withstand the stress of surgery. It involves preoperative physical, nutritional and psychological OPTIMISATION.</p> <p>Physiotherapy and dietician initial assessment and interventions were briefly outlined.</p>	

7. AOB/Dates of Future Meetings

- **14 April 2016 – The Manchester Pancreatic Cancer Symposium, Town Hall, Manchester**
- 19th May 2016 – Pennine Acute Trust 10.00 – 12.00
- 23rd September 2016, 10am-12pm– Manchester Royal Infirmary
- 18th November 2016 – The Christie
- 1-2 December 2016 **Pancreatic Society of Gt.Britain and Ireland** Annual meeting, Manchester
- 24th Jan 2017, 14.00 -16.00: Wigan Infirmary

APPENDIX 1



Central Manchester University Hospitals **NHS**
NHS Foundation Trust

CMFT ONE-STOP JAUNDICE CLINIC

- New onset of Jaundice (exclusion of ALD)
- Baseline blood tests eg. FBC, U&E, LFT, Clotting



- Refer to One-Stop Jaundice clinic via 2ww form
- (Monday 9-12pm Main Out-patients MRI)
- GP to inform patient to be NBM 6hrs prior to appt.
- Jaundice CNS 07973 947 137



- Jaundice Nurse Clinical Assessment
- Bloods.
- Same day USS
- Same day CT if indicated

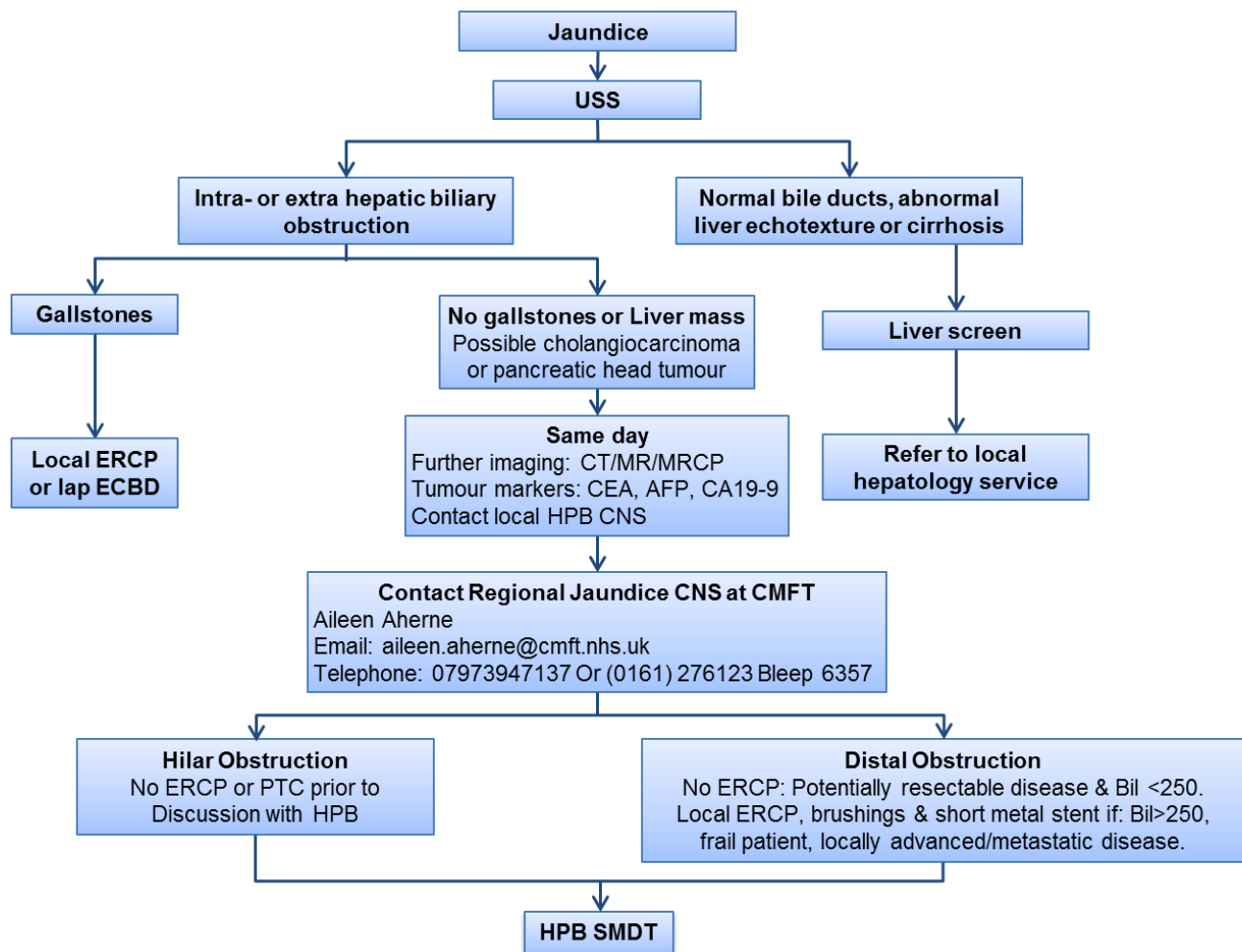


- CNS request any further investigations necessary
- CNS referral to appropriate speciality for treatment

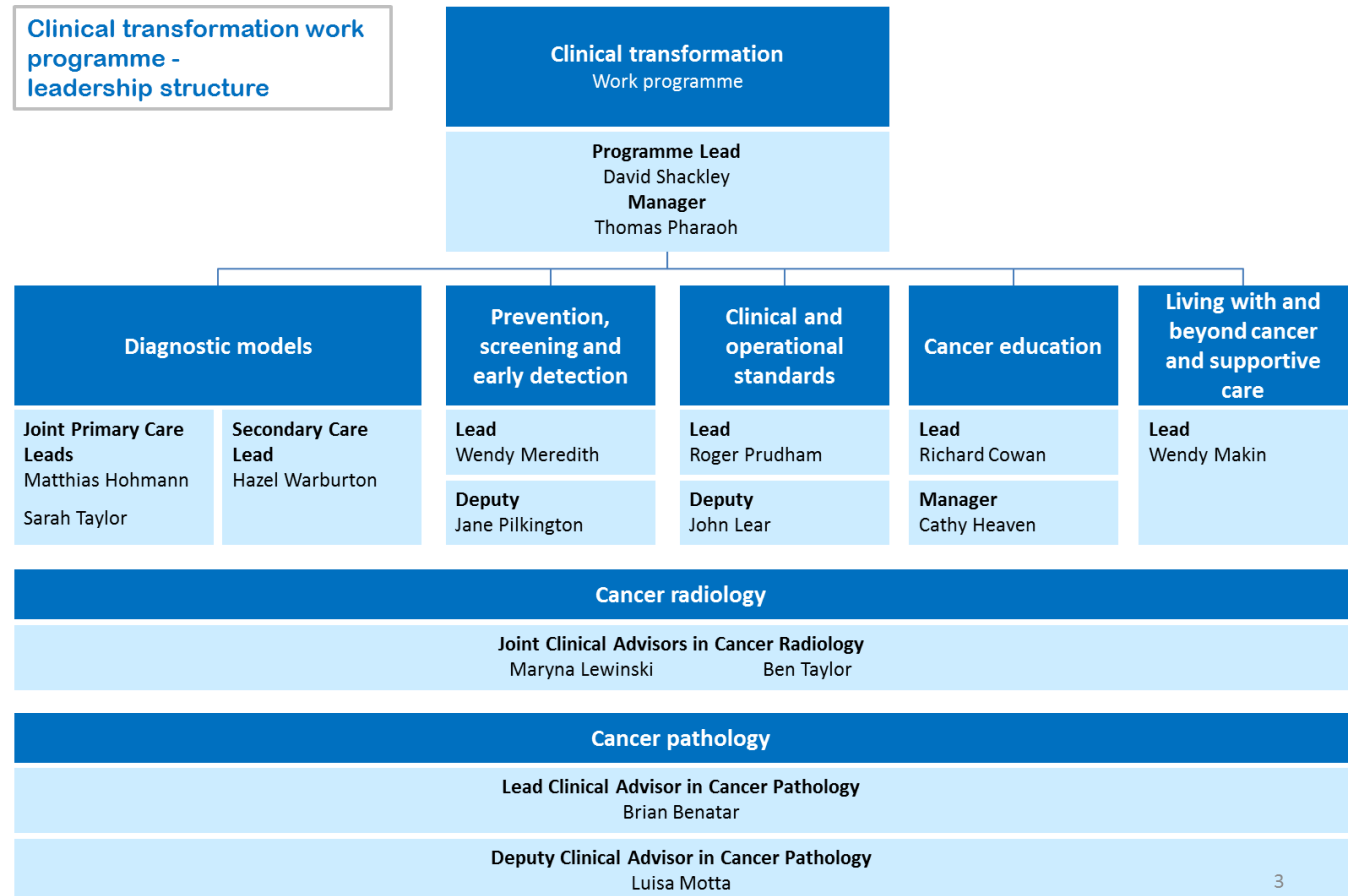


APPENDIX 2

The Manchester Cancer Jaundice Pathway



APPENDIX 3

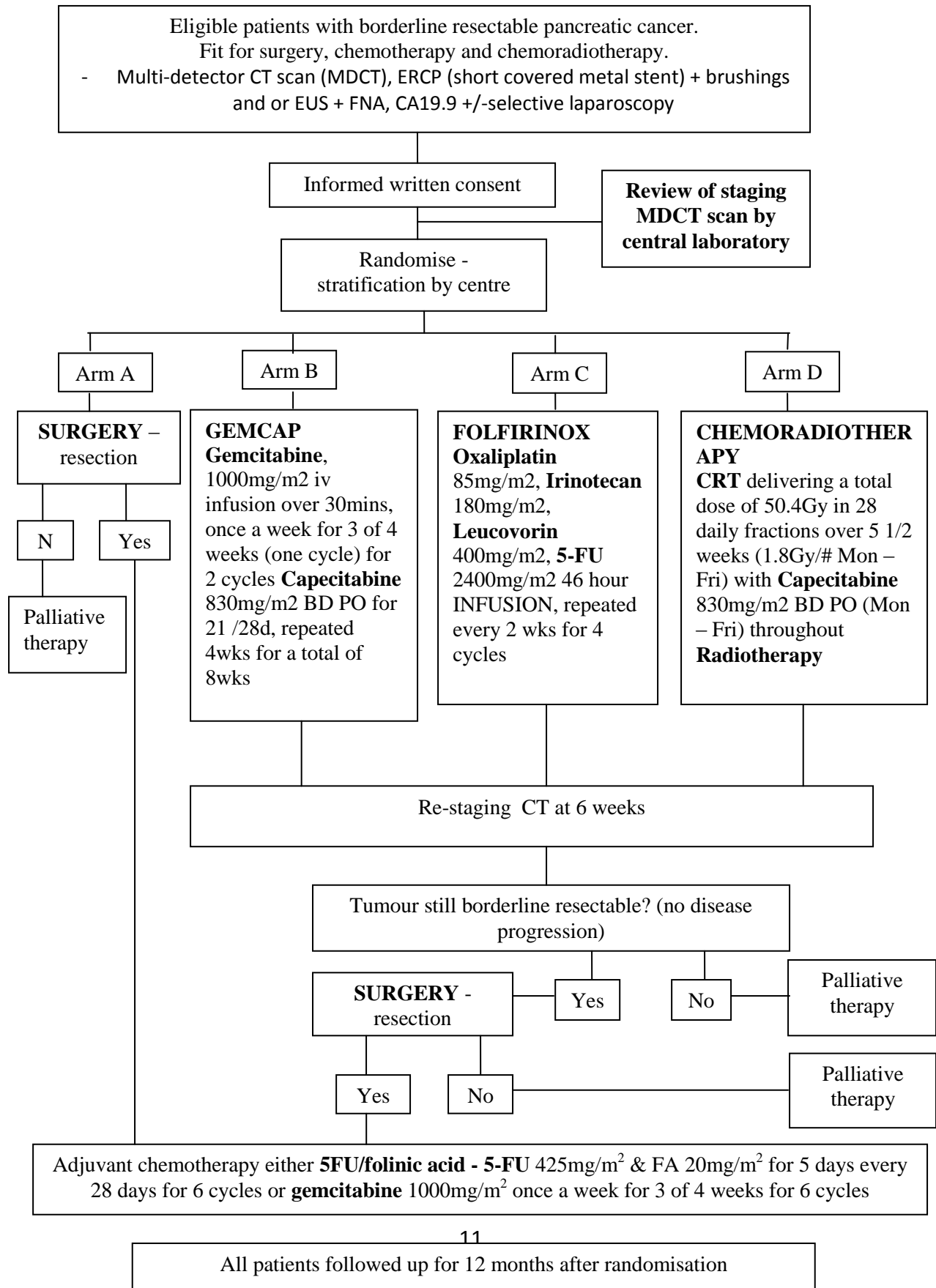


APPENDIX 4

Research Report - Local (GM) analysis by Trust

Study Design	Acronym	CMFT	East Lancs	The Christie	Grand Total
Interventional	ABC-06: ASC alone or with mFOLFOX for advanced biliary tract cancer			9	9
	NCRN - 2724 LT extension study of Telotristat Etiprate (LX1606)			5	5
	NCRN640 Cabozantinib vs. Placebo in Subjects with HCC			2	2
	PANasta	5			5
	SIEGE			1	1
	SORAMIC			4	4
Interventional Total		5		21	26
Observational	CTC in pancreatic cancer		61		61
Observational Total			61		61
Grand Total		5	61	21	87

APPENDIX 5: ESPAC5F Trial schema



APPENDIX 6

The Manchester Pancreatic Cancer Symposium

Manchester Town Hall, April 14th 2016



Agenda

08:30	Registration	Tea and Coffee	
09:00	Mr. Derek O'Reilly	CMFT Manchester	Introduction and Welcome
09:10	Ms Anna Jewell	PCUK	Setting the Scene: The experience of Pancreatic Cancer in 2016
Chairs:	Translational Research	Dr Mairead McNamara (Manchester)	Professor Martin J. Humphries (Manchester)
09:30	Prof. Andrew Renehan	Christie Manchester	Sarcopaenia and Obesity in Pancreatic Cancer
10.00	Dr. Ged Brady	CRUK Manchester	Defining the role of CTCs & cfDNA in Pancreatic Cancer
10.30	Prof. Eithne Costello	Liverpool	The prospects for Biomarkers and early Diagnosis
11.00	COFFEE BREAK		

Manchester Cancer

Chairs:	Nutrition, Prehabilitation & Surgery	Miss Ambareen Kausar (Blackburn)	Mr Keith Roberts (Birmingham)
11.30	Mr. Derek O'Reilly	CMFT Manchester	Prehabilitation and Enhanced Recovery for Pancreatic Surgery
12.00	Mrs. Mary Phillips	Guildford	Nutritional Assessment and Support for patients with Pancreatic Cancer
12.30	Mr. Rahul Deshpande	CMFT Manchester	Innovations in Pancreatic Cancer Surgery
13.00	LUNCH		
Chairs:	Innovations in Treatment	Prof Jorg Kleef (Liverpool)	Mr Saurabh Jamdar (Manchester)
14.00	Mr. Chris Halloran	Liverpool	The Use of Iron Oxide Nanoparticles for Pancreatic Cancer Therapy
14.30	Dr. Krijn Van Lienden	Amsterdam	Irreversible electroporation for locally advanced pancreatic cancer
15.00	Prof. Hemant Kocher	London	Targeting the Stroma
15.30	COFFEE BREAK		
Chairs:	Personalised Medicine & Future Directions	Mr Andy Smith (Leeds)	Mr Nicola De'Liguori Carino (Manchester)
16.00	Prof. Juan Valle	Christie Manchester	Clinical Trials in Pancreatic Cancer – Past, Present & Future
16.30	Prof. Andrew Biankin	Glasgow	Precision Medicine in Pancreatic Cancer
17.00	Prof. John Neoptolemos	Liverpool	Prospects for Improved Outcomes in Pancreatic Cancer
19:30	Dinner and Reception in Banqueting Hall		