



**NICaN Regional Upper GI/HPB Group  
Tuesday 1<sup>st</sup> December, 2009  
Function Suite, Antrim Forum**

**In attendance:**

Dr Colin Purcell  
 Ms Rosaleen Corvan  
 Dr Martin Eatock  
 Ms Julie Hanna  
 Mr Roy McMullan  
 Dr Graeme Crawford  
 Dr Dermot Hughes (Chair)  
 Mr Andrew Kennedy  
 Mr Inder Mainie  
 Dr Tony Tham  
 Dr Michael Mitchell  
 Ms Bridget Tourish  
 Mr Abraham Varghese  
 Ms Sarah Liddle  
 Ms Alison McFerran  
 Ms Eileen Deery  
 Mr Robert McCormac  
 Ms Sally Campalani  
 Mr Peter Watson  
 Mr Gary Spence

**Apologies:**

Mr Mark Taylor  
 Ms Cara Anderson  
 Ms Alison Porter  
 Mr Damian McManus  
 Dr Neil McDougall  
 Mr John Moorehead  
 Dr Anna Gavin  
 Ms Claire Harrison  
 Mr Eamon Mackle  
 Mr Ray Hannon  
 Ms Diane Corrigan  
 Ms Joanne Cullen  
 Mr Barry Clements  
 Ms Karen Robinson

Item number	Summary of key points / outcomes/ action	Identified Party & date
OEG_0009_68	<p><b>Welcome and Introductions</b>                      Dr Hughes welcomed everyone to the meeting. Introductions were made and apologies were noted as recorded above.</p> <p><b>Minutes of last meeting and matters arising – 9<sup>th</sup> September, 2009</b>                      The minutes of the meeting held on 9<sup>th</sup> September, 2009 were agreed as a true and accurate reflection of the meeting. It was noted that the key matters arising would be discussed throughout the agenda</p>	

<p><b>OEG_0909_69</b></p>	<p><b>Update on UGI Endoscopy: Service Improvement Initiatives</b></p> <p>Ms Liddle provided update making reference to a previously circulated written update. It was noted that a DRAFT project plan is being developed and this will be shared with the group following consultation with the Modernising Endoscopy Services (MES) Project Team.</p> <p>The following key areas were discussed:</p> <p><b>OGD</b></p> <p>It was noted that rates of OGD in Northern Ireland are thought to be 2.5 times greater than in England.</p> <p>This piece of work will consider current rates of OGD carried out by hospital site; provide a comparative analysis into rates of OGD using data from England; consider DNA rates and overall waiting times and analyse appropriateness of referral for OGD regionally and by GP Practice against referral guidance.</p> <p>The aim of this piece of work will be to ensure rates of OGD in Northern Ireland are at an appropriate level comparative to other parts of the UK.</p> <p>Dr Tham highlighted that practice in England is that there is a dyspepsia clinic which is nurse led and sought comment from Dr Crawford in relation to this from a primary care perspective. Dr Crawford advised that there is always a challenge in whether to refer or not and due to increased health awareness, patients tend to insist in having tests completed.</p> <p>Dr Eatock highlighted that further information was required in relation to identifying the types of patients currently receiving OGD and the need to consider 5/10 year survival figures with a focus on the advantages of early diagnosis.</p> <p><b>ERCP</b></p> <p>Ms Liddle highlighted that a number of issues relating to ERCP service provision have been noted to include lack of availability and timely access to procedures for patients. Concerns have also been voiced in relation to a high number of operators across the region.</p>	
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<p>OEG_1209_70</p>	<p>Dr Mitchell advised that an audit of ERCP will be undertaken in the coming months, this was put on hold until the EUS audit had been completed and it was highlighted that the work of the MES project would build on this audit data.</p> <p>Dr Tham highlighted that due to a capacity issue, SE Trust currently exports approximately 20% of ERCP procedures to other trusts.</p> <p>Ms Liddle queried whether records are being kept in relation to the number of procedures being exported and Dr Tham agreed to look at figures for this.</p> <p><b>Action:</b> Dr Tham to send information to Ms Liddle once completed.</p> <p>Ms Liddle to share DRAFT MES project plan with group for comment.</p> <p><b>Update in the development of an integrated, patient centred oesophago-gastric service</b> Ms Corvan provided update advising that a finalised report is currently awaited, however is expected shortly. It was noted that progress has been made with the establishment of the specialist MDM and that the first meeting of the new MDM will 'go live' on 4<sup>th</sup> December, 2009.</p> <p>It was noted that Dr Martin Eatock has been confirmed as Clinical Lead for the MDM with Dr Michael Mitchell as deputy.</p> <p>Dr Eatock advised that that an operational policy for the new specialist MDM is in draft form and it was noted that the new MDM will function as both a diagnostic MDM for Belfast and specialist MDM for the region.</p> <p>It was noted that the new MDM will take place on a Friday AM and the 'cut off' for referral will be 5pm on a Tuesday evening.</p> <p>Dr Eatock highlighted that there is still a piece of work to be completed with the local units in relation to referral and logistical arrangements for linking with the specialist MDM.</p>	<p>Dr Tham</p> <p>Ms Liddle</p>
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<p>OEG_1209_71</p>	<p>It was agreed that referral criteria should be in line with the Improving outcomes Guidance and consideration should be given to the recent AUGIS recommendation that all patients should be discussed at the specialist MDM.</p> <p>It was however noted that there will be categories of patients who will be very frail and not suitable for any radical surgery and thus it would not be appropriate to discuss such patients at the specialist MDM.</p> <p><b>Action:</b> Agreed that a meeting would be set up with Dr Eatock, Dr Mitchell and clinical leads of the local MDM to discuss further with a view to agreeing a working policy. Ms Tourish to arrange meeting for the new year, ensuring that 6 weeks notice is provided.</p> <p><b>Strengthening links with the OPA</b> Ms Tourish advised that following discussions with Mr McMullan, it was felt that in light of a move towards a centralised service, there is a real opportunity to embed links with the OPA within the new services.</p> <p>An update was provided on the recent OPA meeting which had approximately 100 people in attendance with excellent patient and carer involvement.</p> <p>Ms Tourish highlighted that the OPA in England have now become the Oesophageal and Gastric Patients Association and that it was felt that such a move would also be applicable at this time for Northern Ireland.</p> <p>Discussion took place in relation to securing clinical engagement and the appropriate sign posting of both Oesophageal and gastric patients.</p> <p>Ms Corvan fully supported the work of the OPA and a move towards the inclusion of gastric patients. She also provided a commitment to relevant professionals attending the OPA meetings.</p> <p>Dr Eatock highlighted that there is a need to support patients throughout the full cancer pathway and there is a need to explore how the OPA can best provide support to patients including those patients receiving palliative treatments.</p>	<p>Ms Tourish</p>
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<p><b>OEG 1209_72</b></p>	<p><b>Action:</b> Ms Tourish to explore issues further with Mr McMullan. Ms Campalani to discuss with lead nurses.</p> <p><b>Primary and secondary care referral protocol for suspected Hepato Cellular Carcinoma</b> Ms Tourish provided update on behalf of Dr McDougall. She discussed the primary care pathway, secondary care pathway and amended inter-trust transfer protocol (all documents were circulated in advance of the meeting).</p> <p><b>Action:</b> All documents formally signed off. Ms Tourish to circulate finalised copies and upload to website.</p>	<p>Ms Tourish and Ms Campalani</p>
<p><b>OEG_1209_73</b></p>	<p><b>EUS Audit Update</b> Dr Mitchell provided update in relation to the recent EUS Audit that had been completed across the province. He presented background information and overall audit results and it was noted that no formal return had been received from Altnagelvin.</p> <p>The key messages from the audit were as follows:</p> <ul style="list-style-type: none"> <li>• More than adequate provider numbers – NI has 5% of all UK EUS providers</li> <li>• Wide variation in waiting times which often exceed optimal time</li> <li>• Delays in referral to receipts in EUS centres</li> <li>• Increased amount of non cancer work being carried out in BCH</li> </ul> <p>Dr Mitchell advised that a number of improvements have already been put in place following the audit completion to include:</p> <ul style="list-style-type: none"> <li>• New booking system at BCH to prioritise cancers</li> <li>• Addition of 2<sup>nd</sup> list at royal hospitals</li> <li>• Revised regional booking arrangements – if local EUS provider is unable to provide a date within 2 weeks – refer to other provider.</li> </ul> <p>Following discussion, it was concluded that there is adequate resources and adequate equipment; however a same day service is not being provided. The importance of ensuring that services remain locally where possible was highlighted.</p>	<p>Ms Tourish</p>

<p><b>OEG_1209_74</b></p>	<p><b>Access to Radio Frequency Ablation Therapy (RFA)</b>                  Dr Tham led discussion with reference to a paper highlighting clinical trial outcomes in RFA (previously circulated). Dr Tham highlighted that RFA is an endoscopic option for the management of high grade dysplasia and early oesophageal cancer. It provides an alternative to Oesophagectomy in selected cases and it was noted that to date 3 such procedures have been completed within South Eastern Trust.</p> <p>Dr Tham sought support from the group in relation to making RFA available for the region. The group fully supported Dr Tham in that this procedure should be available for patients within NI.</p> <p>It was noted that a business case has been prepared within Belfast trust for the service and Dr Hughes highlighted that it may be useful to have a joint business case for both providers being Belfast and South Eastern, with the commitment that the NICaN regional group fully supports the service proposal.</p> <p><b>Action:</b> Ms Corvan to liaise with Ms Karen McIlveen to progress joint business case for the province. Regional group to be kept updated.</p>	<p>Ms Corvan</p>
<p><b>OEG_1209_75</b></p>	<p><b>Progress Update on the development of Clinical Management Guidelines</b>                  Ms Tourish provided update on behalf of all lead authors advising that DRAFT CMGs are currently being finalised and work is well underway. It was agreed that GISTS should also be considered within the CMGS.</p> <p><b>Action:</b> Ms Tourish to continue to work with lead authors and to circulate DRAFT copies in advance of next meeting for discussion and comment.</p> <p><b>Meeting close and dates for future meetings</b>                  Dr Hughes closed the meeting by thanking everyone for their attendance and contribution.</p> <p>The next meeting will be held on <b>Wednesday 24<sup>th</sup> March, 2010, 2pm, Antrim Venue TBC.</b> Further meeting dates to be confirmed.</p>	<p>Ms Tourish/ Lead Authors</p>

