GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

Greater Manchester Cancer

Colorectal Pathway Board

Colorectal Pathway Board Meeting – Minutes

Thursday 12th July 2018, 14.30 – 16.30hrs

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

Attendance	**Representation**
Sajal Rai	Chair, Pathway Director, Consultant Colorectal Surgeon, Stockport
Catherine Fensom	Macmillan Transformation Manager, East Cheshire
Chris Smart	Consultant Colorectal Surgeon, East Cheshire
Dave Smith	Consultant Colorectal Surgeon, Bolton
Ian Buchanan	Patient Representative
Jonathan Epstein	Consultant Colorectal Surgeon, SRFT
Julie Williams	Colorectal Clinical Nurse Specialist, PAHT
Kalena Marti	Consultant in Medical Oncology, The Christie
Karen Hodgson	Cancer Services Manager
Nicola Harrison	Facilitator/Manager, CRUK
Paula Harrison	Colorectal Nurse Specialist, SRFT
Salim Kurrimboccus	Consultant Colorectal Surgeon, PAT
Shailesh Agrawal	Consultant Histopathologist, Stockport
Sue Sykes	Commissioner
Apologies	
Amanda Coop	Colorectal Clinical Nurse Specialist, Christie
Angela Jeff	Colorectal Clinical Nurse Specialist, East Cheshire
Anna Davenport	Pathologist, Wythenshawe
Aswatha Ramesh	Consultant Colorectal Surgeon, UHSM
Caroline Bruce	Colorectal Surgeon at Mid Cheshire Hospitals NHS FT
Chelliah Selvasekar	Consultant Colorectal Surgeon, Christie
Claire Arthur	Clinical Oncologist, The Christie
Claire Stelfox	Colorectal Clinical Nurse Specialist, Stockport
D Razzar	Consultant Radiologist, Bolton
Debbie West	Colorectal Clinical Nurse Specialist, MFT
Deborah Hitchen	Colorectal Clinical Nurse Specialist, CMFT
Doreen Dooley	Colorectal CNS, Stocport
Emma Brown	Colorectal CNS, Tameside
Johnny Hirst	Beating Bowel Cancer
Karen McEwan	Macmillan GP, Stockport CCG
Karen Telford	Consultant Colorectal Surgeon, Wythenshawe
Kathryn Place	Service Improvement Lead, WWL
Lee Malcomson	Research Assosciate

Malcolm Wilson	Colorectal Surgeon, The Christie
Marcus Paraoan	Consultant Colorectal Surgeon, WWL
Nicola Fairclough	Colorectal Nurse Specialist, Bolton
Omer Aziz	Colorectal Surgeon, The Christie
Rebecca Costello	Colorectal Clinical Nurse Specialist, Stockport
Saeed Shakibai	Patient Representative
Vicky Kenyon	Colorectal Nurse Specialist, SRFT
In attendance	
Michelle Leach	Pathway Manager, Greater Manchester Cancer
Natasha Smith	Macmillan UI Manager, Greater Manchester Cancer

1. **Welcome, introductions and apologies**

   SR welcomed all to the meeting and explained there were a high number of apologies due to the summer holiday season.

2. **Minutes of last meeting and Matters Arising**

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

(II) ERAS+ - Presenter John Moore

Discussion summary	SR explained the background of ERAS+ including pre-habilitation, surgery schools and rehabilitation and introduced John Moore (JM). JM spoke to the presentation and explained that ERAS +is already happening across GM and has reduced length of stay in hospital and respiratory complications. The 5 main elements of ERAS+ = Exercise, Lifestyle, Psychology, Nutrition and Anaemia. The programme is supported by The Health Foundation. JM explained they have partnered up with GM Leisure to provide Leisure access for up to 6 months to get patients fit before their operation. Hesaid that not everyone likes to go to a gym and he explained about encouraging patients to cycle for 2 x 10mins sessions or using walking clubs etc. the website also directs people to other resources they can use. High risk patients use a hospital based triage system to optimise the patients over 3 or 4 weeks prior to surgery. JM has also had discussions with Macmillan about embedding this into the recovery package delivery. He explained there is also an app being developed as a coaching aid in the future, the data from this apps will be monitored by healthcare professionals. The group agreed that they would all love to do this however pressure from the pathway regarding targets may be an issue as patients are often put through surgery earlier than clinicians would like as the clock is ticking and also dedicated resource may be a problem.

Conclusion	JM asked if thel board would be prepared to work with his team to look at moving forward in Colorectal Cancer Patient as a pilot, the board agreed.
Actions and responsibility	**SR thanked JM for the presentation on behalf of the board. JM and SR to liaise regarding taking this forward as a pilot.**

3. Colorectal Pathway Deliverables

(I) 62 Day Delivery Review

Discussion summary	KH presented invalidated Q1 data this will not be validated until August but is used as a valuable guide by the cancer managers across GM. There have been 76 colorectal breaches across GM so breach numbers have gone up. The prediction is GM as a whole across all tumour sites has failed for Q1. Again the biggest problem is diagnostic delays. Q1 is the first quarter that GM as failed targets as a whole across all tumour groups. CS said he has discussed within his Trust (East Cheshire) having an away day on breach analysis to map the failures and see where they can implement changes to positively affect this. The group discussed the aging population with complex comorbidities having impact on these figures as they will need further tests. SR asked if there could be an audit within each Trust to see if there were any commonalities across the network, KH said this would need to be done within each Trust and could not take singular responsibility for this. SS suggested bringing CCG into the process and having an education day with representatives from each Trust and CCG's. SS said there has been some work done by Bolton and Pennine and will get more information. KH will take this to the Cancer Managers forum to try and produce something more informative and drill down into the data better.
Conclusion	All agreed to try and audit breaches within their Trust and feedback at future meetings.
Actions and responsibility	**KH to feed back the validated data at future meetings and see if a more detailed report can be presented with breach analyses.** **ALL to identify someone to carry out a breach audit within their Trust and report back to the board.**

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

Discussion summary	SR explained about the project at Stockport and that funding has been approved and we will be working up the project initiation document to move this forward
Conclusion	The board noted the discussion

Actions and responsibility	**SR to feedback to the board on implementation**

4. Update on Lynch syndrome testing (March 2018)

Discussion summary	SS will speak to the specialised commissioner for an update on National Guidelines and hopefully will have an update for next board. She also said that FOI had been requested and a standardised response had been drafted she will send to ML for distributing.
Conclusion	The Board noted the discussion and thanked SS for the update.
Actions and responsibility	**The Board to keep this under review as the proposal develops. Standardised response inserted below:** Lynch Syndrome (MP response May 18).do

5. Faecal Immunochemical Testing (FIT) in symptomatic patients

Discussion summary	**Update from KMc deferred to September** SS has monthly figures from the cancer intelligence service and she is going to work with KMc to produce a report. CRUK are going to assist some of the audit of this. The group discussed GP Education to enable them to be confident in the outcomes of FIT. SS explained this will be happening in the near future.
Conclusion	The Board noted this update
Actions and responsibility	**The Board to keep this under review.** **KMc to present at the next board**

6. Research Update

Discussion summary	KM explained that there wasn't a research update last quarter. She spoke to the presentation and explained last year GM did really well however this year we have fallen slightly behind. CS asked how many centres are open o NICE FIT, this currently open at Wigan and is really easy to recruit to, KM encouraged all to recruit to this and will send round the protocol via ML and she will distribute to all.

	The other main trial the TRACC trial and encouraged all to participate, KM will also send this to ML for dissemination. KM explained that 100k genome will come under genetics and surgical will come out separately from the cancer figures.
Conclusion	The board noted the presentation and thanked KM.
Actions and responsibility	**KM to forward TRACC and NICE FIT protocols to ML for dissemination.**

7. User Involvement Update

Discussion summary	<u>Pathway Board Representatives Away Day</u> IB explained that there had been a workshop on the 30th June to update service users on changes in the Greater Manchester Cancer core team and for patients to share their experience of being a SuR on a board. This type of meeting will be held 3 times a year. He explained that the UI programme is looking to implement a work plan where key deliverables are outlined within each board and a mentor is identified. CS asked if IB felt 2 service user reps was enough on the board and IB said on this board he felt it was adequate as long as they are representing a wider view i.e. via a small community or other source. <u>Small Community</u> IB explained that he is still working on getting more representation into the small community meetings. He, NS and SB will be attending support groups to try and recruit more representation.
Conclusion	SR thanked IB for the update and agreed to meet with him, NS and SS to discuss in more depth.
Actions and responsibility	**NS to organise a meeting with IB, NS and SR**

8. CNS Group Update

Discussion summary	SR explained that the CNS group had predominantly spoken about treatment summaries and this would be on the agenda at the next pathway board.
Conclusion	The Board noted this

Actions and responsibility	**ML to put treatment summaries on the agenda for the next board.**

9. Iron Deficient Anaemia

Discussion summary	CS presented the draft guidance he had produced which was based on the survey monkey he had sent round and also the BSG guidance document. The pathway is based solely on all people referred from their GP with IDA on a suspected cancer pathway.
Conclusion	CS asked all for comments/opinions on the draft.
Actions and responsibility	ML to send around to everyone for comments and bring back to next board.

10. <u>Any other business</u>

Discussion summary	<u>Complete Responder Guidelines</u> Deferred to September/November when the NICE guidance is available to be included. <u>New Endoscopic Treatment for Radiation Proctopathy from Caroline Henson</u> SR brought to everyone's attention the email from Caroline Henson which ML had circulated previously for their information.
Conclusion	The discussion was noted.
Actions and responsibility	**Complete Responder Guidelines to be discussed at either the September or November Board.**

Date and time of future meetings –

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.