
**Greater Manchester and Cheshire HPB Unit
Guidelines for the Assessment &
Management of Hepatobiliary and
Pancreatic Disease
Chapter 2**

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2. The Greater Manchester & Cheshire HPB

sMDT

2.1. *A description of the GM&C HPB sMDT service*

A description of the GM&C HPB sMDT service, with cross referencing to: The National Cancer Peer Review Manual for Cancer Services (Hepato-Pancreatico-Biliary Cancer Measures) Version 1.

Core Membership

Lead clinician: *Prof. Ajith Siriwardena*

Manchester Cancer HPB Pathway Director: *Mr. Derek O'Reilly*

The core team specific to the HPB cancer MDT are (The number in brackets is the minimum peer review requirement):

- (2) HPB surgeons, each meeting the individual minimum case numbers relevant to their practice: *Prof. Ajith Siriwardena, Mr. Aali Sheen, Mr. Thomas Satyadas, Mr. Saurabh Jamdar, Mr. Derek O'Reilly, Mr. Rahul Deshpande, Mr. Nicola De'Liguori Carino*
- (2) radiologists, at least one of which should be an interventional radiologist so that interventional and diagnostic radiology are covered. *Dr. Steven Lee, Dr. Raja Shankar, Dr. Finn Farquharson, Dr. S O'Shea, Dr. Rishi Sethi, Dr. Rafik Fillobbos, Dr. Zahir Sherazi*
- (2) HPB nurse specialists: *Claire Newton, Debbie Clark, Clare Rynn*
- (2) endoscopy practitioners, between them covering endoscopic ultrasound and ERCP: *Dr. Alistair Makin, Dr. Jo Puleston, Dr. Luke Williams, Dr Richard Hammonds*
- a physician gastroenterologist: *Dr. Martin Prince, Dr. Shaun Greer, Dr. Narendra Kochar*
- a medical oncologist: *Prof. Juan Valle, Dr. Richard Hubner, Dr. Saiffee Mullimitha, Dr. Michael Braun, Dr. Mairead McNamara, Dr. Angela Lamarca*
- a histopathologist: *Dr. Stephen McGrath, Dr. Emyr Benbow*
- a core member of the specialist palliative care team:
- MDT co-ordinator/secretary: *Mr. Zahaid Hussain*
- at least one clinical core member of the team with direct clinical contact, who should have completed the training necessary to enable them to practice at level 2 for the psychological support of cancer patients and carers, and should receive a minimum of 1 hours clinical supervision by a level 3 or level 4 practitioner per month: *Claire Newton, Debbie Clark, Clare Rynn*

- an NHS-employed member of the core or extended team nominated as having specific responsibility for users' issues and information for patients and carers: *Claire Newton, Debbie Clark, Clare Rynn*
- a member of the core team nominated as the person responsible for ensuring that recruitment into clinical trials and other well designed studies is integrated into the function of the MDT: *Prof. Juan Valle*

MDT Quorum

The MDT has a treatment planning meetings scheduled every week unless the meeting falls on a public holiday. This occurs every Wednesday, as follows:

08.00 to 10.00 Pancreatic Cancer MDT

10.30 to 12.00 Primary Liver and Biliary MDT

13.30 to 15.00 Liver metastases MDT

The quorum for the HPB cancer MDT is made up of the following core members, or their cover

- one designated HPB surgeon;
- one medical oncologist;
- one hepatologist or gastroenterologist with an interest in hepatology;
- both diagnostic and interventional radiology should be represented, and may be by a single individual with the relevant skills;
- one histopathologist;
- one HPB nurse specialist;
- one MDT co-ordinator

MDT Review

All new cancer patients are reviewed by the multidisciplinary team for discussion of initial treatment plan. See: Criteria for referral of a patient with suspected HPB malignancy to the merged Greater Manchester specialist HPB MDT. Urgent cases can be discussed outside of the formal MDT meeting, in this case the following protocol is to be followed:

1. Telephone discussion between the relevant treating consultant or their deputy and another SMDT surgeon/clinical oncologist/medical oncologist. This discussion to include all available radiology and pathology evidence.
2. Formal written letter to follow telephone discussion as a permanent record.
3. The case will be discussed at the next scheduled SMDT meeting.

Core Members Attendance

All core members of the MDT should attend at least two thirds of the number of meetings.

Extended Membership

The MDT should provide the names of members of the extended team for named roles in the team.

If they are not already offered as core team members, the named team for the extended MDT should include:

- Cytopathologist: Dr Durgesh Rana, Dr. Miles Holbrook.
- Anaesthetist/intensivist: *Dr. Mike Parker, Dr. Doogie Whitcombe, Dr. Andy Parks*
- Clinical oncologist:
- Dietician:

Specialist Surgical Cover

An on-call rota of consultant core surgical members is available for telephone advice and potential face-to-face patient assessment, 24/7, 365 days a year, for the MDT's post-operative patients. This also applies to HPB emergencies, including trauma. This is available via the CMFT hospital switchboard.

Specialist Interventional Radiology Cover

An on-call rota of consultant interventional radiologists exists, whereby at least one is available for telephone advice and potential intervention, 24/7, 365 days a year, for the MDT's patients. This is available via the CMFT hospital switchboard.

Single Site Surgery and Post-Operative Care

All operations and acute post-operative care activities of the MDT are all carried out at the Manchester Royal Infirmary.

Clinical Guidelines

This document outlines the agreed Greater Manchester & Cheshire HPB MDT clinical guidelines specified for the management of hepatobiliary & pancreatic disease.

Patient Pathways

The peer review specified network-wide patient pathways are outlined in this document.

Treatment Planning

The HPB sMDT agrees and records each individual patient's treatment plans. The record includes:

- the identity of patients discussed;
- the multidisciplinary treatment planning decision (i.e. to which modality(s) of treatment - surgery, radiotherapy, chemotherapy, hormone therapy or supportive care, or combinations of the same, that are to be referred for consideration);
- confirmation that the holistic needs assessment has been taken into account.

Attendance at the Network Site Specific Group

The Manchester Cancer HPB group has superseded the now defunct NSSG. Mr. Derek O'Reilly is the HPB Pathway Board Clinical Director. Each of the 10 member trusts has a representative and deputy.

Key Worker

A named key worker for the patient's care at a given time is identified by the sMDT for each individual patient, and the name and contact number of the current key worker is recorded in the patient's case notes. The responsibility for ensuring that the key worker is identified is that of the nurse sMDT member(s).

Patient Information

The sMDT provides written material for patients and carers, which includes:

- information specific to that sMDT about local provision of the services offering the treatment for that cancer site;
- information about patient involvement groups and patient self-help groups;
- information about the services offering psychological, social and spiritual/cultural support, if available;
- information specific to the sMDT's cancer site or group of cancers about the disease and its treatment options (including names and functions/roles of the team treating them);
- information about services available to support the effects of living with cancer and dealing with its emotional effects

Permanent Record of Consultation

The MDT offers patients the opportunity of a permanent record or summary of at least a consultation between the patient and the doctor when the following are discussed:

- diagnosis, treatment options and plan;
- relevant follow up (discharge) arrangements

Patient Feedback

The sMDT undertakes exercises to obtain feedback on patients' experience of the services offered. These are presented and discussed at an MDT meeting, and the team implements any action points arising from the exercise. See also: *Model of Care; Patient Experience*.

Clinical Indicators Review / Audit

The sMDT regularly reviews their data, participates in a weekly Quality Improvement Program, submits to national HPB audit and discusses the completed results, with the Manchester Cancer HPB Pathway Board. This includes the clinical indicators in section 2 of the HPB Cancer measures: number of cases with confirmed histology, number of patients having surgical resection, one, two and five year survival rates.

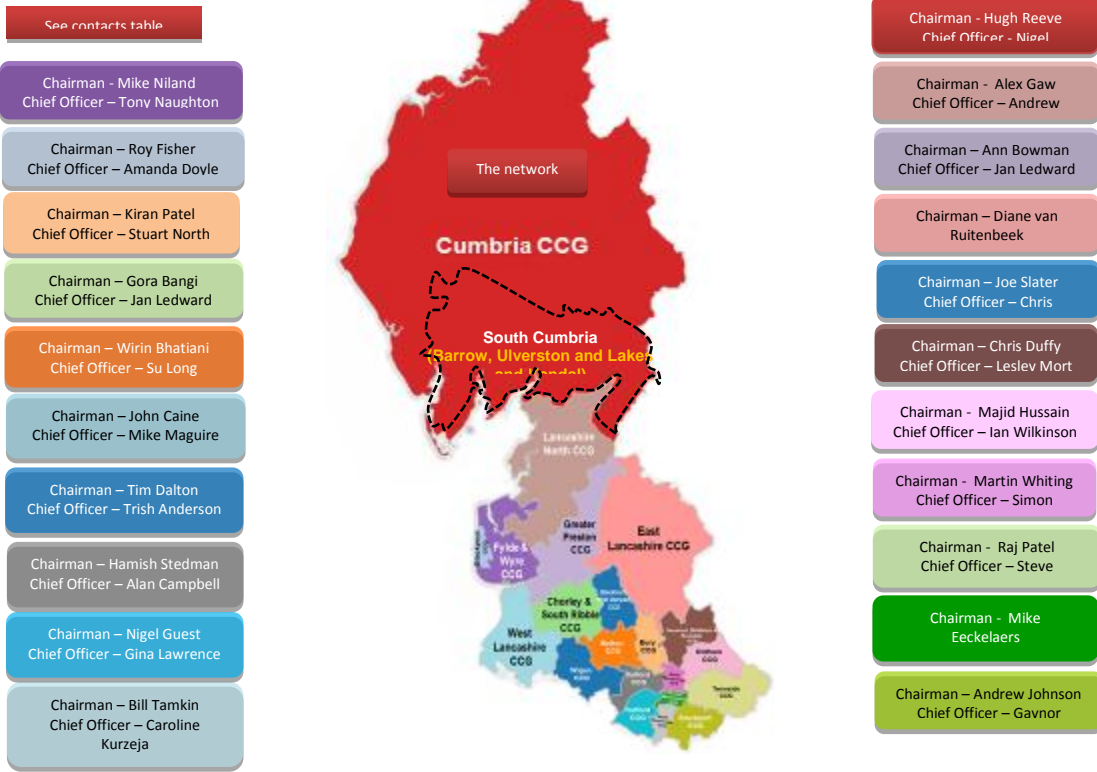
Discussion of Clinical Trials

The sMDT will produce a report at least annually on clinical trials, for discussion with Manchester Cancer. The report will include:

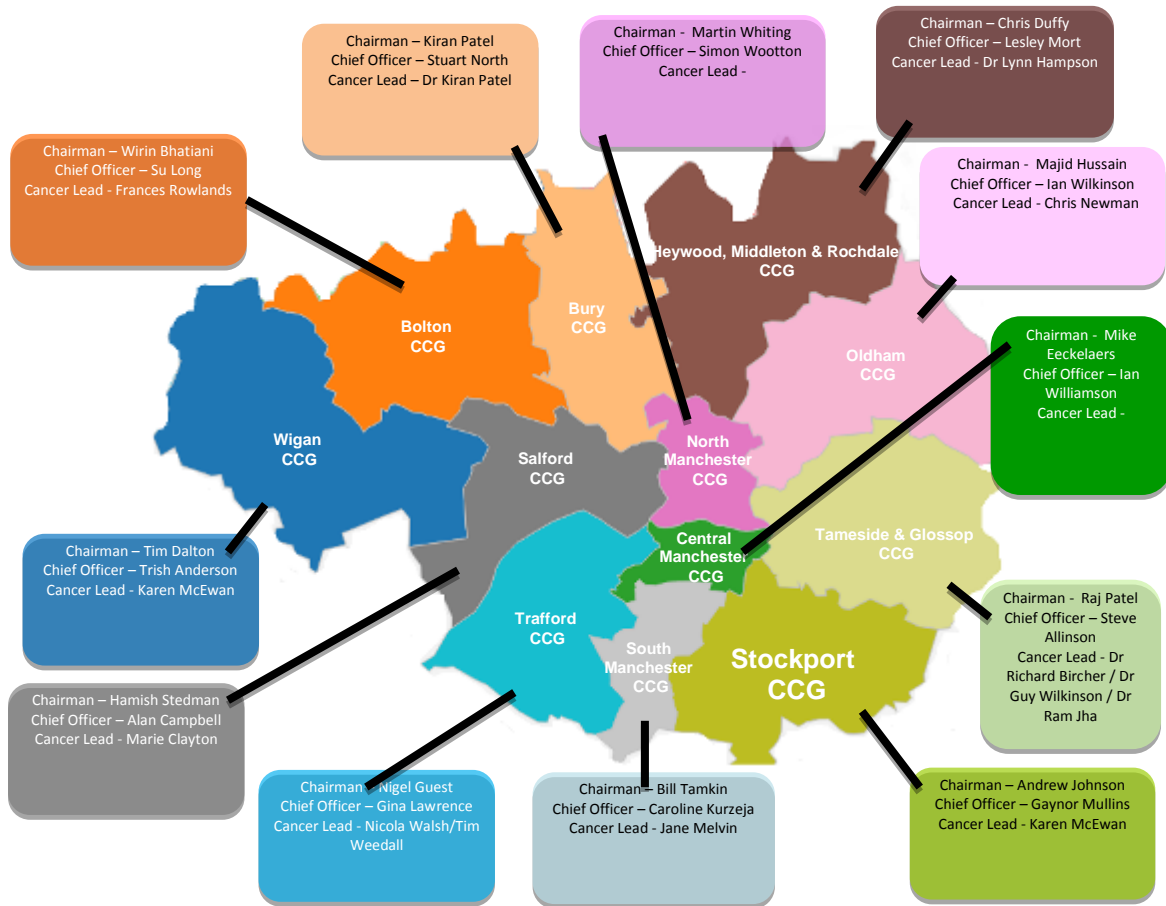
- details of the sMDT's trials portfolio, including the extent of local provision of the national portfolio;
- the sMDT's recruitment to the portfolio, including the extent of delivery against the locally agreed timescales and targets;
- the sMDT's programme for improvement for the above, as proposed to the NSSG.

2.2. NHS England Strategic Clinical Network (SCN), Greater Manchester, Lancashire & South Cumbria

Top Level detailed map for Cancer



2.3. Greater Manchester Clinical Commissioning Groups (CCG's)



2.4. *Greater Manchester & Cheshire Trusts and Acute Hospitals*

