

<b>Meeting:</b>	<b>HPB &amp; OG Expert Advisory Group</b>		
<b>Date:</b>	<b>4 April 2018</b>		
<b>Time:</b>	<b>14:00 – 16:00 [HPB] 15:00 – 17:00 [OG]</b>		
<b>Venue:</b>	<b>Evolve Business Centre</b>		
<b>Present:</b>			
	Katie Elliott, Assistant Clinical Lead, Cancer Alliance		<b>KE</b>
	Alison Featherstone, Alliance Manager, Cancer Alliance		<b>AF</b>
	Jeremy French, Cons HPB Surgeon, Newcastle ( <b>CHAIR HPB</b> )		<b>JF</b>
	Jo Latimer, Consultant Radiologist, North Tees & Hartlepool		<b>JL</b>
	Jane Osborne, CNS, Sunderland		<b>JO</b>
	John Painter, Cons Gastroenterologist, Sunderland ( <b>CHAIR OG</b> )		<b>JP</b>
	Sarah Robinson, Consultant, Northumbria		<b>SR</b>
	Gemma Stidolph, CNS, Gateshead		<b>GS</b>
	Helen Wescott, UGI CNS, South Tees		<b>HW</b>
	Linda Wintersgill, Information Manager, Cancer Alliance		<b>LW</b>
	Su Young, Business Support Assistant, Cancer Alliance		<b>SY</b>
<b>Apologies:</b>			
	Leonie Armstrong, Palliative Care CNS, Northumbria		<b>LA</b>
	Michelle Burgess, UGI CNS, South Tees		<b>MB</b>
	Zoe Cameron, Upper GI Cancer Nurse Specialist, CDDFT		<b>ZC</b>
	Fareeda Coxon, Newcastle		<b>FC</b>
	Peter Davis, South Tees		<b>PD</b>
	Anjan Dhar, Consultant Lead, CDDFT		<b>AD</b>
	Dawn Elliott, HPB Nurse, Northumbria		<b>DE</b>
	Jessica Green, UGI CNS, CDDFT		<b>JG</b>
	Carolynne Hardy, CNS, South Tyneside FT		<b>CH</b>
	Deepak Kejariwal, Consultant Gastroenterologist, CDDFT		<b>DK</b>
	Nickola Kilbride, HPB CNS (Lead), NUTH		<b>NK</b>
	Nick Hayes, Consultant, Newcastle		<b>NH</b>
	Jen Patterson, Patient Representative (HPB)		<b>JP</b>
	Natalie Robson, UGI CNS, North Tees & Hartlepool		<b>NR</b>
	Gourab Sen, Consultant Hepatobiliary, Newcastle		<b>GS</b>
	Supriya Upadhye, Gateshead		<b>SU</b>
	Jayesh Vasani, North Tees & Hartlepool		<b>JV</b>
	Yks Viswanath, South Tees		<b>YV</b>
	Nick Wadd, South Tees		<b>NW</b>
	John Wayman, North Cumbria		<b>JW</b>
	David Wilson, Oncologist, South Tees		<b>DW</b>
<b>HPB AGENDA</b>			
<b>1.</b>	<b>INTRODUCTION</b>	<b>Lead</b>	<b>Enc.</b>
	<b>1.1 Welcome and Apologies</b>		
	JF welcomed all to the meeting, apologies as listed above. Introductions were made.		
	<b>1.2 Declaration of Interest</b>		
	No declarations of interest made.		

	<b>1.3</b>	<b>Minutes of the previous meeting (4 October 2017)</b>		<b>Enc. 1</b>
		The minutes of the previous meeting were agreed as an accurate record.		
<b>2.</b>	<b>AGENDA ITEMS</b>			
	<b>2.1</b>	<p><b>Follow up since last meeting</b></p> <ul style="list-style-type: none"> <li><b>Chair and Vice Chair Vacancies</b> The group welcomed Jeremy French as the new Chair and John Painter as Vice Chair for the HPB section. The Alliance website will be updated to reflect the changes.</li> <li><b>Electronic Referrals Acknowledging Receipt</b> It was highlighted that Trusts are not receiving receipts to confirm if referrals have been received. Referrals are made to an NHS Email address and JF agreed to look into having a receipt mechanism added. JF noted that there is a variation with consultants for who responds back to the initial referrer with an update on the patient. It was highlighted that if patients referred through with insufficient testing may be referred back to ensure that these tests have been completed. Outstanding testing is often picked up with the radiology MDT. Sunderland noted that they do not make a referral until all testing and scanning has been completed.</li> </ul>		
	<b>2.2</b>	<p><b>Trust Representatives (HPB)</b></p> <ul style="list-style-type: none"> <li><b>Split into liver and pancreas</b> Trust representatives to be updated within the clinical guidelines and it was suggested that two representatives for each trust be listed for advice and feedback</li> <li><b>Radiology Representation named?</b> A suggestion was made to have a Radiology HPB sub group and KE recommended that JF contact Lynn George who is leading on the Radiology work for the Alliance.</li> </ul>	<b>JF</b>	
	<b>2.3</b>	<p><b>Variation in Pancreatic Cancer Survival (PCUK Data)</b> PCUK have shared presentation slides in relation to pancreatic cancer diagnosis and survival rates throughout the UK. A copy of the slides is attached for information. JF offered to send a response on behalf of the group to see if the data could be looked at in more detail.</p>	<b>JF</b>	<b>Enc. 2</b>
	<b>2.4</b>	<p><b>Variation in HCC Resection Rates</b> <a href="http://tools.england.nhs.uk/images/liveratlas17/atlas.html">http://tools.england.nhs.uk/images/liveratlas17/atlas.html</a> The link provides information on survival rates and variation for liver disease. The data highlights that there is a 7 fold difference between areas across the UK. This data does not take into consideration the alcohol related data. Discussions were held regarding the data and highlighting the trends between population areas. JF suggested looking at the 2017 data for HCC to see how many</p>	<b>JF</b>	<b>Enc. 3</b>



		subgroup together to look into this further, member of the subgroup will include HPB surgeon, Colorectal Surgeon, Radiologist and to report back at the next meeting.	<b>JF</b>	
	<b>2.9</b>	<b>Clinical Governance Issues</b> None		
	<b>2.10</b>	<b>Patient and Carer Update</b> None		
	<b>2.11</b>	<b>Any Other Business</b> SR raised a query regarding Gall bladders being sent for pathology. SR asked if it would raise concerns if this was stopped but the group felt that data should be reviewed in relation to how many cancers are being found and what the outcomes are. It was agreed to do this over a 10 year period with initial data for 1 year to be reviewed and for each trust to review the same questions on their data. JF suggested that data also be sought how long does it take to examine a gall bladder. It was felt that this could end up being a cost and time saving exercise. James cook is now doing EUS and JL suggested that this be utilised.		
<b>3</b>	<b>JOINT HPB &amp; OG NETWORK UPDATES</b>			
	<b>3.1</b>	<b>Cancer Alliance Update</b> <ul style="list-style-type: none"> <li><b>One Year On Event Feedback</b> The event was held on 23 March and was well attended. Presentations, videos and evaluation are currently being processed and will be available on the alliance website soon.</li> <li><b>Transformation Funding</b> The majority of the transformation funding is for Early Diagnosis and Living With and Beyond Cancer however some has been allocated to pathway redesign. Funding for 18/19 has been received for the first 6 months; a review of the 62 day will be undertaken in May/June/July. The results from this review will depend on whether the Alliance will receive full funding for the latter part of the year.</li> <li><b>28 day Diagnosis</b> 28 day diagnosis will be in place from 2020 but shadow monitored from April 2018. The Alliance shadow monitors this already so hopefully there will be no difference in the way the data is collated. JP suggested that this be renamed as "Faster Diagnosis" to avoid confusion.</li> </ul>		
	<b>3.2</b>	<b>Activity Data</b> LW gave a presentation on the current activity data for HPB and OG. A copy of the presentation is attached for information.  A discussion was held regarding the 31 day performance and it was		<b>Enc. 5</b>

		<p>requested that median data be broken down and shared with the group.</p> <p>A suggestion to look at the data from other alliances and all 104 day indicators should be reviewed internally at each trust and look at any trends that are appearing.</p> <p>The group suggested an audit be undertaken to look into the delays for the 62 day pathway.</p>		
	<b>3.3</b>	<p><b>National Best Practice Timed Oesophago-gastric Cancer Pathway</b></p> <p>The cancer vanguards are starting to look at Upper GI similar to the Lung pathway and have asked for comments back by Monday. AF highlighted some of the comments that have been received nationally.</p> <p>The initial plan for this pathway is to have a definite diagnosis by day 28. This does not feel right if you are on the receiving end of this but there is an expectation that triage may occur prior to the straight to testing. This is variable across all our trusts.</p> <p>Tissues biopsies are not always necessary to exclude a cancer diagnosis but tissue biopsy results are usually returned within 2 days.</p> <p>Local MDT needs to evolve in general like the pathway.</p> <p>AF to draft a response and share with JP prior to submitting.</p>	<b>AF</b>	
	<b>3.4</b>	<p><b>2ww Suspected Cancer Referral Form</b></p> <p>KE shared the latest version referral form. Red boxes have been added to ensure that the Primary care complete the relevant parts of the form. ALT and AST to be removed as well as diabetes.</p> <p>The group agreed to sign off the form.</p>		
	<b>3.5</b>	<p><b>Terms of Reference</b></p> <p>Expert Advisory Group terms of reference have been developed and the group asked for comments back in a month.</p>	<b>ALL</b>	<b>Enc. 6</b>
	<b>3.6</b>	<p><b>Campaigns</b></p> <p>Bowel Cancer Screening Consultation is currently live should anyone wish to comment on this.</p>		
	<b>3.7</b>	<p><b>STP Upper GI Pathway Guidance</b></p> <p>Shared for information and is now live, further comments can be sent to JP.</p>	<b>ALL</b>	<b>Enc. 7</b>
<b>4</b>		<b>Next Meeting</b>		
	<b>4.1</b>	Wednesday 3 October 2018, 2.00 – 5.00pm, Evolve Business Centre		
		<b>BREAK</b>		
		<b>OG AGENDA</b>		
<b>1</b>		<b>INTRODUCTIONS</b>	<b>LEAD</b>	
	<b>1.1</b>	<p><b>Welcome and Apologies</b></p> <p>JP welcomed all to the meeting, apologies as listed above.</p> <p>Introductions were made.</p>		

	<b>1.2</b>	<b>Declaration of interest</b> No declarations of interest made.		
	<b>1.3</b>	<b>Minutes of the previous meeting</b> The minutes of the previous meeting were agreed as an accurate record.		<b>Enc 1</b>
<b>2</b>		<b>AGENDA ITEMS</b>		
	<b>2.1</b>	<b>Follow up since last meeting</b> <ul style="list-style-type: none"> <li><b>2ww Endoscopy Form</b> This item was already discussed under item 3.4</li> <li><b>OG Audit Day</b> PD is trying to liaise with Newcastle for a date. As soon as this is confirmed it will be circulated.</li> </ul>		
	<b>2.2</b>	<b>STP Upper GI Pathway Guidance</b> <ul style="list-style-type: none"> <li><b>Significant Isolated OG Issues</b> This item was discussed under item 3.7</li> </ul>		
	<b>2.3</b>	<b>Open Access Endoscopy Referral Form</b> Two forms are available, one which Sunderland uses and another one which is available regionally. Amendments have been made to the Sunderland form in the hope that this can be used regionally. The form was reviewed and further amendments were made. The amended form is attached for information and comments are to be returned to JP within two weeks.		
	<b>2.4</b>	<b>Sunderland Audit on Fast Track Clinical Patient Survey (following direct to test OGD &amp; CT)</b> Sunderland have taken an audit on fast track clinic, the vast majority have been seen in clinic within 2 week however some slipped to 3 weeks. Overwhelming feedback was good and patients valued the option to attend.  A presentation of the findings is attached for information.		<b>Enc. 8</b>
	<b>2.5</b>	<b>Proposed patient pathways to comply with new 28 day standard</b> This was discussed under item 3.1		
	<b>2.6</b>	<b>BSG Guidance of Standards in Upper GI Endoscopy</b> New standard has been released and attached for information.		
	<b>2.7</b>	<b>Updates from Each Centre</b> None		
	<b>2.8</b>	<b>Clinical Guidelines</b> This item was discussed under item 2.8		

	<b>2.9</b>	<b>Clinical Governance Issues</b> None		
	<b>2.10</b>	<b>Patient &amp; Carer Update</b> None		
<b>3</b>		<b>CLOSE OF MEETING</b>		