Activity Report
April 2013 – March 2014

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Executive Summary

Introduction
The purpose of this document is to report the HepatoPancreatoBiliary (HPB) cancers National Managed Clinical Network (NMCN) activities in respect of:

- Performance against agreed work plan objectives;
- Outcomes achieved; and
- Challenges encountered and actions taken to remedy defined issues.

This report covers the activity of the network between April 2013 and March 2014. It also reports on the findings and resultant actions required from the 2012 clinical audit report, as well as looking forward from April 2014 to March 2015.

NMCN Objectives
The HPB cancers NMCN has made progress and delivered a number of key objectives which included:

- National Clinical Audit
  Supporting delivery of the national clinical audit work programme for 2013/14, ensuring the regional governance processes were adhered to. The full audit report can be accessed on the network website.

- Enhanced Recover After Surgery
  The Glasgow centre developed an enhanced recovery after pancreatic surgery pathway and the Dundee centre will develop a pancreas pathway.

- Multi-disciplinary Team (MDT) Working
  The national priority is to ensure all cancer patients are efficiently managed by a MDT. The 5 HPB cancer MDTs are well established with good representation from multiple disciplines and administrative groups. The Aberdeen, Dundee and Inverness MDTs are transitioning into a North of Scotland HPB MDT.

- Service Mapping
  Completion of a West of Scotland service map for HPB cancers service provision, detailing the points of service provision and the connections between them.

- Guideline and Protocol Development and Review
  The updating of clinical management guidelines (CMGs) is a core component of NMCN activity and following approval the pancreatic/duodenal CMG has been published. The gallbladder/bile duct CMG update is in progress.

- NHS Board-level HPB Cancer Patient Pathways
  NHS Fife pathway had operated for 3 years and was reviewed, and the NHS Greater Glasgow and Clyde pathway started operating in January 2014.

- Patient Information
  The generic information is available on NHS inform and the tailored information is being developed in partnership with the UK HPB cancer Charities.
• **National Cancer Quality Performance Indicators (QPI)**
  The HPB cancer QPIs have been implemented for all patients diagnosed with HPB cancer on, or after, 1st January 2013. The revised HPB cancers dataset and measurability specification, developed as part of the QPI development process, facilitates consistent measurement and comparative reporting of QPIs across Scotland.

• **Clinical Trials**
  7% of patients participated in clinical trials during 2012-13 (7% during 2011-12, 5% during 2010-11 and 6% during 2009-10).

• **Education**
  The annual education event was in Dundee on 4th April 2014 and included a presentation on the Scottish Selective Internal Radiation Therapy service available from the Edinburgh centre. The second mortality and morbidity review has been postponed until December 2014 at the earliest to include 2013 as well as 2012 data.

**Key Priority Areas for the NMCN in the next 12 months**
The NMCN work plan has been developed with an emphasis on identifying outcomes that improve the quality of patient care and overall efficiency. A number of objectives will be carried over from this year as clinical audit (based on quality performance indicators), enhanced recovery after surgery, MDT working, guideline and protocol development/review, patient pathways and patient information continue as priorities in the work plan. A new NMCN objective to be progressed in the coming year is supporting the Edinburgh centre to deliver selective internal radiation therapy to Scottish patients.
1. Introduction

The HepatoPancreatoBiliary (HPB) cancers national managed clinical network (NMCN) was established in 2005 as a means of delivering equitable high quality clinical care to all HPB cancer patients across Scotland, covering a population of 5.295 million.

The HPB NMCN continues to support and develop the clinical service for approximately 1230 new HPB cancer patients each year. Management of this patient group relies heavily on close collaboration between General Practitioners (GPs), Radiologists, Pathologists, Surgeons, Oncologists, Clinical Nurse Specialists, District Nurses and Allied Health Professionals. The NMCN continues to benefit from enthusiastic engagement from a range of healthcare professionals, administrators and managers across Scotland.

Research by the Network has indicated GP access to Computer Tomography scans would facilitate early detection and this is being progressed through the Detect Cancer Early programme’s review of HPB cancer referral guidelines.

Liver cancer patients are referred to the Scottish Liver Transplant Unit in Edinburgh for the Edinburgh multi-disciplinary team (MDT) to review.

The Aberdeen, Dundee and Inverness weekly multi-disciplinary teams (MDTs) are transitioning to a weekly North of Scotland (NoS) MDT, with monthly NoS meetings to review complex cases currently.

There were 1232 new diagnoses of HPB cancers during 2012, 358 of liver, 653 of pancreas, 192 of gallbladder/biliary tree and 29 of duodenum. The diagnoses were split 675 in males and 557 in female. HPB cancers are predominantly an older person’s cancer with the majority of patients diagnosed over 65. Survival is poor, with pancreatic cancer survival being under 4% at 5 years.

The NMCN website is www.shpbn.scot.nhs.uk.

The purpose of this document is to report the HPB cancers NMCN activities in respect of:

- Performance against agreed objectives;
- Outcomes achieved;
- Challenges encountered and actions taken to remedy defined issues; and
- Update on progress of actions identified from the analysis of the 2011 clinical audit.

NMCN Governance

The Network Advisory Board video conferences three times per annum while the Network has an annual education event that includes the latest clinical audit analysis. The Network has representation from patients, carers, charities, external companies, universities and NHS Boards and all relevant specialities involved in the management of HPB cancers. The Network is consulted between meetings as required by the lead and manager. Mr Colin McKay successfully led the NMCN for 4 years and stepped down on 31st March 2014, with Professor Steve Wigmore starting on 1st April 2014. The membership of the Network is refreshed regularly.
2. NMCN Workplan and Activities (reporting period 04/2013 to 03/2014)

2.1 Core Objectives

National Clinical Audit Programme
Effective utilisation of audit data to support service improvement is a key objective of the HPB cancers NMCN. Overall data quality has improved in recent years however in a number of areas further improvement is required. The report of 2011 audit data identified a number of aspects of service provision requiring further local scrutiny. NHS Boards prepared actions plans identifying resulting issues and subsequent resolutions. Performance against these action plans was monitored by the Advisory Board at their meetings in June, September and December 2013. 7 of the 8 actions have been fully implemented, with the 8th (information sharing across Scotland, starting with the South East of Scotland (SEoS) Clinical Portal providing outcomes of Edinburgh HPB MDT) carried over into 2014/15.

Enhanced Recovery After Surgery (ERAS)
Successful implementation of ERAS is proven to lessen the psychological and physiological impact on patients undergoing major surgical treatment, reducing post-operative complications and overall length of hospital stay.

The Edinburgh centre developed an enhanced recovery pathway for patients with pancreatic cancer in 2012/13, the Glasgow Centre developed its pathway in 2013/14 and the Dundee centre is developing its pathway in 2014/15 (Aberdeen and then Inverness centres will develop their pathways).

The Edinburgh centre is developing a pathway for patients with liver cancer.

Multi-disciplinary Team (MDT) Working
To ensure efficient MDT working across Scotland the Network has focused on improving the operation of each MDT as well as identifying Scotland-wide IT applications, especially for the liver cancer patients having surgery at the Scottish Liver Transplant Unit.

The SEoS MDT is developing real time communication of the MDT outcomes to the 4 SEoS Boards. NHS Lothian is achieved from TrakCare through SCI STORE into the SEoS Clinical Portal application. NHS Borders, NHS Dumfries & Galloway and NHS Fife are developing the same solution with the MDT outcomes available in SEoS Clinical Portal.

The MDT Coordinator for the Glasgow MDT started in November 2013, with liver and pancreas referral forms and the NHSmail box to email the referrals to available on the network website.

The weekly Aberdeen, Dundee and Inverness MDTs are transitioning to a weekly NoS MDT, and continue to meet monthly to review complex cases.

In 2013 waiting times access standards continue to be met and exceeded across Scotland; with over 98% of patients waiting no longer than 31 days from deciding their treatment to their treatment starting, and over 96% of patients waiting no longer than 62 days from being referred urgently with a suspicion of cancer to their treatment starting.

Service Mapping
A high level map of HPB cancers service provision was collated for the 4 West of Scotland NHS Boards. This detailed the aspects of the service provided by each hospital, identifying connections between them and highlighting areas of shared service. The mapped information was included in a
consolidated regional report which was presented to the Regional Cancer Clinical Leads Group in October 2013 and shared with WoS Board Cancer Managers in December 2013. The service map will be updated annually to maintain a baseline position, and this high level summary information has been utilised as an internal planning resource. The map will be expanded to the NoS and SEoS during 2014/15.

2.2 Individual NMCN Objectives

**National Quality Performance Indicator (QPI) Development Programme**
As part of the ongoing cancer quality improvement work, HPB cancer QPIs were published in August 2012 and updated to include an MDT QPI, applicable to all cancers, in November 2013. A revised national data set for audit of HPB cancers was introduced for all patients diagnosed on and after 1st January 2013. QPIs will continue the national consistency of reporting and comparison of performance and the analysis of 2013 is due to be reported by November 2014.

**Guideline and Protocol Development and Review**
Development and review of clinical management guidelines (CMGs) is a core component of NMCN activity. During 2013/14 the pancreas and duodenum CMG was revised and approved by the Regional Prescribing Advisory Group and local Area Drug and Therapeutics Committees. The gallbladder and bile duct (including cholangiocarcinoma) CMG is being revised and is scheduled to be approved and circulated by September 2014. The liver CMG will be revised, approved and circulated during 2014/15. All CMGs can be accessed directly from the intranet site (www.intranet.woscan.scot.nhs.uk) or via the chemotherapy electronic prescribing and administration system (CEPAS).

**NHS Board-level HPB Cancer Patient Pathways**
NHS Fife had operated its pathway for 3 years and reviewed it. NHS Greater Glasgow and Clyde started operating their pathway in January 2014, and it will be utilised for the NHS Ayrshire & Arran, NHS Forth Valley and NHS Lanarkshire pathways.

**Patient Information**
The generic information is available in NHS inform, split into bile duct, gallbladder, liver and pancreas. The tailored information is available in NHS inform for liver and pancreas, and is being created for bile duct and gallbladder with the UK charities (liver, pancreas and gallbladder/bile duct).
2.3 Other NMCN Activities

Education
The NMCN annual education event is well attended by members and includes the work of the Advisory Board, audit, research, and service improvement. The 4th April 2014 education event in Dundee included:

- Enhanced recovery after HPB cancers surgery update.
- Diagnosis and staging of HPB cancers update.
- Management of neuroendocrine tumours update.
- Hepatocellular carcinoma guideline update.
- Selective internal radiation therapy service available from Edinburgh.
- 2012 clinical audit analysis and discussion.

Clinical Trials
In collaboration with the Scottish Cancer Research Network 7% of patients participated in clinical trials during 2012/13. This compares with 7% in 2011/12, 5% in 2010/11 and 6% in 2009/10.

Charities
Pancreatic Cancer Action and the Royal College of GPs (RCGP) developed an online training module for pancreatic cancer and the link to it has been circulated to the Scottish GPs by the Scottish Primary Care Cancer Group (SPCCG), and included in the pancreas/duodenum CMG. The Cholangiocarcinoma Charity has agreed to work with NHS24 to create the tailored information for gallbladder and bile duct cancers that will be available through NHS inform.
3. Quality Assurance / Service Development and Improvement

The primary function of the NMCN is to facilitate continuous service improvement, supporting delivery of high-quality, equitable treatment and care to patients with HPB cancers in the Scotland. The NMCN prospective clinical audit programme underpins much of the service development and improvement work of the NMCN and supports quality assurance (QA) by providing the means for regular assessment and reporting against recognised and agreed measures of service performance and quality.

During 2012 the annual quality assurance of service provision was undertaken utilising 12 agreed key outcome measures (KOMs) set against results presented in the previous year’s report. This was based on 1232 new diagnoses of HPB cancers presenting in 2012. The NMCN QA process requires the 14 NHS Boards and 5 multi-disciplinary teams to critically review, and verify, their own results against the agreed KOMs. These are then collated to provide a national comparative report of performance. The report of the 2012 clinical audit data was published in February 2014 and can be found on the network website.

Audit and Governance Process

In accordance with agreed governance procedures, Boards were asked to produce Action/Improvement Plans in response to audit findings and to take forward the recommendations set out in the Audit Report. The expectation is that these actions will be progressed and monitored via local governance structures. Plans are expected to be submitted to the WoS Information Manager within two months of publication of the report. An Action/Improvement Plan template is provided to ensure consistency and standardisation. The NMCN Manager/Clinical Lead have been reviewing Board Action Plans to identify priorities for co-ordinated action and these, along with progress against specific Board actions are monitored throughout the year by the Advisory Board under the standing NMCN Work Plan agenda item.

Action Plan Progression on 2011 Audit Report

Recommended actions on the basis of the key findings of the audit report were directed to Boards requesting the development of local plans to address areas of deficiency identified. All of the Boards produced Action/Improvement plans and outlined below is a high level summary of progress.

- The NMCN worked with the SPCCG to promote the RCGP training module within the Primary Care setting, and included the link to the module in the pancreas/duodenum CMG, to facilitate more timely progression of patients with HPB cancer into Secondary Care for investigation, diagnosis and treatment consideration.

- NHS Boards will promote awareness of improved management of patients with unexplained weight loss / persistent vague symptoms to facilitate earlier diagnosis of HPB cancer through the revision of the Upper Gastrointestinal (oesophageal gastric and HPB) referral guidelines being managed by the Detect Cancer Early programme.

- Aberdeen Royal Infirmary reviewed their cases of post-operative mortality following pancreatic cancer resection with the other 4 centres on the 15th March 2013 during the first surgical mortality and morbidity review. The second review will utilise 2012 and 2013 data.

- North of Scotland Cancer Network reviewed the sustainability of current service provision within the three centres and they are transitioning from 3 to 1 HPB MDT (and from 3 to 1 oesophageal-gastric MDT) during 2014/15.
• All surgical centres reviewed protocols for post-operative referral to oncology to ensure all suitable patients receive adjuvant chemotherapy following pancreatic resection. The 2012 audit report continues this action by including pre-operative referrals to oncology.

• All surgical centres assessed the implications for the future provision of services in their local area with respect to the systemic therapy QPI. The 2013 audit report will be based on QPIs.

• NMCN facilitated information sharing practices between regional networks through the transition to the NoS HPB MDT and the development of clinical portals to ensure data capture of full patient pathway is achieved.

• NHS Boards encourage liaison and communication between audit staff and clinicians through the MDTs and annual education events to facilitate high quality data.

Across all Boards the actions identified in the Board-specific action/improvement plans have been reviewed and a progress/action status provided in line with the governance framework; for the action that remains ongoing (NMCN facilitated information sharing practices between regional networks) our eHealth colleagues are progressing this, starting with the SEoS.

**Escalation Process**
Any service or clinical issue which the Advisory Board considers not to have been adequately addressed will be escalated to the Regional Lead Cancer Clinicians and relevant Territorial NHS Board Cancer Clinical Lead by the NMCN Clinical Lead. There has been no service or clinical issues that have required to be escalated.

### 4. Key Priority Areas for the NMCN in the next 12 months

The NMCN work plan has been developed with an emphasis on identifying outcomes that improve the quality of patient care and overall efficiency. Below are the objectives to be progressed in the coming year:

**Core Objectives**
• Continue to support the clinical audit programme and effectively utilise audit findings to inform and drive service improvement.
• Review clinical management guidelines and clinical guidance documents that have been in use for 3 years.
• Through the enhanced recovery after surgery initiative continue with the development of a pathway for pancreatic surgery in each centre, the Dundee centre being next.

**Individual MCN Objectives**
• Continue the improvements in the 5 HPB cancer MDTs, including the transition in the NoS from 3 to 1 MDT.
• Continue working with the 14 NHS Boards to develop or review HPB cancer patient pathways.
• Through partnership working with NHS24 and HPB cancer charities develop the tailored information for gallbladder and bile duct cancers.
• Support the delivery of the selective internal radiation therapy service from Edinburgh.

The work plan is published on the Network [website](#).
5. Conclusion

This has been a productive and eventful year and the continued support of the members has been essential in the NMCN achieving, and continuing to progress and achieve their work plan objectives.

Looking ahead the membership welcomes the opportunity to work with the Detecting Cancer Early programme to detect HPB cancers as early as possible; work with the Enhanced Recovery After Surgery initiative to enhance recovery after pancreatic cancer surgery; work with the regional Systemic Anti-Cancer Therapy groups and Scottish Radiotherapy programme board on developments in HPB cancers systemic anti-cancer therapy and radiotherapy; work with the Transforming Care After Treatment programme for HPB cancer patients and carers; support the 14 NHS Boards to audit the HPB cancer waiting times experienced by patients during 2014; and support the 14 NHS Boards to prospectively audit HPB cancers across Scotland through the quality performance indicators.

Acknowledgement

This report represents the achievements and challenges progressed across the fourteen partner NHS Boards of the North, South East and West of Scotland Cancer Networks:

NHS Ayrshire & Arran
NHS Borders
NHS Dumfries & Galloway
NHS Forth Valley
NHS Fife
NHS Grampian
NHS Greater Glasgow and Clyde
NHS Highland
NHS Lanarkshire
NHS Lothian
NHS Orkney
NHS Tayside
NHS Shetland
NHS Western Isles

We would like to thank all members and active participants in the cancer network for their continued support of the National Managed Clinical Network, without their efforts this level of progress would not be possible.

We would also like to thank the Scottish Children and Young people with Cancer Managed Service Network, the Scottish Cancer Research Network, the Scottish Primary Care Cancer Group, the Scottish Managed Diagnostic Imaging Clinical Network, the Scottish Pathology Network and the Scottish Imaging Network for their support and collaboration.