

Colorectal Pathway Board Meeting – Minutes

Thursday 15th March 2018, 14.30 – 16.30hrs

Meeting Room FO7, Pine Education Centre, Stepping Hill Hospital, SK2 7JE

Attendance	Representation
Sajal Rai	Chair, Pathway Director, Consultant Colorectal Surgeon, Stockport
Paula Harrison	Colorectal Nurse Specialist, SRFT
Vicky Kenyon	Colorectal Nurse Specialist, SRFT
Debbie West	Colorectal Clinical Nurse Specialist, MFT
Angela Jeff	Colorectal Clinical Nurse Specialist, East Cheshire
Nicola Fairclough	Colorectal Nurse Specialist, Bolton
Amanda Coop	Colorectal Clinical Nurse Specialist, Christie
Claire Arthur	Clinical Oncologist, The Christie
Julie Williams	Colorectal Clinical Nurse Specialist, PAHT
Jonathan Epstein	Consultant Colorectal Surgeon, SRFT
Dave Smith	Consultant Colorectal Surgeon, Bolton
Chelliah Selvasekar	Consultant Colorectal Surgeon, Christie
Caroline Bruce	Colorectal Surgeon at Mid Cheshire Hospitals NHS FT
Karen McEwan	Macmillan GP, Stockport CCG
Karen Hodgson	Cancer Services Manager
Saeed Shakibai	Patient Representative
Ian Buchanan	Patient Representative
Sue Sykes	Commissioner
Apologies	
Aziz Omer	Colorectal Surgeon, The Christie
Kalena Marti	Consultant in Medical Oncology, The Christie
Claire Stelfox	Colorectal Clinical Nurse Specialist, Stockport
Rebecca Costello	Colorectal Clinical Nurse Specialist, Stockport

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Salim Kurrimboccus	Consultant Colorectal Surgeon, PAT
Aswatha Ramesh	Consultant Colorectal Surgeon, UHSM
Marcus Paraoan	Consultant Colorectal Surgeon, WWL
Chris Smart	Consultant Colorectal Surgeon, East Cheshire
Malcolm Wilson	Colorectal Surgeon, The Christie
Kathryn Place	Service Improvement Lead, WWL
Deborah Hitchen	Colorectal Clinical Nurse Specialist, CMFT
D Razzar	Consultant Radiologist, Bolton
In attendance	
Michelle Leach	Pathway Manager, Greater Manchester Cancer
Natasha Smith	Macmillan UI Manager, Greater Manchester Cancer

1. Welcome, introductions and apologies

2. Minutes of last meeting and Matters Arising

The minutes of the last meeting were reviewed and approved. No non-agenda items arising.

3. Colorectal Pathway Deliverables

(I) 62 Day Delivery Review

Discussion summary	KH presented the current figures on 62 day performance. Lower GI came in at 78.3% which is worse than Q1 & Q2. SS enquired why the target wasn't 100%. KH explained that there will always be complex patients that is why the target is 85 not 100%. SR explained about all of the targets in the patient pathway and explained that diagnostics can hold the patients up. He also explained about STT pathway and how this will save time at the beginning of the pathway and this then ensure there is more time at the end of the pathway to deliver patients treatment within the national set target.
Conclusion	The Group noted this discussion
Actions and responsibility	KH to feed back the validated data at future meetings

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

Discussion summary	SR spoke to the tabled paper. He explained that from all the various models the paper laid out a recommended STT pathway which could be adapted by the Trusts. Discussion ensued about coagulated and diabetic patients and the inclusion criteria for these. SS said the plan fits well with the recently published commissioning standards. KE highlighted that this system is dependent on a good referral from the GP and the poor referrals need to be fed back to GP's to enable this system to work.
Conclusion	SR asked the board for agreement on this pathway – the board signed this off.
Actions and responsibility	SR to feedback to the board on funding and implementation

4. Update on Lynch syndrome testing (March 2018)

Discussion summary	SR spoke to the group about the 2 steps involved in this process, screening of the patient then screening of the family. The genetic counsellor would then decide how many family members would then be tested. SR said at the moment labs across the conurbation have capacity for screening but the genetic counselling may not have capacity and it will also need funding. SS has asked Fiona Laloo if this is centrally funded but has not yet had a response.
Conclusion	After discussion with the group SR concluded that the stand of the board is that they are happy to support this if funding becomes available and dependent of GM guidelines.
Actions and responsibility	The Board to keep this under review as the proposal develops.

5. Bowel screening update

Discussion summary	<p>FIT testing in symptomatic patients: Guidelines for suspected cancer 2 week wait referral as per NICE guidance were discussed. KM said that GP's are asking for clarification on whether FIT is replacing FOB. SR said the guidance for this is explained in the letter sent to the board by Chris Harrison (see below).</p> <p style="text-align: center;"></p> <p>Letter_from_Chris_Harrison__Progress_Ur</p>
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	<p>SS said that she will email out to all GP and CCG leads and copy SR in regarding the pilot carried out in Stockport for FIT testing of symptomatic patients. SR asked SS if GM commissioners would fund the upscale and spread of the pilot carried out in Stockport. SS explained that she has sent out to cancer commissioning managers a letter asking what lab capacity is available to process these tests and to scope out a general consensus. SS explained that at the moment the cancer funding is being looked at and there is not a clear steer as to the allocation of the available funds.</p> <p>SS said she had met with PHE to look at FIT for screening to see if they were any commonalities and they had the capacity to deal with symptomatic patients within the 2 weeks wait. SS will feed back to the team at a future meeting.</p>
Conclusion	The Board noted this
Actions and responsibility	<p>SS will email out to all GP and CCG leads and copy SR in regarding the pilot carried out in Stockport for FIT testing of symptomatic patients</p> <p>The Board to keep this under review</p>

6. Research Update

Discussion summary	Deferred in KM's absence
Conclusion	NA
Actions and responsibility	NA

7. User Involvement Update

Discussion summary	<p>IB updated the group that the small community met a week ago. The meeting went well; issues raised by the small community were poor communication and delayed appointments.</p> <p>They have decided that they will continue to meet 2 weeks prior to the meeting and feedback to the board. IB stated that he is also happy to take issues from the board to the meeting and act as a conduit of communication. VK asked IB to attend SRFT support group and perhaps recruit more people into the small community and explain about the role of service users within GM Cancer.</p>
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Conclusion	The discussion was noted by the board
Actions and responsibility	NS to forward ML dates of future meetings for the small community to ensure papers are received in a timely manner

8. CNS Group update

Discussion summary	<p>ML explained to the group that each Trust except Stockport (going to recruit shortly) now had a dedicated team to deliver the Recovery Package, this group will be having team lead meetings and a representative of this group will be attending the pathway board meetings moving forward.</p> <p>Stratified follow up – SRFT and MFT to present next time to the board. Discussion ensued about follow up of metastatic patients. SR said we need to look at this within the parameters of stratified follow up. He said he will look into this and feedback to the board</p> <p>CS will send details of the complete responder study to ML to an invite can then be issued for this to be presented at the next board.</p>
Conclusion	The Board noted this
Actions and responsibility	CNS group to continue updating the board on the work being done to implement the recovery package SRFT and MFT to present at the next meeting SR to look at follow up of metastatic patients

9. 100K Genome

Discussion summary	Nothing new to report
Conclusion	NA
Actions and responsibility	NA

10. Iron Deficient Anaemia

Discussion summary	SR explained to the group that various emails had been circulated raising some concern about patients referred with iron deficiency anaemia. The issue raised was that some trusts are only doing one investigation and expecting GPs to refer to a different pathway if that is negative i.e. upper GI clinics doing gastroscopy and
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	<p>expecting the GP to re-refer to lower GI if that is negative resulting in a major source of delay and cause trusts significant problems when the Faster Diagnosis Standard is introduced. The OG and Colorectal Pathway Board had been asked to reach a consensus on this matter for dissemination to GP's and other providers.</p> <p>SR had sent round a letter to all colorectal surgeons for general consensus; a survey monkey questionnaire based on this has been developed kindly by Chris Smart, consultant surgeon at Macclesfield. This will be circulated and information from this will help in developing the guidance on how best to investigate IDA.</p>
Conclusion	The board noted this discussion and agree to help SR work towards consensus
Actions and responsibility	SR and DS will produce guidance on this and will then liaise with the Clinical Director of the OG Pathway Board to ensure this includes upper and lower GI and will feed back to the board

11. Any other business

Discussion summary	<p>MDT's</p> <p>SR had previously presented on MDT reforms. Palliative patients were discussed as they are often very complex cases. The group discussed whether there are any plans to consider TEMS or TAMIS in palliative setting? SR said this would form part of the cancer MDT discussion.</p>
Conclusion	The group noted the discussion
Actions and responsibility	SR to update at future meetings

Date and time of future meetings –

Tuesday 15th May – Meeting Room LTB, Pinewood Education Centre, Stepping Hill Hospital.

CNS Group 09.30 – 10.30

Clinical sub-group 10.30 – 12.30

Thursday 12th July – Meeting Room LTA, Pinewood Education Centre, Stepping Hill Hospital.

CNS Group 13.30 – 14.30

Pathway Board 14.30 – 16.30

Tuesday 18th September – Meeting Room G18, Pinewood Education Centre, Stepping Hill Hospital.

CNS Group 09.30 – 10.30

Clinical sub-group 10.30 – 12.30

**Thursday 15th November - Meeting Room LTA, Pinewood Education Centre, Stepping Hill
Hospital**

CNS Group 13.30 – 14.30

Pathway Board 14.30 – 16.30

Site map [here](#).