

**Upper GI Tumour Site Specific Group meeting
Thursday 17th September 2020
Microsoft Teams
09:00 – 12:30**

Final Meeting Notes

Present	Initials	Title	Organisation
Walter Melia (Chair)	WM	Consultant Gastroenterologist	DVH
Geoff Dickson	GD	Dietitian	DVH
Sarah Simpson-Brown	SB	Upper GI CNS	DVH
Chloe Sweetman	CS	HPB CNS	DVH
Michelle McCann	MM	Operational Manager for Cancer & Haematology	DVH
Pippa Miles	PMi	Senior Service Manager	EKHUFT
Rusu Oliviana	RO	CNS,(OG Surgery)	GSTT
James Gossage	JG	Consultant Surgeon	GSTT
Melissa Firrell	MF	Hepatology Delivery Manager	Kings College Hospital
Thomas Pauley	TP	HCC MDM Coordinator	Kings College Hospital
Amara Arinzeh	AA	Data Analyst	KMCA
Irene Nhandara	IN	Programme Lead – Early Diagnosis	KMCA
Serena Gilbert	SGi	Cancer Performance Manager	KMCA
Colin Chamberlain (Notes)	CC	Admin Support	KMCC
Karen Glass	KG	Administration & Support Officer	KMCC
Annette Wiltshire	AW	Service Improvement Facilitator	KMCC
Cynthia Matarutse	CM	Lead Cancer Nurse	MFT
Syed Naqvi	SN	Consultant Gastroenterologist / Clinical Lead - Gastroenterology	MFT
Justin Waters	JW	Consultant Medical Oncologist	MTW
Debbie Killick	DK	Upper GI CNS	MTW
Stephanie McKinley	SM	Upper GI STT Nurse	MTW
Bana Haddad	BH	Macmillan GP & Clinical Lead – PC&S	NHS Kent & Medway CCG / KMCA
Rakesh Korla	RK	Macmillan GP	NHS Kent & Medway CCG
Apologies			
Sylvia Hudson	SH	Patient Representative	

Philip Mairs	PMa	Consultant Gastroenterologist	DVH
Sharon Willoughby	SW	Early Diagnosis Transformation Manager	DVH
Victoria Hatcher	VH	Macmillan Lead Upper GI CNS	EKHUFT
Nashiz Inayet	NA	Consultant Gastroenterologist	EKHUFT
Abdul Wahab	AWa	Consultant Gastroenterologist & Physician	MFT
Haythem Ali	HA	Consultant Surgeon	MFT
Ahmed Hamouda	AH	Consultant General Surgeon	MTW
Bijay Baburajan	BB	Consultant Gastroenterologist	MTW
Wendy Brown	WB	Upper GI CNS	MTW
Yvonne Gravestock	YG	Upper GI CNS	MTW
Mark Hill	MH	Consultant Medical Oncologist	MTW
Mathilda Cominos	MC	Consultant Clinical Oncologist	MTW
Jack Jacobs	JJ	Macmillan GP	NHS Kent & Medway CCG
Rosie Baur	RB	Head of East Kent Cancer and Specialised Commissioning Services	NHS Kent & Medway CCG
Sona Gupta	SGu	Macmillan GP	NHS Kent & Medway CCG

Item	Discussion	Agreed	Action
1	<p>TSSG Meeting</p> <p><u>Introductions</u></p> <ul style="list-style-type: none"> WM welcomed the members to the meeting. WM stated the next full TSSG meeting will be scheduled for March 2021, with the next mini-TSSG meeting likely to take place in the last week of November or the first week of December 2020. He continued by stating he would like the next mini-TSSG to take place before the TSSG Leads meeting which will potentially take place in December 2020. <p><u>Apologies</u></p> <ul style="list-style-type: none"> The apologies are listed above. <p><u>Action log: Review</u></p> <ul style="list-style-type: none"> The mini-TSSG action log was reviewed and updated and will be circulated with the final minutes from this meeting. 		

		<p><u>Review previous minutes</u></p> <ul style="list-style-type: none"> The final minutes from the mini-TSSG meeting which took place on 09.07.2020 were reviewed and accepted as a true and accurate record. WM asked if any EUS was currently being performed in K&M. The general consensus was that this service had not resumed due to Covid. WM believes there is a case for an EUS service to be set up in both East and West Kent. PMi stated SGi had informed her there is £30k funding to set up an EUS service, although WM believes this would not be enough. 		
2	MDT Streamlining Presentation	<p><u>Optimising MDT</u></p> <p>Pre MDM</p> <ul style="list-style-type: none"> WM specified DVH have a formal pre-MDM and, upon review, tend to remove 5 cases on average from their list prior to the MDM. WM stated they try to limit the MDM to 25 cases from the pre-MDM, which tends to take an hour. He added radiology representation should be standard for such meetings. JW mentioned MTW also have a pre-MDM but it is not a formal meeting. WM advised it would be helpful to have job plans amended to include staff attending and supporting pre-MDMs. He added he would be happy to provide suggestions on how such meetings could be structured. <p>Protocolised Surveillance (OG Ulcer, Pancreatic Cysts, Gallbladder Polyp & Cirrhosis)</p> <ul style="list-style-type: none"> WM stated this item would be discussed later on in the meeting. <p>Tracking</p> <ul style="list-style-type: none"> WM stated this item would be discussed later on in the meeting. 		
3	Performance	<ul style="list-style-type: none"> <u>Action:</u> CC to circulate all performance presentations following today's meeting. <p><u>DVH – presentation provided by Michelle McCann</u></p> <ul style="list-style-type: none"> WM stated there is a 20-minute interval between each endoscopy procedure and they are struggling with getting endoscopies processed in a timely manner given the sheer number of them. WM added CT colleagues had been very helpful in scanning patients where required. MM stated they are liaising with EKHUFT regarding pulling data completeness from Beautiful Information. 		CC

		<ul style="list-style-type: none"> • WM advised he had noticed there is less reluctance in patients coming back in to the hospital for diagnostics, treatments and consultations. He added it was more of an issue in April and May than it was in June and July. • MM stated she would ensure backlog information is completed ahead of the next meeting. <p><u>EKHUFT – update provided by Pippa Miles</u></p> <ul style="list-style-type: none"> • PMi advised that the Attend Anywhere application is being utilised by clinical colleagues for a number of their virtual consultations with patients. • 2ww figures for June and July were impacted by patient choice, which has been common for most Trusts due to Covid. • They have appointed an STT nurse who will be starting on 01.11.2020. A consultant is currently providing her with training prior to her start date. • Endoscopies are now fully running and OGD's are being booked quickly. PMi stated they are having daily calls with endoscopy colleagues and identifying which cases need to be escalated for booking. PMi added she has a monthly meeting with the Lead UGI Nurse at EKHUFT (VH) to discuss breaches, performance and escalations. • They have no issues with radiology, although they are linking in with them on a daily basis to determine which patients need to be escalated for booking in. • There have been some delays with biopsies. • There are plans to reduce the breaches with PMi stating the new STT nurse will be integral in this process. • There are 30-minute intervals between endoscopy patients. With regards to the traffic light system in place across all Trusts, PMi referred to the William Harvey Hospital as an amber zone and Kent & Canterbury Hospital and Queen Elizabeth The Queen Mother Hospital as a green zone. • PMi confirmed some scopes are being done at the Chaucer Hospital but this is only a temporary measure. <p><u>MFT – update provided by Suzanne Bodkin</u></p> <ul style="list-style-type: none"> • Due to Covid and reduced endoscopy capacity the 2ww standard was not met in May, June and July 2020. • 2ww cases are being booked in within a week. • In May 2020, their 62d performance dipped due to a delay in diagnostics attributable to Covid. 		
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		<p>and added their one-stop service is also back up to speed.</p> <ul style="list-style-type: none"> • JG stated that should there be another spike in Covid cases they would be much better prepared. • It was highlighted there have been some delays in referrals coming through and often without the correct supporting information. There have also been some delays at EKHUFT with pathology specimen turnaround times. • WM conveyed there have been issues with histology at DVH. He advocated using a dedicated courier service to deliver samples directly to the laboratories. • WM questioned what GSTT are doing with their surveillance patients. JG advised this has been halted due to Covid. • WM and PM stated their respective Trusts are very happy with the service GSTT provide. • JG highlighted there had been a number of issues with regards to follow-ups and functional outcomes, specifically between K&M Trusts and GSTT. • JG stated a forum for discussing complex cases may be helpful. GD would be happy to support from a dietetics point of view at follow-up clinics. • WM specified across K&M there is a shortage of interventional radiologists. It was ascertained DVH and MTW have 2 each with EKHUFT having 1. • WM added the OG service at DVH is functioning well. 		
6	Research	<p><u>Update provided by Justin Waters</u></p> <ul style="list-style-type: none"> • Research trials have largely been suspended due to Covid. • Some patients have remained on follow-up lists for trials they were already on prior to lockdown. • There are plans to reactivate trials and set them up within the next 2 months. • JW stated the research set-up at MTW is being utilized for some of the Covid-19 vaccine work. 		

<p>7</p>	<p>CNS Updates – All Trusts</p>	<p><u>DVH – update provided by Sarah Barney</u></p> <ul style="list-style-type: none"> • SB advised Victoria Donovan had left and has been replaced by a locum who will be picking up the backlog of patients. • They are working closely with the STT nurse, who has been in place for 6 months. She works 2 days a week with the Upper GI team and 2 days with the Lung team. However, there is currently no-one to cover her when she is on leave. • The STT nurse is having formal consultations with patients before any tests are done which has been invaluable and has identified additional comorbidities. • Oncology input has been very helpful. • Two weeks ago the Centre MDM identified 7 new OGD patients needing oncology input. • WM referred to there being some delayed patient presentations, including chemotherapy cases. • More patients are coming from QMH Sidcup to DVH when cancer is identified from general referrals. • 2ww referrals from Bexley are sent to oncology at QEH. <p><u>EKHUFT – update not provided</u></p> <ul style="list-style-type: none"> • There was no EKHUFT CNS representation at today’s meeting. Action: AW to email EKHUFT to request an update. <p><u>MFT – update provided by Sarah Seale</u></p> <ul style="list-style-type: none"> • SS specified 2 of their CNS’ have been on long-term sick and this has had an impact on workload, with SS advising she has been struggling for some time with this. • A new Band 6 is to join in December 2020. • They do not currently have STT nurses. Action: SGi to contact Ian Vousden to discuss this further. <p><u>MTW – update provided by Debbie Killick</u></p> <ul style="list-style-type: none"> • They are currently short-staffed. DK stated she was on sick leave between November 2019 and March 2020 and, upon returning, was then required to shield for a further 14 weeks. • DK specified she works 2 days a week at Maidstone Hospital and a further 2 days at home. • Post-Whipple’s CNS-led clinics take place on alternate weeks at the Trust. • Post-MDM clinics are also in place, with breaking bad news a part of this. 		<p>AW</p> <p>SGi</p>
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8	Primary Care & Commissioning	<p><u>Update provided by Rakesh Korja</u></p> <ul style="list-style-type: none"> • RK asked whether it would be possible for GPs to request a CT scan for patients they suspect may have cancer and have them seen in an acceptable amount of time. WM stated he would support this. Action: AW to take this forward by speaking to Ian Vousden. 		AW

<p>9</p>	<p>Cancer Alliance update</p>	<p><u>Update provided by Serena Gilbert</u></p> <ul style="list-style-type: none"> • SGi highlighted K&M's 62d performance for July 2020 was 89%, the highest percentage nationally. • SGi advised as an Alliance they have one of the lowest backlog figures nationally. • SGi specified the next endoscopy meeting is scheduled for Friday 25th September 2020, which WM hopes to join. He advised he had been unable to attend the last 2 meetings due to other commitments. • SGi shared one of the priorities for the Adopt and Adapt piece has been to identify endoscopy issues and take them forward. • SGi mentioned AA, who she introduced to the members as the Data Analyst for the Alliance, could provide performance data at future meetings. • WM specified DVH are doing 2 ERCP lists a week. • WM added they are down to 1 or 2 Consultant Radiologists at DVH. • WM stated patients with jaundice are getting a CT quickly, although there have been some delays with this due to Covid. • SGi stated intervals between endoscopy procedures requires an executive-level decision. 		
<p>10</p>	<p>AOB</p>	<p><u>Succession Planning</u></p> <ul style="list-style-type: none"> • WM confirmed he will step down as the Upper GI Lead for DVH in 2 weeks and will then deputise until June 2021. • As stated previously, WM will also step down as TSSG Lead in 6 months and will therefore not lead the March 2021 meeting. He hopes to retire from full-time work in November 2021 or 6 months later depending on the impact of Covid, and will then subsequently work part-time. <p><u>Expression of Interest for new TSSG Chair</u></p> <ul style="list-style-type: none"> • AW advised an EOI for the TSSG Chair position will be sent out following the meeting. • JW stated in terms of chemotherapy practice, they have been less affected by Covid than other Trusts throughout the UK. He added they were required to rapidly move over to virtual consultations following lockdown. • JW shared they have 1 consultant post vacant. He added they have appointed an oncologist but she is not in place just yet. 	<p>''</p>	