

Colorectal Pathway Board – Minutes
Thursday 16th March 2017, 2.00pm – 4.00pm
Pinewood Education Centre, Stepping Hill Hospital

Attendance	Representation
Sajal Rai	Colorectal Surgeon, Stockport/ Pathway Director
Ian Buchanan	Patient Representative
Sarah Wemyss	Colorectal Clinical Nurse Specialist, The Christie
Julie Williams	Colorectal Clinical Nurse Specialist, Pennine
Claire Stelfox	Colorectal Clinical Nurse Specialist, Stockport
Rebecca Costello	Colorectal Clinical Nurse Specialist, Stockport
Debbie West	Colorectal Clinical Nurse Specialist, UHSM
Nicola Fairclough	Colorectal Clinical Nurse Specialist, Bolton
Deborah Hitchen	Colorectal Clinical Nurse Specialist, CMFT
M O'Halloran	Colorectal Clinical Nurse Specialist, SRFT
Vicky Kenyon	Colorectal Clinical Nurse Specialist, SRFT
Mamoon Solkar	Consultant Colorectal Surgeon, Tameside
Dave Smith	Consultant Colorectal Surgeon, Bolton
Malcolm Wilson	Consultant Colorectal Surgeon, The Christie
Lucie Francis	Macmillan User Involvement Manager, Greater Manchester Cancer
Apologies	
Kalena Marti	Consultant in Medical Oncology, The Christie
Heather Hughes	Colorectal Clinical Nurse Specialist, Mid Cheshire
Rubeena Razzaq	Consultant Radiologist, Bolton
Caroline Henson	Consultant Gastroenterologist, UHSM
Tracey Purcell	Stoma Care Specialist Nurse, CMFT
Mohammed Mazen Sadat	Consultant Colorectal Surgeon, East Cheshire
Lisa Wardlow	Colorectal Clinical Nurse Specialist, The Christie
Naomi Mackenzie	Consultant Colorectal Surgeon, WWL
Sarah Duff	Chair, Clinical Director and Consultant Colorectal Surgeon, UHSM
Sue Coggins	Patient Representative
Paula Harrison	Clinical Nurse Specialist, SRFT
Jonathan Epstein	Colorectal Surgeon, SRFT
Jennifer Moore	Stoma Care Specialist Nurse, UHSM
Kathryn Place	Service Improvement Lead, WWL
Salim Kurrimboccus	Colorectal Surgeon, PAHT
Mark Saunders	Consultant Clinical Oncologist, The Christie
Marius Paraoan	Consultant Colorectal Surgeon, WWL
Caroline Bruce	Consultant Colorectal Surgeon, Mid Cheshire
Edwin Clark	Consultant Colorectal Surgeon, Stockport
David Donnelly	Consultant Colorectal Surgeon, CMFT
In attendance	
Kamran Siddiqui	Consultant Colorectal Surgeon, Tameside
James Leighton	Pathway Manager, Greater Manchester Cancer


1. Welcome, introductions and apologies**2. Minutes of last meeting**

The minutes of the last meeting were reviewed and accepted as an accurate record.


Items not on the agenda:**(i) NICE Guidance on Lynch Syndrome**

Discussion summary	SR highlighted the recent publication of NICE guidance on testing for lynch Syndrome for all Colo-rectal cancer patients. He acknowledged the potential impact that this may have on services and resources.
Conclusion	The board welcomed this report and agreed to table it for the next meeting of the Clinical sub-group
Actions and responsibility	JL to add item to agenda of the next meeting of the Clinical sub-group.


3. Cancer Vanguard Project Updates**(i) Stratified Self-Management**

Discussion summary	 <p>Microsoft PowerPoint Presentation</p> <p>WM updated the group on progress of this Vanguard work-stream and reminded the Board of the objectives of the project. She advised that there needed to be</p> <ul style="list-style-type: none"> • Clear vision and endorsement from the Board • Testing and evaluation before full adoption • Pilot of the new pathway <p>She reminded the Board that implementation of the recovery package was an essential element of the GM Cancer plan.</p> <p>NA then provided an update on the use of Inflex at UHSM. This system can be deployed to monitor patients across the whole pathway and could allow remote access for patients and GPs.</p> <p>The Board had a wide ranging discussion on the presentation asking about additional costs to organisations</p>
Conclusion	The Board noted the presentation.
Actions and responsibility	The initial objectives for the board would be to await the outcome of the pilot and then work towards delivery.

(II) Best timed Pathway project

Discussion summary	 Microsoft PowerPoint Presentation SR informed the board of this project and its objectives. He explained that it was to establish a national pathway for Colo-rectal cancer and that Royal Marsden would lead on this. The project would be led by a small project team with clinical, operational and commissioner input. It is expected that the pathway would be revised to include greater use of “straight to test” capability to reduce the diagnostic period. He also confirmed that IB would be the patient representative on this group.
Conclusion	The board noted the report and agreed to keep it under review.
Actions and responsibility	The Board asked that the project group continue with their work and provide regular reports to the Board.

(III) Tameside straight to test model

Discussion summary	 Microsoft PowerPoint Presentation KS provided the board with a presentation on the “Straight to test Colonoscopy” (STT) model being used at Tameside. He explained that the service was only provided for patients under the age of 70 and the contra-indications for the STT pathway. He emphasised the need for support from the GPs for this pathway. As well as explaining how the bowel preparation was dispensed.
Conclusion	The Board noted the presentation
Actions and responsibility	There were no actions form this discussion.

(IV) Colo-rectal education –Gateway C

Discussion summary	ST was unable to attend but tabled that <i>“the Vanguard has piloted an early diagnosis education module for colorectal cancer on a new online learning platform aimed at primary care (Gateway-C) with 8 practices in Greater Manchester. 78% of GPs who participated rated the module as good or excellent. We are taking their feedback to enhance this first module before we promote it to more GPs across GM & Eastern Cheshire in May 2017. We are also in the process of developing a second colorectal cancer module aimed at helping GPs support patients who are living with long term complications of colorectal cancer and this is expected to be available in June.”</i>
Conclusion	The Board noted this update.
Actions and responsibility	There were no actions from this discussion.

4. The Greater Manchester Cancer plan

Discussion summary	SR outlined the recently published GM Cancer plan and outlined the background and history to it. He explained the themes of work in the plan and those objectives that were specific to Colo-rectal pathways. He then outlined the immediate work plan for the pathway board.
Conclusion	The Board noted the presentation.
Actions and responsibility	The Board agreed to keep this under review and work towards to successful delivery of its objectives.

(I) Development of Sector Colorectal MDTs

Discussion summary	The Board then had a discussion on the risks and issues that arise out of moving towards a sector based MDT system. SR explained that SHH had now developed a referral proforma to manage a safe access for all referrals. He explained that CMFT and UHSM had combined and hoped to formally commence in early April
Conclusion	The Board noted the presentation.
Actions and responsibility	The Board agreed to keep this under review and work towards to successful delivery of its objectives.

5. National Bowel Cancer Audit Annual Report 2016- 18 Month Stoma Rate

Discussion summary	<p>SR outlined that GM was still identified as an outlier in this report. He explained that the Laparoscopic surgery rate was 44% when compared to the national rate of 55%. LoS was also considered quite high as well at 77% for patients staying 5 or more.</p> <p>He talked about why this may be the case in terms of case mix and that the Christie is involved in more complex and recurrent cancers. He reviewed the responses from GM and Christie to the NBOCAP.</p> <p>It was agreed that an audit of our stoma rate to be done and SR would identify a trainee who can undertake that audit.</p>
Conclusion	The Board noted the presentation.
Actions and responsibility	SR to discuss this at the MasNow meeting in April SR to identify someone to undertake a stoma rate review

6. CRUK Bowel Screening Campaign - update

Discussion summary	SR confirmed that there was no update available on the CRUK Bowel screening
Conclusion	
Actions and responsibility	

7. CNS Group update

Discussion summary	SR provided an update on the CNS group meeting and conformed that the patient experience survey was near to agreement and a draft should be available for the next meeting.
Conclusion	The Board noted this report
Actions and responsibility	There were no actions from this discussion.

8. User Involvement update

Discussion summary	LF provided an update on the establishment of the Colo-rectal small community , that is intended to support the Board and the user representative.
Conclusion	The Board noted this report
Actions and responsibility	There were no actions from this discussion.

9. Research update

Discussion summary	This item was deferred until the next meeting.
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10. Any other business

Discussion summary	
Conclusion	
Actions and responsibility	

11. Date of next meeting**Thursday 18th May 2017**

CNS Group Meeting: 9.30am - 10.30am

Colorectal Clinical Sub Group Meeting: 10.30am - 12.30pm

Seminar Room G19, Pinewood Education Centre, Stepping Hill Hospital