

Meeting:	HPB & OG Expert Advisory Group		
Date:	4 October 2017		
Time:	14:00 – 16:00 [HPB] 15:00 – 17:00 [OG]		
Venue:	Evolve Business Centre		
Present:			
	Richard Charnley, HPB Surgeon, NUTH (Chair)		RC
	Michelle Burgess, UGI CNS, South Tees		MB
	Janine Potts, UGI CNS, NUTH		JPo
	John Painter, Cons Gastroenterologist, Sunderland (Chair)		JP
	Nickola Kilbride, HPB CNS (Lead), NUTH		NK
	Natalie Robson, UGI CNS, North Tees & Hartlepool		NR
	Jessica Green, UGI CNS, CDDFT		JG
	Zoe Cameron, Upper GI Cancer Nurse Specialist, CDDFT		ZC
	Anna Haste, Research Associate, Newcastle University		AH
	Katie Elliott, Cancer Research UK Strategic GP, Cancer Alliance		KE
	Su Young, Business Support Assistant, Cancer Alliance		SY
	Karen Dunn, Business Support Assistant, Cancer Alliance		KD
Apologies:			
	Alexander Bradshaw, Newcastle		
	Anjan Dhar, Consultant Lead, CDDFT		
	Susan Hedley, Upper GI CNS, Sunderland		
	Yks Viswanath, South Tees		
	Jonathan Nicoll, Consultant Clinical Oncologist NCUH		
	David Wilson, Oncologist, South Tees		
	Nick Hayes, Consultant, Newcastle		
	Penny Williams, Research Delivery Manager, NUTH		
	Rory Farrell, Gateshead		
	Rachel Richardson, HPB/OG Nurse, Gateshead		
	Dawn Elliott, UGI CNS, Northumbria		
	Jane Osborne, UGI CNS, Sunderland		
	Helen Wescott, UGI CNS, South Tees		
HPB AGENDA			
1.	INTRODUCTION	Lead	Enc
	1.1 Welcome and Apologies		
	RC 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 (22 March 2017)		Enc1
	The minutes of the previous meeting were agreed as an accurate record.		
2.	AGENDA ITEMS		

2.1	<p>Follow up since last meeting</p> <ul style="list-style-type: none"> Newcastle Referral Form Sign off from Leadership Group <p>Following a review the Group agreed the referral form was now much better and positive feedback has been received. This would be reviewed again in January 2018. It was acknowledged the form needed to be simple with room for free text. With regards to complex patients it was agreed, if required they could be contacted either by phone or letter.</p> <p>The form has also been endorsed by the Leadership Group.</p>		
2.2	<p>Chair & Vice Chair Vacancies</p> <p>As outgoing Chair of the Group RC nominated Jeremy French to take over the role, this was seconded by JP and endorsed by the Group.</p> <p>With regards to the Vice Chair position, JP expressed an interest, however the job specification would be shared and any other expressions of interest to be forwarded to Tony Branson tony.branson@nhs.net cc'd to Su.young@nhs.net</p>	ALL	Enc 2
2.3	<p>Clinical Guidelines</p> <p>RC informed the group that NICE Guidance for pancreatic cancer was to be published in January 2018.</p> <p>Key recommendations from the guidelines would be discussed at the next meeting and changes would be made to the Group's clinical guidelines accordingly.</p>	KD	
2.4	<p>Clinical governance issues</p> <p>Group had no issues to report.</p>		
2.5	<p>Patient & Carer Update</p> <p>An Engagement and Co Design Group had now been established; membership included a number of patient & carer representatives.</p> <p>Jo Mackintosh had recently been appointed as Engagement and Co-Design Programme Manager and would attend future meetings to update the Group.</p>		
2.6	<p>Any Other Business</p> <ul style="list-style-type: none"> Electronic Referrals <p>NR asked the Group if they received responses acknowledging receipt of electronic referral forms. NK agreed to follow this up and ensure this happened in future.</p> <p>RC indicated there was need to consider the speed referrals were dealt with; the necessity for Consultants to tighten up their procedures was noted. Discussion followed on the need</p>	NK	

	<p>for consultant plans to be submitted within 24 hours and referrals to be made within 48 hours. LK agreed in principle to this but would need to consider it further, as consultant agreement would be required, also further admin support would need to be reviewed to achieve this.</p> <p>It was agreed there was a need to be mindful if speeding up the process for referrals to ensure mistakes weren't made.</p> <ul style="list-style-type: none"> • RCAs <p>Discussion followed on 104 day breaches, the delay in receiving RCAs from the RVI and Freeman and how this could have a negative impact on patient harm. JP asked the Group to give thought to this.</p> <p>The Group were informed of a recent event where a letter had been dictated but not signed, resulting in a delay in sending it out. JP said it was important cover arrangements between colleagues were agreed to ensure continuity of service.</p>	All	
3	JOINT HPB & OG NETWORK UPDATES		
	<p>3.1 Upper GI Patient Experience Survey</p> <ul style="list-style-type: none"> • Presentation by Anna Haste <p>AH gave a presentation on Upper GI Patient Experience Survey and said work commissioned by Specialised Commissioning, NHS England had been underway since April and would conclude in December 2017.</p> <p>The Survey looked at the whole region:</p> <ul style="list-style-type: none"> • Report covers • Patient view pathways and improvements • Pathway delays • 2 main objectives: <ul style="list-style-type: none"> - patient views and experiences – patient interviews - Concept and feasibility of co design <p>It was noted to-date the following had been achieved.</p> <ul style="list-style-type: none"> • 2 context relevant evidence syntheses • 22 referrals - conducted 15 in depth patient experiences • Conducted a co-design concept and feasibility workshop with professionals <p>AH outlined the next steps:</p> <ul style="list-style-type: none"> • Finish patient interview by end of October to ensure results in report. • Plan to do another workshop with patients early to mid-November • Plan to complete analysis, then have headline findings report by December • Further analysis in 2018. 		

	<p>AH thanked everyone, especially nurse specialists who had helped with this.</p> <p>NR informed the Group they were running a patient experience survey, looking at fast track clinics, when data collection was completed she would share the information with AH.</p>	NR	
3.2	<p>Cancer Alliance Update</p> <ul style="list-style-type: none"> • Transformation Bid <p>Band 7 Service Improvement Facilitators have now been appointed, start dates are to be confirmed:</p> <ul style="list-style-type: none"> • Claire Downey - Newcastle • Ann Richardson - Tees • Mary Lunney - Cumbria • Kelly Craggs - Sunderland • Michelle Wren – North Cumbria <p>It was noted there may be an opportunity to access the services of these people in pathway developments once they were in post. Contact details would be shared with the Group in due course.</p> <p>The Group were encouraged to access the Website for information.</p> <ul style="list-style-type: none"> • Early diagnosis Transformation Update <p>Radiology and diagnosis – early stages, scoping work undertaken, quantitative and qualitative work is being done by Northumbria and Cumbria Universities.</p> <p>Endoscopy work - scoping work on what data was needed and how to access it was noted. JP and Dr Chris Tasker are leading this piece of work.</p> <ul style="list-style-type: none"> • Delivery Plan on a Page <p>The alliance delivery plan on a page is now available on the alliance website via the link below. http://www.necn.nhs.uk/wp-content/uploads/2014/04/Cancer-plan-on-a-page-FINAL.pdf</p>		
3.3	<p>EDAG Project Update</p> <p>KE gave an update on the EDAG Project.</p> <p>JP said pathway work was currently being amended.</p> <p>Direct referrals to CT were still causing confusion, with only some GPs having access the need to look at ways of streamlining this was noted. EDAG was trying to establish what barriers there were. The Need to optimise the use of the forms was acknowledged.</p>		

3.4	<p>Cancer 28 Day Diagnosis Target</p> <p>JP informed the Group a Directive from the Government was expected in 2020, which would include new standards which Providers would be judged against. 95% compliance would be expected, however, most the Country was expected to fail so the Region would not be outliers.</p> <p>Patient would be informed of what was going on within 28 days.</p> <p>JP outlined a proposal for the 28 day pathway and stated that following notification from the Government, all Providers were involved. Limited information was available as to what impact it would have on cancer pathways.</p> <p>RC said local hospitals were focusing patients into one small team, however this varied. It was noted at James Cook there was a wide range of referrals from Consultants and there may be the opportunity to do this there.</p> <p>It was noted Nurse Specialists would have to take control at the beginning of pathways and the need to look at patients through pathway not just those with cancer was agreed. Patients would also need to be kept informed of each stage of the pathway.</p> <p>The Group agreed with the concept of the proposal, although acknowledged it was scary. National staff shortages and time to receive test results were noted as pressures. When agreement from the Group was received this would be forwarded to the Alliance to send out to Trusts and Leads together with a PDF version of the Directive from the DOH.</p>	JP	
3.5	<p>Performance Data</p> <p>Performance data not available at meeting for discussion.</p>		
3.6	<p>Living with and Beyond Cancer Update</p> <p>The Alliance has been awarded transformation funding for the LWBC Project.</p> <p>Phase 2:</p> <ul style="list-style-type: none"> • Recovery package • treatment summary • well- being events <p>Access to resources would not be available till 2018.</p> <p>Pam Lee had now been appointed as the new Clinical Lead for living with and beyond cancer.</p>		
4	Next Meeting		
4.1	<p>TBC</p> <p>Venue – Evolve Business Centre</p>		
BREAK			

OG AGENDA			
Present			
	Michelle Burgess, UGI CNS, South Tees	MB	
	John Painter, Cons Gastroenterologist, Sunderland (Chair)	JP	
	Natalie Robson, UGI CNS, North Tees & Hartlepool	NR	
	Jessica Green, UGI CNS, CDDFT	JG	
	Zoe Cameron, Upper GI Cancer Nurse Specialist, CDDFT	ZC	
	Anna Haste, Research Associate, Newcastle University	AH	
	Katie Elliott, Cancer Research UK Strategic GP, Cancer Alliance	KE	
	Su Young, Business Support Assistant, Cancer Alliance	SY	
	Karen Dunn, Business Support Assistant, Cancer Alliance	KD	
	Peter Davis, OG Surgeon, JCUH	PD	
Apologies	See above.		
1	INTRODUCTIONS	LEAD	
	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 The minutes of the previous meeting were agreed as an accurate record.		Enc 1
2	AGENDA ITEMS		
	2.1 Follow up since last meeting RCA report feedback This had been discussed previously, no action to take. Endoscopy Form KE presented 2WW form, it was agreed that the fields would be condensed. Further amendments were made to the form live within the meeting. Feedback from Primary Care highlighted the need for more education especially for completing the forms. KE stated EMIS data was presented differently to System 1 where the form was longer with additional information on the back. KE to forward form to group to consider content. Changes would be added in and brought back to the Group to share with colleagues.	KE	
	2.2 OG Audit Day Feedback OG Audit Day had been cancelled as key individuals had been unable to attend on the day. As there was a lot of interest in having an event and as funding was agreed, the event was currently on hold.		

		<p>JP outlined audits for inclusion on Agenda. The Group were asked to forward any audits for inclusion on the Agenda to Peter Davies.</p> <p>The Alliance agreed to circulate the new date once this is confirmed.</p>	<p>All All</p> <p>KD</p>	
	2.3	<p>Regional Audit – post OGD OG Cancer rate, plus link to PPI/H2RA therapy</p> <p>JP informed the group of the above audit and suggested that this also be presented at the audit day. NR informed the Group that they had done one 5 years ago and would check if this had been repeated. NR to share audit with JP.</p>	<p>NR</p>	
	2.4	<p>Clinical Guidelines No changes to note.</p> <p>KE drew attention to the website and asked the Group to access it to look at the clinical guidelines. The Group were to consider the content and feedback any amendments at the next meeting.</p>	<p>All KD</p>	
	2.5	<p>Clinical governance issues No clinical governance issues reported.</p>		
	2.6	<p>Patient & Carer update No patient and Carer Update.</p>		
		<p>Any other Business</p> <p>Oxford Academic Health Science Networks The NCA have been approached by the Oxford Academic Health Sciences Network to see if anyone would be willing to contribute to the development of a decision support tool treatment to use with people with OG junction tumours. It would involve taking part in a 30 min interview and they are interested in any professionals dealing with this group of people.</p>		
3		CLOSE OF MEETING		