

Colorectal Pathway Board – Minutes
Wednesday 29th June 2016, 2.30 pm – 4.30 pm
Nightingale Lecture Theatre, 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
Vicky Kenyon	Clinical Nurse Specialist, SRFT
Jonathan Epstein	Colorectal Surgeon, SRFT
Laura Stephenson	Living With & Beyond Colorectal Cancer Project Manager
Lucie Francis	Macmillan User Involvement Lead, Manchester Cancer
Carol Cunningham	Clinical Nurse Specialist, Tameside
Deborah Hitchen	Clinical Nurse Specialist, CMFT
Caroline Bruce	Colorectal Surgeon, Mid Cheshire
Nicola Thibeault	Clinical Nurse Specialist, Mid Cheshire
Caroline Whitaker	Stoma Nurse Specialist, UHSM/Christie
Mark Saunders	Consultant Clinical Oncologist, The Christie
Salim Kurrimboccus	Colorectal Surgeon, PAHT
Sajal Rai	Colorectal Surgeon, Stockport
Debbie West	Clinical Nurse Specialist, UHSM
Dave Smith	Colorectal Surgeon, Bolton
Michael Braun	Consultant in Medical Oncology, The Christie
Sarah Taylor	Primary Care Representative
Wendy Makin	LW&BC Pathway Director
Liz Islam	Cancer Vanguard PMO
Thomas Pharaoh	Associate Director, Manchester Cancer
Nicola Remmington	Pathway Manager, Manchester Cancer

Apologies:

Malcolm Wilson	Colorectal Surgeon, The Christie
Rubeena Razzaq	Consultant Radiologist, Bolton
Margaret Parker	Clinical Nurse Specialist, CMFT
Rebecca Costello	Clinical Nurse Specialist, Stockport
Scott Brown	Clinical Nurse Specialist and Deputy Trust Representative, The Christie

Agenda Item	Action
<p>Welcome and Introductions The pathway director (SD) welcomed all to the meeting.</p> <p>a. Patient Representative Introduction SD confirmed that Ian Buchanan (IB) has agreed to be a Patient Representative to the Board. IB previously observed the last Pathway Board meeting in order to inform his decision as to whether to become a permanent PB member.</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>2. MC Objective 1 – Improving outcome and survival rates</p> <p>a. Greater Manchester Cancer Vanguard An update was presented to the Board by Thomas Pharaoh – Associate Director of Manchester Cancer:</p> <p> Cancer Vanguard - Colorectal Board 29 0</p> <p>TP presented a number of slides (see above) highlighting the following:</p> <ul style="list-style-type: none"> • Cancer Vanguard structure • Three broad areas of focus: <ul style="list-style-type: none"> ○ Clinical Transformation Work Programme (cross-cutting teams) ○ Cancer intelligence ○ Commissioning and finance • Clinical priorities: <ul style="list-style-type: none"> ○ Prevention, Screening & Early Detection ○ Diagnostic Models ○ Clinical and Operational Standards ○ Education ○ Living With & Beyond Cancer • Summary of current position 	

3. Objective No 2 – Improving the patient experience

a. Macmillan Innovation Fund and CNS Group

LS fed back from the CNS meeting held directly prior to the Clinical Sub Group meeting regarding implementing the Recovery Package.

Colorectal Innovation Fund Q4 Report & Recovery Package Follow-up Summary docs:



Colorectal_Innovation_Fund_4th_Quarter_Review.pdf
 Recovery Package follow-up June16.pdf

A third focus topic session was conducted on **Guidance on managing gastrointestinal consequences of colorectal cancer and its treatments**. The summary document is currently being reviewed by the Gastroenterologists for final comments and the final version will be available for the next Pathway Board meeting. Lindsey Wilby (Macmillan Project Manager – Living with and Beyond Cancer) had also been present at the meeting to discuss perception of risk stratification.

SD highlighted that the funding for the project will finish in November 2016 and reporting on achievements will take place within October 2016 (with presentation). Progression is going well to date with a large number of Trusts completing Health & Wellbeing Events and rolling out Treatment Summary implementation. SD highlighted that this progression has been due to a great deal of enthusiasm from the CNSs but in order to embed change the whole MDT need to be on board.

ACTION: All Trusts to continue to support the implementation of the Recovery Package.

ALL

b. User Involvement update:

LF summarised the Manchester Cancer User Involvement Phase 1 – Final Report (circulated with agenda). LF reminded the Board that they are working to establish a small community of people affected by Colorectal cancer (minimum 6 people) to feed into the Colorectal Pathway Board (via SC & IB) in order to ensure a broad range of representation, including aspects of treatment involving Surgery, Chemotherapy, Radiotherapy etc. LF requested all to forward details of potential members for this group to her [email: Lucie.Francis@nhs.net]

LF asked the Board to be aware of the resource now available and that their input into future projects can be very meaningful due to their wealth of knowledge. LF also highlighted that it was imperative to keep those recruited engaged by allocating them to such projects.

ACTION: All to forward details of any potential User Involvement representatives to feed into the small community of people affected by cancer supporting the Colorectal Pathway Board.

ALL

c. Greater Manchester Cancer Vanguard transformation project –LWBC (Wendy Makin)

WM presented the following to the Board:

 <p>WM_Cancer Vanguard Aftercare v</p> <p>WM summarised as to how 'Aftercare' is now to replace traditional 'Follow-up' and invited the Colorectal Pathway Board to review current progress and to establish a protocol for aftercare.</p> <p>WM stated that the Cancer Vanguard Aftercare Work-stream aims to:</p> <ul style="list-style-type: none"> • develop an agreed, standardised new approach to 'aftercare' for <i>early</i> breast, colorectal and urological cancers • New breast model will start rolling out before March 2016 and planning for others from 2017-18 onwards, to include: <ul style="list-style-type: none"> - <i>End of treatment consultations and summary information</i> - <i>Needs assessed and invite to health and well being events</i> - <i>Include focus on promotion of healthier lifestyle, return to work, secondary prevention</i> - <i>Elimination of routine face to face hospital appointments by doctor or CNS</i> - <i>Robust process to track & trigger tests ,and collect patient outcomes</i> - <i>Clear process for re-access and specialist assessment</i> - <i>All of above through new commissioning specifications</i> <p>WM highlighted that the Board needs to identify champions from the Pathway Board to work with the LWABC Pathway Board/Cancer Vanguard group. The aim is to have a working protocol by the end of 2016 for roll out once commissioning approval has been sought.</p> <p>An LWABC engagement event will be hosted in November (details TBC).</p> <p>ACTION: Volunteers to work with the LWABC work-stream to contact SD/NR</p>	<p>ALL</p>
<p>4. Objective No 3 - Research and clinical innovation</p> <p>a. <u>Research update</u></p> <p>Michael Braun (MB) discussed the Colorectal Cancer Pathway main CSG trials report Full Year Report – FY2015-16 (circulated with agenda):</p>  <p>COLORECTAL_CANC ER__Trials_report_Ye</p> <p>MB highlighted that Greater Manchester Clinical Research Network (GMCN) recruited 307 patients in 2015/16 (95 patients into interventional and 212 patients into observational colorectal cancer trials). Out of the 15 cancer networks GMCN was the 6th highest recruiter but is 10th largest by population size. Pennine Acute, CMFT and the Christie were the three largest recruiting centres recruiting 61, 67 (CORGI trial) and 124 patients respectively. The HEAL CRC:DCT study assessed healthy eating and lifestyle choices in patients and was the highest recruiting non-genetic observational study. Bolton was the trust that recruited the fewest number of patients into trials overall (1 patient) but all trusts did contribute. In the previous year of 2014/15 a total of 165 patients were recruited making</p>	

performance: 76.87%).

b. Guidelines update:

i. Mismatch Repair (MMR) audit

Summary of audit results:



MMR Audit
SLide.pptx

Guidelines doc:



MMR Guidelines.pdf

Streamlining MMR Testing doc:



MMR poster
FINAL.ppt

Previously, as there had been some dispute regarding numbers etc. SD had requested for a further audit to be conducted across all trusts in order to ensure that the pathway is effective and being adhered to by all.

Audit question: How many cases (50yrs or under) had a resection in each Trust for the time period April – Oct 2015 and how many had MMR testing?

To date three Trusts have as yet to provide data: Bolton, CMFT and Stockport. Results indicate that MMR testing is not consistently being requested by Pathology.

Summary of conclusions:

- Poor trust engagement and response to the audit
- Common theme was that testing was initiated after MDT discussion not as a reflex from pathologist in those under 50 years
- Majority of those under 50 years do seem to be getting MMR testing
- Need increased awareness and publicity of the guidelines - pathology departments and MDTs

ACTION: All to feedback to pathology and MDTs the requirement to adhere to agreed MMR pathway. Pathology representative (Dr Davenport) to directly approach all pathology departments to remind them of the pathway.

ALL

ACTION: JE to confirm that SRFT wish to continue to not use the regional pathway and to continue sending tests to London.

JE

c. Short course Radiotherapy audit – Lucy Davidson

Mark Saunders presented the following on Lucy’s behalf:



Short course re-audit
2016.pdf

Short course pre-op patients (SCPRT) and surgical dates: Audit outcomes

Summary of Conclusions:

- Excellent communication between radiotherapy team and surgical teams
- Significant improvement within time to surgery from SCPRT

<ul style="list-style-type: none"> Compliant with local guidelines Continued collaboration within the MDT <p>d. Annual Report & Plan SD stated that the following draft report had been completed and asked all to review and provide feedback/suggestions prior to the deadline of 15/07/16.</p>  <p>Colorectal_Pathway_Board_annual_report</p> <p>ACTION: All to review draft report and provide feedback to SD/NR prior to 15/07/16</p>	<p>ALL</p>
<p>6. Any other business</p> <p>Pathway Director: SD stated that her tenure as Pathway Director will come to an end in December 2016. SD invited all to consider a suitable replacement.</p> <p>ACTION: All to consider and propose a 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>Clinical Subgroup Meeting: Tuesday 13th September 2016, 2.30pm-4.30pm, CTCCU Seminar Room, Cardiothoracic Critical Care Unit, North West Heart Centre, UHSM. <i>Directions: Enter by the main entrance (Entrance 3) in the new block under the clock and turn right, go down the long corridor (passing the Macmillan Information Centre on your right). At the T-junction at the end, turn right, next right (opposite the entrance to radiology) and up the stairs to the first floor, left at the top of the stairs out onto the main corridor and straight over towards the Cardiothoracic Unit. You will come to a set of double doors with a window on the right where the secretaries will be expecting you and will direct you to the Seminar Room.</i></p> <p>Site Map: click here</p> <p>Pathway Board Meeting: Wednesday 2nd November 2016, 2.30pm – 4.30pm, Nightingale Centre Lecture Theatre, UHSM</p>	



29.6.16.pdf