

Minutes of the PCA Upper GI – OG SSG

Thursday 1st October 2020

MS Teams Conference Call

FREEDOM OF INFORMATION

This group will observe the requirements of the Freedom of Information Act (2000) which allows a general right of access to recorded information including minutes of meetings, subject to specific exemptions. No one present today had any objections to their names being distributed in the minutes.

Meeting Minutes

Chair: Tawfique Daneshmend

Consultant Gastroenterologist, Royal Devon and Exeter NHS Foundation Trust

Attendance:

NDHT	Alison Wilkes	MDT Coordinator
PCA	Beth Kingshott	PCA SSG support Manager
UHP	Bruce Fox	Consultant Radiologist
NDHT	Charlie Raymont	Clinical Nurse Specialist
UHP	David Sherriff	Consultant Clinical Oncologist
UHP	Gemma Miles	Consultant Radiologist
NDHT	Jackie Morris	Clinical Nurse Specialist
NDHT	Jennifer Macpherson	Consultant Radiologist
PCA	Jon Miller	PCA Network Manager
UHP	Mac Armstrong	Consultant Radiologist
TSDFT	Sandip Bhatt	Consultant Surgeon
RDEFT	Tawfique Daneshmend	Consultant Gastroenterologist

Apologies:

NDCCG	Bev Parker	Head of Planned Care Commissioning
TSDFT	David Buckley	Consultant Radiology
NDHT	Hasib Choudhury	Consultant in Palliative Medicine
PCA	Joe Mays	GP/ Commissioner/PCA
UHP	Richard Berrisford	Consultant Thoracic Surgeon
UHP	Tim Wheatley	Consultant Surgeon

Reference	Notes
1.0	Welcome and Introductions.
1.1	The minutes of the previous Meeting were considered;
2.0	Matters Arising:
2.1	Although the Peninsula saw a decrease in referrals at the beginning of Covid, these are picking up and teams are seeing much higher referral rates for this time of year.
2.2	<p data-bbox="357 689 523 719"><u>North Devon</u></p> <p data-bbox="357 757 1326 853">The service has been busier over the last 4-5 weeks, but they have not experienced any delays to imaging due to covid other than when a patient declines to come into the hospital.</p> <p data-bbox="357 891 1366 987">The trust currently have a visiting CT Scanner and are in the process of building a new scanner, which has caused very little delays and will hopefully mean that capacity will not be affected.</p> <p data-bbox="357 1025 1366 1093">There has been a slightly longer wait for PET scans over the past month and this seems to be reverting back to its usual service.</p> <p data-bbox="357 1122 852 1160"><i>(Similar experience in RDE and UHP)</i></p>
2.3	JM is in the process of chasing up PET turnaround times and their plans to cope with winter and Covid.
2.4	The main bottleneck in the service is endoscopy. TD has flagged to the alliance issues with Covid testing prior to endoscopy as the ability to have these completed in a timely fashion (within 48hours) is difficult. As a consequence tests can be invalid and there can be unexpected gaps on endoscopy lists.
2.4.1	Arrangement of covid swabbing has been improving in North Devon.
2.4.2	TD explained that this has been a particular issue for the elderly with living more rurally in the region.
3.0	Rapid Diagnostic Service
3.1	<i>Please see slides circulated with the minutes</i>
3.2	JM updated the SSG on the Rapid Diagnostic Services across the Peninsula.
3.3	The NSS pathway is going live across 4 trusts in the Peninsula for those patients where there is a concern for cancer but symptoms are non-site specific. A date for the RDE to go live with this service is still being considered.

- 3.3.1 It is believed that there will be a very small amount of patients that will meet this criteria, and of those, 10-20% will require further FU if a CT is not conclusive of an outcome.
- 3.3.2 The introduction of a FIT test for suspected colorectal patients will support the NSS pathway. Those with abdominal pains where a FIT has ruled out a colorectal cancer could then be referred onto this pathway. The patient would be held in the RDS until an outcome is reached, which could include a referral back to the GP.
- 3.4 As well as the NSS pathway, the RDS is introducing two other site specific pathways in breast and UGI.
- 3.4.1 Other the next 6 months the PCA is working with teams to sign off providers as being compliant again a checklist (*please see circulate with minutes*).
- 3.5 ND raised concern around CT capacity. Although they currently have access to two CT scanners, this might not be the case in the future. With an extra 3-4 scans a week there is concern about their ability to be able to deliver this with only one scanner
- 3.5.1 It is believed that these patients are already in the system and that this would not incur additional work. These patients should come out with a definitive management plan.
- 3.6 The alliance is following the model developed by Oxford. Please see circuted with minutes the evaluation on the Oxford Scan model.
- 3.7 It is a national requirement to deliver these services across the country
- 3.8 For further questions on the RDS service, please contact :
PCA Project Manager : sarah-jane.davies@nhs.net
PCA GP clinical lead: joe.mays@nhs.net
- 3.9 **ACTION:** JM and BK to keep the SSG updated with developments on this service.
- 4.0 **Introduction of Cytosponge**
- 4.1 Looking at abnormal cells without having to do endoscopy could potentially reduce the number of surveillance endoscopies being performed.
- 4.2 This is currently awaiting approval from NICE but the PCA would like to be early adopters.
- 4.3 The PCA has received innovation funding for the use of capsule endoscopy.
- 4.4 **ACTION:** JM to keep the SSG updated on any further developments.
- 5.0 **BSG Guidance and Additional Guidance on diagnostics**

5.1 The group discussed the recent BSG guidance :
<https://www.bsg.org.uk/covid-19-advice/bsg-multi-society-guidance-on-further-recovery-of-endoscopy-services-during-the-post-pandemic-phase-of-covid-19/>

6.0 **AOB**

6.1 The group discussed management of patients receiving delayed diagnosis. Currently trusts do not have a unified approach for managing this.

6.1.2 JM suggested that if this is something teams would like to pick up, to contact John Renninson who could assist with producing collective advice.

6.2 **ACTION:** BK to arrange the next meeting for the new year.

END