

**Upper GI Tumour Site Specific Group meeting**  
**Thursday 15<sup>th</sup> April 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                     |
| Yvonne Gravestock     | <b>YG</b>       | Upper GI CNS  | MTW                     |
| Justin Waters         | <b>JW</b>       | Consultant Medical Oncologist   | MTW                     |
| Michelle McCann       | <b>MM</b>       | Operational Manager for Cancer & Haematology                                    | DVH                     |
| Chloe Sweetman        | <b>CS</b>       | Upper GI HPB CNS  | DVH                     |
| Walter Melia          | <b>WM</b>       | Consultant Physician & Gastroenterologist                                       | DVH                     |
| Sarah Simpson-Brown   | <b>SSB</b>      | Upper GI CNS  | DVH                     |
| Marie Payne           | <b>MP</b>       | Lead Cancer Nurse / Clinical Services Manager                                   | DVH                     |
| Ben Warner            | <b>BW</b>       | Consultant Gastroenterologist   | DVH                     |
| Pippa Miles           | <b>PM</b>       | Senior Service Manager  | EKHUFT                  |
| Vicki Hatcher         | <b>VH</b>       | Upper GI CNS  | EKHUFT                  |
| Hannah Bradshaw       | <b>HB</b>       | Upper GI STT Nurse  | EKHUFT                  |
| Deepika Balasubramian | <b>DBa</b>      | Upper GI STT Nurse  | EKHUFT                  |
| Theresa Woods         | <b>TW</b>       | Upper GI CNS  | EKHUFT                  |
| Nash Inayet           | <b>NI</b>       | Consultant Gastroenterologist   | EKHUFT                  |
| Sanjoy Basu           | <b>SB</b>       | Consultant Upper GI Surgeon   | EKHUFT                  |
| James Gossage         | <b>JG</b>       | Consultant Surgeon  | GSTT                    |
| Rusu Oliviana         | <b>RO</b>       | Clinical Nurse Specialist (Surgery)   | GSTT                    |
| Georgia Mundle        | <b>GM</b>       | Oesophago-gastric Cancer Enhanced Recovery Nurse Specialist                     | GSTT                    |
| Mark Kelly            | <b>MK</b>       | Consultant General & Upper GI Surgeon   | GSTT                    |
| Andreas Prachalias    | <b>AP</b>       | Consultant Surgeon  | King's College Hospital |
| Thomas Pauley         | <b>TP</b>       | HPB MDM Team Leader   | King's College Hospital |
| Mike Cooshneea        | <b>MCo</b>      | General Manager - Liver, Gastro, Upper GI, Endoscopy and Bowel Cancer Screening | King's College Hospital |
| Serena Gilbert        | <b>SGi</b>      | Cancer Performance Manager  | KMCA                    |

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| Colin Chamberlain (Notes) | <b>CC</b>   | Administration & Support Officer           | KMCC                    |
| Karen Glass               | <b>KG</b>   | Administration & Support Officer           | KMCC                    |
| Annette Wiltshire         | <b>AW</b>   | Service Improvement Facilitator            | KMCC                    |
| Sue Jenner                | <b>SJ</b>   | Upper GI CNS                               | MFT                     |
| Cynthia Matarutse         | <b>CM</b>   | Lead Cancer Nurse                          | MFT                     |
| Sarah Seale               | <b>SS</b>   | Upper GI CNS Support                       | MFT                     |
| Deborah Horley            | <b>DH</b>   | Upper GI Cancer Support Nurse              | MFT                     |
| Debbie Killick            | <b>DK</b>   | Upper GI CNS                               | MTW                     |
| Laura Alton               | <b>LA</b>   | Senior Commissioning Manager – KMCA        | NHS Kent & Medway CCG   |
| Jack Jacobs               | <b>JJ</b>   | Macmillan GP & Cancer Lead                 | NHS Kent & Medway CCG   |
| <b>Apologies</b>          |             |  |                         |
| Sylvia Hurley             | <b>SH</b>   | Patient Representative                     |                         |
| Geoff Dickson             | <b>GD</b>   | Senior Oncology and General                | DVH                     |
| Sandra Holness            | <b>SH</b>   | Cancer Pathway Tracker Coordinator         | EKHUFT                  |
| Martine Henniker          | <b>MH</b>   | Upper & Lower GI Cancer CNS                | EKHUFT                  |
| Sue Drakeley              | <b>SD</b>   | Clinical Trials Practitioner               | EKHUFT                  |
| Nichola Atkins            | <b>NA</b>   | Divisional Support Manager                 | King's College Hospital |
| Irene Nhandara            | <b>IN</b>   | Programme Lead – Early Diagnosis           | KMCA                    |
| Elizabet Sanchez          | <b>ES</b>   | Service Manager for Oncology & Haematology | MFT                     |
| Will Gauslin              | <b>WG</b>   | General Manager                            | MFT                     |
| Jelena Pochin             | <b>JP</b>   | General Manager for Surgery                | MTW                     |
| George Bird               | <b>GB</b>   | Consultant Gastroenterologist              | MTW                     |
| Haythem Ali               | <b>HA</b>   | Consultant General Surgeon                 | MTW                     |
| Mark Hill                 | <b>MH</b>   | Consultant Medical Oncologist              | MTW                     |
| Tim Sevitt                | <b>TS</b>   | Consultant Clinical Oncologist             | MTW                     |
| Ahmed Hamouda             | <b>AH</b>   | Consultant General Surgeon                 | MTW                     |
| Steph McKinley            | <b>SM</b>   | Upper GI STT Nurse/Team Leader for Surgery | MTW                     |
| Wendy Brown               | <b>WB</b>   | Upper GI CNS                               | MTW                     |
| Dave Bridger              | <b>DBr</b>  | Upper GI CNS                               | MTW                     |
| Mathilda Cominos          | <b>MCom</b> | Consultant Clinical Oncologist             | MTW                     |
| Sona Gupta                | <b>SGu</b>  | Macmillan GP & Cancer Lead                 | NHS Kent & Medway CCG   |

| Item | Discussion   | Agreed | Action |
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| 1    | <p><b>TSSG Meeting</b></p> <p><u><b>Introduce new chair</b></u></p> <ul style="list-style-type: none"> <li>WM introduced JL as the new chair of the Upper GI TSSG.</li> </ul> <p><u><b>Introductions</b></u></p> <ul style="list-style-type: none"> <li>The members introduced themselves.</li> </ul> <p><u><b>Apologies</b></u></p> <ul style="list-style-type: none"> <li>The apologies are listed above.</li> </ul> <p><u><b>Action log – review</b></u></p> <ul style="list-style-type: none"> <li>The action log was reviewed, updated and will be circulated along with the final minutes from today’s meeting.</li> <li>WM mentioned there had been intermittent issues with histopathology throughout the pandemic. JW added there appears to be a consistent lack of histopathology representation at the upper GI TSSG meetings. <b>Action: JL to liaise with histopathology colleagues across the patch to try and ensure there is better representation at future meetings.</b></li> </ul> <p><u><b>Previous minutes - review</b></u></p> <ul style="list-style-type: none"> <li>The minutes from the previous meeting were reviewed and agreed as a true and accurate record.</li> <li>WM stated there is room for improvement in relation to endoscopy, radiology (including interventional radiology) and histology service provision.</li> <li>WM mentioned they have good links with the 2 OG services at St Thomas’ Hospital and King’s College Hospital.</li> </ul> |        | JL     |
| 2    | <p><b>Clinical Pathway Discussion</b></p> <p><u><b>HPB update – update provided by Andreas Prachalias</b></u></p> <ul style="list-style-type: none"> <li>Following 3 months of utilising independent sector provision, King’s College Hospital are now back to full capacity.</li> <li>Large backlogs have resulted in the Trust being given additional surgical capacity and ward bed allocation.</li> <li>They are in the process of appointing another HPB surgeon (with the advert to go out on 19.04.2021). This will enable them to capitalise on the additional activity the Trust have given them which, in turn, should improve 62d performance.</li> </ul>   |        |        |

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|   |                                     | <ul style="list-style-type: none"> <li>• AP continues to chair the SELACN HPB MDT meetings, which WM joins. He suggested JL, the upper GI leads and CNS' should also join these meetings.</li> <li>• MDT meetings have taken place remotely. The plan is to intensify these meetings in the next few months, with job plans to be revised accordingly.</li> <li>• Utilising EUS has been an issue since Bijay Baburajan (Consultant Gastroenterologist) stopped providing the service at MTW. MCoo is working to try and address the demand for this but it should be alleviated now they have a consultant in place who will recommence the service.</li> <li>• They are looking to expand endoscopy capacity at King's College Hospital.</li> <li>• WM highlighted the importance of understanding the need for EUS. He has conversed with Ian Vousden about this on a number of occasions and they were going to undertake a scoping exercise to evaluate the need for it.</li> <li>• WM suggested the EUS service could be implemented at 2 sites in K&amp;M in order to meet the demand, with a robust training programme in place.</li> <li>• JL agreed and mentioned that in MTW there have been plans in progress to collaborate with King's College Hospital (JL and Dodi (gastroenterologist) to retrain in EUS and provide the service for MTW.</li> <li>• JL expressed desire for collaboration across Kent for EUS.</li> </ul> |  |        |
| 3 | Pathway for Iron deficiency anaemia | <p><b><u>Patients not meeting 2ww criteria – update provided by Jack Jacobs</u></b></p> <ul style="list-style-type: none"> <li>• JJ stated patients with iron deficiency anaemia who do not meet the 2ww criteria can often fall through the net. He suggested a K&amp;M-wide pathway be developed (with a working group to coordinate it) in order for there to be a consistent approach to dealing with such cases.</li> </ul> <p><b><u>Action: WM suggested this matter be taken to the TSSG Leads meeting, which SGi agreed with.</u></b></p> <ul style="list-style-type: none"> <li>• It was mentioned a number of pancreatic cancers have often come from the colorectal pathway.</li> </ul>  |  | SGi/WM |
| 4 | Performance                         | <p><b><u>DVH – update provided by Michelle McCann</u></b></p> <ul style="list-style-type: none"> <li>• They failed to meet the 2ww standard in December 2020, January 2021 and are predicted to also fail it in February 2021. Endoscopy capacity has been impacted by COVID.</li> <li>• DVH met the 31d target in December 2020, January 2021 and are predicted to also meet it in February 2021.</li> <li>• The Trust did not meet the 62d standard in December 2020 and are likely to fail it in February 2021 also. They did, however, meet the target in January 2021.</li> </ul>  |  |        |

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|  |  | <ul style="list-style-type: none"> <li>• They had 1 104d+ case in December 2020 but none in January 2021 and February 2021.</li> <li>• As of 09.04.2021, they have 1 104d+ patient. This patient does not have cancer but needed a repeat swab for endoscopy and was only available to attend the hospital on a Saturday which contributed to the delay.<br/>They have 6 62d+ cases (3 attributable to patient choice, 1 requiring a repeat endoscopy and 2 complex pathways from other tumour sites).</li> <li>• With regards to 28d compliance, they failed to meet the standard in December 2020 and January 2021 but did meet it in February 2021.</li> <li>• At the end of February 2021, their data completeness was 73% (below target) with 127 records incomplete.</li> <li>• They have had to deal with reduced endoscopy capacity, reduced capacity at tertiary centres (GSTT and King's College Hospital) and the GSTT one-stop service has only just started operating again.</li> <li>• They are actively escalating patients requiring an endoscopy on their PTL.</li> <li>• Endoscopies are increasing with cancer services taking priority.</li> <li>• CNS' are liaising with patients in order follow up their decision to delay their own pathway.</li> <li>• With regards to theatre capacity, King's College Hospital and GSTT provide upper GI surgery for DVH.</li> <li>• In relation to outpatient capacity, virtual clinics are held where appropriate.</li> <li>• WM stated from June 2021 there will be 2 additional endoscopy rooms at DVH which will result in them having 7 overall.</li> </ul> <p><b><u>EKHUFT – update provided by Pippa Miles</u></b></p> <ul style="list-style-type: none"> <li>• They met the 2ww standard in December 2020, January 2021 and February 2021. Daily calls with the team ensure capacity is managed which in turn makes them compliant. STT nurse triaging has ensured patients are seen promptly.</li> <li>• EKHUFT met the 31d standard in December 2020 and January 2021 but failed to do so in February 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>• They failed to achieve the 62d standard in December 2020, January 2021 and February 2021. Reasons for non-compliance include: complex pathways (often investigated across a number of tumour sites), patient choice to delay investigations,</li> </ul> |  |  |
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|  |  | <p>unwell patients, delays with histology reporting and delays with diagnostics and staff capacity at King’s College Hospital (who are currently 2 surgeons down).</p> <ul style="list-style-type: none"> <li>• They had 1 104d+ case in December 2020, 5 in January 2021 and 3 in February 2021. These include complex cases and delays with EUS appointments at King’s College Hospital.</li> <li>• They had 14 62d+ backlogs in December 2020, 15 in January 2021 and 18 in February 2021.</li> <li>• In terms of 28d compliance, they are below target with an average of 63.6%. The STT nurse has improved the front end of the pathway and this will improve diagnosis by day 28. They are still challenged with regards to getting EUS’ in a timely fashion due to capacity issues at King’s College Hospital.</li> <li>• With regards to 28d completeness, band 2 admin support is now in place to improve data collection and accuracy.</li> <li>• In terms of potential risks/barriers to service delivery, there is currently a 2 week isolation period for patients having heavy sedation (although these constitute a small number of people).</li> <li>• The STT nurse is triaging and booking patients for appropriate investigations or sending them to clinic promptly.</li> </ul> <p><b><u>MFT</u></b></p> <ul style="list-style-type: none"> <li>• No update provided.</li> </ul> <p><b><u>MTW – update provided by Jeff Lordan</u></b></p> <ul style="list-style-type: none"> <li>• They met the 2ww standard in January 2021, February 2021 and are likely to meet it in March 2021 also.</li> <li>• The Trust failed to achieve the 31d standard in January 2021 and are likely to fail it in March 2021 too. They did, however, hit the target in February 2021.</li> <li>• MTW achieved the 62d target in January 2021 and February 2021 but are likely to fail it in March 2021.</li> <li>• They had no 104d+ cases in January 2021 and February 2021 but had 1 in March 2021.</li> <li>• In terms of 62d+ backlogs, they had 4 in January 2021, 11 in February 2021 and 15 in March 2021.</li> <li>• One of their February 2021 breaches was a complex case which was transferred to them by another tumour site.</li> </ul> |  |  |
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|   |  | <ul style="list-style-type: none"> <li>JW stated they are doing some work on the oncology aspect of the pathway in order to improve 24d compliance from referral to treatment.</li> </ul>   |  |  |
| 5 | <p><b>Future EUS Service</b></p> <p><b>Upper GI CNS Lead clinics</b></p> | <p><b><u>Update provided by Jeff Lordan</u></b></p> <ul style="list-style-type: none"> <li>JL stated this item had been discussed sufficiently earlier in the meeting. He is excited to see how this piece of work will evolve across the patch.</li> </ul> <p><b><u>Update provided by Jeff Lordan</u></b></p> <ul style="list-style-type: none"> <li>JL emphasised the benefits of having this clinic in place for patients, which he hopes will be launched soon once clinic rooms have been secured.</li> </ul>   |  |  |
| 6 | <b>Research</b>  | <p><b><u>Update provided by Justin Waters</u></b></p> <ul style="list-style-type: none"> <li>Research has been impacted by COVID.</li> <li>They are slowly reactivating trials, although there have been some barriers in doing so – in particular with their upper GI research nurse at MTW who has now moved on to a new role. In view of this, they now have the role out to advert.</li> <li>2 commercial trials have reassessed their recruitment plans and have closed a number of sites due to non-recruitment during the pandemic (MTW included). These included cholangiocarcinoma and OG trials.</li> <li>The PLATFORM and ADD ASPIRIN trials remain open.</li> <li>They have fulfilled the recruitment target for ACTICCA-1 but the organisers are looking to expand on this.</li> <li>They are looking for new studies to open and have received some expressions of interest.</li> </ul> |  |  |
| 7 | <b>Clinical Audit</b>  | <p><b><u>National Oesophago-Gastric Cancer 2020 annual report – presentation provided by James Gossage</u></b></p> <ul style="list-style-type: none"> <li>The report includes patients diagnosed with oesophago-gastric cancer in England and Wales and patients diagnosed with oesophageal high grade dysplasia in England.</li> <li>Locally, the median time from referral to start of curative treatment was 61 days (based on April 2017-March 2019 cases).</li> <li>Among patients diagnosed over three years (April 2016-March 2019) who had curative surgery, there were: 4112 oesophagectomies (183 of which were at GSTT) and 2163 gastrectomies (126 of which were at GSTT).</li> <li>In terms of post-operative mortality, their local 30 day risk-adjusted mortality rate was 0.3% and the 90 day risk-adjusted mortality rate was 0.6%.</li> </ul>                                       |  |  |

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|   |             | <ul style="list-style-type: none"> <li>The presentation included data on curative surgery 30 day and 90 day mortality rates, specifically in relation to oesophagectomies and gastrectomies. It also included pathology outcomes following surgery.</li> <li>This item will be discussed further at the next Upper GI TSSG meeting.</li> </ul>   |  |  |
| 8 | CNS Updates | <p><b><u>DVH – update provided by Chloe Sweetman</u></b></p> <ul style="list-style-type: none"> <li>During the second wave of COVID, CS and SSB were not redeployed.</li> <li>They have noticed a big increase in referrals recently.</li> <li>A number of patients are still not coming in to hospital for investigations despite reassurance from the team it is safe to do so. In view of this, they remain on the PTL and this is causing backlogs.</li> <li>Their early diagnosis CNS has been in place for over a year and splits her time between the upper GI and lung teams.</li> <li>There have been discussions around the need for a full-time early diagnosis upper GI CNS.</li> </ul> <p><b><u>EKHUFT – update provided by Vicki Hatcher</u></b></p> <ul style="list-style-type: none"> <li>The upper GI STT service commenced on 18.01.2021, with 2 STT nurses in place thanks to funding from the cancer alliance. They are based at the 2 acute sites.</li> <li>The STT nurses contact the patients for a telephone assessment once the referral has been received. As a result, VH believes they are preventing a number of acute hospital admissions.</li> <li>They are looking to further improve the STT service and are in the process of recruiting a further CNS who will serve a dual role between upper GI (3 days per week) and lung (2 days per week).</li> <li>The Trust intend to employ a substantive full-time CNS at some point in the future.</li> <li>They had a total of 308 2ww referrals in March 2021.</li> <li>The team were not redeployed during the pandemic.</li> <li>Telephone clinics continue to operate.</li> <li>Face-to-face CNS-led post-MDM outcome clinics recommenced 2 weeks ago.</li> </ul> <p><b><u>MFT – update provided by Sue Jenner</u></b></p> <ul style="list-style-type: none"> <li>SJ stated she had been on long-term sick which had an impact on the service.</li> <li>SJ introduced DH as a new member of their team. Her role was funded by the cancer alliance.</li> </ul> |  |  |



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|  |  | <ul style="list-style-type: none"> <li>• They are working hard to continuously develop the service in order to meet patient needs.</li> </ul> <p><b><u>MTW – update provided by Yvonne Gravestock</u></b></p> <ul style="list-style-type: none"> <li>• They have run a nurse-led post-surgical follow-up and post-Whipple’s telephone clinic since the start of the pandemic.</li> <li>• Once the COVID restrictions have been lifted, they will be inviting patients back to clinic to be seen face-to-face. They will also commence their new post-MDM nurse-led clinic. The idea is to book patients in to clinic on a Thursday (the day after the MDM meeting) where they will be given their diagnosis and a discussion will be had regarding treatment plans. The SOP for this new clinic has been approved by the Trust and they are now looking to obtain clinic space in order to implement it.</li> <li>• They have initiated a plan to move to a paperless way of working with clinical notes being entered on to InfoFlex version 6. This will enable cross-site working as it will be visible to other members of the MDT team. They are in the process of trying to procure laptops to assist with this, which will be especially helpful when the nurses are seeing patients in clinic and wards.</li> <li>• They are in the process of recruiting a band 4 cancer support worker, with interviews to take place on 23.04.2021. The successful candidate will help the CNS’ to devote more time to seeing patients in clinic and developing the post-MDM clinic.</li> <li>• The next pan-Kent CNS team meeting is on 29.04.2021 and will take place on Microsoft Teams.</li> <li>• Information packs are posted to patients after the nurses have spoken to them on the telephone.</li> </ul> <p><b><u>GSTT - update provided by Oliviana Rusu</u></b></p> <ul style="list-style-type: none"> <li>• Throughout the pandemic, the Trust have tried to accommodate patient requests regarding investigations and surgeries.</li> <li>• The service has been maintained throughout the pandemic.</li> <li>• They see patients face-to-face in clinic prior to surgery.</li> <li>• The Trust are seeing an increasing number of patients coming in to hospital with advanced cancers. A number of their patients are still reluctant to come in to hospital for fear of contracting COVID, despite reassurance from the team it is safe to do so.</li> </ul> |  |  |
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| 9  | <b>Cancer Alliance update</b> | <p><b><u>Update provided by Serena Gilbert</u></b><br/>           The predominant aims of cancer services across the patch are to:</p> <ul style="list-style-type: none"> <li>• Restore urgent cancer referrals at least to pre-pandemic levels. Between March 2020 and February 2021, 85% of the normal amount of treatments were provided.</li> <li>• Reduce the backlog at least to pre-pandemic levels on 62 day (urgent referral and referral from screening) and 31 day pathways.</li> <li>• Ensure sufficient capacity is in place to manage increased demand moving forward, including follow-up care.</li> <li>• Reduce health inequalities.</li> <li>• Support the 28d FDS piece.</li> <li>• Ensure patients and staff are confident services are COVID-protected.</li> <li>• Ensure the right workforce is in place.</li> <li>• Restart Long Term Plan activity.</li> </ul> |  |  |
| 10 | <b>CCG update</b>             | <p><b><u>Update provided by Laura Alton</u></b></p> <ul style="list-style-type: none"> <li>• LA informed the group she is keen to support the TSSG in moving workstreams and projects forward from a commissioning perspective.</li> </ul>   |  |  |
| 11 | <b>AOB</b>                    | <ul style="list-style-type: none"> <li>• JW mentioned there had been some instability with regards to oncology provision over the last year, especially at DVH and MFT. However, Saba Imtiaz (Consultant Medical Oncologist) will now be supporting the upper GI teams at both Trusts. TS will also support the teams there as well as at MTW.</li> </ul>  |  |  |
|    | <b>Next meeting</b>           | <ul style="list-style-type: none"> <li>• Thursday 7th October 2021 (09:15–12:45) – Microsoft Teams</li> </ul>  |  |  |