

**Upper GI Tumour Site Specific Group meeting**  
**Thursday 7<sup>th</sup> October 2021**  
**Microsoft Teams**  
**09:15-12:45**

**Final Meeting Notes**

| <b>Present</b>          | <b>Initials</b> | <b>Title</b>   | <b>Organisation</b>     |
|-------------------------|-----------------|--|-------------------------|
| Jeff Lordan (Chair)     | <b>JL</b>       | Consultant Upper GI & General Surgeon  | MTW                     |
| Stephanie McKinley      | <b>SMc</b>      | Matron – Faster Diagnosis  | MTW                     |
| Naomi Butcher           | <b>NB</b>       | General Manager – Cancer Services  | MTW                     |
| Wendy Brown             | <b>WB</b>       | Upper GI CNS   | MTW                     |
| Justin Waters           | <b>JWa</b>      | Consultant Medical Oncologist  | MTW                     |
| Saba Imtiaz             | <b>SI</b>       | Consultant Medical Oncologist  | MTW                     |
| Debbie Killick          | <b>DK</b>       | Upper GI CNS   | MTW                     |
| David Bridger           | <b>DBr</b>      | Upper GI CNS   | MTW                     |
| Chirag Kothari          | <b>CK</b>       | Consultant Physician & Gastroenterologist / Clinical Lead - Gastroenterology, Hepatology and Endoscopy | DVH                     |
| Julie Compton           | <b>JC</b>       | Early Diagnosis CNS for Upper GI and Lung  | DVH                     |
| Geoff Dickson           | <b>GD</b>       | Oncology and General Dietitian   | DVH                     |
| Marie Payne             | <b>MP</b>       | Macmillan Lead Cancer Nurse / Clinical Services Manager  | DVH                     |
| Suraj Menon             | <b>SMe</b>      | Consultant Radiologist / Clinical Lead - Radiology   | DVH                     |
| Ben Warner              | <b>BW</b>       | Consultant Gastroenterologist / Clinical Lead for Upper GI Cancer                                      | DVH                     |
| Chloe Sweetman          | <b>CS</b>       | Macmillan Upper GI HPB CNS   | DVH                     |
| Deepika Balasubramanian | <b>DBa</b>      | Upper GI STT Nurse   | EKHUFT                  |
| Diane Muldrew           | <b>DM</b>       | GI Nurse Specialist & Key Worker   | EKHUFT                  |
| Victoria Hatcher        | <b>VH</b>       | Macmillan Upper GI CNS   | EKHUFT                  |
| Jayshri Shah            | <b>JS</b>       | Consultant Gastroenterologist  | EKHUFT                  |
| Ankur Shah              | <b>AS</b>       | Consultant Surgeon   | EKHUFT                  |
| Paul Matravers          | <b>PMa</b>      | Consultant Radiologist   | EKHUFT                  |
| Georgia Mundle          | <b>GM</b>       | Oesophago-gastric Cancer Enhanced Recovery Nurse Specialist  | GSTT                    |
| Oliviana Rusu           | <b>OR</b>       | Oesophago-gastric Cancer Nurse Specialist  | GSTT                    |
| James Gossage           | <b>JG</b>       | Consultant Oesophagogastric and General Surgeon  | GSTT                    |
| Harvey Dickinson        | <b>HD</b>       | SELCA Cancer Improvement Manager - Colorectal, OG & HPB  | GSTT/SELCA              |
| Mike Cooshneea          | <b>MCoo</b>     | General Manager - Liver, Gastroenterology, Upper GI, Bowel Cancer Screening & Endoscopy                | King's College Hospital |
| Nigel Heaton            | <b>NH</b>       | Consultant Surgeon – HPB and Pancreatic Surgery / Liver Transplantation                                | King's College Hospital |
| Andreas Prachalias      | <b>AP</b>       | Consultant Liver Transplantation, HPB and Pancreatic Surgeon   | King's College Hospital |

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| Melissa Firrell           | <b>MF</b>  | Liver Service Manager  | King's College Hospital |
| Jennifer Rowntree         | <b>JR</b>  | Lead Nurse for HPB Oncology  | King's College Hospital |
| Serena Gilbert            | <b>SGi</b> | Cancer Performance Manager   | KMCA                    |
| David Osborne             | <b>DO</b>  | Data Analyst   | KMCA                    |
| Karen Glass               | <b>KG</b>  | Administration & Support Officer                                       | KMCC                    |
| Colin Chamberlain (Notes) | <b>CC</b>  | Administration & Support Officer                                       | KMCC                    |
| Annette Wiltshire         | <b>AW</b>  | Service Improvement Facilitator  | KMCC                    |
| Tracey Ryan               | <b>TR</b>  | Macmillan User Involvement Manager                                     | KMCC                    |
| Jennifer Priaux           | <b>JPr</b> | Macmillan Cancer Transformation Project Manager                        | MFT                     |
| Sue Jenner                | <b>SJ</b>  | Macmillan Upper GI CNS   | MFT                     |
| Elizabeth Sanchez         | <b>ES</b>  | Service Manager for Oncology & Haematology                             | MFT                     |
| Deborah Horley            | <b>DH</b>  | Upper GI Cancer Nurse  | MFT                     |
| Kate Regan                | <b>KR</b>  | Macmillan Primary Care Nurse Facilitator                               | NHS Kent & Medway CCG   |
| Rakesh Koria              | <b>RK</b>  | Macmillan GP Associate Advisor for Kent and Medway & NHSE GP Appraiser | NHS Kent & Medway CCG   |
| Holly Groombridge         | <b>HG</b>  | Cancer Commissioning Project Manager                                   | NHS Kent & Medway CCG   |
| Su Woollard               | <b>SW</b>  | Transformation Delivery Manager (Specialised Commissioning)            | NHSE                    |
| <b>Apologies</b>          |            |  |                         |
| Sylvia Hudson             | <b>SHu</b> | Patient Representative   |                         |
| Paul Holder               | <b>PH</b>  | Consultant Clinical Radiologist  | DVH                     |
| Martine Henniker          | <b>MHe</b> | Chemotherapy Matron  | EKHUFT                  |
| Pippa Miles               | <b>PMi</b> | Senior Service Manager (CCHH Care Group)                               | EKHUFT                  |
| Sandra Holness            | <b>SHo</b> | Cancer Pathway Tracker Coordinator                                     | EKHUFT                  |
| Sue Drakeley              | <b>SD</b>  | Oncology (Solid Tumour) Research Team Leader                           | EKHUFT                  |
| Nichola Atkins            | <b>NA</b>  | Divisional Support Manager   | King's College Hospital |
| Esther Adebajo            | <b>EA</b>  | Data Coordinator   | King's College Hospital |
| Ahmed Hamouda             | <b>AH</b>  | Consultant General & Bariatric Surgeon                                 | MTW                     |
| Haythem Ali               | <b>HA</b>  | Consultant General Surgeon   | MTW                     |
| James Wood                | <b>JWo</b> | Consultant in Anaesthesia and Intensive Care Medicine                  | MTW                     |
| Jelena Pochin             | <b>JPo</b> | Head of Performance & Delivery for Diagnostics and Therapies           | MTW                     |
| Lucy Reed                 | <b>LR</b>  | Macmillan Dietitian  | MTW                     |
| Mark Hill                 | <b>MHi</b> | Consultant Medical Oncologist  | MTW                     |
| Mathilda Cominos          | <b>MCo</b> | Consultant Clinical Oncologist   | MTW                     |
| Sona Gupta                | <b>SGu</b> | Macmillan GP & Cancer Lead   | NHS Kent & Medway CCG   |
| Jack Jacobs               | <b>JJ</b>  | Macmillan GP & Cancer Lead   | NHS Kent & Medway CCG   |
| Ann Courtness             | <b>AC</b>  | Macmillan Primary Care Nurse Facilitator                               | NHS Kent & Medway CCG   |

| Item | Discussion  | Action |
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| 1    | <p><b>TSSG Meeting</b></p> <p><u>Apologies</u></p> <ul style="list-style-type: none"> <li>The apologies are listed above.</li> </ul> <p><u>Introductions</u></p> <ul style="list-style-type: none"> <li>JL welcomed the members to the meeting and asked them to introduce themselves.</li> </ul> <p><u>Action log - review</u></p> <ul style="list-style-type: none"> <li>The action log was reviewed, updated and will be circulated with the final minutes from today's meeting.</li> </ul> <p><u>Previous minutes - review</u></p> <ul style="list-style-type: none"> <li>The minutes from the previous meeting which took place on 15.04.2021 was reviewed and agreed as a true and accurate record.</li> </ul>  |        |
| 2    | <p><b>Various initiatives &amp; developments at King's College Hospital</b></p> <p><u>Update provided by Andreas Prachalias</u></p> <ul style="list-style-type: none"> <li>Parthi Srinivasan is now the HPB lead at King's College Hospital and an additional HPB surgeon started with the Trust a few months ago in order to help with the delivery of surgical services.</li> <li>The team are in the process of closely reviewing their breaches.</li> <li>AP advocated the need to resume educational meetings between Kent &amp; Medway and King's College Hospital colleagues in order to discuss mutual items. He believes it would be sensible for this forum to meet once or twice a year.</li> <li>The Trust have initiated in-house training for EUS, which JL and some other colleagues will be attending at King's College Hospital.</li> <li>DM stated there is currently a 6-7 week wait for EUS' at King's College Hospital.</li> </ul> <p><u>Update provided by Harvey Dickinson</u></p> <ul style="list-style-type: none"> <li>King's College Hospital have separate groups for OG and HPB, both of which meet on alternate months.</li> <li>Initiatives at the Trust include: cytosponge, Galleri GRAIL, EndoMineR and direct to CT pancreas.</li> <li>King's College Hospital have worked on updating their clinical guidelines for HPB and OG.</li> <li>The Trust have recently refreshed their workplans for each tumour group. With regard to OG, primary care education webinars will be utilised to address early diagnosis and reduce emergency presentations of OG and HPB cancers. In the past the Trust audited the diagnostic pathway and are now looking to extend this to the pre-referral phase by reviewing the number of OG patients presenting to their GP practice prior to referral as well as the number of A&amp;E visits they have had.</li> <li>A working group has been set up at King's College Hospital in order to work through OG patient experience of the diagnostic pathway and to co-design information leaflets.</li> <li>King's College Hospital are working with the HPB CNS' in order to increase the number of HNAs completed for HPB patients.</li> <li>The Trust are trialing nasoendoscopy which was successfully implemented during COVID.</li> </ul> |        |

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| <p>3</p> | <p><b>EUS service update</b></p>  | <p><b><u>Update provided by Jeff Lordan</u></b></p> <ul style="list-style-type: none"> <li>• JL and colleagues have held a number of meetings to discuss the initiation of an EUS service for Kent &amp; Medway. These meetings have been very helpful and 6 consultant clinicians from 3 sites (2 at MTW, 2 at MFT/DVH and 2 at EKHUFT) have been identified to take this work forward. The clinicians will be trained at King's College Hospital and St Thomas' Hospital once an honorary contract has been finalised.</li> <li>• The ambition is to have a joint governance process between Kent &amp; Medway and King's College Hospital/St Thomas' Hospital in the form of a hub and spoke arrangement. Discussions would include items such as MDTs, morbidity, mortality, pathways and live audits so that when the service is launched it is a high quality and safe one.</li> <li>• The EUS group have looked at:             <ul style="list-style-type: none"> <li>- The number of cases clinicians would need to have in order to maintain their skills.</li> <li>- Recruitment.</li> <li>- Funding for new equipment and the need to have ongoing funds for consumables.</li> <li>- Nursing staff to support the service and the training they would need.</li> <li>- Endoscopy capacity across Kent &amp; Medway to support the service.</li> <li>- Job planning for clinicians.</li> <li>- Treating benign disease.</li> <li>- The commissioning aspect of this workstream, particularly how the Trusts would be funded for this by the CCG.</li> <li>- How many sites would be needed across Kent &amp; Medway to offer a good service to patients as well as population sizes for each Trust.</li> <li>- How many referrals the service would have (including predicted numbers of referrals) as they suspect this will increase once the service is rolled out.</li> </ul> </li> <li>• JL and colleagues have received advice and support from Chris Tibbs regarding the development of the service.</li> <li>• The EUS group would like there to be 3 EUS sites across the patch – 1 at MTW, 1 at EKHUFT and 1 to cover DVH and MFT as a combined site. The intention is to employ a phased launch.</li> <li>• JL expressed his appreciation for the help Kent &amp; Medway have received from King's College Hospital and St Thomas' Hospital colleagues.</li> </ul> |  |
| <p>4</p> | <p><b>STT service update</b></p> <p><b>Iron deficiency anaemia patients</b></p> <p><b>Weight loss patients</b></p> <p><b>Oropharyngeal referrals</b></p> <p><b>Taking off</b></p> | <p><b><u>Update provided by Stephanie McKinley</u></b></p> <p><b><u>STT service update</u></b></p> <ul style="list-style-type: none"> <li>• MTW currently have 1 STT nurse in place (Tracey Nolan).</li> <li>• SMc vacated her role as upper GI CNS in order to become the lead for all STT projects across the Trust. MTW are interviewing for an additional nurse tomorrow to complement the pathway.</li> <li>• A pan-Kent forum for the CNS' has been initiated.</li> </ul> <p><b><u>Iron deficiency anaemia patients</u></b></p> <ul style="list-style-type: none"> <li>• When their service commenced 3 years ago at MTW, the team mirrored the colorectal pathway for iron deficiency anaemia patients. It was then decided the Trust did not have a sufficient number of referrals through upper GI to continue with this mirrored reflection. At some point in the pathway it was decided that iron deficiency anaemia patients would go through to an outpatient appointment. Subsequently the Trust are receiving a lot more referrals</li> </ul>   |  |

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|          | <p><b>pathway at clear OGD</b></p> | <p>for iron deficiency anaemia and do not feel it would be in the patients' best interests to have an outpatient appointment.</p> <ul style="list-style-type: none"> <li>Iron deficiency anaemia cases at EKHUFT are redirected through the colorectal pathway. Raza Moosvi agreed this would be the best way forward for MTW as well.</li> </ul> <p><b><u>Oropharyngeal referrals</u></b></p> <ul style="list-style-type: none"> <li>VH stated that formerly NICE guidance and the head and neck 2ww proformas contained a box for oropharyngeal dysphagia. The current proforma, however, does not have this box and oropharyngeal dysphagias are now coming via the 2ww upper GI service. She wondered if this was something which could be reinstated by linking in with the CCG and relevant colleagues. <b>Action: VH to email JL to discuss this further.</b></li> </ul> <p><b><u>Weight loss patients</u></b></p> <ul style="list-style-type: none"> <li>SMc stated she would be happy to discuss this item further with VH outside of this meeting. SGi referred to the VISS service currently in place in DVH which will be rolled out to the rest of Kent &amp; Medway in due course.</li> <li>JL suggested a weight loss pathway be produced, similar to the one which will be formalised for iron deficiency anaemia.</li> </ul> <p><b><u>Taking off pathway at clear OGD</u></b></p> <ul style="list-style-type: none"> <li>Patients with a clear OGD are not removed from the pathway at MTW currently. SMC asked if there is any scope for patients to come off the pathway at this point, which she believes is something EKHUFT do and will link in with VH to discuss this further. SGi suggested SMC refer to the CWT guidance v11 and stated she is happy to discuss the FDS piece with her outside of this meeting if required.</li> </ul> | <p>VH</p> |
| <p>5</p> | <p><b>Performance</b></p>          | <p><b><u>DVH – update provided by Marie Payne</u></b></p> <ul style="list-style-type: none"> <li>The Trust met the 2ww standard in July 2021 and are predicted to do so in August and September 2021 too. Their Early Diagnosis CNS has made a big difference and DVH are in the process of recovering their endoscopy service.</li> <li>DVH achieved the 31d standard in July 2021 and are predicted to meet it in August 2021 too. There was no data submitted on the slide for September 2021.</li> <li>The Trust failed to meet the 62d standard in July 2021, are predicted to achieve it in August 2021 and are likely to fail it in September 2021. DVH have had issues with diagnostic delays and complex pathways requiring referrals to be made to tertiary centres.</li> <li>DVH had no 104d+ cases in July 2021 and are likely to have none in August and September 2021 too.</li> <li>In terms of 62d+ backlogs, DVH had 5 in July 2021 (none of which were identified as cancer).</li> <li>With regard to the 28d data compliance target, the Trust failed to achieve this in July and August 2021 and are predicted to fail it in September 2021 too.</li> <li>In terms of 28d data completeness, DVH achieved this in July and August 2021 and are likely to meet the standard in September 2021 too.</li> <li>DVH have no outpatient and theatre capacity issues.</li> <li>Breach reasons include diagnostic delays.</li> </ul>   |           |

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|  |  | <ul style="list-style-type: none"> <li>• Key risks/barriers to delivery of service due to COVID include issues with radiology resource, GA scopes and EUS' currently taking 7 weeks.</li> <li>• The Trust are:             <ul style="list-style-type: none"> <li>- Conducting a daily Radiology PTL with a weekly operational meeting.</li> <li>- Implementing an Early Diagnosis CNS triage process (which will be increasing to 1.0 WTE thanks to KMCA Transformational Funding).</li> <li>- Recruiting an Interventional Radiologist.</li> <li>- Reviewing the Optimal Timed Pathway.</li> <li>- Putting in place a CT same day/next day service from endoscopy.</li> </ul> </li> <li>• MP referred to a H2 bid to support EUS scopes long-term.</li> </ul> <p><b><u>EKHUFT – update provided by Victoria Hatcher</u></b></p> <ul style="list-style-type: none"> <li>• EKHUFT met the 2ww standard in July and August 2021 and are predicted to do so again for September 2021. Daily calls with the team ensure capacity is managed to ensure compliance. The STT nurses triaging has ensured patients are seen promptly.</li> <li>• The Trust met the 31d standard for July and August 2021 and are predicted to do so again for September 2021. Daily calls with the team ensure capacity is managed and engagement with the team ensures compliance as any issues can be addressed quickly.</li> <li>• With regard to the 62d standard, EKHUFT failed to achieve this in July and August 2021 but are expected to meet it in September 2021. The Trust have experienced issues with: complex pathways (often being investigated across tumour sites), patients choosing to delay investigations, unwell patients and delays with diagnostics at King's College Hospital.</li> <li>• The Trust had 2 104d+ cases in July 2021, 1 in August 2021 and are expected to have 1 for September 2021.</li> <li>• With regard to 62d+ backlogs, EKHUFT had 10 in July 2021, 13 in August 2021 and are predicted to have 11 in September 2021. 10 patients have investigations booked and 1 patient is waiting for a surgery date at King's College Hospital.</li> <li>• With regard to 28d data compliance, the Trust had an average compliance of 65% (the standard in 75%). The team now have a total of 2.6 WTE STT nurses in post and this is already having a positive impact on triaging by ensuring patients are booked into appropriate investigations quickly or clinics promptly. The Navigator is highlighting any delay issues earlier in the pathway so they can be resolved promptly.</li> <li>• In terms of 28d data completeness, EKHUFT had an average of 72% (the target is 80%) for the 3 months. Additional admin support with the 28d piece is in place to improve data collection and accuracy. Retraining of Navigators is taking place so they are able to enter the 28d data on to InfoFlex as soon as it becomes available.</li> <li>• Key risks/barriers to delivery of service due to COVID include: patient choice, staffing availability due to sickness and isolation and tertiary centre capacity to support patient diagnostics and treatment.</li> <li>• STT nurses are triaging and booking patients into appropriate investigations or clinic promptly.</li> <li>• Breach reasons include:             <ul style="list-style-type: none"> <li>- A 6 week delay with EUS at King's College Hospital.</li> <li>- Patients delaying scope appointments by 4 weeks. This is being addressed with the GPs and the team have also</li> </ul> </li> </ul> |  |
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|  |  | <p>asked the KMCA for support with engaging patients so they understand the importance of being available to accept investigations when a date is offered.</p> <ul style="list-style-type: none"> <li>- Complex pathways.</li> </ul> <p><b><u>MFT – update provided by Jennifer Priaulx</u></b></p> <ul style="list-style-type: none"> <li>• MFT achieved the 2ww standard in July and August 2021 and are predicted to achieve it in September 2021 too.</li> <li>• MFT met the 31d standard in July and August 2021 and are likely to meet it in September 2021 too. The Trust are mainly a diagnostic service so there are small numbers of treatments (shared patients).</li> <li>• The Trust failed to achieve the 62d standard in July and August 2021 and are predicted to fail the target in September 2021 too. MFT are mainly a diagnostic service so there are small numbers of treatments (shared patients).</li> <li>• MFT had no 104d+ cases in July and August 2021 and are likely to have none for September 2021 too.</li> <li>• With regard to the 28d data compliance piece, the Trust failed to achieve this in July and August 2021.</li> <li>• The Trust have worked hard to put together a 14 point plan to improve their 62d performance and this will include the following: the recruitment of a new MDT Coordinator, an aim to reduce OGD turnaround times and the introduction of additional STT capacity.</li> <li>• With regard to theatre capacity, MFT are experiencing issues with GA lists, EUS’ and Spyglass.</li> <li>• In relation to outpatient capacity, gastroscopy are mainly adhering to timelines. The Trust are, however, experiencing issues with: patient choice, requirements for specific lists or the need for there to be a pre-assessment prior to the appointment.</li> <li>• Other comments include: the lack of control over tertiary referrals to first treatment, there being a change of MDT Coordinator and the resignation of a CNS (although MFT have now recruited a replacement).</li> <li>• With regard to breach reasons:             <ul style="list-style-type: none"> <li>- 2ww: unable to contact patient, patient choice, no referral letter, OGD capacity and delays booking a PAC/scope.</li> <li>- 62d: additional diagnostics, requirement for a laparoscopy/PET due to surgery and a patient changed their contact number so could not be reached.</li> </ul> </li> </ul> <p><b><u>MTW – update provided by Naomi Butcher</u></b></p> <ul style="list-style-type: none"> <li>• MTW achieved the 2ww standard in June and July 2021 and are predicted to achieve it in August 2021 too. This continued achievement is due to increased investment into the STT team and the support from the consultant body for additional clinics where necessary.</li> <li>• The Trust met the 31d standard in June and July 2021 and are predicted to do so in August 2021 too. This continued achievement reflects the huge amounts of work from each of the teams in supporting patients through their pathway.</li> <li>• With regard to the 62d standard, MTW achieved this in June and July 2021 but are predicted to fail it for August 2021. There have been delays in the PET service and tertiary centre diagnostics and surgery dates contribute to this.</li> <li>• The Trust had no 104d+ cases for June and July 2021 and are predicted to have none for August 2021 too. This is due to close pathway management and clinical engagement across all of the teams.</li> </ul> |  |
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|   |                         | <ul style="list-style-type: none"> <li>In terms of 62d+ backlogs, the Trust had 6 in June 2021, 8 in July 2021 and are predicted to have 15 in August 2021. The increased backlogs in August and September 2021 are due to an increase in referrals into the organisation from other Trusts, delays in tertiary centre diagnostics and surgery dates and PET capacity delays.</li> <li>MTW failed to achieve the 28d data compliance target. The team are currently reviewing this based on a well-established STT service and an engaged clinical team meaning the Trust expect to be in a better position with this standard.</li> <li>MTW failed to achieve the 28d data completeness target. Service engagement is in place for upper GI data completeness through consideration of telephone discharge clinics and generic letters to those who will have a routine follow-up.</li> <li>Their key risks/barriers to delivery of service due to COVID include patient choice and isolation periods, tertiary centre delays in diagnostics and surgery due to capacity, a fluctuation in staffing due to sickness/isolation and a temporary OGD suspension due to the practicality of aerosol-generating procedures during the first lockdown.</li> <li>MTW have in place: increased STT provision, a flexible BaS provision across sites and in close coordination with the radiology staff and flexible OGD capacity to support priority patients.</li> <li>Breach reasons include: diagnostic and treatment delays due to capacity issues.</li> <li>The Trust are reliant on King's College Hospital/GSTT for theatre capacity.</li> <li>With regard to outpatient capacity, MTW are in line with demand.</li> </ul> |     |
| 6 | Research update         | <p><b>Update provided by Justin Waters</b></p> <ul style="list-style-type: none"> <li>MTW are now resuming upper GI trials and are looking to open some new ones.</li> <li>The PLATFORM trial has remained active and MTW are recruiting to it again. The ADD ASPIRIN trial is also being recruited to at the Trust.</li> <li>MTW have put out an expression of interest for a biliary tract study.</li> </ul>   |     |
| 7 | MDT Streamlining update | <p><b>Update provided by Oliviana Rusu (GSTT)</b></p> <ul style="list-style-type: none"> <li>With regard to OG, OR has noted MFT are sending some referrals (and associated documentation) later than GSTT would ideally like and a small number of patients have been delayed by 2 weeks as a result. She hopes this will improve.</li> </ul> <p><b>Action: JPr to liaise with the team regarding this and work with their MDT Coordinator to try and expedite the issue going forward.</b></p> <ul style="list-style-type: none"> <li>JL suggested the Upper GI MDT Coordinators link in in order to support and advise each other when and where appropriate.</li> <li>JPr informed the members a lot of work has been undertaken to improve MDT coordination, namely the introduction of training for MDT Coordinators and recruiting additional ones.</li> </ul>  | JPr |
| 8 | Clinical Audit          | <p><b>Presentation provided by James Gossage</b></p> <ul style="list-style-type: none"> <li>At the last meeting, JG provided a presentation on the 2020 NOGCA audit. He informed the group there was no data for 2021 yet.</li> <li>JG informed the members he had worked with other Trusts across the country on this piece of work in order to collate a list of all Trusts performing OG resections. Once the Trusts were identified, the list was broken down to display the following domains (each of which has 5 metrics which, when added together, gives an overall composite score):</li> </ul>  |     |



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|    |  | <p>1) Quality of Audit participation.<br/>                 2) From diagnosis to MDT decision.<br/>                 3) Surgical outcomes.</p>   |    |
| 9  | <p><b>How to empower Practice nurses to complete cancer care reviews</b></p> | <p><b><u>Presentation provided by Kate Regan</u></b></p> <ul style="list-style-type: none"> <li>• Macmillan have appointed a Band 6 in order to support with engagement work across Kent &amp; Medway.</li> <li>• KR works closely with RK, particularly with regard to delivering education, and they have put in place Best Practice Forums in addition to a masterclass.</li> <li>• 2017-2020 saw the delivery of Practice Nurse cancer training in both East Kent and Medway.</li> <li>• Nurses attended a 6 month training course facilitated by Macmillan and supported by CNS teams.</li> <li>• Their main objective is to empower Practice Nurses to support people living with cancer as a long-term condition and to complete a holistic cancer care review to help address and support unmet needs.</li> <li>• Practice Nurses across Kent &amp; Medway have been offered the training.</li> <li>• Macmillan have delivered training virtually but with the same objective of improving patient experience and care and supporting them with health and wellbeing.</li> <li>• CNS teams are made aware nurses may be in contact in order to help build relationships and break down barriers.</li> <li>• Macmillan have previously supported a shadowing model but this is currently on hold due to the pandemic.</li> <li>• Macmillan are currently working on a consecutive offer (the previous training has been offered annually).</li> <li>• Macmillan would like CNS' across Kent &amp; Medway to offer their expertise to the training.</li> <li>• Macmillan would like CNS teams to be aware that Practice Nurses are undergoing this training and to accommodate any questions which may come their way.</li> <li>• Macmillan would like to develop a community of practice to share best practice and to work collaboratively.</li> <li>• KR informed the group Macmillan put on 'lunch and learns'.</li> <li>• The nurses are trained to deliver the Cancer Care Review at 12 months and to support people with cancer as a long-term condition from the HNA perspective.</li> <li>• <b><u>Action: KR to send Trust colleagues a list of Practice Nurses who have received the training at their respective GP surgeries so they have a point of contact.</u></b></li> </ul> | KR |
| 10 | <p><b>CNS Updates</b></p>  | <p><b><u>DVH – update provided by Chloe Sweetman</u></b></p> <ul style="list-style-type: none"> <li>• JC is their STT nurse and will hopefully be full-time with them by December 2021 (she is currently split between upper GI and lung).</li> <li>• The Trust have received a significant increase in referrals.</li> <li>• DVH link in to the King's College Hospital HPB MDM on Monday mornings and have found this has worked well. The Trust are given a 10-20 minute slot at the meetings and this helps to clarify matters across sites.</li> <li>• The Trust have a new endoscopy services manager and she understands the importance of getting patients through the 2ww pathway as quickly as feasibly possible.</li> <li>• DVH are experiencing issues with radiology (and are in discussion with them on this), predominantly around CT scans being changed to MRI scans and then downgraded for a reason the team are unaware of.</li> <li>• Waits for MRI scans are quite long at present.</li> </ul>   |    |

**EKHUFT – update provided by Victoria Hatcher**

- The Trust have 2.6 WTE STT CNS'. The service is doing well and this helps from both a cancer compliance and patient experience perspective. The STT service will be taking forward more patient experience work later this year.
- EKHUFT have seen an increase in referrals.
- The Trust are working closely with primary care on the 2ww piece and have had a lot of support from RK and JJ.
- EKHUFT are part of the new pan-Kent STT nurse forum.
- The Trust will be looking at eHNAs later this year.

**MFT – update provided by Sue Jenner**

- MFT have recruited a Band 6 (a substantive post) with an endoscopy background.
- The Trust's Support Worker is being shared with the lung team.
- The team at MFT feel they would benefit from another Band 7 nurse.

**MTW – update provided by Debbie Killick**

- DK is organising a pan-Kent CNS meeting which she hopes will take place on 11.11.2021.
- Their Cancer Support Worker and Admin Assistant are currently on long-term sick.
- MTW have 3 nurse-led clinics per week and have to type their own letters.
- As the Trust has gone paperless, all information is recorded on InfoFlex (such as MDM outcomes from GSTT and King's College Hospital which MTW can share across sites if needed).
- The Trust are looking to recruit a new CNS to primarily look at lower GI NET cases. The intention is they would also work with WB on upper GI NET cases as well as GISTS and hopefully liaise with the MFT patients which end up being admitted to MTW.

**MTW Post MDM clinic database – update provided by David Bridger**

- In May 2021, MTW initiated a post-MDM nurse-led clinic which is held on Thursday afternoons at both Maidstone Hospital and Tunbridge Wells Hospital.
- Ideally, patients will have been discussed at the MDM meetings on Wednesday mornings.
- Since the clinic commenced, the team at MTW have seen 93 patients.
- DB provided a breakdown of the tumour site cases MTW see, with pancreas accounting for the most cases.
- The Trust have generated a number of referrals from the nurse-led clinic, mainly to King's College Hospital but also GSTT, The Royal Marsden and some others.
- The clinic has consultant support, in particular from JL.
- Securing rooms in order to see patients has been a challenge.
- Complex patients or those requiring best interest meetings are referred to JL's clinic on a Thursday morning.
- Once the clinic has been in place for 6 months (in November 2021), DB will produce a report and a patient questionnaire.
- Each patient is allocated a 30 minute slot.

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|           |                                      | <ul style="list-style-type: none"> <li>• Feedback from both clinicians and patients has been positive.</li> <li>• The Trust have now gone paperless and this has worked well.</li> </ul> <p><b><u>King's College Hospital – update provided by Jennifer Rowntree</u></b></p> <ul style="list-style-type: none"> <li>• King's College Hospital are working closely with endoscopy regarding the EUS service and are prioritising definite cancer biopsies.</li> <li>• The Trust are fully staffed for HPB with 4 nurses in place. With regard to HCC, a new nurse started 2 weeks ago and they therefore now have 3 CNS' for this tumour site overall. The NET service is still functioning as usual.</li> <li>• <b>Action: JR to send VH a list of the King's College Hospital MDT Coordinators.</b></li> <li>• JR stated she is keeping a spreadsheet on EUS' which includes information on the date it is requested, dates chased and other relevant information.</li> </ul> <p><b><u>GSTT - update provided by Oliviana Rusu</u></b></p> <ul style="list-style-type: none"> <li>• One stop cases are being processed within 2 weeks.</li> <li>• The isolation time for EUS', laparoscopies and GIST resections is currently 3 days. For major surgery the isolation time is currently 7 days.</li> <li>• The Royal Brompton and Harefield Hospitals have merged with GSTT.</li> <li>• A webinar for patients undergoing surgery has been formalized. The aim is to see patients in clinic to inform them of what to expect from their surgery and then provide them with the video (which will last for about an hour) 1-2 weeks later.</li> <li>• The Trust have had a clinical psychologist in place for a year in order to support the team by helping patients navigate through the cancer pathway.</li> </ul> | <p>JR</p> |
| <p>11</p> | <p><b>Cancer Alliance update</b></p> | <p><b><u>Presentation provided by Serena Gilbert</u></b></p> <ul style="list-style-type: none"> <li>• The National Cancer Programme includes information on:             <ul style="list-style-type: none"> <li>- The impact of COVID-19 on cancer services.</li> <li>- Recovery priorities (2021/2022 cancer services recovery aims, 2021/2022 key actions and cancer recovery funding).</li> <li>- Getting people into the system ('Help us help you' campaign).</li> <li>- Investigations and diagnoses (Rapid Diagnostic Centre pathways, Targeted Lung Health Checks and Accelerating innovation).</li> <li>- Treatments (Surgical hubs and 'COVID-friendly' treatments).</li> </ul> </li> <li>• The Programme's key actions include:             <ul style="list-style-type: none"> <li>- Running the NHS' 'Help Us Help You' campaigns to raise awareness of cancer symptoms and encourage people to see their GP.</li> <li>- Delivering full recovery of cancer screening programmes.</li> <li>- Working with primary care to find and refer people with suspected cancer quickly.</li> <li>- Trialling new approaches to get people into the system quickly, such as 'cancer hotlines'.</li> <li>- Implementing Rapid Diagnostic Centre pathways.</li> <li>- Expanding the reach of Targeted Lung Health Checks.</li> </ul> </li> </ul>  |           |

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|    |                   | <ul style="list-style-type: none"> <li>- Adopting innovations such as Colon Capsule Endoscopy.</li> <li>- Introducing new clinic models such as tele-dermatology and nurse-led triage for prostate cancer.</li> <li>- Extending the use of surgical hubs.</li> <li>- Continuing to adopt COVID-friendly treatments and use the over 40 already introduced.</li> <li>- Implementing personalised stratified follow-up pathways.</li> <li>- Supporting access to the independent sector.</li> <li>• The presentation alluded to the following workstreams:             <ul style="list-style-type: none"> <li>- Rapid Diagnostic Services.</li> <li>- The Faster Diagnosis Standard – 28 days.</li> <li>- Earlier Cancer Diagnosis.</li> <li>- Personalised Care &amp; Stratified Follow Up.</li> </ul> </li> </ul> |  |
| 12 | CCG update        | <p><b><u>Update provided by Holly Groombridge</u></b></p> <ul style="list-style-type: none"> <li>• The CCG is transitioning in to an ICP as per national direction.</li> <li>• The intention is to support system-level working and collaboration which is already in a good position from a cancer perspective.</li> <li>• The local ICPs are working with the relevant Community Diagnostic Hubs (of which there will be 6 for Kent &amp; Medway), which can cover populations of up to 300,000. The Alliance is supporting this workstream from a cancer perspective and East Kent and West Kent will take this forward initially.</li> </ul>  |  |
| 13 | AOB               | <ul style="list-style-type: none"> <li>• No-one had anything to raise under any other business.</li> </ul>  |  |
|    | Next Meeting Date | <ul style="list-style-type: none"> <li>• To be confirmed.</li> </ul>  |  |