

**Colorectal Clinical Sub Group Meeting – Minutes**

Thursday 18<sup>th</sup> May 2017, 10.30am – 12.30pm

Seminar Room G19, Pinewood Education Centre, Stepping Hill Hospital, SK2 7JE

<b>Attendance</b>	<b>Representation</b>
Sajal Rai	Chair, Clinical Director and Consultant Colorectal Surgeon, Stockport
Ian Buchanan	Patient Representative
Sue Coggins	Patient Representative
Shailesh Agrawal	Consultant Pathologist, Stockport
Debbie Hitchen	Colorectal Clinical Nurse Specialist, CMFT
Rubeena Razzaq	Consultant Radiologist, Bolton
Aswatha Ramesh	Consultant Colorectal Surgeon, UHSM
Laura Street	Colorectal Clinical Nurse Specialist, East Cheshire
Chelliah Selvasekar	Consultant Colorectal Surgeon, Christie
Jonathan Epstein	Consultant Colorectal Surgeon, SRFT
Dave Smith	Consultant Colorectal Surgeon, Bolton
Kalena Marti	Consultant in Medical Oncology, The Christie
Angela Jeff	Colorectal Clinical Nurse Specialist, East Cheshire
Caroline Bruce	Colorectal Surgeon at Mid Cheshire Hospitals NHS FT
Sarah Wemyss	Colorectal Clinical Nurse Specialist, The Christie
Lisa Wardlow	
Rebecca Costello	Colorectal Clinical Nurse Specialist, Stockport
Anna Davenport	Consultant Histopathologist
Nicola Fairclough	Colorectal Clinical Nurse Specialist, Bolton
Marcus Paraoan	Consultant Colorectal Surgeon, WWL
Fiona Laloo	Consultant clinical geneticist
<b>Apologies</b>	
<b>In attendance</b>	
James Leighton	Pathway Manager, Greater Manchester Cancer

**Welcome, introductions and apologies**

**1. Minutes of last meeting**

The minutes of the last meeting were reviewed and approved.

**2. Cancer Vanguard Project Updates**

(I) Stratified Self-Management Follow Up Pathways

Discussion summary	SR provided an update on the work of the GM Cancer Vanguard working group. He explained that a pilot was under way.
Conclusion	The Board agreed to await the output from the pilot in order to proceed
<b>Actions and responsibility</b>	<b>There were no actions for the Board on this item.</b>

(II) Best timed Pathway project - 'Straight to Test pathways

Discussion summary	SR provided on this work and outlined the need for the re-design. He confirmed that this was now a national Vanguard priority project. He reviewed a number of existing pathways form London.  In discussion of the proposal the Board felt that there were a number of issues with STT that would need clarity, such as accountability for the patients, responsibility for Bowel preparation prescription and management and the guideline revision required.
Conclusion	The Board noted this discussion
<b>Actions and responsibility</b>	<b>SR to continue to work with the National Group on designing the “Best timed” pathway and continue to seek to achieve consensus in GM on STT. Dave Smith and Fergus Reid (spoken to by SR) agreed to jointly lead a focus group on behalf of the Pathway Board to look into developing STT guidelines that could potentially be adopted across the network and help Trusts implement the STT pathways</b>

**3. Development of Sector MDTs**

Discussion summary	Mr Ramesh presented to the Board on the experience of UHSM on reforming their MDT. He explained the impact on job planning, operational impact and ensuring the correct attendance.  The Board then had a wide ranging discussion on this and explored the potential benefits and risks of sector MDTs.
Conclusion	The Board noted this discussion.
<b>Actions and</b>	<b>The Board to keep this under review as the proposal develops.</b>

<b>responsibility</b>	
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**4. Update on Lynch syndrome testing**

Discussion summary	Dr Laloo presented to the Board on the potential impact of the recent change to the guidance on testing for Lynch syndrome. She outlined that more patients would be referred for testing and require subsequent surveillance over their lifetime.  SR confirmed that a small working party had met recently to progress this and would be meeting again in the near future. The board then had a wide ranging question and answer session on this.
Conclusion	The Board thanked Dr Laloo for her time and input and noted this presentation
<b>Actions and responsibility</b>	<b>The Board agreed to continue progress this issue with commissioners and through the Cancer Board.</b>

**5. Complex patient pathway**

Discussion summary	Mr Selvasekar presented to the Board on the referral pathway for complex colorectal patients. He explained that the proposed service is directed towards patients with T4 primary and recurrent rectal cancer that require en bloc excision of the pelvic organs in an attempt to achieve a clear resection margin and potential cure.  The service would be based at the Christie and be for patients who have undergone MDT assessment at the local secondary care service with imaging for staging local and extra-pelvic disease and be considered fit for complex major surgical intervention.  The board then had a wide ranging discussion on the proposed pathway.
Conclusion	The Board thanked Mr Selvasekar for his time and input and noted this presentation.
<b>Actions and responsibility</b>	<b>Mr Selvasekar was asked to prepare a draft of the proposed guidelines for referral of complex cases to Christie and this would be debated in the next meeting</b>

**6. Guideline review and refresh**

Discussion summary	SR outlined that the Board were now asked to provide their guidelines on the GM Cancer website. He advised that these would be reviewed and uploaded over the coming months.  He explained that Board members may be asked to undertake the review and revise accordingly.
Conclusion	The Board noted the report.
Actions and responsibility	<b>Board members to review guidelines where necessary</b>

**7. CNS Group update**

Discussion summary	SR confirmed that the CNS group had now confirmed the patient experience questionnaire. He went onto explain that the group also discussed Treatment summaries and the recovery package and that these issues would be progressed by the group.
Conclusion	The Board noted this report
Actions and responsibility	<b>There were no actions for the Board on this item.</b>

**8. User Involvement update**

Discussion summary	In LF's absence Ian Buchanan provided the update. He outlined that LF reported on <ul style="list-style-type: none"> <li>• <b>Feedback from Patients from Small Community on survey</b></li> <li>• <b>The example Holistic Needs Assessment (HNA) with patient</b></li> <li>• <b>Update for Clinical Sub Group under User Involvement</b></li> </ul> She confirmed that a small community meeting scheduled for the end of May/early June if there are any specific issues the Board would like us to discuss please let them know.
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Conclusion	The Board noted this report.
<b>Actions and responsibility</b>	<b>There were no actions for the Board on this item.</b>

**9. Education event**

Discussion summary	SR outlined that as part of the GM Cancer plan, each Board now has an objective to contribute to the delivery of cancer education. He explained that it was now up to each Board to agree an event.
Conclusion	The group agreed that this item to be progressed by the Pathway Board.
<b>Actions and responsibility</b>	<b>There were no actions for the Board on this item.</b>

**10. 100K Genome project**

Discussion summary	SR informed the group that Stockport was now coming on board as a recruitment centre for this project. The group then reviewed the implications for recruitment to the project.
Conclusion	The Board noted this report.
<b>Actions and responsibility</b>	<b>The Board agreed to continue to work on recruitment</b>

**11. Clinical sub-group membership & attendance**

Discussion summary	SR explained that as the Board now had a significant work plan for the coming year, it was now important that attendance at the board was maintained. He advised that sending a deputy in the event of inability to attend in person was encouraged.
Conclusion	The Board agreed to keep membership and attendance under review
<b>Actions and responsibility</b>	<b>JL to maintain membership attendance lists.</b>

**12. Any other business**

Discussion summary	MP asked if the meeting could be moved from Thursday. JL advised that as there were no more meetings set after July this could be reviewed as part of the new meeting calendar.
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Conclusion	The Board agreed to revise meeting dates.
<b>Actions and responsibility</b>	SR / JL to propose meeting dates for 2017 / 18 across the working week.

**13. Date of next meetings**

**Pathway Board Meeting,**  
Thursday 6<sup>th</sup> July, 2017 2pm – 4pm,  
Seminar Room G15, Pinewood Education Centre,  
Stepping Hill Hospital

Site map: [here](#)