

Colorectal Pathway Board Meeting – Minutes

Tuesday 18th September 2018, 10.30 – 12.30hrs

Meeting Room G15, 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
Karen Hodgson	Cancer Services Manager
Nicola Harrison	Facilitator/Manager, CRUK
Emma Brown	Colorectal CNS, Tameside
Nicola Fairclough	Colorectal Nurse Specialist, Bolton
Karen McEwan	Macmillan GP, Stockport CCG
Karen Telford	Consultant Colorectal Surgeon, Wythenshawe
Sue Sykes	Commissioner
Shailesh Agrawal	Consultant Histopathologist, Stockport
Apologies	
Amanda Coop	Colorectal Clinical Nurse Specialist, Christie
Jonathan Epstein	Consultant Colorectal Surgeon, SRFT
Julie Williams	Colorectal Clinical Nurse Specialist, PAHT
Paula Harrison	Colorectal Nurse Specialist, SRFT
Salim Kurrimboccus	Consultant Colorectal Surgeon, PAT
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, Stockport
Malcolm Wilson	Colorectal Surgeon, The Christie
Marcus Paraoan	Consultant Colorectal Surgeon, WWL

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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 staff shortages.

2. Minutes of last meeting and Matters Arising

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

3. GM Cancer Colorectal Board Updates

(I) 62 Day Delivery Review

Discussion summary	<p>KH presented the validated Q1 colorectal final figures which were 69.25% which means that as a whole GM and East Cheshire failed the 85% target. A discussion ensued around the common theme around this KH informed the group that diagnostics were the common factor.</p> <p>Update on how commissioners discuss breach data – SS updated the group that cancer commissioning managers to not discuss breach data the cancer managers from provider trusts do this in there group meeting.</p>
Conclusion	SR reminded the group that they had agreed to try and audit breaches within their Trust and feedback at future meetings.
Actions and responsibility	<p>KH to feedback on the data at future meetings</p> <p>ML to send round the presented data</p> <p>ALL to identify someone to carry out a breach audit within their Trust and report back to the board.</p>

(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. ML explained about the timescales of the project and agreed to update the group when the job advert has gone out for the project manager.
Conclusion	The board noted the discussion
Actions and	SR to feedback to the board on implementation

responsibility	ML to feedback on recruitment for the project manager
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(III) Guidance on Laparoscopic resection

Discussion summary	Deferred to November
Conclusion	NA
Actions and responsibility	NA

(IV) Common Colorectal Cancer Follow Up Guidance

Discussion summary	SR spoke to the power point side with the figures for the region and explained that a subgroup will be formed to put together common colorectal cancer follow up protocol guidance. This will be led by OA and SR with hopefully a finalised guidance by early next year. This will then help to stratify follow up and ensure the Treatment Summaries are standardised. SR asked all to send a representative from their Trust. Discussion ensued around the different policies and the fact that this work had been done 2 years ago. Although the group had differing opinions SR said that the group needed to try to work towards making a change. SS stated that from a commissioning perspective she didn't want to see variation across the system and we need to try to influence a change in practice. DS said that we should compare information from other areas such as the work done in Liverpool.
Conclusion	The group agreed that they would send a representative from their Trust.
Actions and responsibility	ML to email around to the group for volunteers to attend this group.

(V) The Recovery Package

Discussion summary	Treatment Summaries – SR reminded the group that we need to work on standardised treatment summaries but this will tie in with the follow up subgroup Colorectal Mapping Document - SR explained the background to the mapping document all agreed the document was a correct representation of the patient pathway
Conclusion	SR stated that standardised treatment summaries need to be agreed but this may be better discussed in t colorectal follow up subgroup. The group signed off the colorectal mapping document as being a correct.
Actions and responsibility	SR to update the group at further meetings on the standardisation of treatment summaries

4. Update on Lynch syndrome testing (March 2018)

Discussion summary	SR gave the background on Lynch Syndrome Testing so far. She explained that there is still no update on when this testing will happen but there are a number of patient groups lobbying for this, the issue being where funding come from will. SS explained that she will take the figures of eligible people to the October Cancer Commissioning Managers Meeting. She also reminded the group about the standardised FOI response had been drafted which had been embodied in the last minutes.
Conclusion	The Board noted the discussion and thanked SS for the update. ML agreed to forward the Freedom of information letter to All again
Actions and responsibility	The Board to keep this under review as the proposal develops. ML to forward standardised response

5. Faecal Immunochemical Testing (FIT) in symptomatic patients

Discussion summary	<p>KMc presented an update on the Stockport Pilot. The total number of tests to date was 110 out of these 21 were rejected (incorrect container, didn't meet criteria, duplicate request) leaving 89 results so far. She explained that when you request the test there is a drop down menu for the criteria so there should be no confusion for GP's. The main issue from the data presented was variation in the time the patient took to return the test, this ranged from 1-47 days. There was also a delay in a cohort of patients receiving their results this highlighted the importance of a robust procedure for chasing results. Out of the 18 positive results 14 were correctly referred on a suspected cancer pathway, 2 patients declined referral, 1 patient had already had a colonoscopy and 1 patient was admitted as acutely unwell before the referral could be discussed. There were 71 negatives. Out of these 64 patients were not referred to secondary care and 7 patients were still referred onto a suspected cancer pathway and these 7 will need to be investigated to find out why the GP still referred in this way.</p> <p>Prior to the Pathway Board meeting and over the summer SS had worked with NH from a commissioning perspective myself as follows:</p> <ul style="list-style-type: none"> • Met with Karen McEwan re; initial results of Stockport pilot which appear very promising and agreed that post the Pathway Board further work would need to be carried out to: <ul style="list-style-type: none"> ▪ Establish whether the GP's who have referred into FIT have felt confident with the results or referred the patient in on a 2ww in addition to doing a FIT test. ▪ It was agreed at the pathway board that this would be a useful piece of work to carry out to establish primary care's confidence in the FIT test
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	<ul style="list-style-type: none"> Established the approximate numbers across GM CCG's that may be suitable for FIT GM will probably only need one analyser 2 or 3 labs within GM Trusts have shown an interest in having the analyser (once purchased) and taking a lead on providing the FIT testing service for GM as a whole SS has discussed with Adrian Hackney how dictions could be made on which lab would be chosen to provide the FIT testing service and they've agreed that they would take all the information including results of the Stockport pilot to Directors of Commissioning in November , proposing a list of options /case for change to the DOC's and request a decision to be made Made links with other alliances to gain understanding of their experience of implementation of FIT Established links with the GM Screening team, so that implementation of FIT for low risk symptomatic patients is not being done in isolation to the work being carried out re: FIT for screening.
<p>Conclusion</p>	<p>At the Pathway Board SS agreed to:</p> <ul style="list-style-type: none"> Share results of pilot and plans with GM Cancer Commissioning Managers (this will be done w/c 1/10/18) In collaboration with Sarah Taylor share results with CCG GP Cancer Leads (this will be done also w/c 1/10/18) Meet with KMc to see if she can get her some support for further analysis of the results of pilot Continue to link with screening team Discuss FIT further at next Cancer Commissioning Managers meeting on the 11th of October Prepare paper for DOC's the paper will include: <ul style="list-style-type: none"> Case for change Results of pilot Pose questions on how agreement will be made on which lab to do testing and how to procure analyser <p>Moving forward we will present FIT at a future GMC Board. ML suggested January and this will need to include KMc, SR, ML & SS.</p>
<p>Actions and responsibility</p>	<p>SS to feedback on the outcome of the DOC's meeting ML to work with SS and KMc towards presenting at GM Cancer Board</p>

6. Research Update

<p>Discussion</p>	<p>No research update this month as they are quarterly</p>
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summary	
Conclusion	NA
Actions and responsibility	KM to present Q2 data at the next board

7. User Involvement Update

Discussion summary	<u>Small Community</u> IB explained they were unable to attend the SRFT support group last month. NS is just back from leave and will arrange a meeting with SR and IB and SS to take forward how the SuR's will input into the pathway board's programme of work and how they advance the development of the small community.
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 audit.
Conclusion	The Board noted this
Actions and responsibility	NA

9. Iron Deficient Anaemia

Discussion summary	SR spoke to the pathway that CS had presented at the last meeting. ML had sent this around to all for comment and only PAHT had responded with feedback. The pathway had also been sent to the OG Pathway Board for input but no response had been received at this time. .
Conclusion	Most are happy with the pathway but KT will ask the gastro team to input and send update and ML will chase the OG pathway Director for a response ready for sign off at the November Board.
Actions and	ML to send to KT for input from her gastro team.

responsibility	ML to chase OG Board for feedback KT to forward any feedback from the gastro team at Wythenshawe
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10. Any other business

Discussion summary	No other business.
Conclusion	NA
Actions and responsibility	NA

Date and time of future meetings –

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](#).