

Meeting:	HPB & OG EAG	
Date:	22 March 2017	
Time:	2.00 – 5.00pm	
Venue:	Evolve Business Centre, Houghton le Spring	
Present:	Leonie Armstrong, Palliative Care CNS, Northumbria	LA
	Alan Bainbridge, Patient & Carer Representative	AB
	Michelle Burgess, UGI CNS, South Tees	MB
	Peter Davis, Consultant, South Tees (Vice Chair)	PD
	Dawn Elliott, UGI CNS, Northumbria	DE
	Mark Irving, OG CNS, North Cumbria	MI
	Adrienne Moffett, Alliance Delivery Manager, Cancer Alliance	AM
	Jane Osborne, UGI CNS, Sunderland	JO
	John Painter, Cons Gastroenterologist, Sunderland (Chair)	JP
	Rachel Richardson, HPB/OG Nurse, Gateshead	RR
	Natalie Robson, UGI CNS, North Tees & Hartlepool	NR
	Chris Tasker, GP Cancer Clinical Lead, Cancer Alliance	CT
	John Wayman, UGI Surgeon, North Cumbria	JW
	Helen Wescott, UGI CNS, South Tees	HW
	Su Young, Business Support Assistant, Cancer Alliance	SY
Apologies:	Sadiq Bawa, Northumbria	
	Alexander Bradshaw, Newcastle	
	Zoe Cameron, Upper GI Cancer Nurse Specialist, CDDFT	
	Anjan Dhar, Consultant Lead, CDDFT	
	Katie Elliott, GP Cancer Lead, Cancer Alliance	
	Susan Hedley, Upper GI CNS, Sunderland	
	Michelle Mangan, Cancer Unit Manager, Newcastle	
	Jane Margetts, Newcastle	
	Anand Reddy, Gateshead	
	Yks Viswanath, South Tees	
	Nick Wadd, South Tees	

OG EXPERT ADVISORY GROUP MINUTES

1.	INTRODUCTION	Lead	Enc
1.1	Welcome and Apologies		
	JP welcomed all to the meeting, apologies as listed above. Introductions were made.		
1.2	Declaration of Interest		
	No declarations of interest made.		
1.3	Minutes of the previous meeting 23.11.16		
	The minutes of the previous meeting were agreed as an		Enc 1

		accurate record.		
2.	AGENDA ITEMS			
	2.1	Follow up since last meeting		
		<ul style="list-style-type: none"> • RCA Report Feedback No feedback on the RCA report has been received. All providers are under pressure for the 62 day performance and most are struggling to meet the target for Upper GI. Discussions were held whether referrals were being received in a timely manner. It was felt the breaches were related more to complex patients and ensuring that the correct diagnosis is made. <p>An ideal pathway is required for both OG and HPB; these should be separate pathways with definitive treatment/diagnosis but should link together.</p>		
		<ul style="list-style-type: none"> • Vice Chair Nominations Peter Davis has been appointed as Vice Chair for the OG group. 		
		<ul style="list-style-type: none"> • Endoscopy Form AM asked the group if there was an appetite to have a separate endoscopy form now that this is no longer on the two week wait referral form. This would be for patients who are not diagnosed with cancer. The group felt that a separate referral form for endoscopy form could be beneficial but may be a waste of time. The group are happy for KE to go ahead and develop the form for further discussions. <p>The form would be in line with NICE guidance and there would be one form regionally.</p>	AM/KE	
	2.2	OG Audit Day		
		Sponsorship is still being sought and it is hoped to hold this in May/June. JP asked the group for suggestions of Audits to be presented. HW agreed to look at dates and for a venue at James Cook Hospital.	HW	
	2.3	Clinical Guidelines		
		New patient pathways are to be developed and these will be included in clinical guidelines.		
	2.4	Clinical Governance Issues		
		None		
	2.5	Patient & Carer Update		

		<p>The patient and carer groups have been involved in making a video which will be played as part of the Cancer Alliance Launch Event.</p> <p>AB is involved in the Upper GI project providing a patient perspective to the research project.</p>		
	2.6	Any Other Business		
		<ul style="list-style-type: none"> • Upper GI Pathway This is a piece of work that the Cancer Alliance is working on. They are trying to achieve mapping out what the ideal pathway will be and then to try and achieve the 62 day standard and the 2020 plan where a patient is definitely diagnosed with cancer within four weeks. • Debates within Trusts Montgomery case – this has been to the high court and is causing a lot of debate within Sunderland in relation to involving patients with shared decision making. Special training is going to be provided within providers, this will be around moral legal responsibilities. 		
3.	JOINT HPB & OG - NETWORK UPDATE			
	3.1	Network Update		
		<ul style="list-style-type: none"> • 2ww Referral Form – Sign Off DE and KE are to work together following concerns that have been raised regarding the scoping and triaging of the new two week wait referral forms. <p>CT informed the group that further education is required in relation for the two week referral forms. The Alliance is also going to be undertaking an audit on the two week wait referral forms. The Alliance is aware there are some issues within primary care which the alliance will be looking into and to see how to make this better.</p> <p>The group were ask to formally sign off the form and for this to be minuted. The group agreed signoff.</p>		
	3.2	Performance Data		
		No data was available to be presented at today's meeting. This will be presented at one meeting per year.		
	3.3	Cancer Alliance Update		
		<ul style="list-style-type: none"> • Transformation Bid AM gave a presentation on the transformation bid and informed the group that the Alliance have been recommended for phase 1 funding for Early Diagnosis pending some further 		

	<p>supporting information and clarifications. The Alliance have also been recommended to be considered for phase 2 funding for the Recovery Pathway and Stratified Follow-up element of the bid. Timescales and further information expected on soon as funding may have some caveats. There is a lot of work required for the next few weeks and once funding is confirmed recruitment of posts and implementation will need to commence quickly.</p> <ul style="list-style-type: none"> • Cancer Alliance Launch Event The Alliance Launch event is scheduled for 30 March 2017 at Newcastle Racecourse. The Alliance has had to increase the number of delegates for the event as it is proving to be popular. Registration places are still available for those who have not registered for the event yet however the closing date is tomorrow. • Delivery Plan This has been developed by consolidating the cancer locality group, STP and network plans. This is to reflect what resources are required for the alliance. Feedback from the national team has been received and they have asked for quarterly milestones, Outcome measures and further governance details to be added. The plan needs to be submitted to the North Region team again by 22 March and National Team by 30 March. • Upper GI Project Update This is a research project currently being undertaken with Northumbria University. Sarah Sowden provided a presentation on the project at the last meeting. AB has been co-opted onto the group as a patient representative. Future focus groups are being held. A deadline for September has been given for the first draft of their final report. 		
3.4	Living With & Beyond Cancer Update		
	<p>AM gave an update which was provided by Anne Richardson from the Living With and Beyond Cancer Team.</p> <p>A steering group has been established and will meet monthly to progress the LWBC agenda. LWBC project priorities are the Recovery Package which incorporates the following:</p> <ul style="list-style-type: none"> • Holistic Needs Assessment • Treatment Summary • Cancer Care Review • Health and Well Being Events <p>and Stratified follow-up pathways.</p>		

	<p>To be effective, the Recovery Package and Stratified follow-up must link to the needs identified for example, managing the consequences of treatment or late effects and rehabilitation services.</p> <p>Some of our actions for this year include:</p> <ul style="list-style-type: none"> • Promoting through engagement, the current models used, by sharing good practice and learning at the Clinical Expert Advisory Groups audit events • Undertaking a baseline assessment of how many teams are using HNAs and eHNAs across our region <p>The Recovery Package and Stratified follow up will be supported by the transformation bid (this element of the plan will change depending on phase 2 funding).</p>		
	3.5 QS Measure		
	<p>There are no network measures in the Quality Surveillance Process and the new MDT measures contain very few points which need to be network agreed.</p> <p>However we will continue to support many of the network groups to meet. If there are any Trust measures that require discussion at the network meetings it will be the trusts responsibility to ensure they advise us in advance of the meeting to add this to the agenda.</p> <p>MDT Meeting. The Alliance has agreed to consider changes to MDT working. 10 new recommendations have been issued following a document from CRUK and these may become published nationally. The first alliance meeting to discuss this was held on Friday and the group agreed to proceed with this piece of work prior to national implementation It was noted that this will impact on pathology members of MDT's and all were advised to be involved in Trust discussions .The first step is every trust to benchmark against the recommendations.</p>		
4.	NEXT MEETING		
4.1	<p>Wednesday 4 October 2017 2.00 – 3.00pm (HPB) 3.00 – 4.00pm (Joint HPB OG Network) 4.00 – 5.00pm (OG) Evolve Business Centre</p>		
HPB EXPERT ADVISORY GROUP AGENDA			
Present:	Leonie Armstrong, Palliative Care CNS, Northumbria		

	<p>rather than a specific cancer CT scan.</p> <p>JP highlighted the need for education for those radiologists who are not specialised.</p> <p>AM asked if the document is to be shared with the radiology group to ensure this is circulated with all the trusts.</p>		
	<ul style="list-style-type: none"> • Newcastle Referral Form <p>RC informed the group that Newcastle are hoping to move forward onto an electronic system which is to be agreed by all the trusts across the region. In the meantime a referral process has been developed and shared with the group in advance of the meeting. It is hoped that this process will reduce the number of calls made to the referring consultants/CNS to gain additional information that is required.</p> <p>A copy of the process is attached for information.</p> <p>JP highlighted there was no identification of what mandatory information to be included and what isn't.</p> <p>It was noted that the form is not readily available throughout trusts. A comment was also received regarding adding a section identifying that a test has been ordered but results are not available yet.</p> <p>The group were asked to comment on the form and provide feedback within 2 weeks. Comments to be sent back to the cancer alliance.</p> <p>Once the group agree the amendments to the form this will be sent to the clinical leadership group for official signoff. This meeting is scheduled for 4 May 2017.</p>		Enc 2
6.2	Clinical Guidelines		
	This item was covered under item 3.5		
6.3	Clinical Governance Issues		
	None		
6.4	Patient & Carer Update		
	<p>JP gave some information on the charity that she works for.</p> <p>JP asked for help to be able to give the money raised for the north east. NK seemed to think that Maggie's have offered to pass on the information. It was suggested that all patients should be made aware of this and for each individual nurse specialist and palliative care nurses to contact JP for further information.</p>		

	6.5	Any Other Business		
		<p>Patient Information Leaflets NK asked the Nurse specialists if they are using same information leaflets across the region. NK agreed to share what information is given to patients from Newcastle.</p> <p>Pathology attendance at MDT SR raised a concern regarding the pathologists attendance at MDT meetings and whether this should be reviewed in relation to what is being provided by pathologists to MDTs. It was noted that the group do not have the authority to make a change but can inform the alliance. JP highlighted that this is being done through a piece of work with the Alliance which was informed under item 3.5</p>		
7.	MEETING CLOSED			

Contact

su.young@nhs.net

tel 011382 53046