

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

PEER REVIEW 2012

Specialist Hepato-Pancreato-Biliary MDT

INTERNAL VALIDATION ASSESSMENT REPORT 2012

Date Internally Validated: 10th August 2012

Hospital Site: LGH

Measures Self Assessing: 11-2F-300 & 400 measures

Time: **09:00** panel reviewed facilities
09:30 panel conduct a desk top exercise of submitted HPB evidence

Venue: Small Committee Room LGH

Panel: Michael Nattrass, CBU Manager
Jane Pickard, Lead Nurse
Samantha Holmes, Peer Review Project Lead
Mike McHugh, Commissioner
Katherine Packham, Public Health Registrar
Patient Representative – no representative available to attend. NCPR aware of issue.
David Cully – Network Representative reviewed evidence prior to Validation and feed back to panel as unable to provide Network support for IV's.

Time: 10:30 MDT met with the panel to discuss submitted evidence

Venue: Small Committee Room LGH

MDT Members in attendance:

Mr Giuseppe Garcea –Consultant Surgeon / MDT Lead Clinician:
Mr Ashley Dennison – Consultant Surgeon
Ms Cristina Pollard Lead HPB Nurse Specialist
Ms Sophie Noble – HPB Nurse Specialist
David Shaw – Cancer Patient Pathway Co-ordinator

Time: 11:30 Panel report write up.

Self assessment submission:

HPB MDT Self assessed their MDT against the Peer Review Measures and confirmed that the Specialist Pancreatic Measures 11-2F-300 were 85% Compliant and Pancreatic and Liver 11-2F-400 measures were 100% compliant. The HPB Operational Policy, Annual Report, The work programme, self assessment report and the Clinical Lines of enquiry were submitted and uploaded on to CQuins prior to Internal Validation.

When self assessed the HPB MDT reported the below Non compliant measures, and clarified rationale:

Measure 2F-11-302 & 303: Active steps have been taken by our lead CNS to undertake training (due in September)

<i>Measure 2F-11-310:</i>	Communication with GPs following MDT discussion is still inadequate. The annual report and work plan attempts to address this.
<i>Measure 2F-11-323:</i>	<p>Non-compliant since local efforts at supplying Patient Information Prescriptions were halted following a trust-wide review of policy.</p> <p>HPB is to lead with the new forms, therefore compliance should be achieved.</p>
<i>Measure 2F-11-321:</i>	By next year all core members will have received communication skills training.

Internal Validation:

Panel members reviewed HPB facilities, and confirms that the Leicester General Hospital has good ITU and HDU facilities. They also have good treatment planning meetings, operational and acute post-operative care activities of the MDT which are carried out at this hospital (315 & 316). The panel felt that the admission facility was a very calm. The outpatient's quiet room is a good idea and a good location. The panel acknowledge that HDU have issues with regard to the transfer of patients onto wards and the lack of beds, however, noted that the trust has a plan in place to address this issue.

During the desk top exercise the panel reviewed all evidence submitted and the panel felt that measure 323 (patient permanent consultation record) is compliant. The panel noted that the hand held record was stopped however, when the panel reviewed the 5 sets of patient notes submitted for IV, there was documented evidence to show compliance with this measure. In addition the panel commended the CNS's on their attention to detail when completing nursing documentation.

Patient Notes reviewed:

The team are to be commended for the evidence documented for compliance with the Key worker guidelines. A Key worker audit was conducted for compliance with the EMCN Key worker Policy. It was evident in the patient's notes that key worker documentation, Holistic Needs Assessment is used and therefore the MDT complies with these measures. It is evident that the CNS's provided ongoing Psycho Social Support and liaises across the wider MDT including primary care.

Meeting with the MDT

The panel commended the MDT for all their hard work in producing the self assessments and evidence for Peer Review as this is an excellent example of how it should be done. EMCN were unable to provide representation, however, reviewed evidence prior to this meeting and feedback that they had submitted good documents and couldn't see any issues.

MDT key priority this year

- 1) The MDT confirmed that they are currently struggling with measure 11-2F-310 – communication to GP, and this measure is non compliant. Due to the workload of patients discussed at the MDT and MDT Co-ordinator support, they are currently unable to sustain sending letters to GP within 24 hours; however, the MDT is exploring the PATS and Summerset system. The Trust is also looking at the Summerset database. The MDT added that they are very proud of what they had achieved and in order for grow, an improved system is required. The MDT Lead stated that this was one of their key priorities this year.
- 2) HDU and ITU bed capacity are a key priority for this year.
- 3) EUS system – a bid has been placed for a EUS system and Ultrasound machine. The current equipment isn't fit for purpose. A bid was submitted 3 years previously, however, this equipment was given to Upper team at the LRI. The EMCN want us to have a single pathway and the

implication of not using this is that we could affect the delivery of the Peer Review measures. If the bid isn't successful, the HPB team may also have to refer these patients to Nottingham. MN informed the MDT that capital bids meetings are coming up and he will discuss this issue further with Andrew Furlong - Divisional Director. This is a priority for this year.

11-2F-302 and 303 Psychological Support and practitioners. This measure is non compliant. The panel noted that the named CNS was booked onto the 3rd September training, however, this is fully subscribed. The named CNS is to contact the EMCN to secure another training session. Once 302 training has been achieved, the CNS will then be able to arrange the 1 hour supervision per month.

11-2F-321 – this measure is non compliant, however, the panel congratulated the team that they only have 2 members now to attend which they have a date secured for October 12.

The panel noted that the MDT attendance record was a little low; however plans are in place to improve attendance.

The panel agreed that the HPB MDT have submitted outstanding evidence, and have a superb CNS team who are very committed to the Cancer agenda, thus very proud of all they have achieved.

The panel asked if there are any delays in the patient pathway when referring patients from other MDT's and then to be discussed at the LGH HPB MDT? The MDT confirmed that there isn't a delay and if the patient needs an urgent planning decision, they don't wait for MDT discussion, the patient admitted. The MDT informed that this is a superb service as a HPB surgeon attends referring MDT, takes the notes at the meeting and then takes them back to be discussed at the HPB Meeting. This system has increased the number of referrals the HPB service has received. The benefit to going out to visit peripheral MDT sites, it gives the peripheral teams an opportunity to talk through general clinical issues with them so that expert knowledge and good practice could be shared with less specialised peripheral teams. HPB have received feedback from referring MDT's and they prefer the face to face HPB surgeon input at their MDT. When a HPB surgeon attends the referring hospitals MDT and a patient who requires a review is on their ward the LGH HPB surgeon will pop on to the referring MDT ward to see the patient and if necessary get them in an ambulance straight away.

The panel stated that this is an expanding service with increasing need; the panel asked how can the Health Community help address any issues?

ERCP to treat Jaundice – 1500 patients treated at the trust and if this was centralised it would be more efficient.

National tariff appears to be an issue.

Final comments:

The panel felt that this MDT was very organised, showed excellent team working and provided a high standard of care to our patients and should be congratulated.

I VALIDATION CHAIR **Michael Nattrass** ON BEHALF OF UHL AGREE THAT THIS IS AN ACCURATE ASSESSMENT OF THE Specialist Hepato-Pancreato-Biliary MDT

DATE: 4th September 2012

I VALIDATION CHIEF EXECUTIVE ON BEHALF OF UHL AGREE THAT THIS IS AN ACCURATE ASSESSMENT OF THE Specialist Hepato-Pancreato-Biliary MDT

SIGNATURE:

DATE: