NHS

Kent and Medway Cancer Collaborative

Upper GI Cancer

A High Level Operational Policy

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1.0 Introduction and background

The purpose of this document is to provide the Kent & Medway Cancer Collaborative (KMCC), Trusts, Commissioners and all Clinicians engaged in the management of Upper GI (UGI) with an overview of the minimum requirements to be addressed in order to achieve Improving Outcomes Guidance (IOG) compliance.

An important aim of this document is to provide an overview of the recommendations of the KMCC UGI Tumour Site Specific Group (TSSG) on processes to ensure the delivery of clinically safe, evidenced based, clinically effective and IOG compliant oesophago-gastric and hepatobiliary cancer services.

This document does NOT aim to provide guidance on the clinical aspects of patient management. The clinical guidance recommendations of the KMCC Upper GI TSSG will be found in the following documents:

- Oesophago-Gastric Cancer, A Pathway of Care
  http://www.KMCC.nhs.uk/tumour-sites/tumour-site-specific-information/upper-gi-tssg/
- Hepatobiliary Cancer, A Pathway of Care
  http://www.KMCC.nhs.uk/tumour-sites/tumour-site-specific-information/upper-gi-tssg/
- The oncology treatment of UGI cancers
  http://www.KMCC.nhs.uk/tumour-sites/tumour-site-specific-information/upper-gi-tssg/
- Kent & Medway Imaging Guidance
  http://www.KMCC.nhs.uk/tumour-sites/sub-groups-or-cross-cutting-groups/diagnostics-group/

The KMCC Upper GI TSSG will be the Cancer Alliance Board and KMCC Cancer Alliance Delivery Group source of guidance on the implementation of the UGI Cancer IOG as well as the development of the clinical protocols and polices required to support this. As such the Cancer Alliance Board and Cancer Alliance Delivery Group will expect organisations across the KMCC to adhere to the principles set out in this document.

2.0 Kent & Medway Cancer Collaborative

Kent & Medway has a resident population of about over 2 million. Some residents from Sussex flow into Kent for oncological treatments expanding the population to 2.1 million approximately.

Total locality population	**781,376**			**1.023,000**		**553,223**	
Trusts	**EKHUFT** East Kent Hospitals University NHS Foundation Trust			**MTW** Maidstone & Tunbridge Wells NHS Trust		**DGS** Dartford, Gravesham & Swanley	**MFT** Medway NHS Foundation Trust (Medway & Swale)
Hospitals	**K&C** Kent & Canterbury	**QEQM** Queen Elizabeth the Queen Mother	**WHH** William Harvey	**TW** Tunbridge Wells	**MS** Maidstone	**DVH** Darent Valley Hospital	**MMH** Medway Maritime Hospital
Note	Whilst geographically outside K&M, for the purposes of cancer the Queen Victoria Foundation Trust (QVH) at East Grinstead fall under the umbrella of K&M						

3.0 The Upper GI TSSG

Kent & Medway established an Oesophago-gastric Cancer TSSG (previously named Disease Orientated Groups (DOGs) within the Cancer Network structure) in 2000.

- The TSSG is IOG compliant
- The TSSG has multidisciplinary / multi-professional membership which is drawn from:
  - Each of the Acute Trusts providing Local / Specialist level service
  - Primary Care/Commissioners
  - Patient / Users
- The TSSG has a multidisciplinary/multi professional membership which is drawn from:
  - Each of the Acute Trusts providing Upper GI MDT services
  - Primary Care/Commissioners
  - Patient/Users

Named Leads for the Upper GI TSSG are:

Chair	:	Jeffrey Lordan
KMCC Lead	:	Annette Wiltshire
Non Surgical Oncology Group (NOG) Lead	:	Dr Mathilda Cominos Consultant Oncologist
Research and Trials Lead	:	Vacant
Audit Lead	:	Mr Haythem Ali, Consultant Surgeon
Named Admin Support	:	Karen Glass, Colin Chamberlain and KMCC

A full list of current membership is available from the Upper GI TSSG attendance record – a copy of which is located on the KMCC website: http://www.KMCC.nhs.uk/tumour-sites/tumour-site-specific-information/upper-gi-tssg/

3.1 Catchments & populations

It is agreed that configuration of Upper GI services should reflect the description set out in the table below.

As a general principle patients referred under the 2 week wait (2ww) rule should be seen as close to home as possible. However, if the demand at the nearest hospital is such that patients may potentially exceed the limits of the rule they should be offered an urgent appointment at one of the other hospitals operated by the same team the patient was originally referred to.

Similarly, if diagnostic facilities (e.g. for endoscopy) are overwhelmed (at a given moment in time) at the patients “nearest to home hospital” they should be offered an urgent appointment for diagnostic tests at one of the other diagnostic facilities supported by members of the team to which the patient is originally referred.

Catchment populations, Trusts & Joint Local/Specialist Teams

UPDATED Populations Data from April 2018	Trust	Key Hospitals providing diagnostic services	MDTs *(local teams)*	Specialist Surgical Centres (MDTs)	
Eastern & Coastal Kent Population 781,376 (Patients flows from Swale are mainly into Medway Maritime)	East Kent Hospitals University NHS Foundation Trust	K&C (Canterbury)	**QEQM**	**OG Surgical Centre** **GSTT**	**HPB Surgical Centre** **King's College Hospital**
		QEQM (Thanet)			
		WHH (Ashford)			
Medway, Dartford Gravesham & Swanley (DGS) and Swale Population 553,223	Medway Foundation Trust Hospital	MFT (Medway & Sittingbourne)	**MFT**		
	Dartford, Gravesham & Swanley	Darent Valley Hospital (Gastro Intervention from Qeen Mary Sidcup is provided by DVH)	**DVH**		
West Kent Population 1.023.000 (MTW patients flow from East Sussex)	Maidstone & Tunbridge Wells NHS Trust	Maidstone	**MTW**		
		Tunbridge-Wells (Pembury)			

3.2 Diagnostic / local team populations

Referring catchment population to diagnostic/local teams/Specialist teams

	Trust	Key Hospitals providing diagnostic services	MDTs Leads *(local teams)*	Specialist Surgical Centres (MDTs)	
Eastern & Coastal Kent Population 781,376 (Patients flows from Swale are mainly into Medway Maritime)	East Kent Hospitals University NHS Foundation Trust	K&C (Canterbury)	**All Sites** Lead: Dr Nashiz Inayet	**OG Surgical Centre** **GSTT**	**HPB Surgical Centre** **King's College Hospital**
		QEQM (Thanet)			
		WHH (Ashford)	**WHH** Lead: Dr Nashiz Inayet		
Medway, Dartford Gravesham & Swanley (DGS) & Swale Population 553,223	Medway NHS Foundation Trust Hospital	MFT (Medway & Sittingbourne)	**MFT** MDT Lead: Dr Syed-Irfan Hussaini		
	Dartford, Gravesham & Swanley	Darent Valley Hospital (DVH)	**DVH** MDT Lead: Dr Ben Warner		
West Kent Population 1.023,000	Maidstone & Tunbridge Wells NHS Trust	Maidstone	**MTW** MDT Lead: Dr Justin Waters		
		Tunbridge-Wells (Pembury)			

3.3 Team locations and referrals

- K&C (EKHUFT) will function as a diagnostic referral unit only
- Patients referred to K&C will normally be discussed at the QEQM MDT (or in some circumstances depending on geography / patient preference may be discussed at the William Harvey Hospital (WHH) MDM)
- Tunbridge Wells (Pembury) will function as a diagnostic referral unit only
- Patients referred to Tunbridge Wells will normally be discussed at the Maidstone MDT
- Clinicians to whom patients with suspected Upper GI cancers (O-G and / or HPB and whether at diagnostic / local / specialist team level) are regularly referred and who remain the Clinical Lead for the diagnostic pathway are expected to fully participate in MDT discussions in accordance with the regulations set out in the UGI quality measures

It is agreed that:

- Configuration of diagnostic and local teams is accurately described in tables in sections 3.1 and 3.2
- O-G Cancers in the KMCC will be managed in liaison with the Specialist MDT at GSTT as described in the table in section 3.2. This has a catchment population in excess of 1.8 million.
- HPB Cancers in KMCC will be managed in liaison with the King's College Hospital MDT as described in table in section 3.2. This has a catchment population in excess of 2 million.

Notes:

The details of these services are located in the KMCC Pathway of Care for the Management of Upper GI Cancers which are located on the KMCC website:

- Oesophago-Gastric Cancer, A Pathway of Care
  http://www.KMCC.nhs.uk/tumour-sites/tumour-site-specific-information/upper-gi-tssg/
- Hepatobiliary Cancer, A Pathway of Care
  http://www.KMCC.nhs.uk/tumour-sites/tumour-site-specific-information/upper-gi-tssg/

3.4 Function of the TSSG – Terms of Reference

- A copy of the full Terms of Reference for all TSSGs is located on the KMCC website:

  http://www.KMCC.nhs.uk/tumour-sites/terms-of-reference/

- A copy of the Upper GI TSSG work plan is located on the KMCC website:

  http://www.KMCC.nhs.uk/tumour-sites/tumour-site-specific-information/upper-gi-tssg/

- A copy of the job description of a TSSG Chair is located on the KMCC website:

  http://www.KMCC.nhs.uk/tumour-sites/terms-of-reference/

3.5 Research & Trials

It is the responsibility of the TSSG Chair to ensure that the Clinical Trials Report is discussed at the two TSSG meetings held within the 12 month period.
The national initiative to restructure the Research Networks to 15 Local Research Networks has resulted in a reconfigured structure for delivering clinical research across England:

- The three local Cancer Research Networks are now part of the NIHR Clinical Research Network: Kent, Surrey and Sussex
- The new organisation coordinates clinical research and facilitates study set up and delivery, through 30 disease specialties, of which Cancer is one
- The transition to the new organisational structure is ongoing, the Research Portfolio for Kent & Medway is circulated and discussed within each TSSG meeting
- The Research and Trials discussion provides the platform for discussion of cancer clinical studies and act as a resource for information pertaining to those studies

3.6 Non-Surgical Oncology Group (NOG)

The Upper GI NOG was formally established in 2008.

A copy of the NOG full Terms of Reference is available on the KMCC website:
http://www.KMCC.nhs.uk/tumour-sites/terms-of-reference/
A copy of the Oncological Treatment of Upper GI Cancer is located on the KMCC website:
http://www.KMCC.nhs.uk/tumour-sites/tumour-site-specific-information/upper-gi-tssg/

4.0 Children & Young People (CYP) / Teenage & Young Adult (TYA)

4.1 Children & Young People (CYP)

Children and Young People with Oesophago-gastric Cancers will be treated in accordance with principles set out in the CYP IOG.

All Children and Young People up to the age of 18 must be referred to the CYP Principal Treatment Centre which for KMCC is based at the Royal Marsden.

Referral to a CYP Principal Treatment Centre does not necessarily mean that treatment will be undertaken at that centre; shared care management protocols may allow some treatments to be undertaken locally.

4.2 Teenage & Young Adult (TYA)

The main principles in the Teenage & Young Adult guidance are as follows:

- The 16-18 age group should be seen and treated at the TYA Principal Treatment Centre (PTC) and have their management plans discussed by the TYA PTC, although shared care can be arranged as part of the pathway

- Young Adults aged 19-24 years must be given choice where they would like to be treated either:
  - In the TYA Principal Treatment Centre
  Or
  - An adult service designated by Commissioners to treat young adults 19 to 24 years

- In both cases all young people must be given access to the services and resources offered by the TYA MDT at the PTC, this may be remotely or through specified clinical services or supportive

activities, and each trust will need a mechanism to identify all new TYA patients regardless of which MDT they initially present to.

5.0 Data Collection

Collection of data at each stage of the pathway is the responsibility of the team looking after the patient at that time. The minimum dataset agreed by the TSSG will be a combination of those data items that meet national requirements, and additional items as agreed by the TSSG.

National data requirements will include:

- Cancer Waiting Times monitoring, including Going Further on Cancer Waits. The data items required will be as defined in ISB0147 at the time of referral and/or treatment.

  Details of the Cancer Waiting Times dataset are available from:
  http://www.datadictionary.nhs.uk/data_dictionary/messages/clinical_data_sets/data_sets/national_cancer_waiting_times_monitoring_data_set_fr.asp

  Cancer Waiting Times data will be submitted according to the timetable set out in the National Contract for Acute Services.

- The Cancer Outcomes and Services Dataset. The data items will be as defined in ISB1521, and any subsequent versions, at the time of diagnosis and/or treatment. The requirement will include those fields listed in the "Core" section of the dataset, and any additional tumour site specific sections, as applicable.

  Details of the COSD are available from:
  http://www.ncin.org.uk/collecting_and_using_data/data_collection/cosd.aspx

  Cancer Registration and Cancer Outcomes and Services (COSD) data will be submitted according to the timetable set out by National Cancer Registration Service (NCRS).

- Where applicable, teams will also collect additional data items as defined in any corresponding National Clinical Audit Support Programme (NCASP) audit dataset.

  Details of these datasets are available from:
  http://www.ic.nhs.uk/services/national-clinical-audit-support-programme-ncasp/cancer

  Data for NCASP audits will be submitted, where applicable, according to timetables as agreed by the TSSG, and within the overall submission deadlines for each audit.

Submission of data to meet these national requirements will be the responsibility of each individual Trust.

Note that these standards are subject to variation from time to time, and where these requirements change, the data items required to be collected by the team will also change in line with national requirements.

Local data requirements will include any additional data items as agreed by the TSSG. These must be selected to avoid overlap with any existing data items, and where possible must use standard coding as defined in the NHS Data Dictionary.

Where possible and applicable, InfoFlex will be used for the collection and storage of data.

Additional areas of the COSD, relating to pathology, radiotherapy, Systemic Anti-Cancer Therapy (SACT), diagnostic imaging and basic procedure details will feed into the dataset from other nationally mandated sources. It is the responsibility of each team to ensure that the whole of the relevant dataset is collected, and it is acknowledged that this may come from a variety of sources.

6.0 Pathology

All KMCC reporting pathologists follow The Royal College of Pathologists Histopathology Reporting on Cancers guidelines – a copy of which is available through the KMCC website:- http://www.KMCC.nhs.uk/tumour-sites/sub-groups-or-cross-cutting-groups/pathology-group/

Core Cell Path members of the MDT should be taking part in a general (but recognised) EQA scheme. It is expected that each Trust monitors this. The Trusts should also take responsibility for agreeing and implementing any remedial actions arising from either [a] any non compliance with this measures and / or [b] matters identified through the EQA process.

Core Cell Path members of the KMCC Upper GI Teams (and any other Cellular Pathologist providing an Upper GI Service) will participate in any Upper GI TSSG agreed cell path related audits.

7.0 Imaging

Imaging guidelines for upper GI cancer can be located in the KMCC agreed document located on the KMCC website on the following link: http://www.KMCC.nhs.uk/tumour-sites/sub-groups-or-cross-cutting-groups/diagnostics-group/

8.0 Glossary

Acronyms in common usage throughout KMCC documentation

CYP	Children & Young People (in relation to the IOG)
DCCAG	Diagnostic Cross Cutting Advisory Group
DOG	Disease Orientated Group (NSSG/TWG)
DVH	Darent Valley Hospital
EK	East Kent
EKHUFT	East Kent Hospitals University Foundation Trust
HOP	High Level Operational Policy
IOSC	Improving Outcomes: A Strategy for Cancer
IOG	Improving Outcomes Guidance
K&C	Kent & Canterbury Hospital, Canterbury, (EKHUFT)
KMCC	Kent & Medway Cancer Collaborative
KMCRN	Kent & Medway Cancer Research Network
LSESN	London & South East Sarcoma Network
MFT	Medway Foundation Trust
MTW	Maidstone & Tunbridge Wells NHS Trust
NOG	Non Surgical Oncology Group *(Permanent oncologist sub group of the TSSGs with a specific responsibility for chemo/rad pathways and advice to the TSSG, KMCC and geographical locations on new drugs)*
PoC	Pathway of Care *(KMCC agreed disease site specific clinical guidelines)*
QEQM	Queen Elizabeth the Queen Mother Hospital, Margate (EKHUFT)
QoL	Quality of life
RAT	Research and Trial Group *(Permanent sub-group of the TSSGs with a specific responsibility for taking forward the clinical trials agenda)*
RMH	Royal Marsden Hospital
RNOH	Royal National Orthopaedic Hospital
SACT	Systemic Anti-Cancer Therapy
TSSG	Tumour Site Specific Group
QVH	Queen Victoria Foundation Trust Hospital East Grinstead
UCLH	University College Hospital London
WHH	William Harvey Hospital, Ashford (EKHUFT)
WK	West Kent

9.0 Revision History

Document Title	Upper GI – A High Level Operational Policy
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June 2012	2.1	Draft – Updated to new format only (no content change)	S.Stanley/C.Tsatsaklas
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Jan 2015	4.3	Amendments to MDT Leads	A.Piotrowicz/N.Aluwalia
Feb 2015	5.0	Final published version	N.Aluwalia/ Ops & Qu Group
March 2017	5.1	Draft – amended weblinks and some admin updates. TSSG updates are now required	N.Aluwalia
March 2018	5.2	Draft amendments. TSSG updates Populations, MDT Leads & KMCC website address	W.Melia/A.Wiltshire

August 2018	6.0	Final version. New updates on Populations, MDT Leads & KMCC website address	W Melia /A Wiltshire
August 2020	6.1	Draft amendments. MDT, Research & Audit Leads	W Melia / A Wiltshire
April 2021	6.1	Draft new TSSG Chair	J Lordan / A Wiltshire
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