National Hepatopancreatobiliary Managed Clinical Network
National Services Division Annual Report 2007

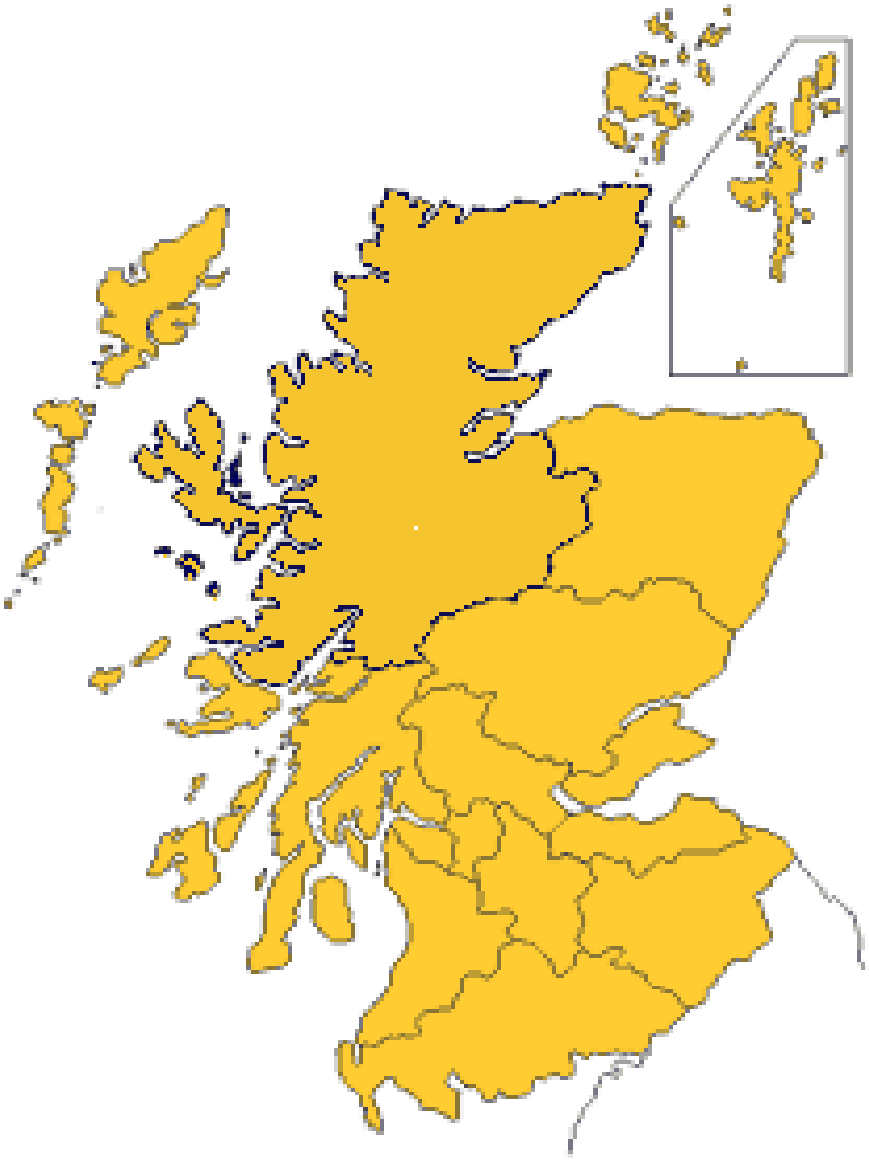


Table of Contents

Lead Clinicians Report: Mr Rowan Parks

I am delighted to be able to contribute to the Second Annual Report of the National Hepato-pancreatic Biliary (HPB) Managed Clinical Network.

2007 was a busy year for the network and we have been able to progress a significant number of key projects which are discussed in further detail within this report. We have continued to liaise closely with the three regional upper GI cancer groups and have identified individuals to take the geographical lead to improve communication.

A low case ascertainment for waiting time returns has been apparent to the National MCN since the outset. However we have been able to analyse this in greater detail and have noted significant geographical variations with case ascertainment rates ranging from 0-100% in different Health Boards. Further details of this are included later in the report. A major piece of work was therefore commissioned to explore potential reasons for this and identify potential ways to improve case ascertainment. I am extremely grateful to Lucie Giles for the very helpful piece of work that she undertook on a Scotland wide basis. At presently there is clearly variation in audit resource between Health Boards and particularly to the support of HPB Cancer Audit. Working practices of existing audit staff also varies and how patients are identified significantly varies between boards. Due to the low rate of histological diagnosis in patients with HPB malignancy, pathology reports cannot be relied on to identify all HPB cancer patients and therefore improved methodology using radiology and endoscopy records will need to be further developed.

I am extremely pleased that we have been able to agree a national dataset for audit collection and this was finalised in April 2007. Data collection commenced in July 2007 and we are currently analysing audit data collected for the first six month period. It is hoped to report the findings of this later in 2008 at our next annual education event.

The protocol development has continued and I am extremely grateful to the work of Professor John Iredale and others who have contributed to the development of an agreed Scottish protocol for the management of patients with hepatocellular carcinoma. This was finalised after wide consultation and focuses not only on management options for HCC but

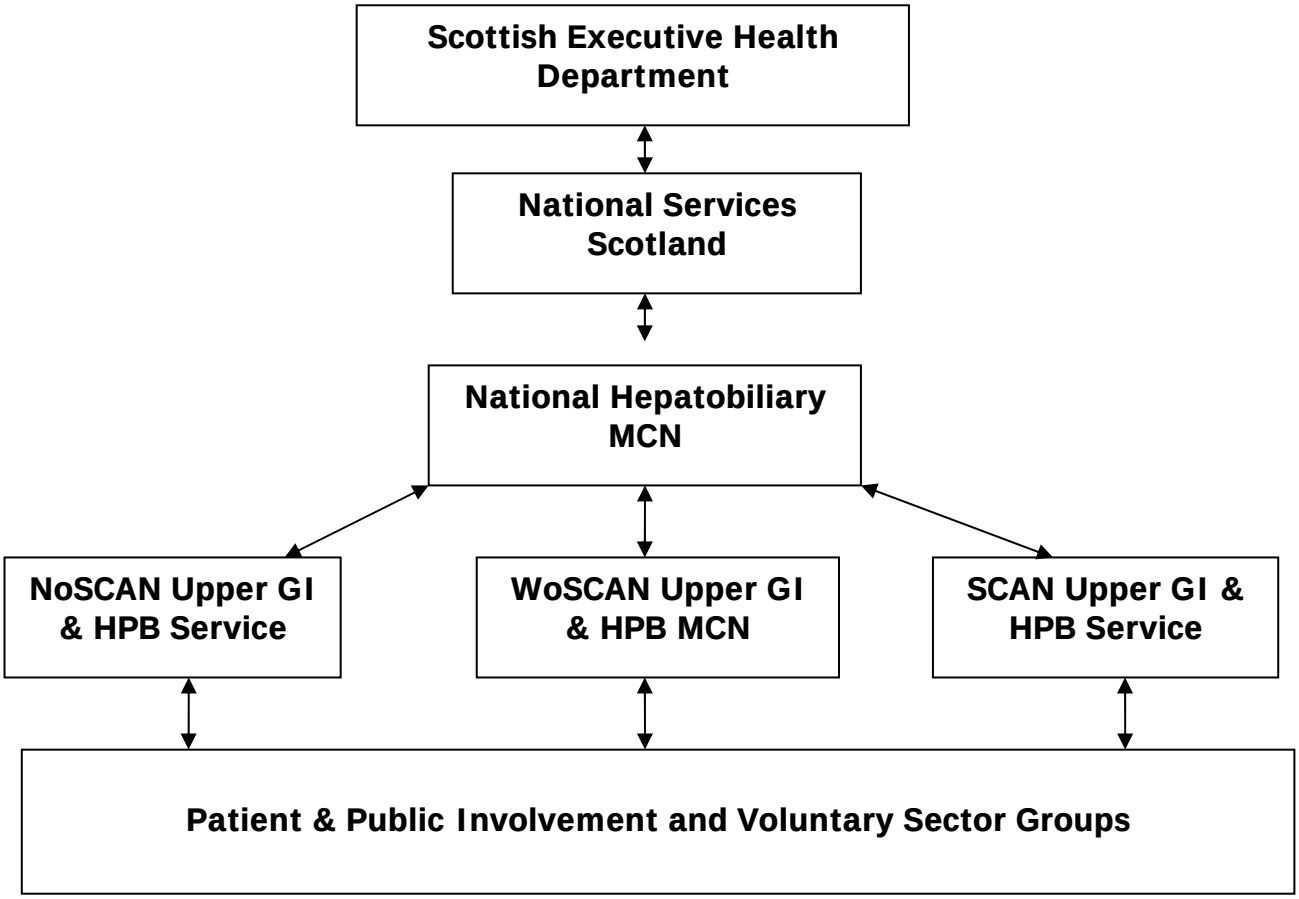
also emphasises the importance of screening of high risk patient groups to enable early diagnosis and the institution of appropriate management strategies. Mr Iain Tait has taken the lead on developing a protocol for the management of cholangio-carcinoma and this is now at a second draft stage, again with significant input from a multi-disciplinary group of interested parties. It is hoped that this protocol can be finalised in the coming months and launched later in the year. Previously a pancreatic protocol had been agreed and our next task will be to update this, as aspects such as oncology options for patients with pancreatic cancer has evolved over the last few years.

I am delighted to be able to report that we had an excellent second annual educational event in September 2007. The programme was highly stimulating and was particularly well attended from a wide range of clinicians and other healthcare professionals. Plans are well underway for the Third Annual Educational Meeting in late 2008, which will focus on hepatocellular carcinoma.

As Lead Clinician I have been grateful for the significant support of the executive Advisory Group, and particularly to Christine Morran as Network Manager without whose help much of what is contained in this annual report would not have been possible.

Rowan Parks

Introduction



The National Hepatopancreatobiliary Managed Clinical Network is dedicated to delivering service excellence to the Scottish population.

Over 1000 cases of hepatopancreatobiliary cancers are diagnosed each year with only 2-3% long term survivors.

The principle aim of the network is to ensure equity of care for all those patients throughout Scotland with primary cancers of the liver, gallbladder and pancreas. The remit of the network is to prospectively audit performance in order to improve clinical outcomes and the quality of life for those diagnosed with hepatopancreatobiliary cancers.

Cancer Centres (Major Surgery & Oncology)

The five cancer centres offer open access referral to weekly Multidisciplinary Team Meetings (MDT) from local centres offering fast track investigation, diagnosis and treatment appropriate to individual need.

Inverness :	Fort William : Caithness: Western Isles
Aberdeen :	Elgin: Shetland : Orkney
Dundee :	Strathcathro : Forfar :Montrose: Arbroath
Edinburgh:	Fife : Borders: Dumfries
Glasgow :	Glasgow Trusts : Lanarkshire: Ayr: Inverclyde: Falkirk: Stirling

Purpose of the Network

The purpose of the network is to deliver the highest standard of care appropriate to individual patient need in order to maximise quality of life.
A core steering group with geographical representation was established at the outset with individuals taking geographical lead and responsibilities.
Geographical leads.

NoSCAN Mr Ian Tait, Ninewells Hospital, Dundee
WoSCAN Mr Barry Williamson, Royal Alexandria Hospital, Paisley
SCAN Mr Rowan Parks, Network MCN Lead Clinician, Edinburgh Royal Infirmary

The main areas which will direct the workings of the network in order to improve the outcome and quality of life for this client group are:-

(a) Nationally agreed programme of Clinical Audit, Data Analysis and annual reporting

(b) Guideline and Protocol Development addressing key areas: Referral, Investigations and Treatment

(c) Access to Rapid Diagnosis and Management Appropriate to Individual Need via Specialist Multidisciplinary Teams

(d) Entry into Clinical Trials

(e) Access to Resourced Major Regional Centres

(f) Education and Research

Clinical Indicators

1. All patients to be treated within 62 days of referral

2. A full minimum dataset should be available and all patients with HPB cancer should be registered.

3. All patients should be discussed at a regional or multi-regional MDT meeting.

4. All patients should have access to a nurse specialist with an interest in HPB cancer.

5. All patients should have access to other disciplines, as required (e.g. dietetics, palliative care).

6. All patients should have access to approved clinical trials

The Network Core Group and Network Activity 2007/08

All health care professionals. allied health professionals, clinical audit staff and patient representatives delivering the service form the network.

A small network core executive group was established with agreed geographical clinical representation, nurse, regional cancer managerial and patient representation.

In 2007 Dr Marianne Nicolson Consultant Oncologist was welcomed onto the group.

Core Group Membership.

Mr R W Parks	Lead Cinician, Consultant HPB Edinburgh (SCAN)
Mr C J McKay	Consultant HPB Glasgow (WoSCAN)
Prof O J Garden	Regius Professor of Clinical Surgery (SCAN)
Mr B Williamson	Consultant Upper G.I. and HPB (WoSCAN)
Mr M Koruth	Consultant Upper G.I and HPB (NoSCAN)
Mr I Z Tait	Consultant HPB (NoSCAN)
Dr A Fraser	Consultant Gastroenterologist(NoSCAN)
Dr M Nicolson	Consultant Oncologist (NoSCAN)
Elspeth Cowan	Clinical Nurse Specialist(WoSCAN)
Sandra Thornton	Patient Representative
Evelyn Thomson	Regional Cancer Co-ordinator (WoSCAN)
Christine Morran	Network Managerial Support

The network core group met quarterly in April, June, September and December of 2007 and March 2008.In order to achieve maximum attendance and geographical input the meetings moved to videoconferencing.

Key areas of work progressed in 2007/08

1. The major priority for the network was to explore the issue of poor case ascertainment which currently sits at 40% nationally

2, Hepatocellular Cancer Protocol Sub-group continued to progress the final document which will go out nationally.

   Lead : Professor J Iredale. Edinburgh Royal Infirmary
   Completion date and launch - July 2007

3. A national education meeting was held on 12 September 2007

   Venue:Ninewells Hospital. Dundee.

4. A new protocol sub-group agreed for 2007/08 for Cholangiocarcinoma

   Lead *:* Mr I Tait, Ninewells Hospital, Dundee

5. Meetings held quarterly with clinical audit staff from the three regions

6. Prospective national data collection commenced July 2007.

7. Nurse –Led work on disease specific patient information progressed and currently with printers

8. Representation of oncology on core steering group

Prospective Audit and Case Ascertainment

A priority for the national network was to agree the national dataset.Meetings with Lead clinician, clinical audit staff and ISD resulted in the finalised dataset in April 07 and data collection commenced in July 07. The dataset captures the patient pathway from referral, investigation and treatment

The first six months data will be analysed and reported at the annual education event in November 2008.

The first analysis plans to report on the following:

- Referral to first treatment
- First Mode of treatment (Surgery/Stent/Chemo-Ablation etc)
- Treatment plan curative/palliative
- Tumour Type numbers
- Pathology as on form
- 30 day morbidity and mortality
- Numbers that complete chemo/chemo cant tolerate / stopped
- Entered into a clinical trial

HPB cancer dataset Appendix 1

Case Ascertainment

In the 2006 annual report we highlighted the poor case ascertainment for HPB cancers which was approx 40% nationally.

This was identified as highest priority for the network to address in order to ensure access to the appropriate multidisciplinary team meetings and treatment appropriate to individual patient need.

Case ascertainment is reported quarterly on a regional basis based on 2004 cancer registration figures.

Cancer registration staff were asked to provided a breakdown by health board area within each region and individual units providing the service nationally.

Highlighted in the tables below is the regional and health board area variation on case ascertainment achievement

Regional breakdown of case ascertainment by health board area nationally based on information provided by cancer registration

WOSCAN						
	Argyll & Clyde (GG)	**Ayrshire & Arran**	**Forth Valley**	**Lanarkshire**	**Greater Glasgow**	**TOTAL**
Q4	2	3	3	1	31	40
Q1	8	8	8	8	25	57
Q2	5	10	2	7	29	53
Q3	6	10	3	8	25	52
06/07	**21**	**31**	**16**	**24**	**110**	**202**
2004	**72**	**78**	**47**	**80**	**212**	**489**
%	**29%**	**40%**	**34%**	**30%**	**52%**	**41%**

SCAN					
	Borders	**Dumfries & Galloway**	**Fife**	**Lothian**	**TOTAL**
Q4	0	0	16	10	26
Q1	0	5	13	23	41
Q2	3	8	11	10	32
Q3	0	2	16	6	24
06/07	**3**	**15**	**56**	**49**	**123**
2004	**16**	**35**	**61**	**188**	**300**
%	**19%**	**43%**	**92%**	**26%**	**41%**

NOSCAN								
	Argyll & Clyde (Highland)	**Grampian**	**Highland**	**Orkney**	**Shetland**	**Tayside**	**Western Isles**	**TOTAL**
Q4	0	19	10	0	0	11	0	40
Q1	0	15	7	0	0	33	1	56
Q2	0	21	5	0	0	12	0	38
Q3	0	14	7	0	0	19	0	40
06/07	**0**	**69**	**29**	**0**	**0**	**75**	**1**	**174**
2004	**6**	**104**	**41**	**2**	**2**	**86**	**1**	**242**
%	**0%**	**66%**	**71%**	**0%**	**0%**	**87%**	**100%**	**72%**

To explore reasons for the considerable variation ranging from 0% to 100% a survey was undertaken on methodologies used by audit staff nationally to identify HPB cancer patients within individual units.

Appendix 2

- Most common sources utilised were pathology and MDT meetings.

As approximately 50% of HPB cancer patients will not have a pathological diagnosis, this may be a significant reason for not accessing multidisciplinary team discussion where the audit staff record this information .

- Radiology was not commonly sourced

Accesss to radiology systems within units on behalf of the audit staff is therefore a priority for the network in order to improve case ascertainment

Case note review of missed cases.

Missed cases were new primary cancers which were not included in quarterly waiting time submission to cancer registration. Thirtyfour casenotes were reviewed .

- 12 Casenotes Pathology diagnosis only
- 11 Casenotes Radiology diagnosis only
- 11 Casenotes Clinical diagnosis only

Findings of the review for the network to take forward

- Priority for the network is the dissemination of HPB cancer protocols

- Access to Radiology systems in order to improve case ascertainment

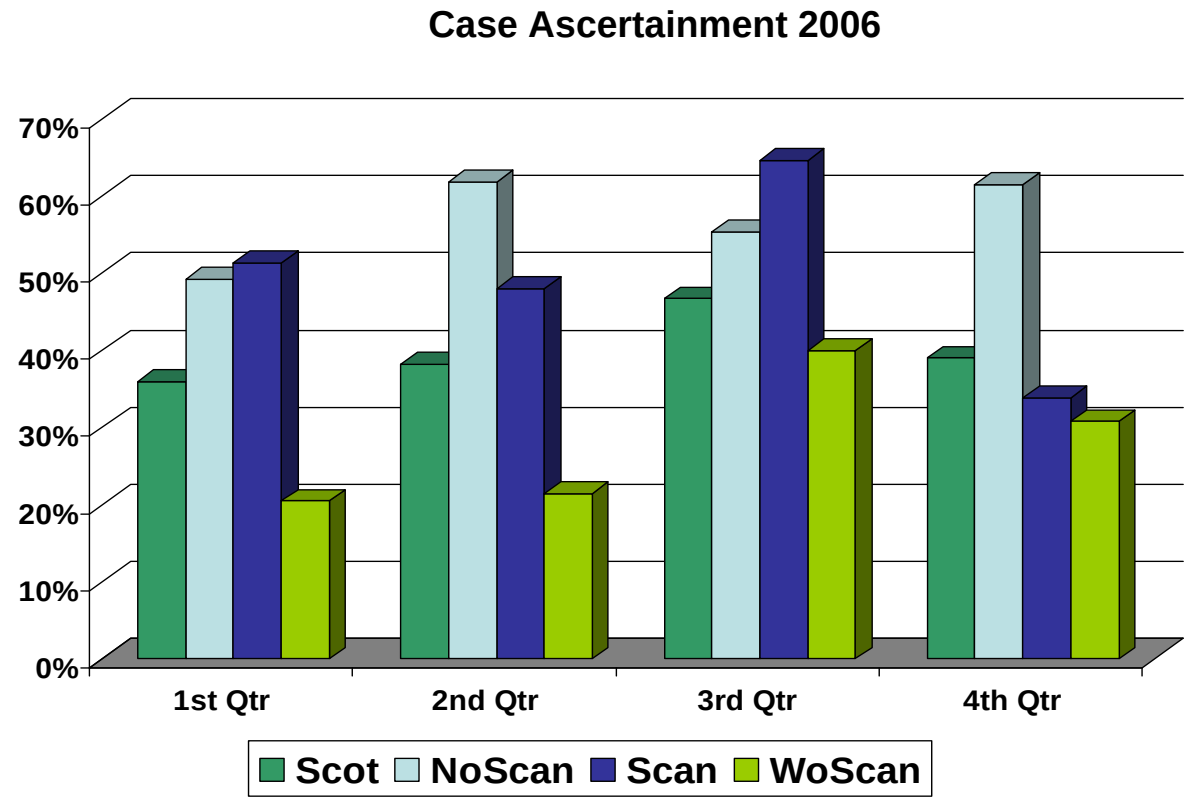
- Patients with a clinical diagnosis only recorded often had an endoscopy and therefore recommend audit staff to access this system

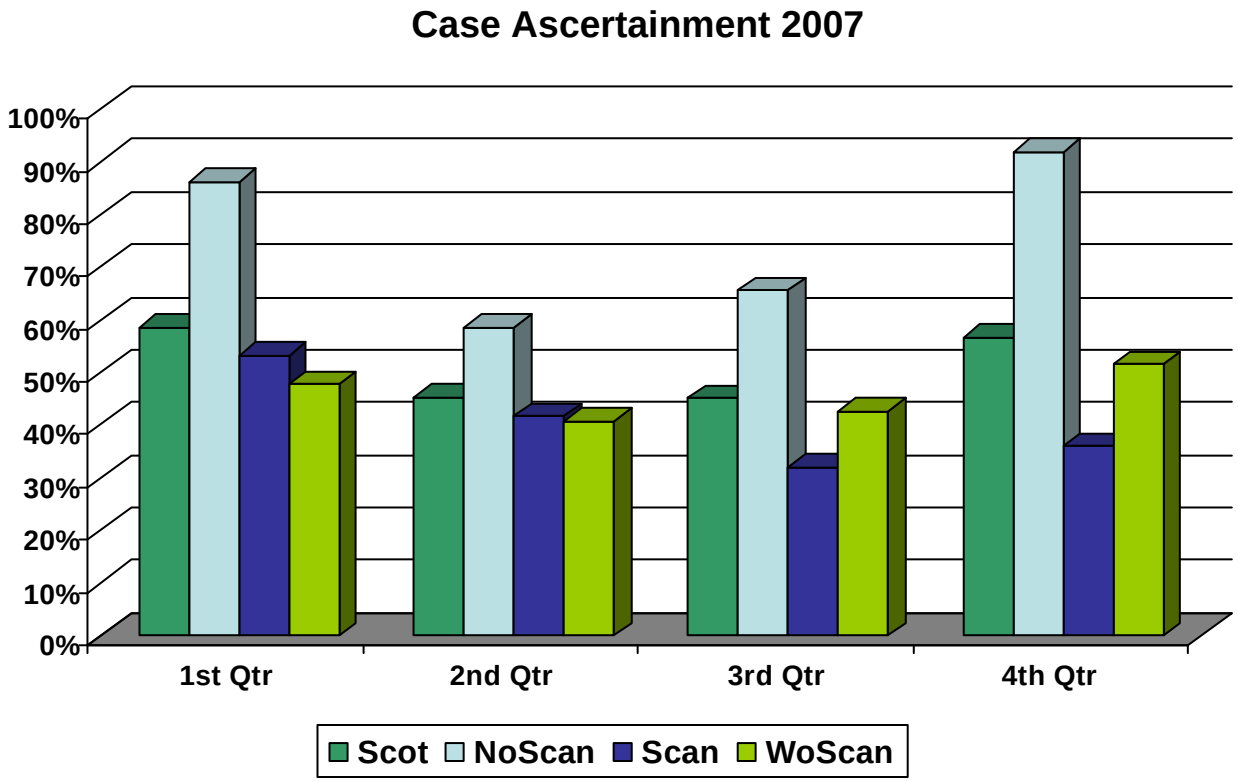
- Sharing of good practice identified from the data source survey

- Improved communication from MDT meetings and clinical audit staff

- Support for data capture

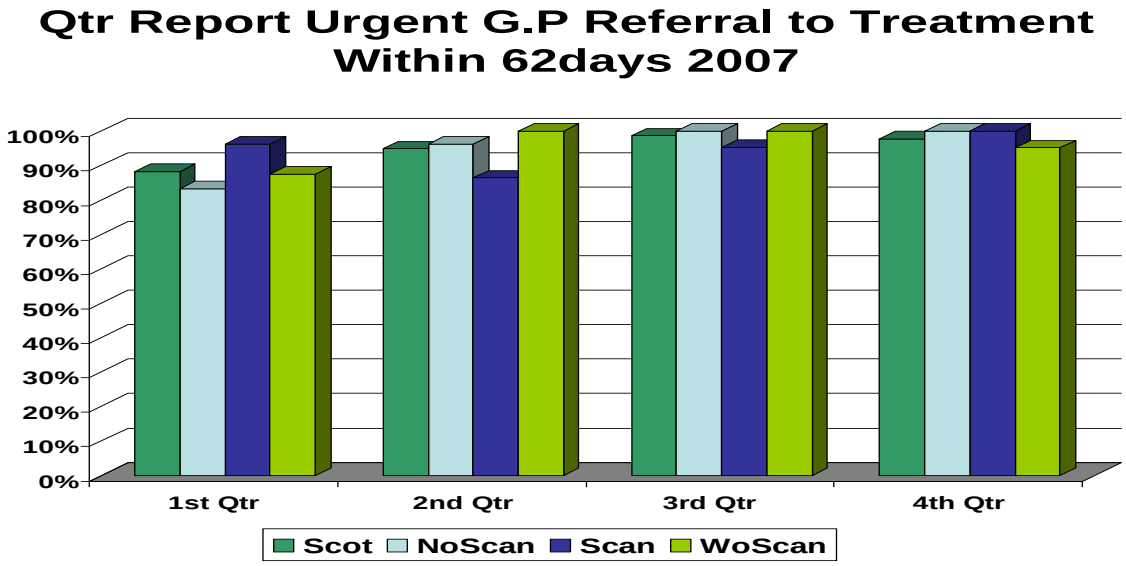
Having previously reported a 40% case ascertainment 2007 saw a slight improvement to 51% nationally. This was mostly due to improvement in NoScan and WoScan.



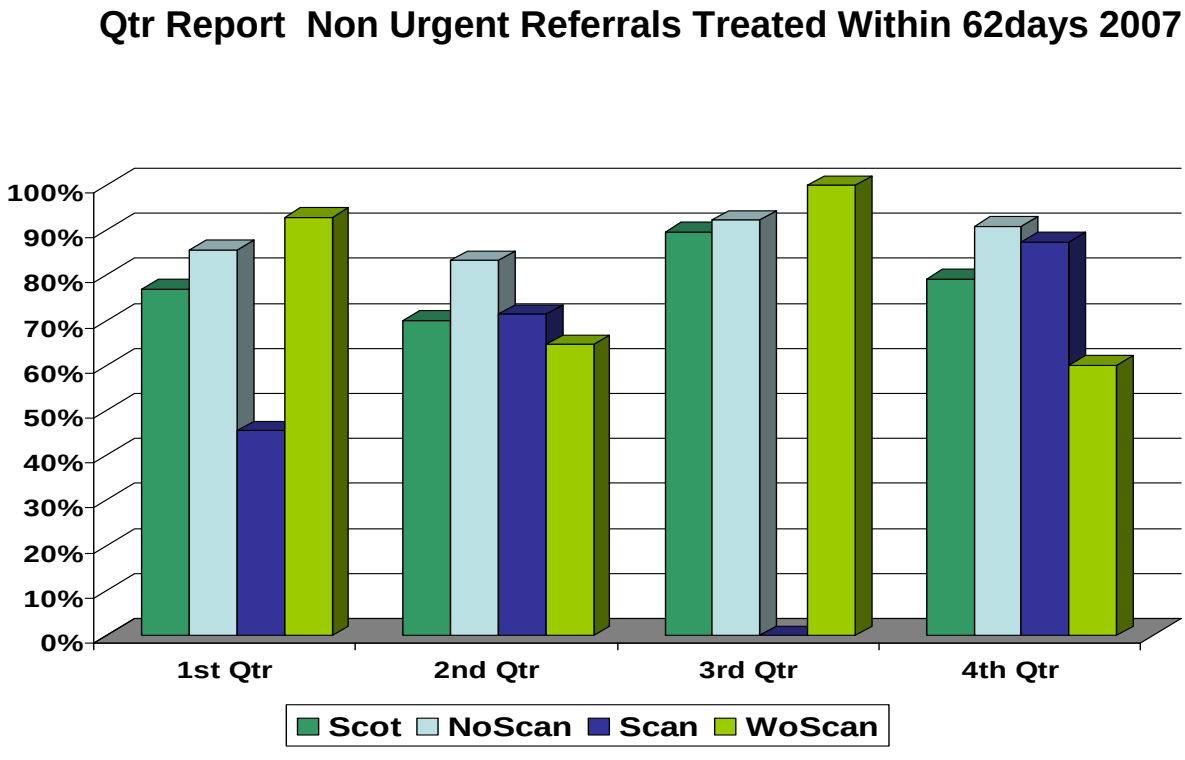


Waiting Times

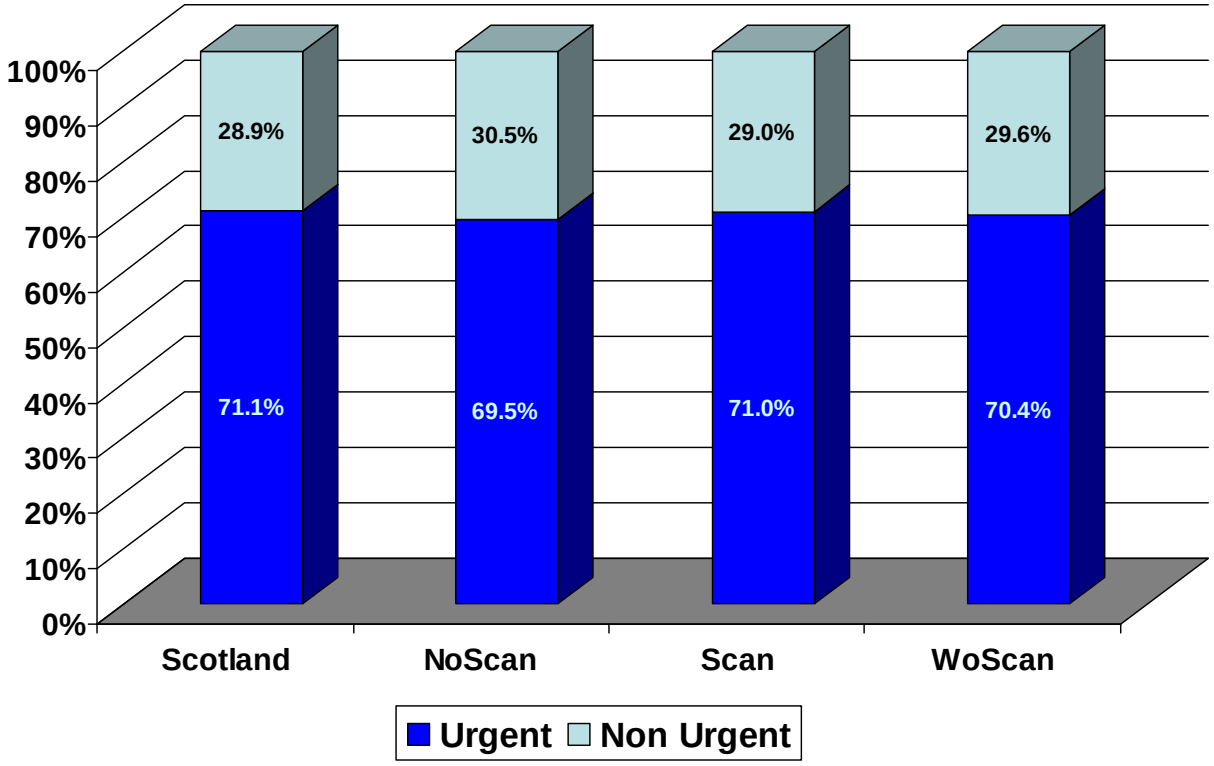
The network appears to perform well in 2007 for the 544 recorded cases (51% case ascertainment) in achieving the 62day target with slight improvement on 2006 figures



Approximately 30% of HPB cancers are referred into the service as non-urgent referrals. In order to deliver maximum benefit and improved quality of life for these cancer patients the network guidelines and protocols will be widely circulated through out primary and secondary care.



Nationally and across the three regions non urgent HPB Cancer referrals are approximately 30%.



Education

The network held our annual education meeting at Ninewells Hospital in Dundee on 12 September 2007.The meeting was open to all healthcare professionals involved in the Hepatopancreatobiliary service.The meeting was very well attended and excellent feedback was received in the evaluation of the day.

We were delighted to have guest speaker Professor Kevin Billingsley, Oregan,USA present.

Scottish Hepatopancreatobiliary Managed Clinical Network

Annual Education Meeting

Wednesday 12 September 2007

Lecture Theatre 2, Level 7, Ninewells Hospital, Dundee

PROGRAMME

1:00 – 1:55 pm	Registration, Lunch & Networking	
2:00 – 2:05 pm	Welcome and Introduction	Mr Rowan Parks HPB Lead Clinician
2:05 – 2-30 pm	EUS in Pancreatic Cancer- Improving Staging and Tissue Diagnosis	Mr Colin McKay Consultant Surgeon
2:30 – 2-50pm	Oncology Therapies- for HPB Cancer Patients	Dr Marianne C. Nicolson Consultant Oncologist
2:50 – 3;15 pm	Patient Selection for Major HPB Surgery	Dr Dermot McKeown Consultant Anaesthetist
3:15 – 3-40 pm	Coffee and Voting	
3:40 – 4-00 pm	Enhanced Recovery After Surgery (ERAS)	Mr Paul Hendry Research Fellow
4:00 – 4-30pm	HPB Care Pathway An American Perspective	Professor Kevin Billingsley Oregon USA
4:30 – 5:00pm	Poster Presentation Prizes and Close	Mr Rowan Parks

This meeting is open to <u>all</u> Health Care Professionals, Allied Health Professionals and Clinical Audit staff within HPB and Upper GI. Trainees very welcome.

The network actively encourages the involvement of surgical trainees, nursing staff and professions allied to medicine.

Poster presentation were invited and the opportunity to present their project was given to the surgical trainees and nurse awarded the 1st,2nd and 3rd prize.

HPB EDUCATION EVENT

Wednesday 12th September

Posters

No	Name	Hospital	Poster Title	
1	Mr Damian Mole	Edinburgh Royal Infirmary	"Is fatal acute pancreatitis becoming a disease of the more affluent?"	
2	Mr Damian Mole	Edinburgh Royal Infirmary	"Incidence of individual organ dysfunction recorded on certificate of death due to acute pancreatitis in Scotland, 200 to 2005"	
3	CNS Alison Sinclair	Glasgow Royal Infirmary	"The upper GI Nurse Led Clinic - A new Dimension of Care"	
4	Dr Craig Parnaby	Southern General	"Prospective validation study of an algorithm for triage to MRCP or ERCP for investigation of suspected pancreatico-biliary disease"	
5	Dr Ben Stutchfield	Edinburgh Royal Infirmary	"Edinburgh Postoperative Recovery Programme"	
6	Mr Aaron Quyn	Ninewells Hospital	"Photodynamic Therapy improves survival in patients with irresectable Hilar Cholaniocarcinoma"	
7	Mr Aaron Quyn	Ninewells Hospital	"Matched-Pair Analysis of Short Term Morbidity and Cost Effectiveness of Laparoscopic Versus Open Liver Surgery"	
8	CNS Pauline Dundas	Aberdeen Royal Infirmary	"Implementing a fast track jaundice clinic in grampian"	
9	Dr Jennifer Darrien	Glasgow Royal Infirmary	"Endoscopic Ultrasound Guided Pancreatic-Gastrostomy for a Post-Whippl'e Pancreatico-Jejeunal Anastamotic Structure"	

Finance

Financial support is provided by NSD via WoSCAN for management and administrative support.This is part of an agreement that covers support for all national cancer MCNs and a financial profile will be submitted separately by NHS Greater Glasgow and Clyde.