Pancreatic and Hepatocellular Cancer Pathway Improvement Project (PHCC PIP)

Mr Ross Carter,

Pancreatic Clinical Lead
SHPBN PHCC PIP

NHS National Services Scotland

Scottish HepatoPancreatoBiliary Network (SHPBN)

Pancreatic Collaborative review 2019

SHPBN Network reports

Local audit

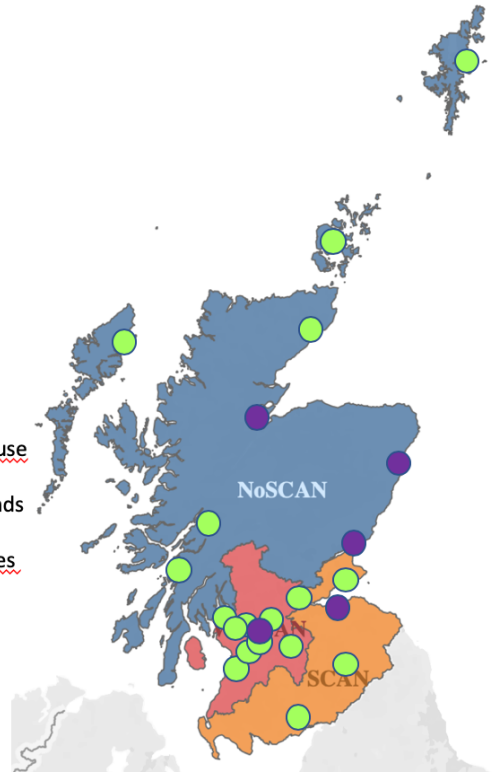
Comprehensive questionnaire completed by secondary and tertiary care units

Scottish Hepato-Pancreatico-Biliary Network (SHPBN)

Pancreatic Collaborative review 2019

Highlighted issues with

- Delays in diagnosis
- Delays in investigation
- Variation in decision making
- Repeat investigation
- Multiple MDT discussion
- Inconsistent patient support
- Inconsistent communication



WOSCAN:
Glasgow Royal Infirmary
Queen Elizabeth UH
Royal Alexandra Hospital
Inverclyde Royal Infirmary
University Hospital Crosshouse
University Hospital Ayr
University Hospital Monklands
University Hospital Wishaw
University Hospital Hairmyres
Forth Valley Hospital

NOSCAN:
Aberdeen Royal Infirmary
Ninewells Hospital
Perth Royal Infirmary
Raigmore Hospital
Bedford Fortwilliam
Wick Hospital
Lerwick
Balfour Hospital Orkney
Stornoway
Lorne and the isles

SCAN:
Victoria Infirmary
Royal Infirmary of Edinburgh
Borders General Hospital
Dumfries and Galloway

Provided data/ evidence to support an application to Scottish Government for a PC and HCC Pathway Improvement Project in 2020

.. A big thank you to all involved …

The patients perspective….

Procrastinated referral / investigation period

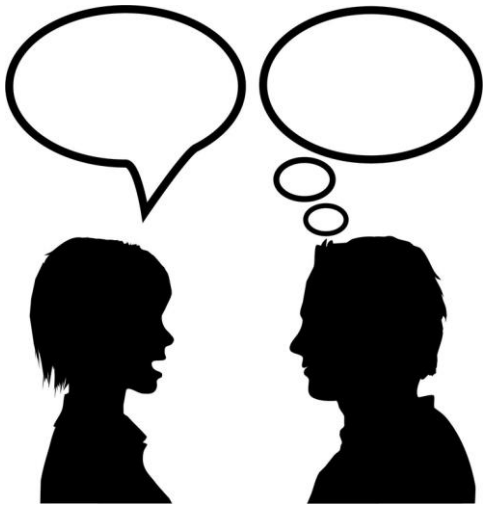
Deteriorating performance status
Which often limited options

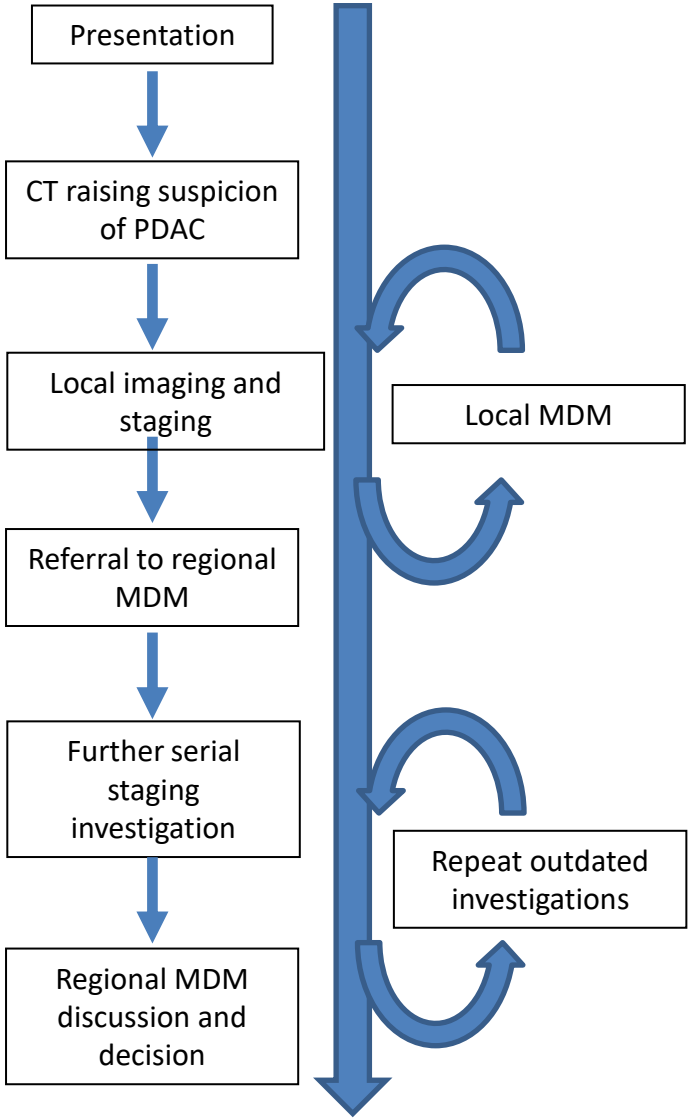
Reduced nutritional intake

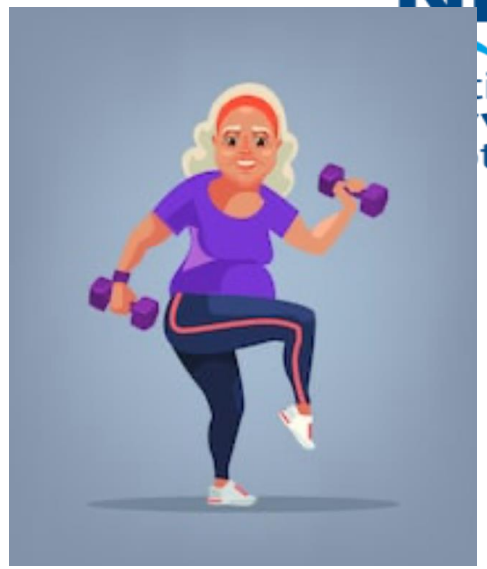
Poor symptom control

Depression and reduced activity

Patient isolation/limited communication during staging process







Scottish Hepato-Pancreatico-Biliary Network (SHPBN)
Pancreatic Collaborative review 2019

Consistent issues are the D's and C's -

delays, communication and care

Pancreatic Cancer UK

NHS National Services Scotland

What is the Optimal Care Pathway?

Referral for tests for suspected cancer

Diagnosis

Treatment options

Care

Discharge from healthcare services or given end of life care

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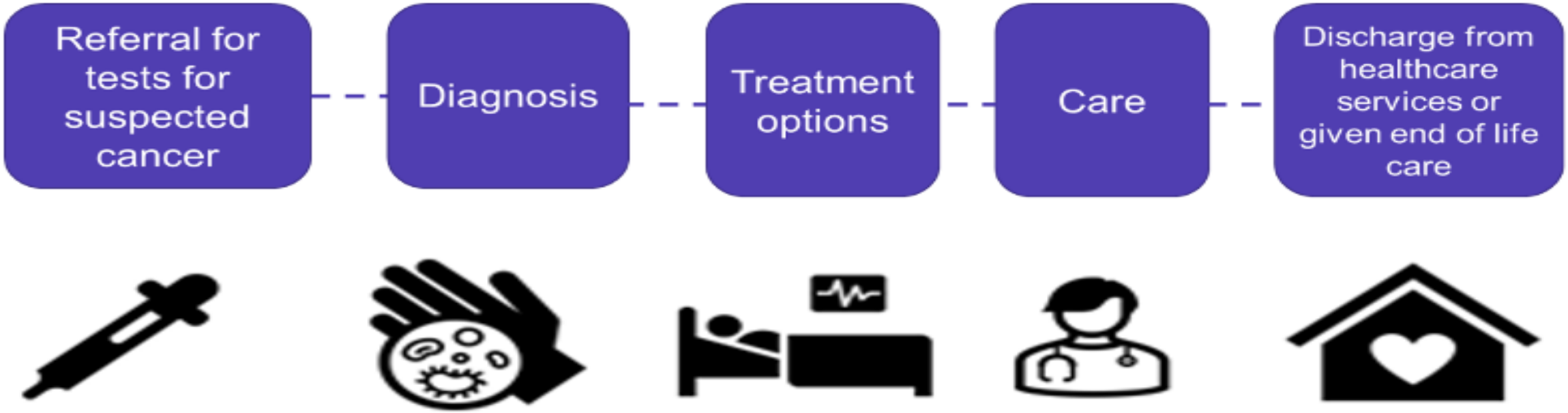
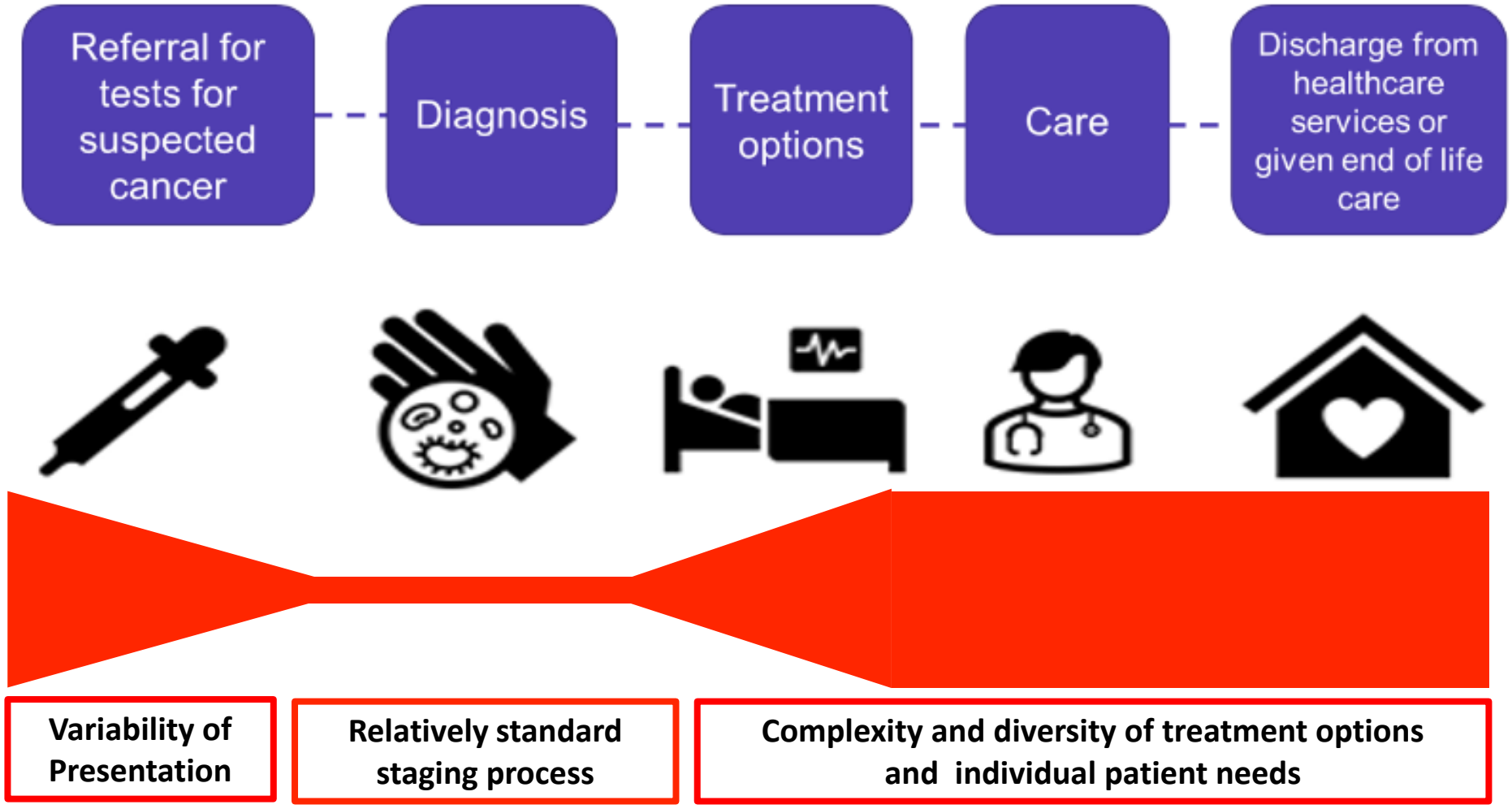
What is the Optimal Care Pathway?



Pragmatism:

? “Everything” is too big to take on at once

What is the Optimal Care Pathway?



What is the Optimal Care Pathway?

Referral for tests for suspected cancer

Diagnosis

Treatment options

Care

Discharge from healthcare services or given end of life care

PIP intervention limited between time from suspicion of PC on index scan to initiation of treatment

So what can we do to improve the early management pathway?

Avoid delays in responding to positive investigations (eg USOC on CT)

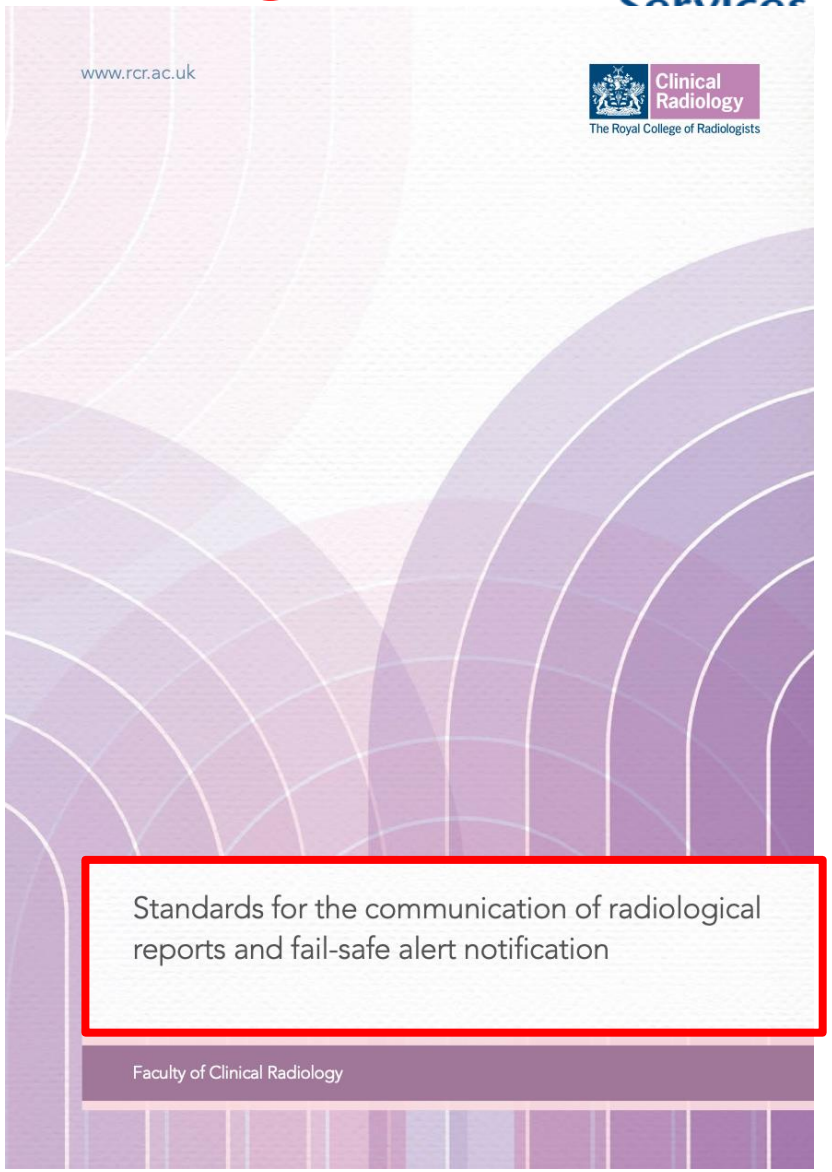
Delays in reacting to positive radiological findings :

Communication. … Flagging up suspicious radiology

Standard 2
It is the responsibility of the radiologist to produce reports as quickly and efficiently as possible, and to flag reports when they feel a fail-safe alert is required.

But who / how to flag reports ….

..need a mechanism to facilitate alert notification



So what can we do to improve early management?

Avoid delays in responding to positive investigations (eg USOC on CT)

Streamline the referral process and facilitate parallel staging requests for appropriate investigations determined through early specialist involvement

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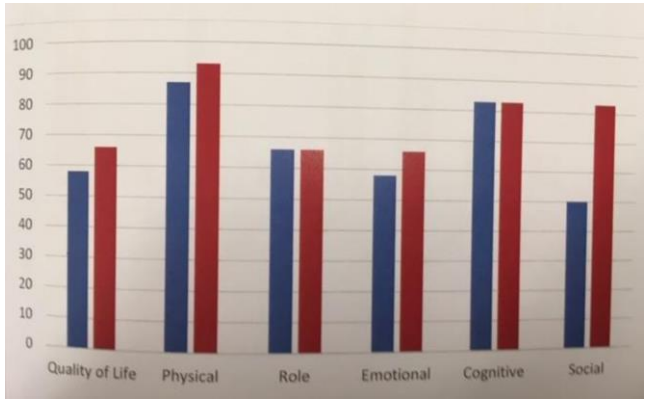
Initiate “Early Holistic Care” to prevent deterioration of performance status during assessment prior to initiation of treatment (prehabilitation)

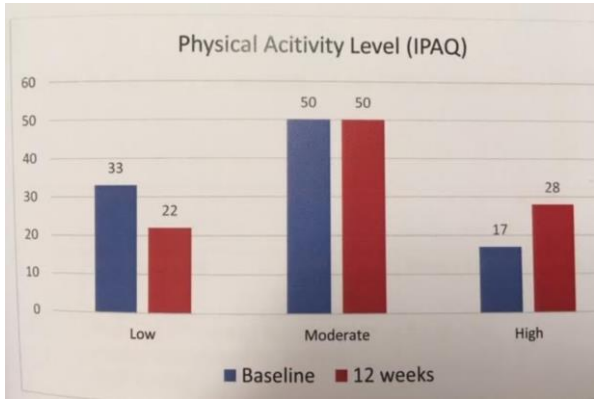
FEED study: (Fish-oil ONS, enzymes (PERT), Exercise and Diet)

Ms Oonagh Griffin, Professor Kevin Conlon and Professor Justin Geoghegan, Dublin

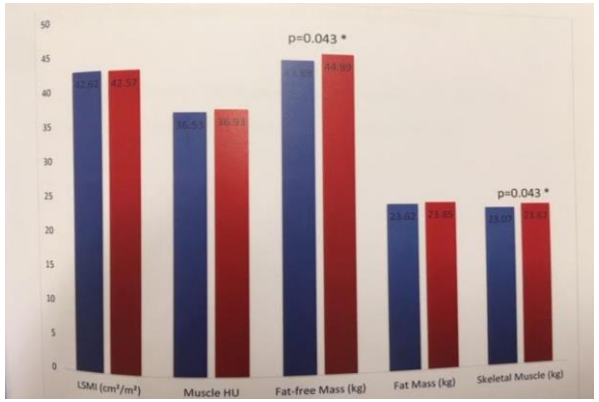
- Study of Intensive nutrition and exercise supportive care during neoadjuvant CXT



Body composition



Physical activity



Health related
Quality of life

Conclusion:
Maintenance of performance status, weight and quality of life is possible during staging and treatment through early holistic education and intervention

So what can we do to improve early management?

Avoid delays in responding to positive investigations (eg USOC on CT)

Streamline the referral process and parallel request for appropriate investigations determined through early specialist involvement

Initiate “Early Holistic Care” to prevent deterioration of performance status during assessment prior to initiation of treatment (prehabilitation)

Improve communication between all stakeholders from the point of initial referral to initiation of treatment

So what is the…….

NHS National Services Scotland

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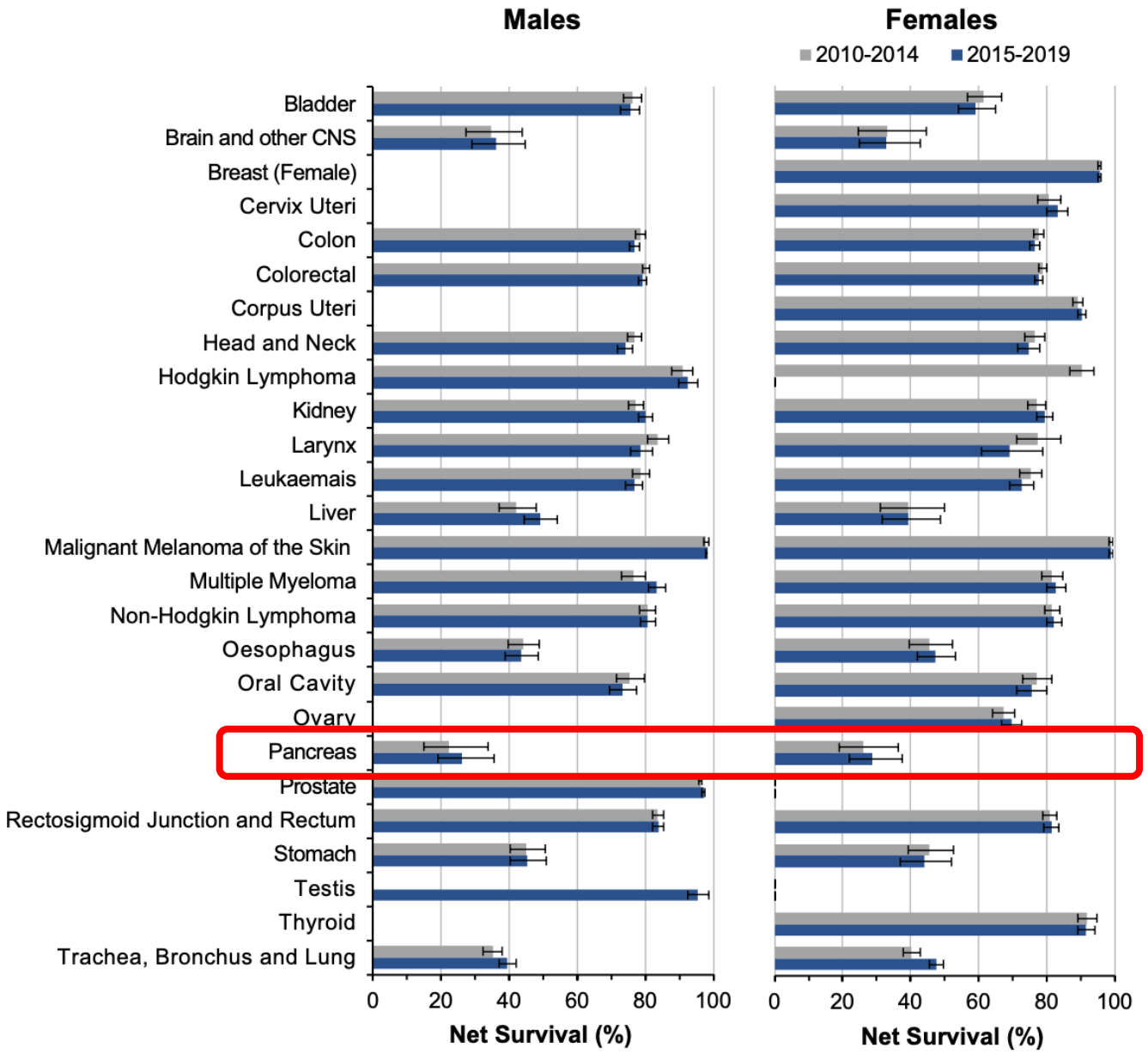
Age-standardised net survival at 1 year after diagnosis, for cancers diagnosed in Scotland during 2010-2014 or 2015-2019.[10]



NHS National Services Scotland

Cancer Strategy for Scotland 2023-2033

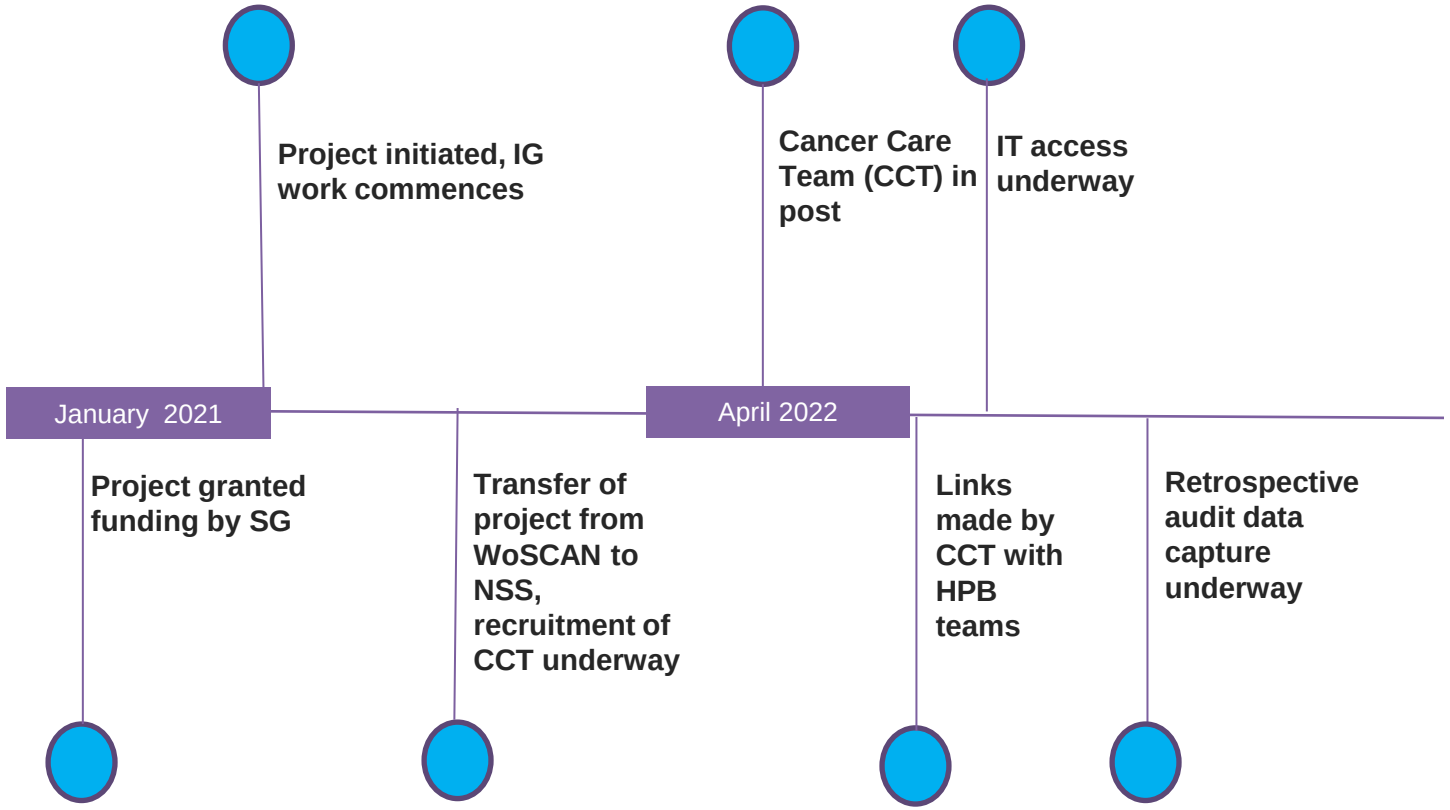
Despite modest gains one year survival for Pancreatic Cancer remains the lowest of all common cancers

“Invest in improving the pathways of less survivable cancers, particularly hepatocellular carcinoma and pancreatic cancer. This will shorten the time to staging and agreeing treatment options.”

“We will focus on cancer types that are the largest burden and have worse outcomes. These include lung and other less-survivable cancers (brain, liver, oesophagus, pancreas, stomach) that have seen very little progress in the last five decades.”

NHS National Services Scotland

Timeline



Completed Planned

PIP Audit covered involved 98 separate demographic and Clinical datafields

		Pathway A	Retro		Pathway A	Retro
Index scan report - CNS discussion of diagnosis and investigation plan	Inpatients	7				18
Index scan report - CCT informed	Inpatients	1.5				-
Index scan report - CNS informed	Inpatients	2	4	Outpatients	2	11
Index scan report - first CNS contact	Inpatients					17.5
Index scan report - PERT started	Inpatients					17.5
Index scan report - ONS started	Inpatients	25	14	Outpatients	12	30
Index scan report - GP informed	Inpatients					8
Index scan report - first palliative care contact	Inpatients					42.5
Index scan report - 2nd Ix request	Inpatients					4
Index scan report - 3rd Ix request	Inpatients					18
Index scan report - 4th Ix request	Inpatients	7	7	Outpatients	17	24.5
Discussed at local MDT- referred to Regional MDT	Inpatients					0
Referral to Regional MDT - 1st Regional MDT discussion	Inpatients					9
1st Regional MDT - last recorded Regional MDT discussion	Inpatients					0
1st Regional MDT Discussion - treatment Plan finalised	Inpatients					16
Index scan report - 1st MDT discussion	Inpatients					16
Index scan report - last recorded Regional MDT discussion	Inpatients					32
Index scan report - treatment plan finalised	Inpatients	12	28	Outpatients	27	40
Last regional MDT – patients informed of definitive decision	Inpatients					2
Treatment plan finalised – patients informed of definitive decision	Inpatients					0
Last regional MDT – definitive treatment started	Inpatients					20
Index scan report to definitive treatment started	Inpatients	10	46	Outpatients	39	64.5

Time to confirm staging plan

Time to communicate staging plan

Time to patient contact / CNS/ EHC

Time to perform investigations

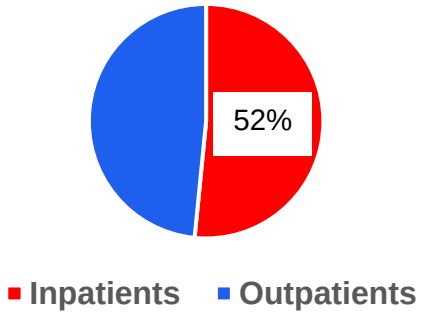
Time taken by MDT to decide definitive treatment

Time to communicate treatment plan

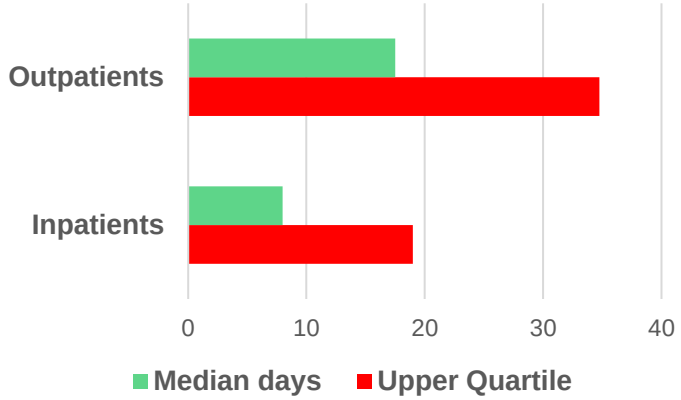
Time taken by MDT to commence definitive treatment

Pancreatic Carcinoma

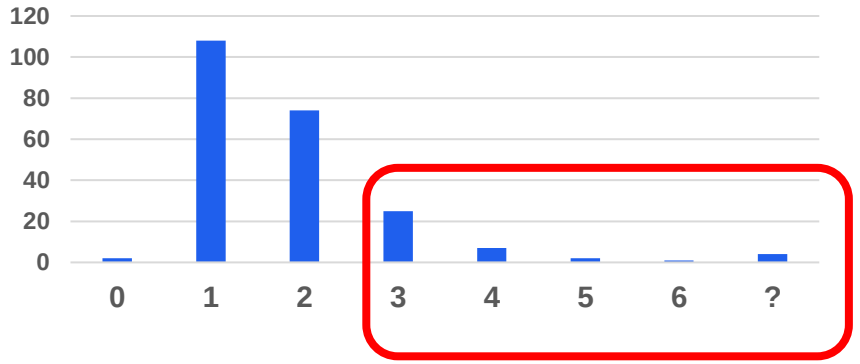
Place of diagnosis



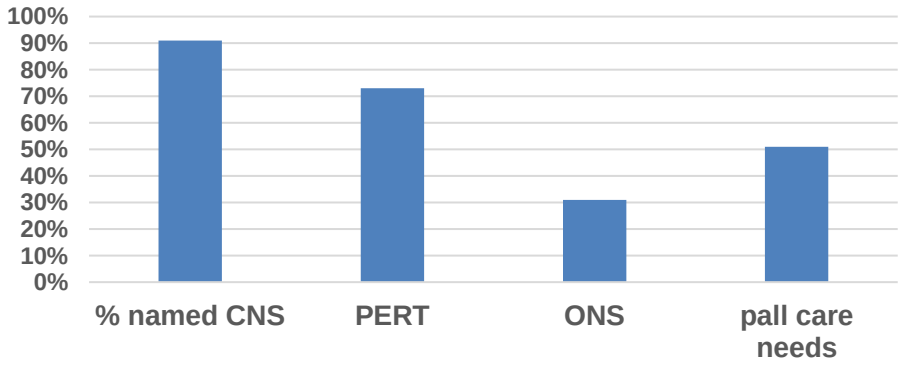
Days until seen by CNS



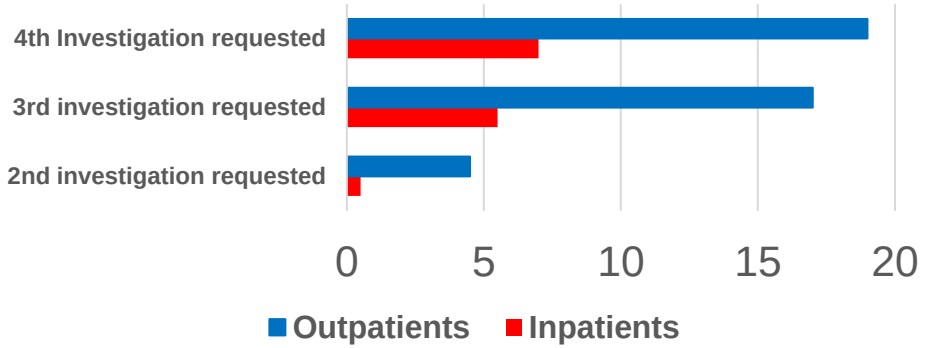
Number of MDT discussions to treatment decision



Patient support / early holistic care



Days from index scan report to requesting subsequent investigations



PIP intervention background

Objectives:

- Equity and quality of care for all patients in Scotland cancer of the pancreas
- Reduce delays in patient pathways to treatment decision
- Provide a signposting service as a point of contact for all clinicians and CNS in Scotland with PC patients
- Provide early symptom management / prehabilitation
- Provide support and education for CNSs looking after PC patients

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Project aligns with key principles of:

A “Once for Scotland” approach

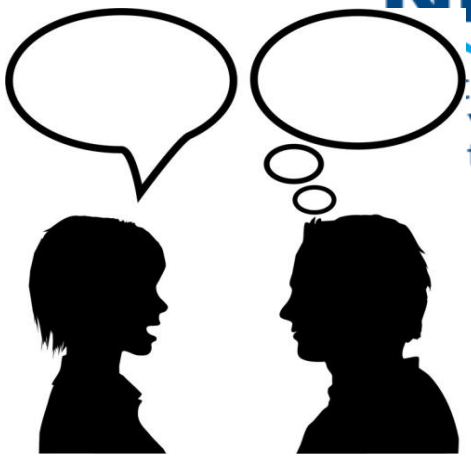
Realistic Medicine

Patient Centred approach

Embedding prehabilitation

Provide Single Point of Contact

Pancreatic and Hepatocellular Cancer Pathway Improvement Project



USOC

Staging

Decision

Presentation

Report raising suspicion of PDAC or HCC

Alert notification of USOC

***virtual* Cancer Care Team =**
Care coordinators
Navigator Clinical nurse specialists
Sessional pancreatic surgeons

Liaison with HPB surgeon or HCC CNS for vetting

Liaison with local team re investigation/ management plan

parallel staging investigation

Regional MDM discussion and decision

Notification of investigation/ management plan

Identify a **key worker(Local CNS team)** to accompany and assist the patient/family through the Investigation, staging and treatment process **Single Point of Contact**

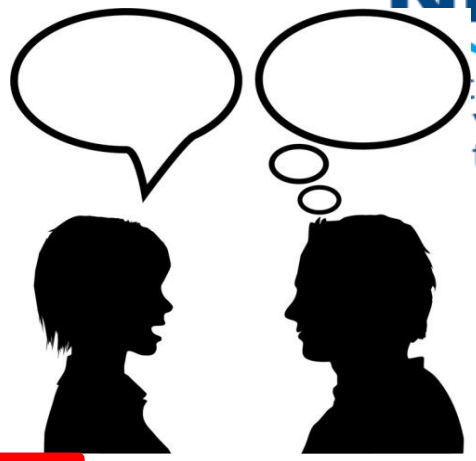
Initiate **Early Holistic Care**

Effectively communicate and update local CNS teams, primary and secondary care

Streamline completion of investigation plan to allow rapid discussion at Regional MDT to determine optimum treatment.

Audit KPIs, pathway process and effectiveness of communication to demonstrate improvement on baseline

Pancreatic and Hepatocellular Cancer Pathway Improvement Project



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Regional MDM discussion and decision

Notificatio
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managemen

Consistent communication between stakeholders within the patients "Care bubble" through distribution of dynamic "Clinical Care Summaries" by the CCT to primary, secondary and tertiary care teams.

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, staging and treatment process
Contact

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Early Holistic checklist
included with initial care summary to support CNS led communication, symptom control, prehabilitation , and discussion of patient needs and wishes

NHS National Services Scotland

Scottish Hepatopancreaticobiliary Network
Pancreatic Investigation Care summary Document

NHS

SHPBN Supportive Care / Prehabilitation Checklist

A holistic, supportive care/prehab checklist to promote optimisation during staging:

Introduction/preliminary discussion
Introduction to local MDT and staging pathway
Discussion of imaging +/- pathology results
Provide contact details for key worker / CNS
Assessment / optimise discussion
Review dietary intake - small and often, consider weight loss - dietitian referral / ONS
Consider PEI & Creon – explain dosage titration & administration
+/ - BM check / GP review / diabetic referral
Recommend GP review to discuss results and initiate Primary Care support
Medication review: optimise analgesia, consider anti-emetic, provide prescription details for GP if required
Symptom assessment: as above, consider GP review, referral to DN +/- Pall Care Team Consider potential alarm symptoms – jaundice/cholangitis/obstruction

Support Needs / HNA	
Consider discussion re individual wishes/anticipatory care planning Consider HNA – local referral pathway Provide information/signposting to local support agencies / third sector where available Anything else to be considered - what matters to you? Consider treatment summary/mini PIS - copy to patient and carer	
+/- Fitness/prehab discussion	
Tailored to individual treatment plan: neo-adjuvant/palliative approach Provide general advice re smoking, alcohol, diet, activity and signpost to local agencies where appropriate +/- local physio service (?Macmillan) Consider formal fitness assessment – ECOG/WHO/DASI/frailty score	
Prehab:	Exercise suggestions – walking prescription, stair practice Reduce / stop smoking - cessation support Consider alcohol intake Provide Optimisation PIS
+/-	Formal prehab review (anaesthetic input) Exercise prescription Pre-op isolation guidance
Deteriorating performance status often limits treatment options - optimisation and improvement in general functioning may allow access to other treatment options and participation in research studies e.g. PRIMUS	

Early Holistic checklist
included with initial care summary support CNS led communication, symptom control, prehabilitation , and discussion of patient needs and wishes

Scottish Hepatopancreaticobiliary Network
Pancreatic Investigation Care summary Document

SHPBN Supportive Care / Prehabilitation Checklist

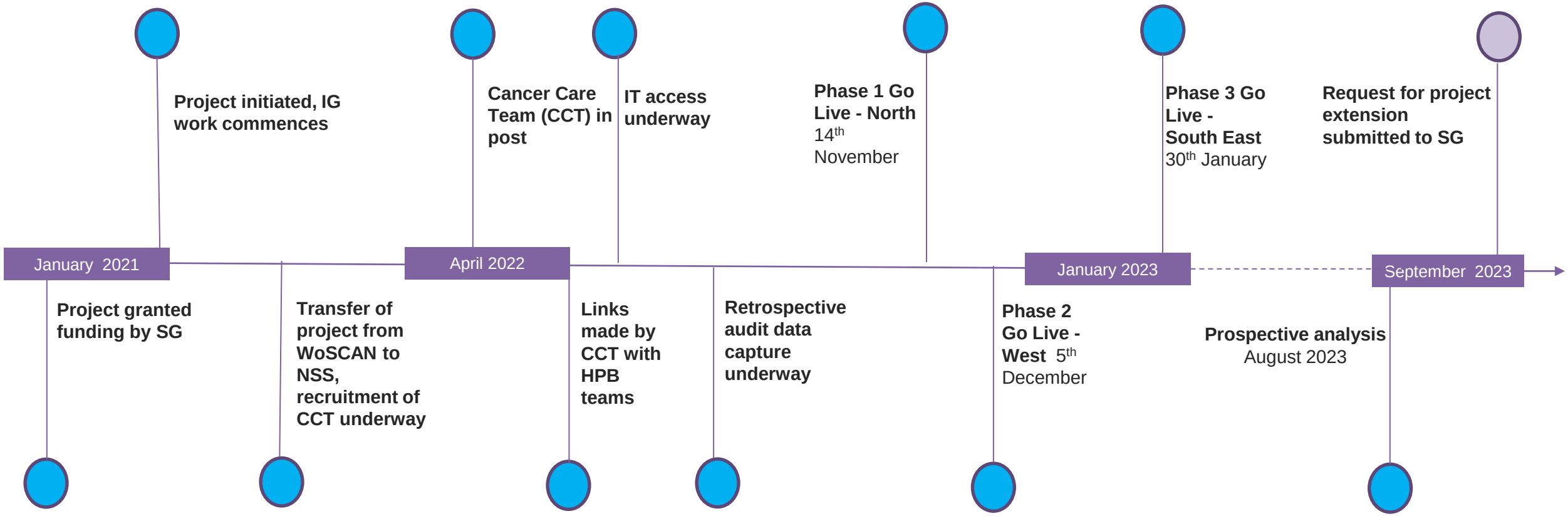
A holistic, supportive care/prehab checklist to promote optimisation during staging:

Introduction/preliminary discussion
Discussion of diagnosis and staging process and provision of contact details Provide contact details for key worker / CNS
Assessment / optimise discussion
Symptom assessment and control Diabetic control Dietary advice PERT +/- ONS Medication review

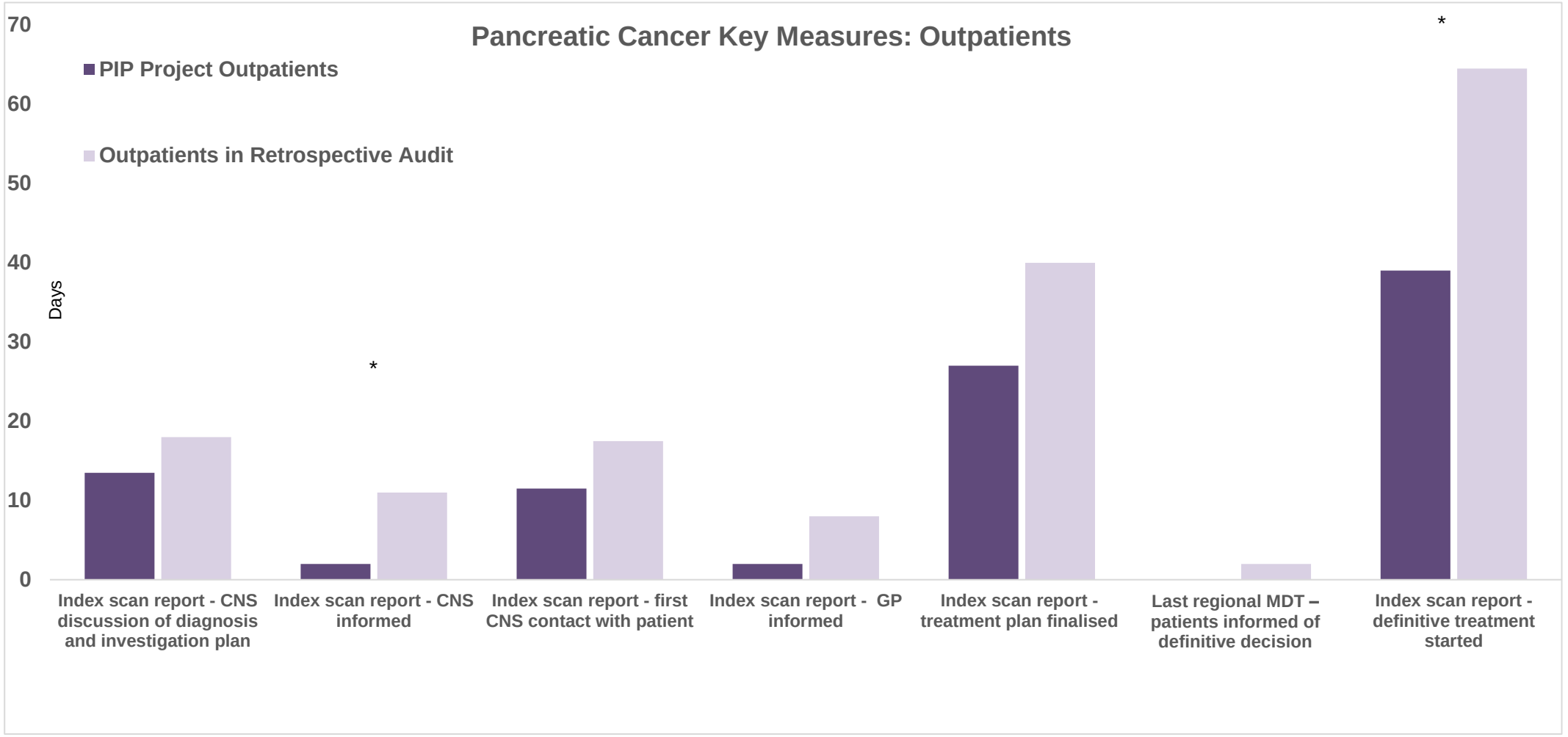
Support Needs / HNA
Patient wishes and priorities Holistic needs assessment Information on local support agencies Contact information & booklets re; 3rd sector support
+/- Fitness/prehab discussion
Patient specific treatment plan liaising prior to MDT regarding suitability for some treatments Generic health advice (smoking, diet, etc.) ? Suitability for trial inclusion
Prehab: Exercise suggestions – walking prescription, stair practice Reduce / stop smoking - cessation support Consider alcohol intake Provide Optimisation PIS +/- Formal prehab review (anaesthetic input) Exercise prescription

Deteriorating performance status often limits treatment options - optimisation and stabilisation / improvement in general performance status may permit access to additional treatment options or participation in research studies

Timeline


January 2021
April 2022
January 2023
September 2023
Project initiated, IG work commences
Project granted funding by SG
Transfer of project from WoSCAN to NSS, recruitment of CCT underway
Cancer Care Team (CCT) in post
IT access underway
Links made by CCT with HPB teams
Retrospective audit data capture underway
Phase 1 Go Live - North 14th November
Phase 2 Go Live - West 5th December
Phase 3 Go Live - South East 30th January
Prospective analysis August 2023
Request for project extension submitted to SG
Completed
Planned

Prospective KPI Analysis - Pancreatic Cancer Q3 2023



Challenges

- Simultaneous migration of SHPBN from WoSCAN to NSS / NSD
- Complex clinical and information governance / disparate IT systems and secure access across 14 Health Boards
- Inconsistent communication / engagement with boards, management and clinicians
- Workforce pressures within radiology / outsourcing of reports
- Variable engagement by pancreatic surgeons for early triage / investigation planning
- Resistance / fear of change both at a management and clinical level
- Current ubiquitous resource pressures.

Summary:

Despite the challenges the Cancer Care Team have delivered a positive “test of change” project on a National level. Our early results suggest we appear to be achieving

- **Improved patient support & communication,**
- **Earlier Holistic management intervention**
- **Coordination of Primary secondary and tertiary care communication**
- **Reduced duration of investigation and decision making pathways**
- **More rapid initiation of appropriate treatment**

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- **More rapid initiation of appropriate treatment**

We require YOUR support to ensure this PIP transitions from pilot project to become the Standard of Care as this represents the first stage in the actual clinical delivery of a (close to) Optimised Care Pathway

Questions?