

# **Scottish Hepato- Pancreato-Biliary Network**

## **Annual Report 2024/25**

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## Introduction

The Scottish Cancer Network (SCN) was established in 2021 as part of the Scottish Government's (SG) commitment in [Recovery and Redesign: An Action Plan for Cancer Services](#) (December 2020) and has been highlighted as at the heart of SG ambitions for defining clinical management pathways in [Cancer Action Plan for Scotland 2023-2026](#) (June 2023). The [Scottish Government Cancer Strategy 2023-33](#) states:

*"The Scottish Cancer Network (SCN) will be at the heart of our strategic ambitions... The SCN will also host national networks, where national integration and collaboration for specific cancers can make best use of expert resources and improve outcomes for people with cancer. It will drive 'Once for Scotland' work, where appropriate, and work closely with regional networks where work is better delivered at that level."*

The Scottish HepatoPancreatoBiliary Network (SHPBN), established in April 2005 to provide equitable high quality clinical care to all HPB cancer patients (pancreas, liver, bile duct, gallbladder and duodenum). SHPBN successfully moved to the SCN during 2022/23.

A community of clinical specialists work collaboratively to support the Scottish Government and SCN strategic aim to provide efficient and effective care founded on national clinical consensus ensuring people with cancer will be informed about their treatment and care and possible outcomes. HPB cancers are a rare group of cancers. The majority of cases in Scotland are pancreatic cancer, followed by liver cancer and the remaining quarter cancer of the bile duct, gallbladder or duodenum. Many hepato-pancreatic biliary (HPB) cancers are particularly aggressive, a high proportion of patients present with advanced disease and most treatment is non-curative. Pancreatic cancer, as one of the less-survivable cancers, has been identified as an area for focus within the Scottish Government Strategic Priorities in the aim to strive for consistency through a Once for Scotland approach, where appropriate, to reduce inequalities and ensure services are sustainable.

The effective management of HPB cancer patients relies on close collaboration of professions from a range of specialties to coordinate treatment and care. The majority are initially managed in a regional HPB multi-disciplinary team (MDT) meeting, with four specialist HPB MDTs (Aberdeen and Inverness combine) and five regional cancer centres (Aberdeen, Dundee, Edinburgh, Inverness and Glasgow). Although some patients are initially discussed by local Gastrointestinal MDTs, this is not encouraged as it often slows the patient pathway. HCC patients suitable for transplant are referred to Edinburgh MDT first and, if appropriate, referred on to the Scottish Liver Transplant Unit.

## Highlights

- ✓ Tenth National Morbidity and Mortality (M&M) Review, held virtually on 26-April 2024
- ✓ Eleventh National M&M Review held at Perth Royal Infirmary on 18-November 2024
- ✓ HPB Nurses Forum delivered two virtual education sessions during 2024/25
- ✓ [Clinical Audit of HPB cancer Quality Performance Indicators \(QPIs\)](#) published and evidenced improvements across the diagnostic and treatment pathway
- ✓ SHPBN Clinical Lead and programme team supported SCN exploration of a sustainable delivery approach to pathway navigation and co-ordination for HPB cancers in Scotland

- ✓ Stereotactic Ablative Radiotherapy (SABR) Short Life Working Group (SLWG) consensus inclusion/exclusion criteria approved by network steering group in January 2025

## **Stakeholder Communication and Engagement**

Annual review of the [SHPBN website](#) was conducted. The website complies with NSS requirements for safety and security of content and associated links and is updated regularly.

The [SHPBN newsletter](#) has been published annually for the last six years. The most recent edition (September 2024) shared news, staff changes and updates on projects, national HPB services, HPB-related research and information from partner charities with the wider community.

## **Education and Training**

### **Morbidity and Mortality Review**

The Annual Morbidity and Mortality Reviews are important events for the network which create a space for the surgical teams to highlight difficult and/or challenging cases that have been encountered in their cancer centre during the previous year. Anonymised case presentations provide the opportunity for reflection and discussion with specialty colleagues for peer support and to extend professional learning with insights from leading experts as well as sharing innovative best practice for complex cases in this highly specialised surgical field.

The tenth and eleventh National Morbidity and Mortality Reviews were held during 2024/25. The tenth, delayed from the 2023/24 due to an interim period with no clinical lead, was the first priority of the financial year. Conducted virtually on 26-April 2024, it had a strong attendance from across the clinical community. Surgical cases were presented from each of the five cancer centres which prompted probing questions and detailed discussion around decision making and the challenges complex cases present. Evaluation feedback:

- ✓ Majority of respondents found the 10<sup>th</sup> M&M Review useful or extremely useful
- ✓ Organisation of the event was praised and recognised all surgical centres represented
- ✓ Highlighted the need for an in-person event to provide adequate time to cover all areas and enable opportunity for detailed interaction and learning
- ✓ Suggested review and update of the format of the M&M reviews
- ✓ Suggested expanding to include other treatment specialties

The eleventh M&M Review was held in-person at the Perth Royal Infirmary on 18-November 2024. It had a smaller audience than the previous virtual meeting, partly due to the clinical commitments of these small teams and partly due to current NHS Scotland financial constraints limiting travel for clinical staff. Despite this, each cancer centre around Scotland was represented, though stronger representation from the larger centres would be a focus for future years.

Key learnings identified during the evaluation feedback included anticoagulation practice, nutrition (feeding jejunostomy), bail out procedures after complications and highlighted the importance of patient selection and the role of neoadjuvant meetings. Other feedback included:

- ✓ 100% of respondents found the 11<sup>th</sup> M&M Review useful or extremely useful
- ✓ 75% preferred an in-person review meeting compared to virtual, highlighting that virtual reviews lost the nuance of direct interaction and restricted constructive discussions

- ✓ Highlighted the importance of the more sociable interactive aspects that are a strength of the cancer network in determining change for the better and reinforcing good practice
- ✓ Great discussion over a broad range of key clinical points amongst a knowledgeable audience

Evaluation identified future improvements:

- ✓ Enhance attendance
- ✓ Further standardise data collection and the information presented
- ✓ Individual centres to provide 'external' peer review for case selection and case presentation
- ✓ Discuss rescue processes and variation in clinical practice

The review was considered very valuable and a number of suggestions for widening the remit included:

- ✓ Consideration of workload from a Scotland-wide perspective
- ✓ Review of inclusion criteria to standardise case selection for cancer cases to ensure
- ✓ Widening the review to consider other specialties

### **SHPBN Nurse Forum**

The Scottish HPB Nurse Forum was established by the network to allow Cancer Nurse Specialists and other nursing colleagues an area for networking, accessing peer-support and advice and lectures on relevant topics, specifically associated with HPB cancer treatment. The group met twice online during 2024/2025 for informal education sessions delivered by one of the network's clinical oncologists, Dr Alan Christie. Topics covered were *Recent advances in the treatment of hepatobiliary cancers* and *Immunotherapy and immunotherapy toxicity*. These sessions are well attended by the HPB nursing community around the country and feedback regards them as helpful and directly relevant to nursing clinical practice.

### **National Education Event**

The National Education Event was postponed, initially to accommodate delivering two national M&M Reviews and latterly as a direct request from Cabinet Secretary for Health and Social Care to redirect network resource and to prioritise scoping the potential for a National HPB Pathway.

### **National Neoadjuvant Pancreatic Cancer Meeting**

The National neoadjuvant pancreatic cancer group is a virtual, bimonthly meeting with representation from radiology, oncology and surgery across the cancer centres. The educational value is recognised by the clinical teams in the cancer centres, specifically for pancreatic cancer care in Scotland.

### **Service Development and Delivery**

Scottish Government's [Cancer Action Plan for Scotland 2023-2026](#) highlights the need for earlier and faster diagnosis pathways and outlines the ambition in Action 45 to "*Invest in improving the pathways of less survivable cancers, particularly hepatocellular carcinoma and pancreatic cancer with a view to shorten the time to staging and agreeing treatment options.*"

The SCN conducted an options appraisal for the Scottish Care and Coordination Service for HPB Cancers (SCOT HPB) to explore a sustainable delivery approach to pathway navigation and co-ordination for HPB cancers in Scotland. The SHPBN Clinical Lead supported this wider work. The recommendations report noted that *“Despite significant effort as summarised in this report, no final proposals for a sustainable delivery approach for HPB cancers can be recommended”* and the service ceased operation on 22-November 2024. The SHPBN is aware of the recommendations of this report and has incorporated some of the recommendations into its network activity for financial year 25/26.

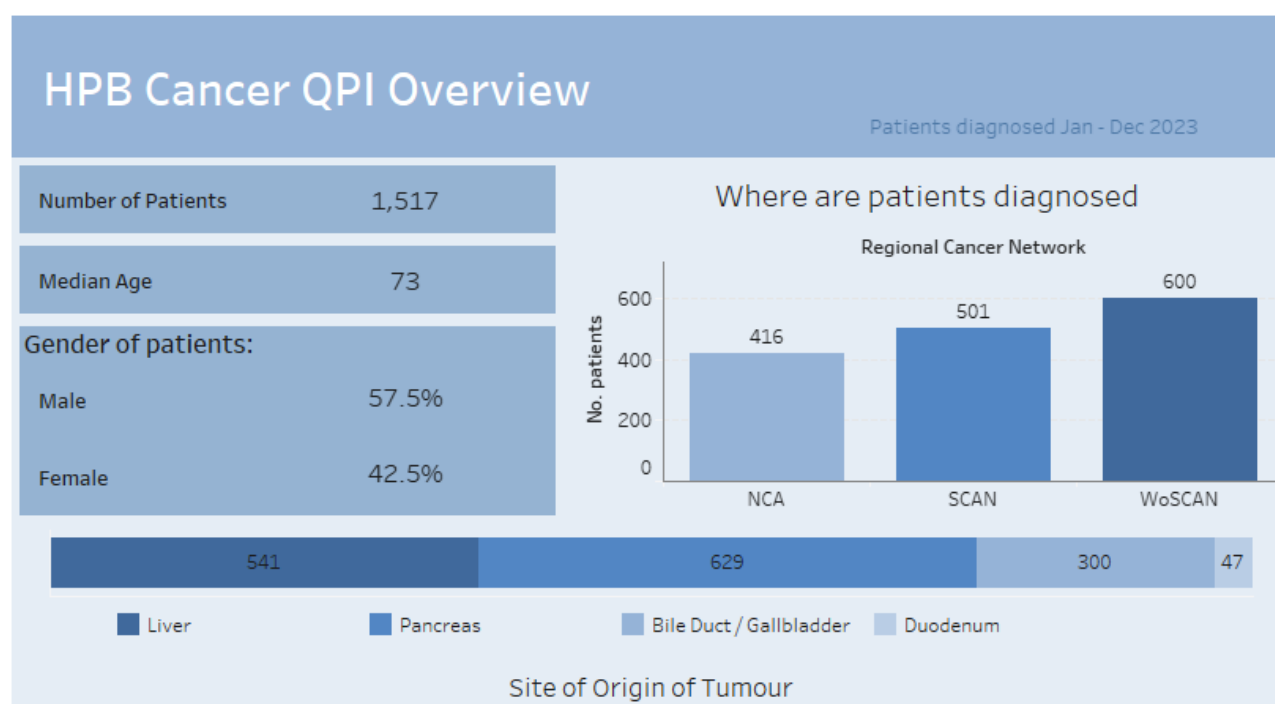
The [Cancer Action Plan for Scotland 2023-2026](#) identifies Quality Performance Indicators as a key driver of an overall cancer services improvement agenda, aligning with national clinical management and optimal pathways.

## Audit and Continuous Quality Improvement

The [HPB cancer Clinical Audit Report 2023](#) is published and available on the network website and is based on HIS [HPB cancer quality performance indicators](#), updated January 2022.

National audit data (Table 1) indicates that there were 1517 patients diagnosed with HPB cancer in 2023. The number of patients by tumour-type were 629 pancreas, 541 liver, 300 bile duct / gallbladder and 47 duodenum new primary cancer diagnoses. The distribution of new HPB cancer diagnoses were almost half in the pancreas (45%), one third (33%) in the liver and close to one quarter (22.9%) found in the bile duct, gallbladder or duodenum. HPB cancers occur most frequently later in life. Most cases occur in older individuals, although almost one quarter (23.7%) of new HPB cancer diagnoses were aged under 65 years.

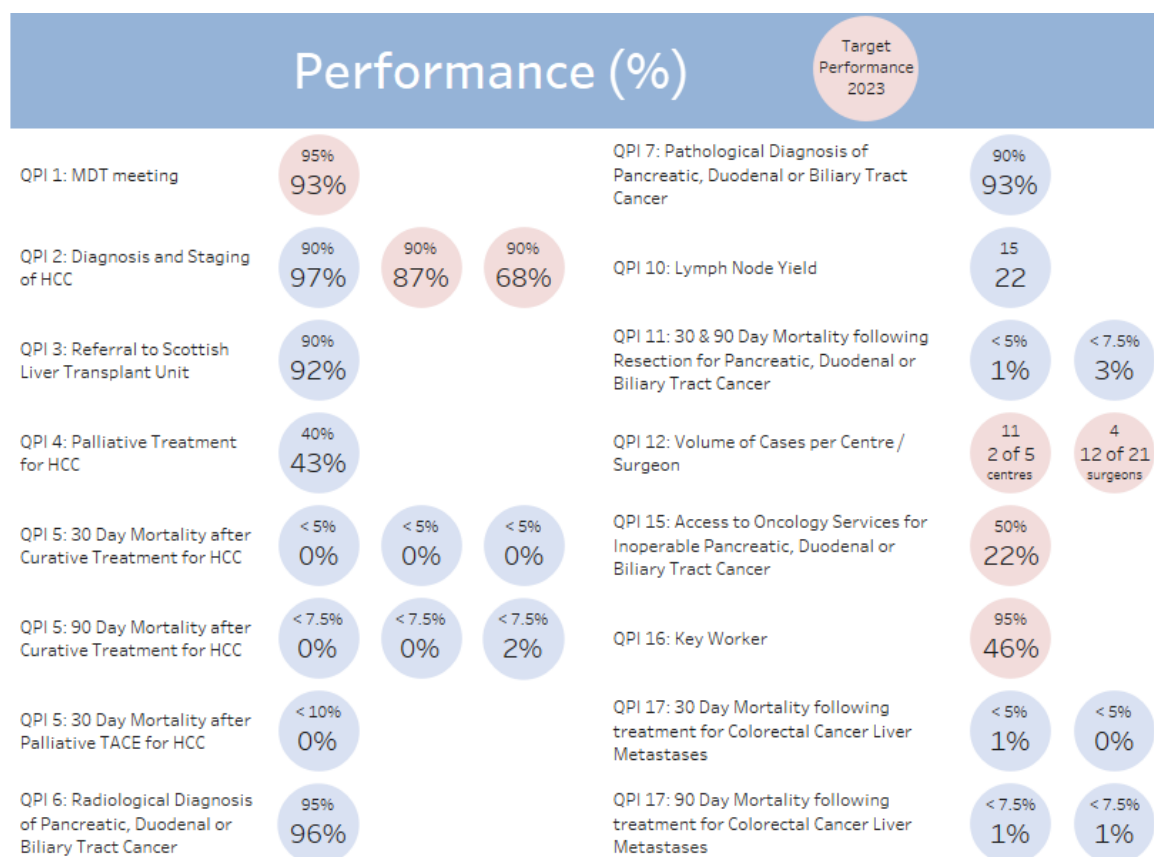
**Table 1: HPB Cancer QPI Patients Diagnosed Jan – Dec 2023**



NB WoSCAN data is incomplete as NHS Lanarkshire was unable to provide an update within the reporting period deadline

Table 2 illustrates the performance against target for the QPIs used to assess the HPB cancer services across Scotland. Key achievements included radiological and pathological diagnosis of pancreatic, duodenal, or biliary tract cancer and all 30- and 90-day mortality rates for both curative and palliative treatment across all HPB cancers were within target and diagnostic staging of HCC and lymph node yield.

**Table 2: HPB Cancer QPI Performance Percentage for Patients Diagnosed Jan – Dec 2023**



Key areas for improvement continue to be the minimum operating target for specialist surgeons (four per year) and centres (11 patients per year), timely access to a key worker and to oncology services for those eligible across Scotland.

### Colorectal liver metastases

The SHPBN continues to monitor the QPI 15 of the [Colorectal Cancer measurability criteria \(version 4.5\)](#). This QPI requires that any patient with a new diagnosis of colorectal liver metastases (from 01 April 2021) should be referred to an HPB MDT to discuss their management.

[SCAN Colorectal Comparative Report 2023-24](#) noted improvement in meeting this QPI (94.4%) and will continue monitoring to encourage improvements.

[WoS MCN for Colorectal Cancer 2023/24 Report](#) noted that the QPI was challenging, with NHS Lanarkshire being the only board to achieve the 95% target.

[NCA Colorectal 2023/24 Report](#) noted a decline in performance (85.7%), though this was due to a recording issue which has been addressed, including cases included in the denominator that fit exclusion criteria (e.g. patient co-morbidities or frailty).



## **Become improvers and innovators**

The tenth M&M review meeting included discussion around recurring themes and standardising data collection. Evaluation of the event also raised interest regarding reformatting the review. This was explored and tested during the subsequent review period. The M&M review data collection method was reviewed, revised and tested at pace during the first two quarters of 2024/25. The programme team devised a small pilot to test the feasibility of revising data collection to enable a more direct comparison between the cancer centres. A core group of the HPB cancer centre leads reviewed the data produced and discussed potential further improvements for the format.

An in-person meeting for the 11<sup>th</sup> M&M review was held in November 2024 and evaluation of the new process was well received, including a call for further standardisation of the data collected and the information presented. Future amendments for case presentation include individual centres to provide 'external' peer review for case selection and case presentation

The SABR SLWG reviewed the use of SABR across Scotland for HPB cancers and drafted inclusion/exclusion criteria for its use for HCC. The documentation was approved by SHPBN Steering group in January 2025 and can be included as clinical consensus evidence for future HPB pathway planning.

The SHPBN nurse forum has continued to evolve and in 2024/25 a rolling programme of SACT educational presentations around SACT and HPB was introduced. These have been well received and will continue.

## **Financial sustainability**

SHPBN has had excellent leadership and has a high level of maturity within the network development. The Clinical Lead role has continued at 0.1WTE for 2024/25 in line with other networks at a similar level of maturity.

The eleventh M&M review was held in-person as it was an important objective for this highly specialised meeting to provide the opportunity for nuanced and constructive discussions on best practice. This resulted in minimal cost for NSS, utilising a free NHS venue and providing limited refreshments.

## **Climate sustainability**

Throughout 2024/2025 the national network took a digital first approach with all steering group, MDT, data and subgroup meetings conducted virtually. The exception to this was the in-person M&M review, viewed as critical for the progression of critical discussions for this highly specialised clinical community. The event was hosted in a central location and accessible by public transport to minimise the environmental impact.

## **Workforce sustainability**

For HPB cancer, there are four specialist HPB MDT meetings (Aberdeen and Inverness hold a joint meeting) and five regional cancer centres (Aberdeen, Dundee, Edinburgh, Inverness and Glasgow) providing treatment (Table 3).

**Table 3: HPB Cancer Treatment Centres**

Centre	Constituent Hospital(s)	Treatment provided
Aberdeen	Aberdeen Royal Infirmary	Surgery, TACE, SACT and Radiotherapy
Dundee	Ninewells Hospital	Surgery, Ablation and TACE, SACT and Radiotherapy
Edinburgh*	Royal Infirmary of Edinburgh (RIE) Western General Hospital (WGH)	Surgery, Ablation and TACE, SACT and Radiotherapy
Glasgow	Glasgow Royal Infirmary (GRI) Gartnavel General Hospital (GGH) Queen Elizabeth University Hospital (QEUH) Beatson West of Scotland Cancer Centre (BWoSCC)	Surgery and TACE Ablation TACE SACT and Radiotherapy
Inverness	Raigmore Hospital	Surgery, Ablation, TACE, SACT and Radiotherapy

\* NB Patients diagnosed in NHS Forth Valley (WoSCAN) are also referred to the Edinburgh HPB MDM

The network programme team has had a vacancy for some months at the beginning and end of 2024/25, but the wider SCN Team have supported to enable continued delivery of service for this proactive network.

## Looking forward – 2025/2026

Key deliverables by 30<sup>th</sup> September 2025:

- QPI reporting process and 2024 HPB Cancer Clinical Audit Report publication
- National HPB cancer pathway – stage one (optimal presentation at HPB MDT)
- National Morbidity and Mortality Annual Review
- SHPBN Nurse Forum

## Finance

Network core business and activities were achieved whilst contributing to savings for NSS, with a total spend of £19K.

Due to current financial constraints being experienced across NHS Scotland, the network will continue to minimise budgetary spend in the coming financial year, where feasible.