Annual Report
April 2015 – March 2016

Professor Stephen Wigmore
Consultant Surgeon
NMCN Clinical Lead

Lindsay Campbell
NMCN Manager
# CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXECUTIVE SUMMARY</td>
<td>3</td>
</tr>
<tr>
<td>1. INTRODUCTION</td>
<td>5</td>
</tr>
<tr>
<td>2. NMCN WORKPLAN AND ACTIVITIES (REPORTING PERIOD 04/2015 TO 03/2016)</td>
<td>5</td>
</tr>
<tr>
<td>2.1 CORE OBJECTIVES</td>
<td>5</td>
</tr>
<tr>
<td>2.2 INDIVIDUAL NMCN OBJECTIVES</td>
<td>7</td>
</tr>
<tr>
<td>2.3 OTHER NMCN ACTIVITIES</td>
<td>8</td>
</tr>
<tr>
<td>3. QUALITY ASSURANCE / SERVICE DEVELOPMENT AND IMPROVEMENT</td>
<td>8</td>
</tr>
<tr>
<td>4. KEY PRIORITY AREAS FOR THE NMCN IN THE NEXT TWELVE MONTHS</td>
<td>9</td>
</tr>
<tr>
<td>5. CONCLUSION</td>
<td>10</td>
</tr>
<tr>
<td>ACKNOWLEDGEMENT</td>
<td>10</td>
</tr>
</tbody>
</table>
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 NMCN between April 2015 and March 2016. It also reports on the findings and resultant actions required from the 2014 clinical audit report, as well as looking forward from April 2016 to March 2017.

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

- Guideline Development and Review
  The proximal cholangiocarcinoma/gallbladder cancer and hepatocellular carcinoma clinical management guidelines were reviewed. The Scottish follow-up guidelines were reviewed with a more intensive follow-up regimen in the earlier years following surgery, while patients receiving best supportive care should be supported by Clinical Nurse Specialists toward self-directed follow-up care. The operational policies for the multi-disciplinary teams in the Aberdeen and Glasgow centres were reviewed.

- Education
  The annual education event was in Edinburgh on 6th November 2015 and was preceded by the first meeting of the Scottish Radiologists. The third surgical mortality and morbidity review was in Aberdeen on 14th March 2016 and included 2012, 2013 and 2014 data.

- Enhanced Recovery After Surgery
  The development of enhanced recovery after pancreatic surgery pathways for the Aberdeen, Dundee and Inverness centres are postponed until the review of HPB cancer surgery in the North of Scotland is completed. The Edinburgh centre continues to develop the liver surgery pathway and the Glasgow centre the pancreatic surgery pathway.

- National Clinical Audit
  Assessment of quality performance indicators using the 2014 audit data shows some improvements in the quality of care across Scotland with four of the twelve indicators achieved, four better than 2013 and three worse than 2013 as set out within main report. The full audit report can be accessed on the NMCN website.

- Service Map
  The high-level West of Scotland service map was reviewed during 2015.

- Transforming Care After Treatment (TCAT)
  The NMCN is supporting the TCAT work through the national project for reintegration after cancer treatment teenagers and young adults being led by Drs Angela Edgar (Edinburgh) and Jeff White (Glasgow).

- NHS Board-level HPB Cancer Patient Pathways
NHS Ayrshire & Arran and Dumfries & Galloway pathways are developed. NHS Fife is proposing a Clinical Nurse Specialist post be created to complement the care already provided in the specialist centres.

- **Multi-disciplinary Team Working**
  Through established North of Scotland multidisciplinary team working a temporary service gap in Inverness is being covered by colleagues in Aberdeen, with patients agreeing to travel as required. West of Scotland patients with hepatocellular carcinoma are managed by the Glasgow centre in partnership with the Edinburgh surgeons utilising a common referral form to further improve patient flow.

- **Clinical Trials**
  3% of patients participated in clinical trials during 2013-14 (7% during 2012/13, 7% during 2011-12, 5% during 2010-11 and 6% during 2009-10). Dr Graeme Weir (Edinburgh) leads the Selective Internal Radiation Therapy (SIRT) service delivered from the Edinburgh centre and referral details are available on the NMCN website.

**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 guideline development and review, education, quality performance indicators, service map and TCAT continue as priorities in the work plan. The NMCN objective for the development of HPB cancers patient pathways for each NHS Board is continuing to completion.
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 5.348 million.

The HPB cancers NMCN continues to support and develop the clinical service for HPB cancer patients (liver, pancreas, bile duct, gallbladder and duodenum). The 2014 national audit data indicates the number of HPB cancers in that year was 1418. The effective management of these patients throughout Scotland relies on co-ordinated delivery of treatment and care that requires close collaboration of professions from a range of specialties. HPB cancer patients are discussed initially in the fourteen local Upper Gastrointestinal multi-disciplinary team (MDT) meetings and referred to one of the five centre MDT meetings across Scotland (Aberdeen, Dundee and Inverness in the North; Edinburgh in the South East; Glasgow in the West). Once a month Aberdeen, Dundee and Inverness centres meet to discuss HPB cancer patients again. Liver cancer patients are referred to the Scottish Liver Transplant Unit in Edinburgh for the Edinburgh centre MDT to discuss.

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 Audit Report.

NMCN Governance

The NMCN meets once per annum at the national education event with representation from patients, carers, charities, external companies, local authorities, universities and NHS Boards and all relevant specialities involved in the management of HPB cancers. The Surgeons meet once per annum to review mortality and morbidity. The Radiologists met for the first time prior to the 6th November 2015 education event and plan to meet every second year. The Pathologists are hoping to meet for the first time prior to the 11th November 2016 education event. The Oncologists are hoping to meet for the first time to review mortality and morbidity. The Clinical Nurse Specialists and Allied Health Professionals meet during lunch of the national education event. The NMCN is consulted between meetings as required by the Clinical Lead and Manager.

Professor Stephen Wigmore, Consultant Surgeon, NHS Lothian completed his second year as national Clinical Lead. The membership and terms of reference of the NMCN are detailed on the NMCN website.

2. NMCN Workplan and Activities (reporting period 04/2015 to 03/2016)

2.1 Core Objectives

Guideline Development and Review

Clinical management guidelines (CMGs) and clinical guidance documents ensure the safe and equitable management of patients across Scotland whilst optimising the effectiveness of treatment and care. The NMCN reviewed the gallbladder and bile duct (including cholangiocarcinoma) CMG by June 2015, the Glasgow centre MDT operational policy by June 2015, the Aberdeen centre

1 http://www.gov.scot/Topics/People/Equality/Equalities/PopulationMigration

North, South East and West of Scotland Cancer Networks

Final - Published HPB Cancers NMCN 2015-16 Annual Report v1.0 16/06/2016
MDT operational policy by October 2015, national follow-up guidelines by December 2015 and hepatocellular carcinoma CMG by March 2016. CMGs and guidance documents can be accessed from the West of Scotland Cancer Network (WoSCAN) intranet site (when connected to the NHS network).

Education
The 6th November 2015 education event in Edinburgh included:
- Palliative care update.
- Demonstration of NHS inform beta website.
- Transforming Care After Treatment programme update.
- Review of follow-up guidelines.
- Selective internal radiation therapy update.
- 2014 clinical audit analysis and discussion.
- Introduction to Farr Institute “big data initiative” and alignment with Edinburgh HPB MDT.
- Enhanced recovery after surgery update.
- Oncology update.

with the available presentations temporarily available on the NMCN website.

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 Glasgow centre is continuing to develop their pathway for patients with pancreatic cancer.

The Edinburgh centre is continuing to develop their pathway for patients with liver cancer.

National Clinical Audit Programme
A key activity of the HepatoPancreatoBiliary Cancers NMCN is to effectively utilise audit findings to inform and drive service improvement within the NMCN. A comprehensive clinical audit report of performance against quality performance indicators (QPIs) was issued to NHS Boards in March 2016 and is available on the NMCN website. Action plans for the 2014 data are currently being developed by the NHS Boards, 5 centres and the NMCN. The twelve actions from the 2013 data were successfully completed. The HPB cancers NMCN is encouraged by the performance of NHS Boards and centres against the national QPIs with results demonstrating that patients with an HPB cancer receive a consistent and improving standard of care across all geographical locations; four of the twelve indicators achieved, four better than 2013 and three worse than 2013. The details are:

Achieved
- QPI 5a/b/c/d/e of 30 day mortality for transplant/resection/ablation/transarterial chemoembolisation (TACE)/systemic anti-cancer therapy (SACT) of hepatocellular carcinoma (0%/4.2%/0%/0%/5.9% against a target of less than 10%).
- QPI 7 of cytological/histological diagnosis prior to non-surgery treatment of pancreatic/duodenal/biliary tract cancer (85.7% against a target of 50%).
- QPI 11a and 11b of 30 and 90 day mortality for curative surgery of pancreatic/duodenal/biliary tract cancer (2% and 3.1% against a target of less than 5%).
- QPI 12a of at least 11 resections for curative surgery of pancreatic cancer per specialist centre (99 resections against a target of 55 but Dundee 9 and Inverness 7).

Better
- QPI 2 of hepatocellular carcinoma patients being appropriately diagnosed and staged (37.6% against a target of 90%).
- QPI 4 of hepatocellular carcinoma patients not suitable for curative treatment receiving palliative treatment (30.6% against a target of 40%).
- QPI 6 of pancreatic/duodenal/biliary tract cancer patients receiving a computer tomography scan of their chest/abdomen/pelvis to evaluate the extent of their disease (78.5% against a target of 80%).
- QPI 9 of pancreatic/duodenal/biliary tract cancer patients undergoing surgical resection (12.6% against a target of 15%).

Worse
- QPI 3 of hepatocellular carcinoma patients being referred for consideration of liver transplant (73.9% against a target of 90%).
- QPI 8 of pancreatic cancer patients receiving adjuvant chemotherapy after their surgery (45% against a target of 50%).
- QPI 10 of pancreatic cancer patients undergoing surgery should have at least 15 lymph nodes examined (72.6% against a target of 100%).

New
- QPI 1 of patients managed by a multi-disciplinary team (87.5% against a target of 95%).
- QPI 5a/b/c of 90 day mortality for transplant/resection/ablation of hepatocellular carcinoma (0%/4.2%/11.8% against a target of less than 10%).

The third surgical morbidity and mortality review was held in Aberdeen on 14th March 2015. The first radiology review was held prior to the 6th November 2016 education event in Edinburgh and will be held every second year. The first review of oncology mortality and morbidity is currently being organised. The first review of pathology is planned for prior to the 11th November 2016 education event in Aberdeen. The Clinical Nurse Specialists and Allied Health Professionals will meet during lunch at the 11th November 2016 education event in Aberdeen.

NMCN was able to analyse Cancer Registry for patients diagnosed during 2013 and compared it with the patients captured for the quality performance indicators that year to improve case ascertainment further.

Service Map
Work was undertaken to review the high-level map of HPB cancer services in the West of Scotland. The updated baseline position describes the points of delivery, the service components available at each point and the interconnections between these in regard to access to tertiary services.

The mapped information was included in a consolidated regional report which was presented to the Regional Cancer Clinical Leads Group in December 2015 and shared with Board Cancer Managers.

Transforming Care After Treatment (TCAT)
In support of the national programme, the NMCN is supporting the national project to develop end of treatment summaries for teenagers and young people with cancer being led by Drs Angela Edgar (Edinburgh) and Jeff White (Glasgow).

2.2 Individual NMCN Objectives

NHS Board-level HPB Cancer Patient Pathways
NHS Dumfries & Galloway pathway was developed by July 2015 and NHS Ayrshire & Arran by October 2015. NHS Borders and NHS Forth Valley pathways are being developed in partnership with the local Upper Gastrointestinal MDTs. NHS Fife is proposing a Clinical Nurse Specialist post be created to complement the care already provided in the specialist centres. NHS Boards in the North of Scotland have delayed the development of their pathways until the review of the North of Scotland cancer services is complete.
2.3 Other NMCN Activities

Clinical Trials
In collaboration with the Scottish Cancer Research Network 3% of patients participated in clinical trials during 2013/14. This compares with 7% in 2012/13, 7% in 2011/12, 5% in 2010/11 and 6% in 2009/10.

Dr Graeme Weir is leading the Selective Internal Radiation Therapy (SIRT) national service delivered from Edinburgh Royal Infirmary which has treated over 30 patients. Referring patients to this service can be initiated from the Edinburgh centre page of the NMCN website.

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

The Aberdeen, Dundee and Inverness centres continue to meet monthly to review complex cases. The transition to a weekly North of Scotland MDT is agreed and the North of Scotland is currently reviewing all cancer services to achieve this. The temporary Oncologist vacancy in the Inverness centre was covered by colleagues in the Aberdeen centre.

The Edinburgh centre MDT has developed real time communication of outcomes to NHS Lothian through TrakCare. Real time communication to NHS Borders, NHS Dumfries & Galloway and NHS Fife is being developed through TrakCare and South East of Scotland Clinical Portal. In the meantime the MDT Coordinator provides the outcomes of the weekly MDT outside of NHS Lothian manually via email.

The Glasgow centre hepatocellular carcinoma MDT now includes an Edinburgh Surgeon (by video conference) with the referral form shared by both centres.

Charities
The British Liver Trust, the Cholangiocarcinoma Charity, Pancreatic Cancer Scotland, Pancreatic Cancer Action and Pancreatic Cancer UK are members of the NMCN.

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 Scotland. The NMCN prospective clinical audit programme underpins much of the service improvement work of the NMCN. It supports quality assurance (QA) by providing the means for regular assessment, and reporting, against recognised and agreed measures of service performance and quality.

The National Cancer Quality Programme requires comparative assessment of performance to be published annually by Regional Cancer Networks and every three years a national comparative report will be produced by Information Services Division (ISD) containing trend and survival analysis.

Audit and Governance Process

The clinical audit process captured 1418 new cases of HPB cancers (656 of pancreatic cancer, 457 of liver cancer, 274 of bile duct/gallbladder cancer and 31 of duodenal cancer) for 2014. These data have been used to measure quality of clinical care provided, utilising national cancer Quality Performance Indicators (QPIs).
Following analyses of the local, regional and national data by the WoSCAN Information Team and reporting of provisional results, local multi-disciplinary teams are required to critically review and verify their own results before these are collated to provide local, regional and national comparative report of performance.

The report of the 2014 clinical audit data was published in March 2016 and can be found on the NMCN website.

Following publication of the report and in accordance with agreed governance procedure, Boards were asked to produce an Action/Improvement Plan in response to the key findings and actions identified in the report. Initial responses are required to be submitted to the WoSCAN Information Manager within two months of publication of the audit report. All actions should be progressed and monitored via local Board governance structures.

Progress against these specific Board actions and any regional or national actions identified as a priority by the NMCN Clinical Lead and Manager, are monitored throughout the year by the NMCN.

Action/Improvement Plan Progression on 2013 Audit Report

All Boards returned local action/improvement plans in response to the 2013 audit report and successfully completed their actions.

Escalation Process

Any service or clinical issue which the NMCN considers not to have been adequately addressed will be escalated to the Regional Lead Cancer Clinician and relevant Territorial NHS Board Cancer Clinical Lead by the NMCN Clinical Lead. There were no issues needing to be escalated this year.

4. Key Priority Areas for the NMCN in the next twelve 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

- Manage the development/review of clinical management guidelines/clinical guideline documents;
- Participation in the rolling programme of national education events; utilising the opportunity for learning and sharing of current best practice and innovation;
- Support delivery of the national cancer quality programme for 2016/17, ensuring the regional/national governance process is adhered to;
- Annual update of the national service map, detailing the points of service delivery and the connections between them; and
- Continue to support the Transforming Care After Treatment programme of work, in particular, supporting the national project to reintegrate after cancer treatment for teenagers and young people.

Individual MCN Objectives

- Continue working with the fourteen NHS Boards to develop or review HPB cancer patient pathways.

The work plan is published on the NMCN website.
5. Conclusion

This has been a productive year and the NMCN has continued to work closely with local, regional and national clinical and management teams across Scotland to progress the work plan objectives.

Ongoing development and update of CMGs and other clinical guidance continue to drive consistency of practice and provide improved care for patients with HPB cancers in Scotland.

Recognising the pressures on clinical time, the NMCN is looking at the most time efficient and effective way to engage and involve members in NMCN activities to ensure essential clinical input to the ongoing improvement and development of HPB cancer services in Scotland.

Looking ahead the membership welcomes the opportunity to ensure the MDTs continue to improve their functioning and to continue to support and improve the treatment pathway and effective patient journey around local, regional and national services.

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.