



NORTH AND EAST

London Cancer Upper GI (HPB) Pathway Board

Date: **Tuesday, 27 September 2016, 15:30-17:30**

Venue: **Meeting Room 1, 3rd Floor, 170 Tottenham Court Road, London, W1T 7HA**

Chair: **Satya Bhattacharya, Pathway Director**

1. Welcome, Introductions and Apologies (SB)

SB welcomed members of the board, introductions were made and apologies heard.

2. Minutes of last meeting (SB)

Some members reported not receive papers (including minutes). SE to check distribution list is accurate.

3. Revision of TOR

- SB explained the new priorities of UCLH Cancer Collaborative Vanguard, including:
 - Earlier diagnosis
 - Pathway Improvement
 - Work with Centre for Cancer Outcomes
 - Patient experience.
- The group's composition has been refreshed with some members choosing to drop out and a few new members invited to join.
- The patient representative role also needs to be clarified. In particular there was appetite to have patients get involved practical projects.
- The group wishes to co-design a patient experience survey with GW and JL.

ACTION: SE to send patient experience role spec to GW and JL

4. Revision of Clinical Guidelines

- The clinical guidelines developed in 2014 are due for revision. A lead with a relevant group of experts wrote the guidance; therefore similar groups will be established for review process for the set of four guidelines.

ACTION: Dinesh Sharma, Tim Meyer, Paul Kooner, Doug Thorburn to be invited to review HCC

Max Malago, Mike Chapman, Robert Hutchings, John Bridgewater to be invited to review CC

Hemant Kocher, Guiseppe Fusai, Stephen Perreira, Grant Stewart, Sarah Slater to be invited to review Pancreatic Cancer

Brian Davidson, David Propper, Ian Renfrew, Roopinder Gillmore to be invited to review CRCLM

5. Earlier Diagnosis

- The HCC screening process has been shown to be more effective at identifying HCCs when run by an hepatologist or a clinician with an interest in hepatology. Those with cirrhosis of the liver are a clearly defined at-risk group, but other high-risk groups include people with HBV, Africans (especially men over 50) etc

- The group felt there should be scoring system to gauge who should be screened, highlighting people with fibrosis, cirrhosis, those with a strong family history of liver cancer.
- The group agreed to develop protocols for screening to be sent to primary care and separate protocols for specialists.
- It was agreed that each referring hospital should have already have a named lead clinician for HCC, if not they should be encouraged to do so.
- Alerts or triggers for relevant patients discussed. An Access database to track relevant patients would be relatively simple to create, however software that communicates with hospital records would be more valuable but more complicated to establish.

ACTION: MM PK, AMi, AM to establish working group to produce best practice guide on how to identify and survey HCC screening patients. To be aimed at primary care and specialists.

ACTION: SE, EW to compile list of lead HCC clinicians.

- SB informed the group that he has contacted Imogen Staveley at Camden CCG to discuss software that alerts GPs when a likelihood of pancreatic cancer is found.
- Q-score is currently used by GPs, it gives a % likelihood of pancreatic cancer, a score of above 3% prompts a referral.
- Feedback from GPs reveals confusion as to where and how patients should be referred. The MDC was intended to make this easier. GP education and workshops to be held to help heighten awareness.
- Members expressed concern that we are not resecting as many liver metastases as we should and that these patients are not being referred to HPB MDT in a timely fashion. It was accepted that every patient with a colorectal liver metastasis should be reviewed by a HPB surgeon, an MDT is the best forum for this but does not necessarily have to be the case.

ACTION: MDTs to be asked the following:

How many liver mets were diagnosed last year

How many went for surgery last year

How many new colorectal cancer diagnoses were made last year

6. Patient Experience Audit

- A system questionnaire has been developed previously by AM and also by JL.
- The surveys could be sent to CNS to give to patients at diagnosis.

ACTION: RFH and Barts CNS to be asked to lead.

7. HPB Website

- The HPB London website (<http://www.hpblondon.com/>), currently owned by SB discussed. The website details the Royal London service. The group praised the website for its clarity and commented on its usefulness. It was agreed that incorporating RFH services would be beneficial.

ACTION: SE to discuss how to take forward and whether the website can be linked London Cancer website with the new UCLH Cancer Collaborative communications lead.

8. Timed Pathways

- Inter Trust Transfers (ITT) discussed. RFH have developed a 24 day pathway from receipt of ITT including a 1 stop clinic for new ITT patients.

ACTION: SE, EW, SB to establish timed pathways working group.

9. Data

- COP-D and SACT data was largely felt to be accurate.

ACTION- SE to circulate breakdown of trial recruitment data.

10. Joint Meetings

- Joint Barts/RFH training+education sessions should be restarted, it was generally felt 1 or 2 a year would be the optimum frequency. Pathway issues to be added to first event in 2017

11. Next Meeting(s)

- Next meeting to be held in February.

ACTION LOG

Action	Owner	Date Agreed	Status
Priorities: revise guidelines	All	10-May 2016	
Priorities: Revitalise the different groups who met to put together the guidelines	All	10-May 2016	
Priorities: contact the groups who put together the guidelines	MR	10-May 2016	
Director: finalise JD and circulate to board	KPJ/MR	10-May 2016	COMPLETED
Meeting: meeting room to be booked and date circulated	PA	10-May 2016	COMPLETED
HPB Pathway Board membership on agenda for next meeting	AM	16-Dec-2014	COMPLETED
Forward email to JG re: IG spectrum	PA	24-Mar-2015	COMPLETED
Outstanding Actions			
SE to circulate breakdown of trial recruitment data.	SE	27/09/2016	
SE, EW, SB to establish timed pathways working group.	SE	27/09/2016	
SE to discuss how to take forward and whether the website can be linked London Cancer website with the new UCLH Cancer Collaborative communications lead.		27/09/2016	
Colorectal liver Met Audit	SE	27/09/2016	
Working group to produce best practice guide on how to identify and survey HCC screening patients	SE	27/09/2016	
Compile list of lead HCC clinicians.	SE	27/09/2016	
Send Patient Rep Role to G, JL	SE	27/09/2016	
Review HCC Guidance	DS, TM, PK, DT	27/09/2016	
Review CC Guidance	MM, MC, RH, JB	27/09/2016	
Review Pancreatic Cancer Guidance	HK, GF, SP, GS, SS	27/09/2016	
Review CRCLM Guidance	BD, DP, IR, RG	27/09/2016	

Attendees

Name	Trust/Organisation
Satya Bhattacharya	Barts Health
Andrew Millar	North Middlesex University Hospital
Simon Evans	<i>London Cancer</i>
Cate Simmons	Princess Alexandra Hospital
Graham Wyles	Patient Representative
Kito Fusai	Royal Free London Hampstead
John Lancaster	Patient Representative
Rosemary Philips	Princess Alexandra Hospital
Jacqueline Ullman	Royal Free London - Hampstead
Massimo Pinzani	University College London Hospitals
Max Malago	Royal Free Hampstead
Yiannis Kallis	Barts Health
Dinesh Sharma	Royal Free Hampstead
Helen Allibone	Royal Free Hampstead
Elliott Westhoff	Royal Free London - Hampstead

Apologies

Name	Trust/Organisation
Aileen Marshall	RFL
Ajit Abraham	Barts Health
Andrew Rochford	Barts Health
Aruna Dias	Barts Health
Lisa Woodrow	RFL
Mike Chapman	UCLH
Steve Pereira	UCLH
Doug Thorburn	Royal Free London - Hampstead
Elaine Heywood	Royal Free London - Hampstead
Ian Renfrew	Barts Health
Javaid Subhani	Barking and Thurrock
Roopinder Gillmore	Royal Free London - Hampstead
Rosemary Phillips	Princess Alexandra Hospital
Sarah Slater	Barts Health
Sharon Cavanagh	<i>London Cancer</i>
Sherif Raouf	Barking, Havering and Redbridge University Trust