

Colorectal Clinical Sub Group – Minutes
Tuesday 13th September 2016, 2.30 pm – 4.30 pm
Cardiothoracic Seminar Room, UHSM


Attendance:




Sarah Duff	Chair & Clinical Director and Consultant Colorectal Surgeon, UHSM
Sue Coggins	Patient Representative
Ian Buchanan	Patient Representative
Paula Harrison	Clinical Nurse Specialist, SRFT
Jonathan Epstein	Colorectal Surgeon, SRFT
Laura Stephenson	Living With & Beyond Colorectal Cancer Project Manager
Lucie Francis	Macmillan User Involvement Manager, Manchester Cancer
Evangelie Dunn	Macmillan User Involvement Manager, Manchester Cancer
Deborah Hitchen	Clinical Nurse Specialist, CMFT
Sajal Rai	Colorectal Surgeon, Stockport
Michael Braun	Consultant in Medical Oncology, The Christie
Julie Williams	Clinical Nurse Specialist, PAHT
Keeley Davies	Clinical Nurse Specialist, SRFT
Angela Jeff	Clinical Nurse Specialist, East Cheshire
Nicola Fairclough	Clinical Nurse Specialist, Bolton
Kathryn Place	Service Improvement Lead, WWL
Scott Brown	Clinical Nurse Specialist and Deputy Trust Representative, The Christie
Kalena Marti	Consultant in Medical Oncology, The Christie
Malcolm Wilson	Colorectal Surgeon, The Christie
Rubeena Razaq	Consultant Radiologist, Bolton
Caroline Henson	Consultant Gastroenterologist, UHSM
Tracey Purcell	Stoma Care Specialist Nurse, CMFT
Yvonne McGrath	Stoma Care Specialist Nurse, CMFT
Nicola Remmington	Pathway Manager, Manchester Cancer

Apologies:





Aswatha Ramesh	Consultant Colorectal Surgeon, UHSM
Salim Kurrimboccus	Colorectal Surgeon, PAHT
Claire Arthur	Consultant Clinical Oncologist, The Christie
Mark Saunders	Consultant Clinical Oncologist, The Christie
Marius Paraoan	Consultant Colorectal Surgeon, WWL
Carol Cunningham	Clinical Nurse Specialist, Tameside

Agenda Item	Action
<p>Welcome and Introductions The pathway director (SD) welcomed all to the meeting.</p> <p>a. Macmillan User Involvement Manager SD welcomed Evangeline Dunn (ED) to the Board. ED has recently joined the User Involvement Team and will replace Lucie Francis as the User Involvement Lead for the Colorectal Pathway Board. M: 07920817571 Email: EvangelineDunn@nhs.net</p> <p>b. Pathway Board Research Lead SD welcomed Kalena Marti (KM) to the Board. MB confirmed that he is to stand down from his role as Research Lead and that KM is to take over the role. SD thanked MB for his valuable contribution to the work of the Pathway Board and wished him well in his new role as Oncology Lead for the National Bowel Cancer Audit. Email: Kalena.Marti@christie.nhs.uk</p> <p>c. Guest Caroline Henson (CH), Consultant Gastroenterologist at UHSM was welcomed as a guest to the Board. CH is currently assisting in the development of the 'Manchester Cancer Guidance on Managing GI Consequences of Colorectal Cancer'. Email: Caroline.Henson@uhsm.nhs.uk</p>	
<p>Apologies All apologies received were noted.</p>	
<p>1. Minutes of the last meeting and Matters Arising The minutes of the last meeting were approved.</p> <p>a. Cancer Vanguard Living With & Beyond Cancer New Models of Aftercare Project SD highlighted that as yet no-one from the Pathway Board has volunteered to be the Colorectal Lead on this project. SD asked all to reconsider and to contact SD/NR should they be willing to get involved in the project.</p> <p>ACTION: Volunteers to be the Pathway Board Representative on the Cancer Vanguard LW&BC New Models of Aftercare Project to contact SD/NR</p>	<p>All</p>

<p>2. MC Objective 1 – Improving outcome and survival rates</p> <p>a. Greater Manchester Cancer Vanguard Clinical Standards work stream An update was presented to the Board by Roger Prudham – Standards Lead:</p>  <p>Vanguard Clinical Standards_Pathway t</p> <p>RP presented a number of slides (see above) highlighting the following:</p> <ul style="list-style-type: none"> • Cancer Vanguard Standards Team structure • Domains for quality measurement across whole system (Clauses/overarching themes) • Potential development of an online Standards tool demonstrating a centre’s compliance • Potential to replace Peer Review (will not be used as well as) <p>RP invited feedback from all: Email: Roger.Prudham@pat.nhs.uk M: 07808 933946</p>	
<p>3. Objective No 2 – Improving the patient experience</p> <p>a. Macmillan Innovation Fund and CNS Group LS is producing a final Macmillan Innovation Fund summary report and will also be presenting a summary of the project at the following event:</p> <p>Macmillan/Manchester Cancer Living With & Beyond Cancer Innovation Fund Outcomes Event Date: Monday 17th October Time: 2pm – 4pm including afternoon tea & a chance to review project posters Venue: The Auditorium The Christie Education Centre To register please email: Lindsey.wilby@nhs.net</p> <p>ACTION: Board members to attend above event if available.</p> <p>b. Late GI Effects after Treatment LS discussed the current draft document which had been issued as a pre-read prior to the meetings:</p>	<p>All</p>

<p> Manchester Cancer Guidance on managin</p> <p>The board agreed to endorse and support the protocol. Caroline Henson (CH), Consultant Gastroenterologist, stated that she is happy to receive all referrals and will be available to help with any queries etc. Email: Caroline.Henson@uhsm.nhs.uk</p> <p>Training Package: CH is now developing a training package/session to be implemented across GM.</p> <p>c. Recovery Package Plan LS provided an update on the progress achieved regarding the delivery of the Recovery Package across GM.</p> <p> LS_13.09.16 Colorectal_Update.pc</p> <p>ACTION: All Trusts to continue to support the implementation of the Recovery Package.</p> <p>d. National Cancer Patient Experience Survey (NCPES) The GM Colorectal survey results were reviewed (see slides at end of doc). SD highlighted that there isn't a consistent pattern in the findings. Also, three trusts are not represented due to a poor response rate (a minimum of 21 respondents per trust for each question is required in order to be deemed as representative and included within the report). Reservations regarding the legitimacy in forming a work-plan based on these findings were discussed and it was agreed that further investigation into the NCPES report would be required initially (e.g. Rate of response per trust/question).</p> <p>ACTION: NR to establish rate of responses for each trust/question and produce an additional summary report.</p>	<p>All</p> <p>NR</p>
<p>4. Objective No 3 - Research and clinical innovation</p> <p>a. Research update Michael Braun (MB) discussed the Colorectal Cancer Pathway main CSG trials report Q1FY2015-16:</p> <p> COLORECTAL_Trials report_Q1FY2016-17</p> <p>MB highlighted that the ADD-ASPIRIN trial is missing from the summary report as the recruitment figures have been allocated to Prostate and therefore this needs to be rectified. MB also highlighted that NCRN-2501-CALM-NET trial should not be</p>	

<p>within the Colorectal report (currently 1 recruited to this trial). MB has highlighted both issues to the NIHR.</p> <p>RAPPER TRIAL – MB highlighted that GM is the joint poorest recruiter (with Wessex) to this trial (GM: 3, highest recruiter: West Midland 19). Also, there is a Principal Investigator for this trial at The Christie and therefore recruitment should be higher.</p> <p>MINSTREL TRIAL – for Q1 GM has not recruited to this trial. MB highlighted that this trial is relatively easy to recruit to and will therefore contact Professor James Hill for further advice as to how to facilitate recruitment.</p> <p>PPALM TRIAL - for Q1 GM has not recruited to this trial.</p> <p>ACTION: All to continue to assess and strive to recruit patients to clinical trials as appropriate.</p>	<p>All</p>
<p>5. Objective No 4 - Improving and standardising high quality care across the whole service</p> <p>a. <u>Data review</u></p> <p>2WW: SD presented a report on the 2 Week Wait (2WW) target compliance for Quarter 1 2016/17. SD stated that all Trusts had achieved or exceeded the national target of 93% for Q1 with the exception of CMFT who have fallen to 90.3%. For Q1 2016/17 Greater Manchester as a whole has attained the target comfortably at 96.4% whereas the national average was below target (England: 92.8%). SD also highlighted that this was an impressive achievement as the TWW referral rate continues to rise.</p> <p>31 Day Target: In delivery of the 31 day target for Q1 all Trusts have achieved or exceeded the national target of 96% with a majority of trusts attaining 100% compliance. For Q1 2016/17 Greater Manchester as a whole have attained the target comfortably at 99.34% (England: 97.59%).</p> <p>62 Day Target (pre-reallocation of breaches): SD highlighted that for Q1 GM has again failed to attain this target (national target: 85%) with performance falling from the previous quarter (Q4 2015/16: GM performed at 83.7%, Q1: 79.1%). Nationally this target was again not achieved with performance at 72.06% for England and therefore G< continues to perform higher than the national average. Six trusts are below target (CMFT, The Christie, Mid-Cheshire, Pennine, Salford and Stockport).</p> <p>DIAGNOSTIC WAITING TIMES</p> <p>SD highlighted that consistently failing the 62D target whilst remaining compliant with the remaining CWT targets demonstrates that the issue within the pathway is in relation to diagnostic waiting times. Compliance is achieved for both the TWW target (measuring initial contact from GP referral to seeing a Consultant) and the 31D target (measuring time between diagnosis and treatment). SD stated that the Cancer Vanguard Diagnostic work-stream is looking at how to alleviate this problem.</p> <p>Triaging patients & sending straight to test: this was discussed and highlighted that Wigan hospital have >12 months audit data relating to this. SD has previously invited WWL to present these findings to the board but has as yet to receive a response.</p> <p>ACTION: SD/NR to invite WWL to present audit findings in relation to Straight to test triaging of TWW referrals</p>	<p>SD/NR</p>

<p>b. ERAS Guidelines: SR summarised the following document:</p>  <p>Enhanced recovery after surgery 6.9.16.</p> <p>SR stated he was happy to answer any queries: Email: Sajal.Rai@stockport.nhs.uk</p> <p>c. RAS Guidelines Policy and request forms:</p>    <p>RAS_mutation_testin g_policy_June16.doc RAS direct request form v6 June 2016.doc RAS request form v7 - June 2016.doc</p>	
<p>6. Any other business</p> <p>Pathway Director: SD highlighted that her tenure as Pathway Director will come to an end in December 2016. As the Manchester Cancer Provider Board is being replaced by the Greater Manchester Cancer System Board (provisional title) it is expected that future strategy regarding Pathway Boards etc. is yet to be formalised. As a result SD invited all to consider a suitable caretaker of the role of Colorectal Pathway Board Clinical Director for the duration of approximately 6 months.</p> <p>Nursing Group: SD highlighted that any future Pathway Director should continue to support the Nursing Group meetings which occur directly prior to each Pathway Board/Clinical Sub Group meeting.</p> <p>ACTION: All to consider and propose a temporary replacement for the role of Pathway Director (suggestions/volunteers can forward their enquiries to SD/NR.)</p>	<p>All</p>
<p>7. Date of next meetings:</p> <p>Pathway Board Meeting: Wednesday 2nd November 2016, 2.30pm – 4.30pm, Nightingale Centre Lecture Theatre, UHSM Site Map: click here</p> <p>Clinical Sub Group Meeting: TBC</p>	


13.9.16.pdf