

**Upper GI/HPB Tumour Site Specific Group meeting**  
**Wednesday 6<sup>th</sup> May 2026**  
**Lecture Theatre (Education Centre) – William Harvey Hospital**  
**09:00-11:30**

**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
Tracey Spencer-Brown	<b>TSB</b>	Head of Nursing for Oncology & Cancer Performance	MTW
Nicola de Lobel	<b>NdL</b>	Lead for Cancer Performance and Personalised Care	MTW
Rahel Malmoud	<b>RM</b>	Consultant Gastroenterologist	MTW
Vivienne Eze	<b>VE</b>	Consultant Radiologist	MTW
Sam Enefer	<b>SE</b>	Consultant Clinical Oncologist	MTW
Marie Payne	<b>MP</b>	Macmillan Lead Cancer Nurse	DGT
Chloe Sweetman	<b>CS</b>	Macmillan UGI/HPB CNS	DGT
Sarah Simpson-Brown	<b>SSB</b>	Macmillan UGI/HPB CNS	DGT
Geoff Dickson	<b>GD</b>	Senior Oncology Dietitian	DGT
Theresa Woods	<b>TW</b>	Upper GI CNS	EKHUFT
Diane Muldrew	<b>DM</b>	Upper GI CNS	EKHUFT
Jade Pilcher	<b>JP</b>	Programme Manager for Bowel Cancer Screening	EKHUFT
Emma Lloyd	<b>EL</b>	HPB CNS	EKHUFT
Mohd Wani	<b>MW</b>	Consultant Gastroenterologist	EKHUFT
Kopinath Kathirvetpillai	<b>KK</b>	Consultant Radiologist	EKHUFT
Mark Kelly	<b>MK</b>	Consultant Upper Gastrointestinal and General Surgeon	GSTT
Jonathan Bryant	<b>JBr</b>	Primary Care Cancer Clinical Lead	KMCA
Jo Bailey	<b>JBa</b>	Early Diagnosis Programme Manager	KMCA
Jo Jackson	<b>JJ</b>	Early Diagnosis Project Manager	KMCA
Serena Gilbert	<b>SG</b>	Cancer Performance Manager	KMCA
Karen Glass	<b>KG</b>	Business Support Manager/PA	KMCA/KMCC
Colin Chamberlain (Notes)	<b>CC</b>	Administration & Support Officer	KMCC
Samantha Williams	<b>SW</b>	Administration & Support Officer	KMCC
Mihaela Zdrinca	<b>MZ</b>	Upper GI STT CNS	MFT



	<p><b>Upper GI pathway update</b></p>	<ul style="list-style-type: none"> <li>Adrian Barnardo was unable to attend today's meeting so an update will be provided at the next meeting.</li> </ul> <p><b><u>Upper GI pathway update</u></b></p> <ul style="list-style-type: none"> <li>A draft Upper GI pathway has been created and is aligned with the FDS piece. It does, however, require further development.</li> </ul>	
<p><b>3</b></p>	<p><b>Dashboard</b></p>	<p><b><u>Kent &amp; Medway performance</u></b></p> <ul style="list-style-type: none"> <li>FDS - 70.8%. KMCA are now bottom nationally for this metric.</li> <li>FDS by Trust - DGT: 63.9% / MFT: 85.0% / EKHUFT: 59.8% / MTW: 79.2%.</li> <li>62d - 82.7%. KMCA are in a strong position for this metric currently.</li> <li>62d by Trust - DGT: 84.1% / MFT: 78.3% / EKHUFT: 72.8% / MTW: 94.2%.</li> </ul> <p><b><u>Key issues</u></b></p> <ul style="list-style-type: none"> <li>Diagnostic delays remain significant.</li> <li>Pathology turnaround times continue to affect performance.</li> <li>HPB EUS turnaround times remain prolonged at EKHUFT.</li> </ul>	
<p><b>4</b></p>	<p><b>EUS update</b></p>	<p><b><u>Update provided by Jeff Lordan</u></b></p> <p><b><u>Service setup</u></b></p> <ul style="list-style-type: none"> <li>The service was set up at both Maidstone Hospital and Tunbridge Wells Hospital.</li> <li>Equipment includes two EUS platforms and four linear EUS scopes.</li> <li>The workforce comprises of an EUS-trained surgeon, two gastroenterologists and specialist endoscopy nurses.</li> </ul> <p><b><u>Current capacity</u></b></p> <ul style="list-style-type: none"> <li>Three half-day lists per week.</li> <li>Four to five procedures per list.</li> <li>Approximately 12 cases per week.</li> <li>Integration with ERCP lists for stone disease.</li> </ul>	

<p><b><u>Patient pathway</u></b></p> <ul style="list-style-type: none"> <li>• An MDT discussion takes place at the MTW Upper GI/HPB MDT on Wednesday.</li> <li>• Patients are seen at the cancer clinic and have a pre-op assessment on Thursday.</li> <li>• MDT ratification takes place on Monday AM at King’s College Hospital.</li> <li>• The EUS is performed on Monday PM.</li> </ul> <p><b><u>External referrals</u></b></p> <ul style="list-style-type: none"> <li>• The one-stop pathway comprises of assessment, bloods and MRSA screening on Monday morning and the same-day EUS ± biopsy takes place on Monday afternoon.</li> <li>• MTW are accepting patients across both Kent and Sussex.</li> </ul> <p><b><u>Activity and performance (October 2023 – April 2026)</u></b></p> <ul style="list-style-type: none"> <li>• 607 EUS procedures have been performed to date.</li> <li>• There has been a rapid growth in activity over time.</li> </ul> <p><b><u>Diagnostic performance</u></b></p> <ul style="list-style-type: none"> <li>• FNA/FNB has been performed in 62.2% of cases.</li> <li>• The diagnostic yield equates to 95%.</li> <li>• The JAG benchmark is 85%, the target being 90%.</li> </ul> <p><b><u>Safety</u></b></p> <ul style="list-style-type: none"> <li>• The complication rate is 0.35%.</li> <li>• There were two cases of mild pancreatitis and the patients were managed conservatively.</li> <li>• No incidents have been reported since October 2025.</li> </ul> <p><b><u>Case mix</u></b></p> <ul style="list-style-type: none"> <li>• There is wide diagnostic range including:             <ul style="list-style-type: none"> <li>- Pancreatic adenocarcinoma.</li> <li>- IPMN, P-NET, metastatic disease (HCC, SCC, melanoma, RCC).</li> <li>- Benign cysts, pancreatitis.</li> <li>- Lymphoma, GIST.</li> </ul> </li> </ul>
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		<ul style="list-style-type: none"> <li>- Rare findings (e.g. silicone lymphadenopathy).</li> </ul> <p><b><u>Multidisciplinary team</u></b></p> <ul style="list-style-type: none"> <li>• The team comprises of the endoscopy nursing team, the pre-assessment team, histopathology and biochemistry, interventional radiology and strong MDT collaboration (including King’s College Hospital NHS Foundation Trust).</li> </ul> <p><b><u>Developments</u></b></p> <ul style="list-style-type: none"> <li>• Capacity has increased and patient feedback has been highly positive.</li> <li>• Most patients prefer attending Tunbridge Wells Hospital rather than travelling to London.</li> <li>• A business case is being prepared for Hot AXIOS, pending licensing approval.</li> <li>• The expansion of a complex stone service (EUS + ERCP) is being investigated.</li> <li>• Strategic goals include:             <ul style="list-style-type: none"> <li>- Increasing regional collaboration across Kent.</li> <li>- Developing the CNS role and working towards potentially having the capacity to see 200–250 patients per Trust per year and a total of 800–1000 patients annually.</li> </ul> </li> </ul> <p><b><u>Key takeaways</u></b></p> <ul style="list-style-type: none"> <li>• The service is safe, high-quality and rapidly expanding.</li> <li>• There is strong diagnostic performance and a low complication rate.</li> <li>• The new equipment is based at Tunbridge Wells Hospital following condemnation of previous linear scopes.</li> <li>• A total of 425 EUS procedures were undertaken in the last year.</li> <li>• Weekly MDT discussions take place every Wednesday with a target turnaround time of five days.</li> </ul> <p><b><u>Operational challenges</u></b></p> <ul style="list-style-type: none"> <li>• Initial issues occurred with biochemistry processing, resulting in some samples being discarded and procedures needing to be repeated.</li> <li>• Recruitment restrictions and staffing freezes continue to affect service development.</li> </ul>	
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5	King's update - Pancreatic cyst pathway	<ul style="list-style-type: none"> <li>• Mohamed Elmasry and Suresh Menon were unable to attend today's meeting so an update will be provided at the next meeting.</li> </ul> <p><b><u>Pancreatic Cyst Pathway</u></b></p> <ul style="list-style-type: none"> <li>• A draft pancreatic cyst pathway has been developed. <b>Action: JL to seek clarification from King's College Hospital colleagues regarding the pathway's cut-off age.</b></li> <li>• Concerns were raised in relation to a lack of King's College Hospital representation at EKHUFT MDT meetings. <b>Action: JL to discuss MDT representation issues with Parthi Srinivasan.</b></li> </ul>	JL JL
6	GSTT update	<p><b><u>Update provided by Mark Kelly</u></b></p> <p><b><u>Summary</u></b></p> <ul style="list-style-type: none"> <li>• MK provided the group with a summary of current surgical performance outcomes and key quality indicators.</li> <li>• The primary surgical outcome metric was reported at 96.6%, with the secondary performance indicator reported at 84.2%. The data was presented as part of ongoing surgical performance monitoring and service evaluation processes.</li> </ul> <p><b><u>Discussion</u></b></p> <ul style="list-style-type: none"> <li>• Members discussed:             <ul style="list-style-type: none"> <li>- Interpretation of current surgical outcome measures.</li> <li>- Benchmarking of outcomes against expected standards.</li> <li>- The importance of continued audit and quality assurance processes.</li> <li>- Opportunities for ongoing monitoring and improvement of surgical services.</li> <li>- Challenges relating to achievement of the 62d cancer pathway targets, particularly due to oncology and chemotherapy capacity pressures.</li> <li>- The proportion of patients presenting as emergency cancer diagnoses, currently estimated at approximately 20%.</li> <li>- The continued high proportion of stage 4 disease presentations.</li> </ul> </li> </ul>	

- Factors contributing to improved outcomes, including enhanced patient selection, increased use of minimally invasive surgical techniques and expansion of robotic surgery utilising 3D technology.
- Long-term survival following surgery, reported at approximately 35–40%.

**Conclusions**

- The group noted that the presented outcomes demonstrated strong overall surgical performance.
- Members acknowledged the importance of regular outcomes reporting in supporting clinical governance, service evaluation and continuous quality improvement.

**Moving forward**

- There will be continued:
  - Routine collection and review of surgical outcomes data.
  - Regular reporting to governance and audit meetings.
  - Review of areas contributing to variation in performance indicators where appropriate.

**Joint South East London/Kent and Medway Cancer Alliance Oesophago-gastric (OG) Cancer Referrers Day**

- MK informed the group that there will be a Joint South East London/Kent and Medway Cancer Alliance Oesophago-gastric (OG) Cancer Referrers Day taking place on 28.09.2026 (09:00–17:00).
- The event will be hosted in the Robens Suite, Guy’s Hospital, London Bridge.
- The intention is to review and discuss diagnostic pathways, cancer performance, and opportunities to make pathway efficiencies.
- The focus will be on working together to improve patient experience and outcomes.
- There will also be clinical updates on developments in systematic therapies, and discussion on shared care agreements for follow-up and surveillance patients.
- A formal agenda will be circulated closer to the time, with confirmed start and finish times.

<p>7</p>	<p><b>Radiology update</b></p>	<p><b><u>Update provided by Vivienne Eze</u></b></p> <p><b><u>Radiology MDM workload</u></b></p> <ul style="list-style-type: none"> <li>• The meeting noted the increasing demands placed on the MDM service.</li> <li>• This has been partially addressed through job planning arrangements, including allocation of additional preparation and meeting time.</li> <li>• Despite the measures, workload pressures remain ongoing and further work is required to establish a sustainable solution.</li> </ul> <p><b><u>Ongoing work</u></b></p> <ul style="list-style-type: none"> <li>• Review of MDM workload and capacity requirements will continue and the effectiveness of current job planning adjustments will be monitored.</li> </ul> <p><b><u>KCH Liver Cancer Network Day</u></b></p> <ul style="list-style-type: none"> <li>• The group noted the successful delivery of the Kings College Hospital Liver Cancer Network Day on 30.01.2026.</li> <li>• The event focused on collaborative cancer management across South-East London and Kent.</li> <li>• Positive feedback was received regarding the implementation and utility of the shared PACS imaging system, which has supported improved cross-site collaboration and image access.</li> <li>• Key discussion topics included optimising pathways for focal liver lesions and exploring opportunities to improve pathway efficiency across the network.</li> </ul> <p><b><u>Dedicated HPB Radiology Support Group</u></b></p> <ul style="list-style-type: none"> <li>• A proposal was made to establish a small dedicated group of HPB radiologists to assist with difficult clinical queries and challenging cases outside the formal MDM process.</li> </ul> <p><b><u>Follow-up and surveillance planning</u></b></p> <ul style="list-style-type: none"> <li>• The importance of clearly defined follow-up and surveillance arrangements was highlighted, particularly for patients repatriated to local hospitals following tertiary intervention.</li> </ul>	
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		<ul style="list-style-type: none"> <li>The group agreed that improved clarity and communication of these plans would support continuity of care across the network.</li> </ul> <p><b><u>Key challenges</u></b></p> <ul style="list-style-type: none"> <li>Pre-MDM allocation is for 30 patients, although actual workloads are approximately 40 patients.</li> <li>Referral processes require improvement.</li> <li>IT system incompatibility between EPIC and non-EPIC sites is causing difficulties.</li> <li>Feedback loops remain poor.</li> <li>Concerns were raised regarding imaging requests and communication pathways between sites.</li> <li>Recruitment of radiologists continues to be challenging.</li> </ul> <p><b><u>Planned developments</u></b></p> <ul style="list-style-type: none"> <li>MDT streamlining sessions are planned.</li> <li>Exploration of a Kent-wide EUROPAC pathway for Upper GI is being investigated.</li> </ul>	
8	Pathology update	<p><b><u>Update provided by Kiponath Kathirvetpillai</u></b></p> <ul style="list-style-type: none"> <li>Pathology services remain under significant workforce pressure.</li> <li>Delays persist in transporting samples from MTW to London.</li> <li>EKHUFT reported liver biopsy waits exceeding four weeks.</li> <li><b><u>Action:</u> An audit into pathway delays has been proposed. All members to review pathway issues and propose audit work for further discussion at the next meeting.</b></li> </ul>	JL
9	MDM streamlining update	<p><b><u>MTW – update provided by Tracey Spencer-Brown</u></b></p> <ul style="list-style-type: none"> <li>A cluster of incidents prompted formation of an Upper GI working group at MTW.</li> <li>Mapping work was undertaken to streamline MDT processes and align with Standards of Care.</li> <li>Challenges include:             <ul style="list-style-type: none"> <li>Limited workforce.</li> <li>A lack of gastro engagement.</li> </ul> </li> <li>Major concerns include:</li> </ul>	

		<ul style="list-style-type: none"> <li>- Clinic capacity being overwhelmed.</li> <li>- 18-month waits for some patients.</li> <li>- CNS time being diverted to administrative duties (a total loss of ~1.5 days per week).</li> <li>• <b>Action: SG to circulate the West Midlands MDT template to all TSSG members for feedback.</b></li> </ul>	<p>SG</p>
<p>10</p>	<p><b>CNS Updates</b></p>	<p><b><u>DGT</u></b></p> <ul style="list-style-type: none"> <li>• The STT nurse is due to return from maternity leave in five weeks.</li> <li>• Uncovered part-time hours have negatively affected the service.</li> <li>• Recruitment freezes are impacting CNS staffing and patient safety.</li> </ul> <p><b><u>EKHUFT</u></b></p> <ul style="list-style-type: none"> <li>• EKHUFT currently have 2.8 WTE Band 7 CNSs. However, additional CNS capacity is required.</li> <li>• Loss of clinic room space has negatively impacted face-to-face patient reviews. In view of this, significant activity is now being conducted remotely.</li> <li>• The CNS team believe a Development Nurse role is required to support the service.</li> <li>• <b>Action: EKHUFT Upper GI CNSs (with support from JL) to meet with Carolyn Maynard to discuss workforce concerns.</b></li> </ul> <p><b><u>MFT</u></b></p> <ul style="list-style-type: none"> <li>• Banding constraints have arisen with a re-banding of a Band 6 to Band 7 not approved.</li> </ul> <p><b><u>MTW</u></b></p> <ul style="list-style-type: none"> <li>• MTW currently have four full-time Band 7 CNSs.</li> <li>• There is a plan to expand the service in due course, including introducing a Band 8a role.</li> <li>• Positive patient feedback has been received.</li> <li>• Two STT nurses support the Upper GI pathway.</li> <li>• Additional work is ongoing regarding HNAs and governance.</li> </ul>	<p>EKHUFT Upper GI CNSs</p>

		<ul style="list-style-type: none"> <li>Concerns were raised regarding workload pressures and increasing administrative demands.</li> </ul> <p><b><u>Common themes</u></b></p> <ul style="list-style-type: none"> <li>The following themes were consistently identified throughout discussions:             <ul style="list-style-type: none"> <li>Workforce shortages across CNS, radiology and pathology services.</li> <li>Diagnostic delays, particularly relating to CT imaging, histology and biopsy pathways.</li> <li>Capacity pressures affecting clinics and MDTs.</li> <li>The need for improved benign pathways.</li> <li>A requirement for better IT integration.</li> <li>The need for stronger MDT coordination and improved collaboration between Trusts.</li> </ul> </li> <li><b><u>Action:</u> CNS clinical capacity to be added to the next Upper GI TSSG meeting agenda.</b></li> </ul>	JL/CC/JJ
11	AOB	<ul style="list-style-type: none"> <li>The meeting highlighted that Upper GI cancer services continue to deliver strong treatment outcomes, particularly regarding 62d performance and surgical results. However, significant operational pressures remain across diagnostics, pathology, radiology and workforce capacity.</li> <li>There is a clear strategic focus on standardising pathways and SOPs, streamlining MDT processes, expanding workforce capacity and CNS roles, improving IT integration and strengthening collaboration across Trusts.</li> <li>Despite the ongoing pressures, there was recognition of strong multidisciplinary engagement and continued commitment to service improvement across Kent &amp; Medway.</li> </ul>	
	<b>Next Meeting</b>	<ul style="list-style-type: none"> <li>Thursday 15<sup>th</sup> October 2026 (09:00-12:30) – Microsoft Teams</li> </ul>	