

National Cancer Action Team
Part of the National Cancer Programme

Upper GI SSCRG Workshop

NCPR Update

October 2011

Feedback from Draft National Report – 2010/2011

Comparison 2009/2010 and 2010/2011

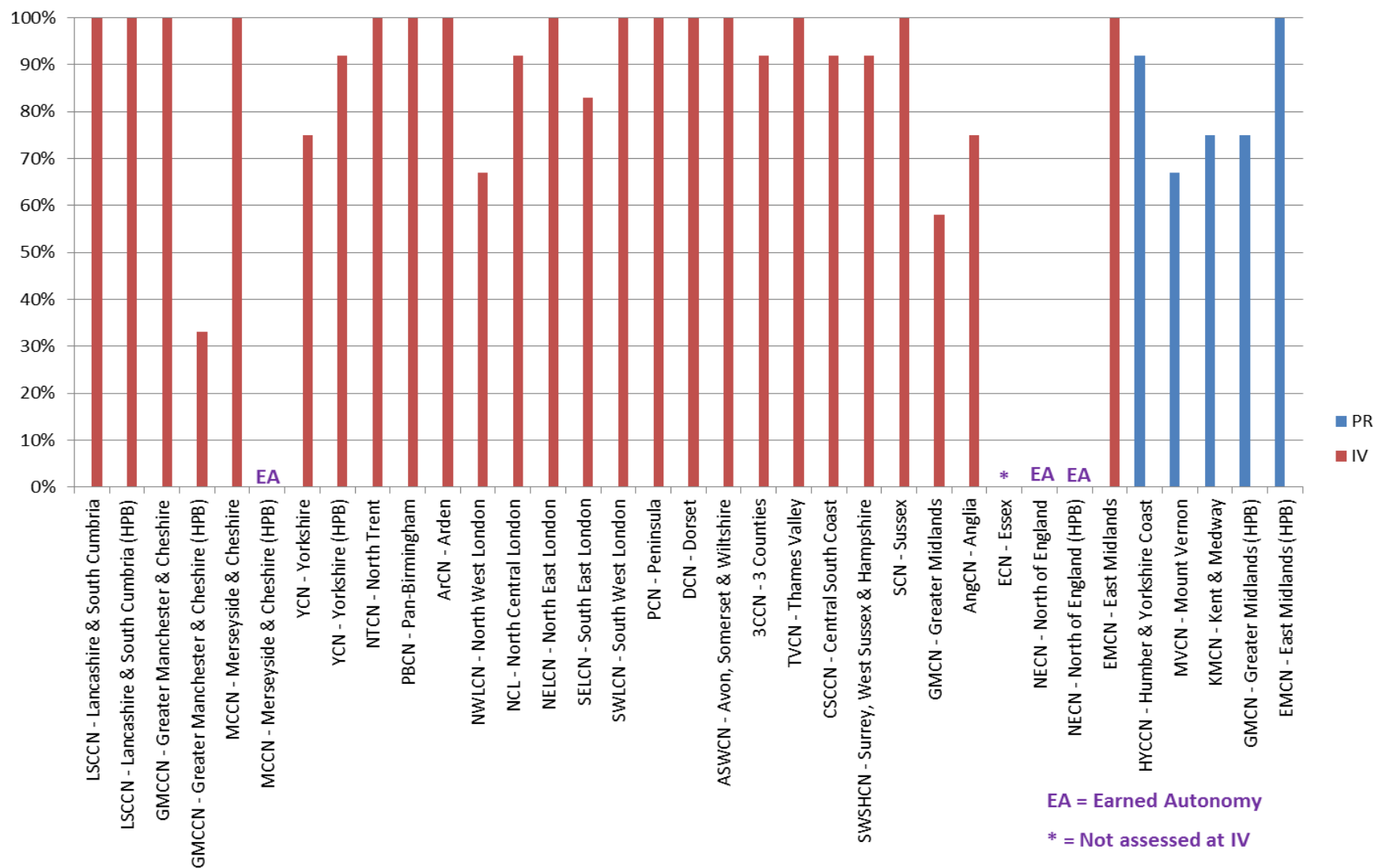
Teams under 50% 2009/2010

- Upper GI Local : **13** teams
- Upper GI OG: **2** teams
- Upper GI Pancreatic: **4** teams

Teams under 50% 2010/2011

- Upper GI Local: **1** team
(also under 50% in 09/10)
- Upper GI OG: **0** teams
- Upper GI Pancreatic: **1** team

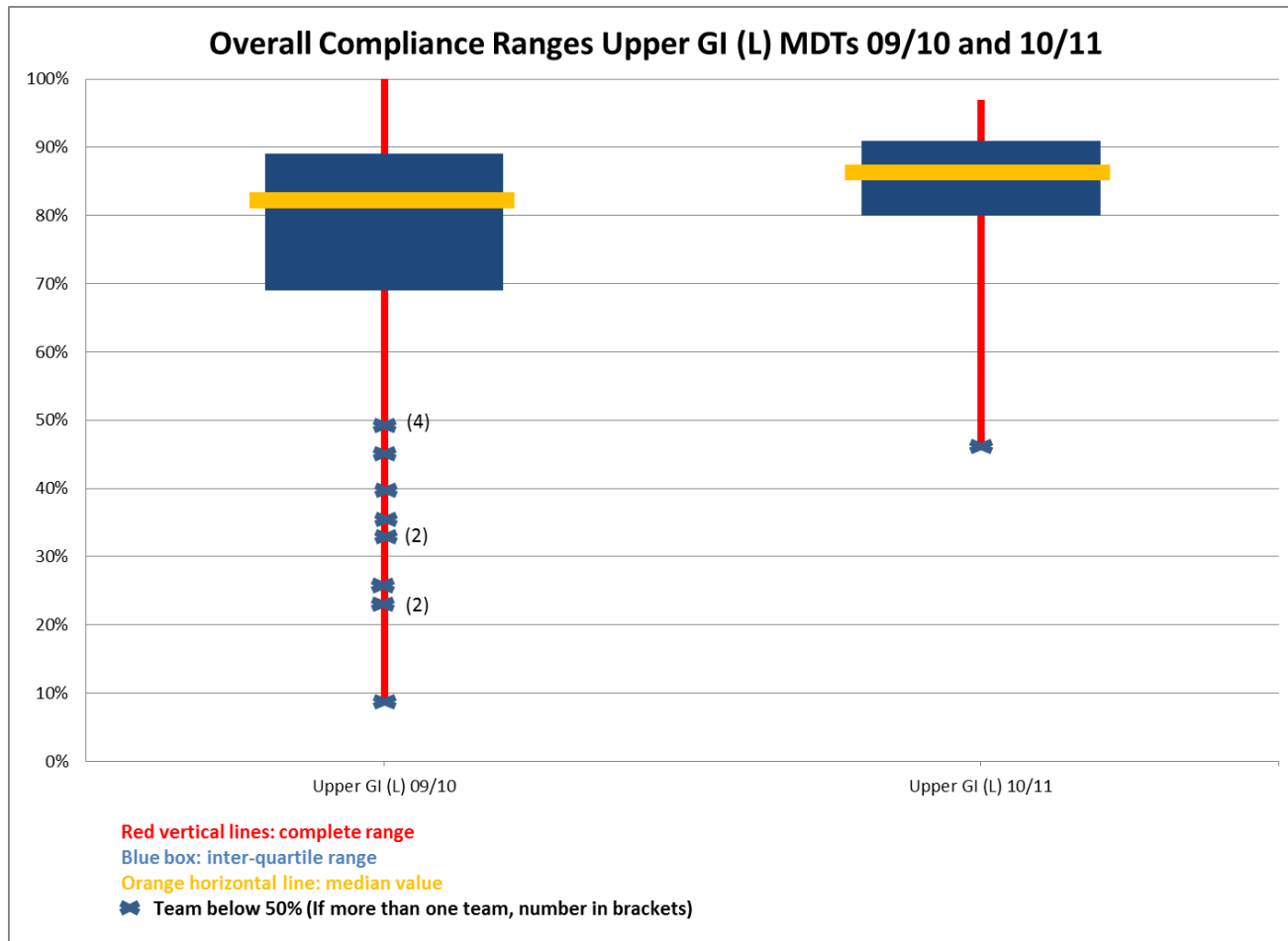
Upper GI NSSG Overall Compliance



Upper GI Local

- 103 teams reviewed
- 91 teams IV
- 27teams EV
- 11 teams PR
- 1 team EA (also published an IV)
- 16 teams selected for visit in 2011/2012

Upper GI Local



Upper GI Local – IRs and SCs

No of teams with IRs (IV or EV)	No of teams with IRs (PR)	Total no of teams IRs	% of teams with IRs	No of teams with SCs (IV or EV)	No of teams with SCs (PR)	Total no of teams SCs	% of teams with SCs
7	0	7	7%	28	4	32	31%

Upper GI Local – IRs and SCs

Immediate Risks

- CNS, oncology and surgical support
- Patients not managed within the MDT process

Upper GI Local – IRs and SCs

Serious Concerns

- CNS capacity and oncology availability
- Pathway for HPB patients
- Palliative care attendance
- Histopathology capacity
- Resource for data collection
- Delays in endoscopy

Upper GI Local – Good Practice

- Reflected improvements to address concerns from 2009 – 2010
- Increased provision of oncology, CNS, dietetic, radiological, gastroenterology, histopathology, Research Nurses and palliative care support
- Attendance of specialist MDT members at the local MDT

Upper GI Local – Good Practice

- Enhanced pathway for pancreatic patients
- Local provision of chemotherapy
- Improved access to diagnostics
- Improved communication between local and specialist teams
- Efficient moves to the reconfiguration of specialised services

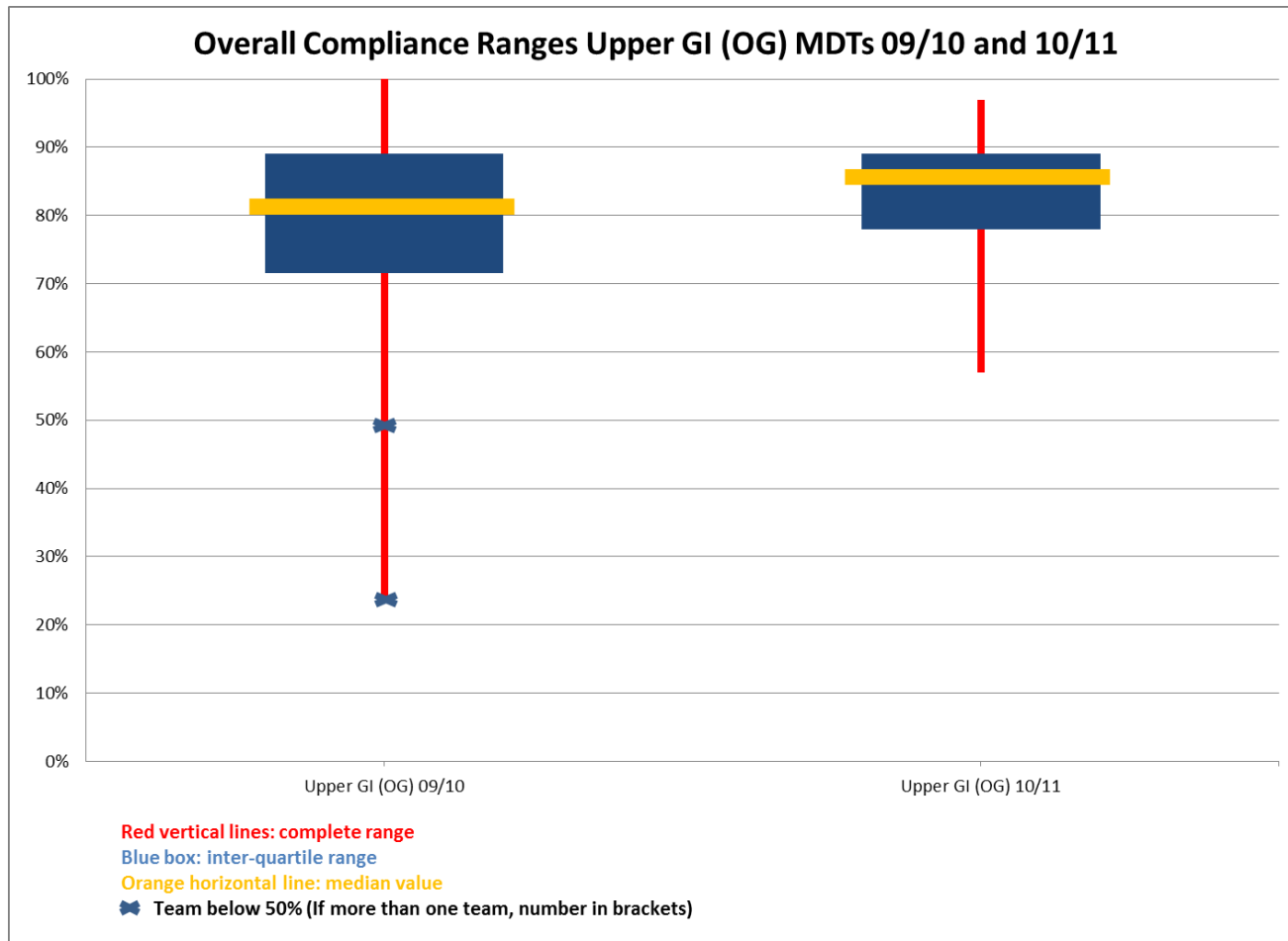
Upper GI Oesophago-gastric (OG)



Upper GI OG

- 41 teams reviewed
- 32 teams IV
- 10 teams EV
- 8 teams PR
- 1 team EA (also published an IV)
- 7 teams selected for visit in 2011/2012

Upper GI OG



Upper GI OG – IRs and SCs

No of teams with IRs (IV or EV)	No of teams with IRs (PR)	Total no of teams IRs	% of teams with IRs	No of teams with SCs (IV or EV)	No of teams with SCs (PR)	Total no of teams SCs	% of teams with SCs
1	0	1	2%	5	4	9	22%

Upper GI OG – IRs and SCs

One immediate risk

- Lack of availability of video-conferencing facilities, which gave rise to concerns of patient safety and waiting time delays

Upper GI OG – IRs and SCs

Serious Concerns

- Lack of availability of 24 hour on call & unsustainable surgical rotas
- Oncology, histopathology and CNS capacity
- Insufficient population base for the SMDT
- No availability of images from referring Trusts
- Access to PET CT
- Doubt as to whether all appropriate patients were discussed at the SMDT

Upper GI OG – Good Practice

- Further development of laparoscopic surgery
- Enhanced recovery initiatives
- Improved communication with local teams
- Access to EUS
- CNS support through the pathway
- Improved data collection systems
- Commitment to improving outcomes

Upper GI Pancreatic (and Pancreatic MDTs also put forward as Liver Resection MDTs)





Upper GI Pancreatic

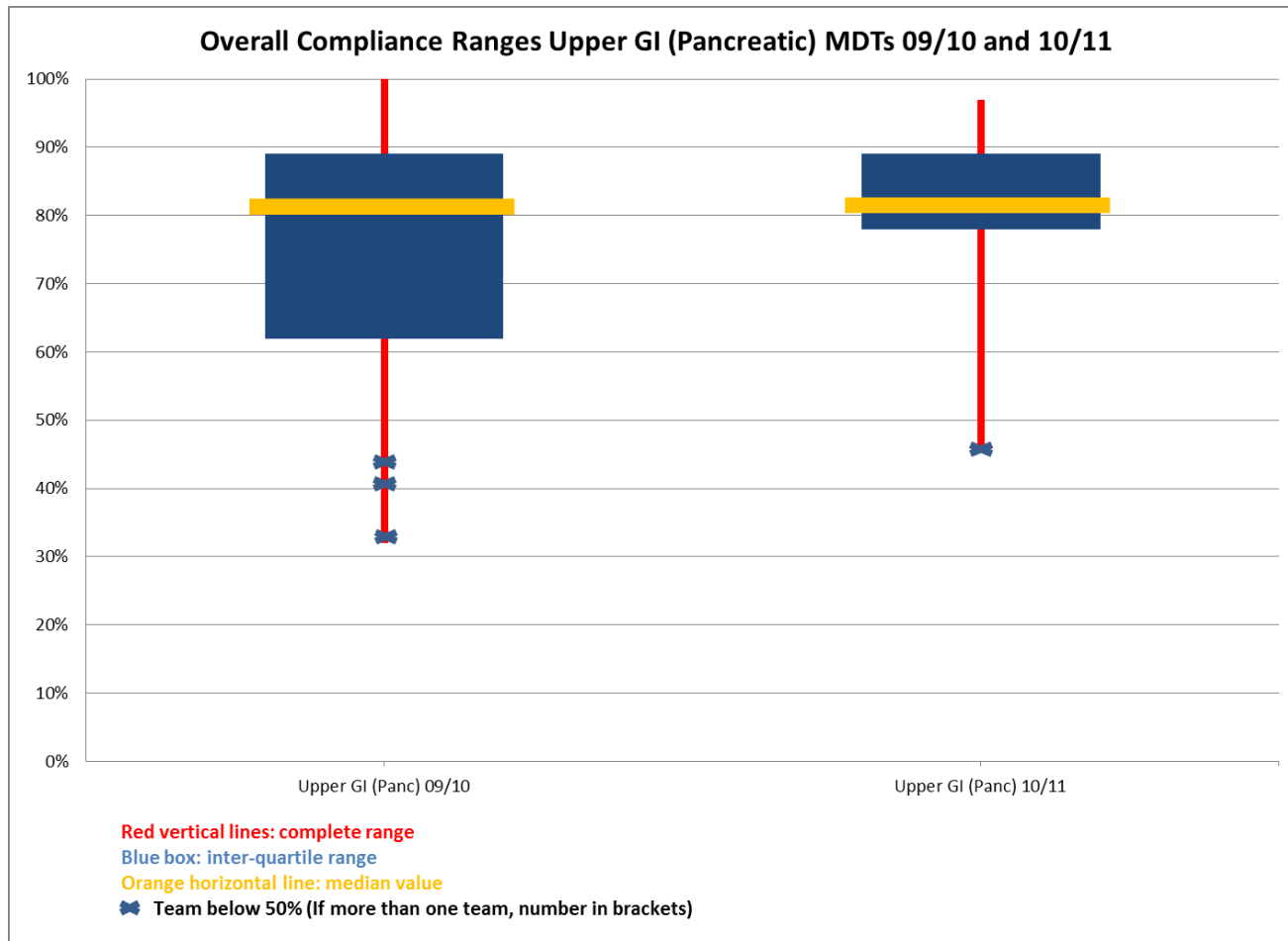
- 22 teams reviewed
 - 16 teams IV
 - 9 teams EV
 - 5 teams PR
 - 1 team EA
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- 10 teams selected for visit in 2011/2012

Upper GI Pancreatic (put forward for review as Liver Resection MDTs)

- 9 Pancreatic MDTs put forward as Liver Resection MDTs
- 8 teams IV
- 1 team EA

- 6 teams selected for visit against the additional measures in 2011/2012

Upper GI Pancreatic



Upper GI Pancreatic – IRs and SCs

No of teams with IRs (IV or EV)	No of teams with IRs (PR)	Total no of teams IRs	% of teams with IRs	No of teams with SCs (IV or EV)	No of teams with SCs (PR)	Total no of teams SCs	% of teams with SCs
1	0	1	5%	3	2	5	23%

Upper GI Pancreatic – IRs and SCs

One team with IRs

- Lack of functioning video-conferencing facilities leading to concerns of patient safety and waiting times
- Clarity on suitable liver cases referred for discussion at the SMDT
- Low number of surgical resection

Upper GI Pancreatic – IRs and SCs

Serious Concerns

- Low MDT attendance by core members (oncology & histopathology)
- Low surgical numbers per surgeon
- Referral patterns
- Inadequate data capture

Upper GI Pancreatic – Good Practice

- Reflected improvements to address concerns from 2009 – 2010
- Improved clarity on pathways for pancreatic patients
- Support by consultants to local referring MDTs
- Laparoscopic surgery and commitment to enhanced recovery principles
- Improvements in data collection and discussion of outcomes
- Successful implementation of reconfiguration and centralisation of pancreatic services