

Recovery Package Plan for Colorectal Patients

1. Background

The Manchester Cancer Recovery Package plan has been produced, with the aim of providing a template for when during a colorectal cancer patient's follow-up the elements of the Recovery Package should be provided. The plan has been developed by the Manchester Cancer Colorectal Clinical Nurse Specialist Group which includes 2 patient representatives. It is in-line with the National Cancer Survivorship Initiative (1) and guidance to support improving outcomes for person centred care through cancer commissioning (2). The Colorectal Pathway Board has reviewed and endorsed this plan, however it has been acknowledged that timelines for implementation will vary on a trust by trust basis.

2. The Recovery Package Plan

Recovery Package	Diagnosis / Pre-op	by 3 months	by 1 Year	2 years	3 years	4 years	5 years	End of treatment	Transition to Self-management	Transition to Palliative Care
HNA & Care plan*	✓	✓						✓		✓
H&WB event			✓							
Treatment Summary**								✓	✓	✓
Cancer Care Review (GP responsibility)			✓							
Late GI Effects Assessment***			✓	✓	✓	✓	✓			

*HNA & Care plan - to be performed and documented according to the above timings as a minimum. An individual's needs may change at any time and access to HNAs at additional time points may be required.

**Treatment Summary - must be in place at the points indicated, however a new treatment summary may not be needed at "transition to self-management" or "transition to palliative care" if a relevant treatment summary is already in place from the end of treatment. It will depend on each patient's individual scenario.

***Late GI effects - the presence of gastrointestinal (GI) effects of colorectal cancer treatments to be assessed as above and in line with Manchester Cancer Guidance on managing gastro-intestinal consequences of colorectal cancer and its treatments (3) using the 4 trigger questions for GI consequences (4). The 4 trigger questions should be included on the Treatment Summary for patient and GP information.

Suggested wording for the Treatment Summary is as follows:

- *Gastrointestinal (GI) consequences are common in patients who have received treatment for colorectal cancers and may be experienced during treatment, immediately post-treatment, or many years later.*

- *In order to identify possible GI concerns, which may require assessment and management, the following 4 trigger questions should be asked by the GP at the Cancer Care Review and by the patient themselves on a yearly basis:*

The four trigger questions:

1. *Are you woken up at night to have a bowel movement?*
2. *Do you need to rush to the toilet to have a bowel movement?*
3. *Do you ever have bowel leakage, soiling or a loss of control over your bowels?*
4. *Do you have any bowel symptoms preventing you from living a full life?*

If a “yes” is answered to any of the questions you should contact your CNS using the contact details on this Treatment Summary.

3. Acknowledgements



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4. References

1. **NCSI, Living with and Beyond Cancer: Taking Action to Improve Outcomes.** 2013, National Cancer Survivorship Initiative.
2. **Implementing the Cancer Taskforce Recommendations: Commissioning person centred care for people affected by cancer.** NHS England.
<https://www.england.nhs.uk/wp-content/uploads/2016/04/cancer-guid-v1.pdf>
3. **Manchester Cancer Guidance on managing gastro-intestinal consequences of colorectal cancer and its treatments**
<https://manchestercancer.org/find-out-more/pathway-boards/colorectal/>
4. **Quick guide for Health Professionals – Managing Lower Gastrointestinal problems after cancer treatment :**
<http://be.macmillan.org.uk/Downloads/CancerInformation/ResourcesForHSCP/COT/MAC15384/GIquickguide.pdf>