NICE Shared Learning Awards 2019

Pancreatic Cancer UK

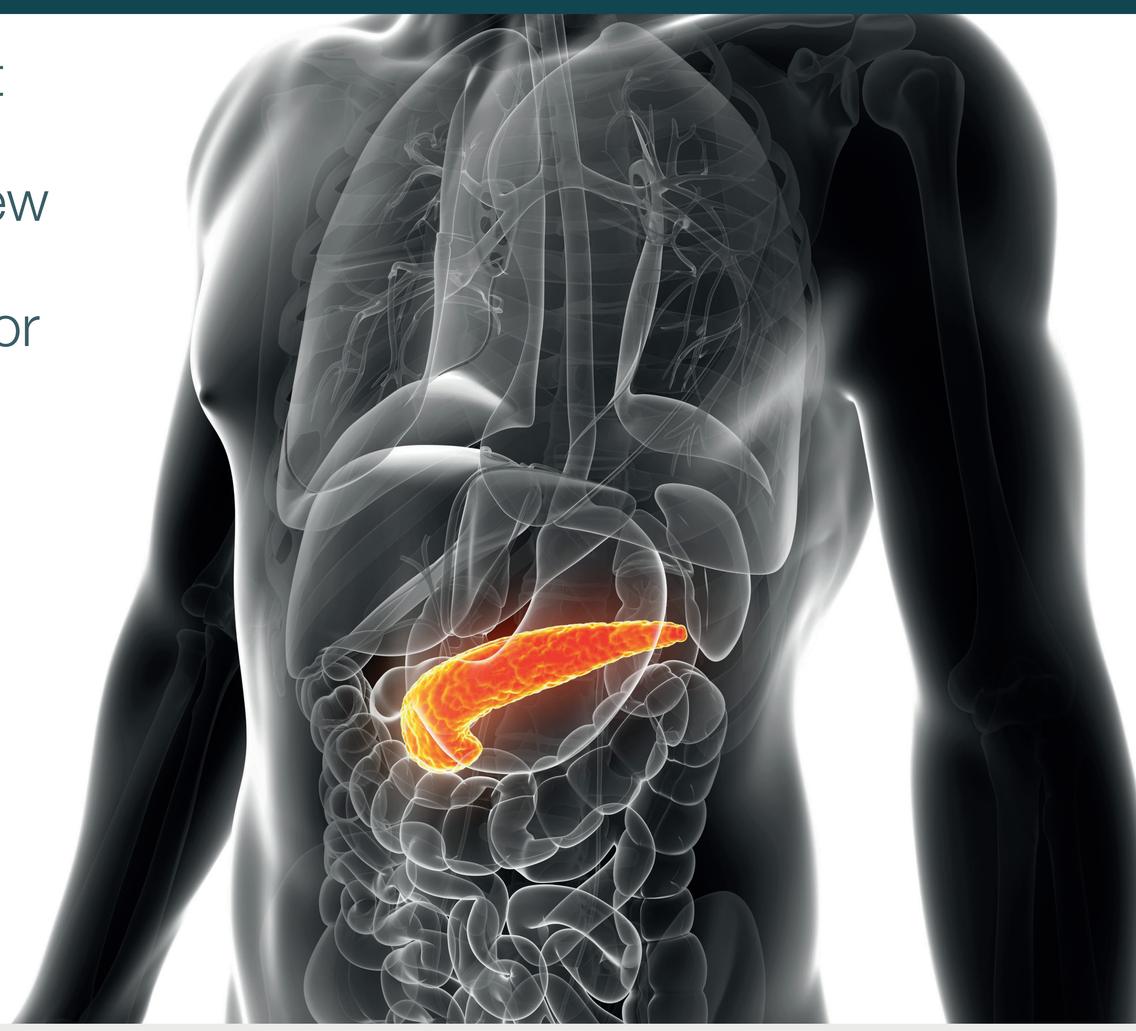
# Fast-track surgery for patients with operable pancreatic cancer

20 YEARS OF NICE 1999-2019

People with pancreatic cancer are receiving treatment more quickly, and increased numbers are undergoing potentially curative surgery, thanks to an innovative new pathway. Under the new scheme, eligible jaundiced patients are receiving surgery without the need for prior endoscopic stenting, in line with NICE guidance.

*"This is a much faster path to surgery for pancreatic cancer that improves patient care, experience and outcomes. The cost-saving benefit of the pathway can be redirected into ensuring the sustainable delivery of this fantastic service."*

**Mr. Keith Roberts,** Consultant Hepatobiliary and Pancreatic Surgeon, University Hospitals Birmingham



## What we did and why

Jaundiced people with pancreatic cancer usually have endoscopic stenting before they are considered for curative surgery. The stenting procedure is invasive and associated with clinical complications and hospital admissions. It can delay surgery by two months or even preclude it, if the patient becomes too unwell or the tumour becomes inoperable. Studies have linked stenting with serious medical problems compared to patients who had surgery directly.

Pancreatic Cancer UK awarded a Clinical Pioneers Award to University Hospitals Birmingham NHS Trust to develop a fast-track surgery pathway. This directly supports NICE recommendations on treating jaundiced patients with operable pancreatic cancer (NG85), and it is also a key improvement area in the NICE quality standard (QS177).

The trust and the charity worked closely together to ensure that this service is available for all people with pancreatic cancer across the country.

*"We shared the model with ministers, healthcare commissioners and clinical specialists to ensure that access to such a service is possible everywhere in the country."*

**Anna Jewell**, Director of Operations, Pancreatic Cancer UK

## Outcomes and impact

The model developed in Birmingham achieved:

1. Surgery within 16 days as opposed to 65 days for those who underwent stenting.
2. 22% more jaundiced patients receiving surgery every year (97% versus 75%).
3. A cost-saving benefit of £3,200 per person.

The team in Birmingham currently measures the impact of the pathway on survival outcomes on and patient experience.

Our forecast analysis shows that if the pathway is rolled out across the 23 specialist centres in England, it will increase annual surgery rates to at least 12% (currently 8%).

Re-investment of savings from endoscopic stenting will enable the appointment of an extra clinical nurse specialist (CNS) that is essential for the success of the pathway. Our analysis shows that rolling out the model with the appointment of a CNS will save the NHS £1.9 million per year in England.

The team in Birmingham has helped other specialist centres to implement this service such as the Royal Free London, King's College Hospital and Royal Surrey County.

## What we learnt

Patient support, collaboration, communication and capacity are key components of the pathway's success. The pathway requires pro-activity, reactivity, flexibility and extra resources. In our communications with clinicians, we identified lack of resources as a major barrier to the delivery of the pathway.

The appointment of a dedicated pathway CNS was fundamental to address these challenges. The CNS is key to establishing relationships with the patients during referral, diagnosis and treatment. Also, to meet patient expectations and maintain their wellbeing in a very short timeframe between diagnosis and surgery. The CNS role was also necessary to build trusting relationships between referral teams and the specialist centre in Birmingham.

Collaboration with the Health Services Management team, University of Birmingham was also crucial to making the pathway a success. Increasing engagement with referral teams and patients, and addressing capacity issues arising as more patients were fast-tracked for surgery, were key aspects to changing practice.

NICE National Institute for Health and Care Excellence

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