

Greater Manchester Cancer**Colorectal Pathway Board**

**Colorectal Pathway Board Meeting
Minutes and Actions**

Meeting time and date: Tuesday 14th May 2019 10.30-12:00

Venue: Pinewood Education Centre, Room G14, Stepping Hill Hospital, Stockport.

| Members in attendance | | | |
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| Name | Role | Organisation | Attendance 2019/20 |
| Dave Smith (DS) | Chair/Consultant Surgeon | Bolton NHS Foundation Trust | 1/1 |
| Michelle Leach (ML) | Pathway Manager | GM Cancer | 1/1 |
| Saeed Shakibai (SSh) | Service User Representative | Macmillan User Involvement | 1/1 |
| Karen McEwan (KMc) | Macmillan GP | Stockport CCG | 1/1 |
| Nicola Fairclough (NF) | Colorectal CNS | Bolton NHS Foundation Trust | 1/1 |
| Claire Arthur (CA) | Oncologist | The Christie NHS Foundation Trust | 1/1 |
| Omer Aziz (OA) | Consultant Surgeon | The Christie NHS Foundation Trust | 1/1 |
| Paula Harrison (PH) | Colorectal CNS | Salford Royal NHS Foundation Trust | 1/1 |
| Chris Smart (CS) | Consultant Surgeon | East Cheshire NHS Foundation Trust | 1/1 |
| Zoe Merchant (ZM) | Project Lead for Prehab | GM Cancer | 1/1 |
| Johnny Hirst (JH) | Project Lead for Colorectal BTP | GM Cancer | 1/1 |
| Debbie Hitchen (DH) | Colorectal CNS | Manchester NHS Foundation Trust | 1/1 |
| Nicola Harrison-Swainston (NHS) | Facilitator Manager | CRUK | 1/1 |
| Natasha Smith (NS) | User Involvement Manager | Macmillan User Involvement/GM Cancer | 1/1 |
| Astrid Greenberry (AG) | Transforming | GM Cancer | 1/1 |
| Salim Kurrimboccus (SK) | Consultant | Pennine Acute Trust | 1/1 |
| Alison Armstrong (AA) | Programme Lead | GM Cancer | 1/1 |
| Jess Blandford (JB) | Recovery Package Programme Lead | Stockport NHS Foundation Trust | 1/1 |
| Wendy Chapman (WC) | Macmillan RP User Involvement Co-ordinator | Stockport NHS Foundation Trust | 1/1 |
| Julie Williams (JW) | Colorectal CNS | Pennine Acute Trust | 1/1 |
| Ben Hornung (BH) | Consultant | Manchester NHS Foundation Trust | 1/1 |
| Karen Telford (KT) | Consultant | Manchester NHS Foundation Trust - Wythenshawe | 1/1 |

Greater Manchester **Cancer**

Colorectal Pathway Board

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| Karen Hodgson (KH) | Cancer manager | Stockport NHS Foundation Trust | 1/1 |
| Sue Sykes (SS) | Commissioning | GM Cancer Commissioning | 1/1 |

| Guests in attendance | | |
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| Name | Role | Organisation |
| Zahra Batool (ZB) | Senior Team Administrator | GM Cancer |

| Apologies | | | |
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| Name | Role | Organisation | Attendance 2019/20 |
| Sajal Rai (SR) | Chair/Pathway Director | Stockport NHS Foundation Trust | 0/1 |
| Debbie West | CNS | Manchester NHS Foundation Trust | 0/1 |
| Helen Ashby | CNS | Manchester NHS Foundation Trust | 0/1 |
| Rebecca Costello | CNS | Stockport NHS Foundation Trust | 0/1 |
| Doreen Dooley | CNS | Stockport NHS Foundation Trust | 0/1 |
| Jenny Rogers | Service User Rep | GM Cancer | 0/1 |

1. Welcome and Apologies

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| Discussion summary | DS welcomed members of the board to the meeting. DS noted that SR was unable to chair the meeting had asked him to deputise on his behalf and noted his apology. |
| Actions and responsibility | No further actions |

2. Minutes of the last meeting and matters arising

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| Discussion summary | Minutes from the last meeting were agreed as a true record with no matters arising. |
| Actions and responsibility | |

3. GM Cancer Updates

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| Discussion summary | 62 day KH updated the group on the Q4 figures but the full split of breaches was not yet signed off for sharing with the board. The total compliance for Q4 for colorectal in GM was 80.3% so unfortunately we did not meet the required 85% target. |
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Greater Manchester **Cancer**

Colorectal Pathway Board

ACE 2

SS presented ACE to the board and stressed the importance of the key objectives of the pilot which are to improve patient outcomes. This has not necessarily meant that patients were diagnosed earlier. Another key objective noted is the need to simplify the referral process for GPs and reduce unnecessary hospital attendances.

Multidisciplinary Diagnostic Clinic / Centre (MDC's) are another key plan for GM Cancer. This may have been previously known as Rapid Diagnostic Centre's (RDC) but SS informed the board that they are essentially the same thing but have had a change in name.

Pilots for the MDC have commenced in the Royal Oldham Hospital and Wythenshawe Hospital. Both sites decided to develop clinics as additional slots.

In summary an MDC approach for patients with non-specific but concerning symptoms:

- Provides a clear pathway for this group of patients.
- Has demonstrated that over 90% of patients receive a Yes / No to cancer on the same day.
- Onward referral / appropriate treatment for patients where cancer is excluded.
- Provides high rates of patient and staff satisfaction.

DS noted that a greater access to MDC would allow a massive reduction in volume of referrals. He also noted that CT scanning could exclude cancer but the possibility exists of the scan picking up other conditions. SS agreed that work needs to be done but with a redefined diagnostic workforce. DS thanked SS for her presentation on behalf of the board.

STT Pathway

JH explained the background to the Best Timed Pathway project which has received transformation funding. JH and DS have carried out scoping meetings to find out what is going on across GM with regards to straight to test models and to find out what is working well across different sites and trusts. AA informed the board of the importance of having correct representation at meetings and to make sure that we are representing our providers in the correct way. JH and DS agreed this and agreed to pick this up with AA outside of the meeting.

Laparoscopic Guidelines

CS had sent the laparoscopic guidelines around to everyone as they were due for updating. He noted that laparoscopic surgeries are increasing and informed the board of the original guidelines which stipulates that patients should be offered laparoscopic surgery if they have a BMI under 35, T4 Cancers, no obstructions. These patients should now be considered because boundaries around laparoscopic surgery have changed. CS explained that ACP guidelines stipulate that laparoscopic surgery should be considered for all colon cancers but it should be considered that conversions to open surgery could happen in any laparoscopic surgeries if clinically appropriate. TaTME was discussed by the board and CS suggested that TaTME should be considered but data is not available for us to look at and investigate. OA noted that this is an evolving and experimental surgical technique. He concluded by asking all to make final changes so the document can be signed off and uploaded to the GM Cancer website.

Greater Manchester **Cancer**

Colorectal Pathway Board

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| | <p>Personalised Care (Recovery Package)</p> <p>JB explained that ML had been informed of a radiotherapy treatment summary which had been developed by Lucy Buckley at The Christie and that herself and ML had met with Lucy to discuss bringing it to the board for sign off. JS explained that this will need to be checked via James Turner who is the project lead for implementation of the Recovery package at the Christie before it is disseminated out to the group. ML asked the group to note that the recovery package is now being referred to as personalised care. SSh discussed his role in the implementation of the Recovery package and valued that it is finally being rolled out.</p> |
| Actions and responsibility | <p>SS to provide an update on ACE at the next board meeting. KH to continue to update the board on the performance data. ALL to check the Laparoscopic guidance before 24th May. Members to send comments to ML for updating and final distribution and sign off.</p> |

| 4. Lynch Syndrome Testing | |
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| Discussion summary | <p>SS briefly discussed testing for patients and informed the board that the Lynch Syndrome Testing should be available for all colorectal cancer patients. The Manchester Royal Infirmary does this particular test in its Genomics labs.</p> <p>An updated draft document has been written but has not been shared as of yet. The document will need to be shared and approved by pathway boards, directors of commissioning, CFO's and the JCB. Members of the board will be asked for comments and feedback on information around testing once it has been approved and distributed.</p> |
| Actions and responsibility | SS to send updated draft to ML for distribution. Any comments should be made to ML by 31 st May. |

| 5. Faecal Immunochemical Testing (FIT) | |
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| Discussion summary | <p>SS explained that the commissioning team are in the process of looking how FIT for low risk symptomatic patients will be commissioned across the conurbation. She explained that an analyser has been procured by PAHT but this is only for the NE sector and will be going live at the end of June. However, going forward, more than one analyser will be needed for GM. SS suggested having analysers geographically placed in the North and South of Greater Manchester. It was noted that an audit of data and results will take place once the testing phase commences. This will help to understand how things are working and what areas can be improved. SS informed the board that the FIT Task and Finish Group will be meeting on 15/05/19 and an update will be provided at the next meeting on the role out of FIT for screening but that last update was that it will be commenced in June 2019.</p> |
| Actions and responsibility | SS will provide another update on FIT for the next meeting. |

| 6. User Involvement Update |
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Greater Manchester **Cancer**

Colorectal Pathway Board

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| Discussion summary | <p>SSh noted the hard work of the board and appreciated the ideas and projects going ahead. SSh explained that the service user reps on the pathway board will be working with the colorectal small community group to look at board agenda items where appropriate. He outlined that he will be taking part in these group meeting to discuss matters and ideas presented at board meetings. This will allow for feedback and more interaction with people affected by cancer.</p> <p>In regards to HEAL ABC, NS noted that she will have more information and feedback to present at the next meeting.</p> |
| Actions and responsibility | SSh to present feedback from community groups at the next meeting. NS to give feedback on HEAL ABC at the next meeting. |

7. CNS Update

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| Discussion summary | <p>ML provided an update on the CNS meeting and informed the board that AP had presented GatewayC to the CNS's.</p> <p>There was an update from JB in regards to Radiotherapy treatment summaries which was briefly shared with the board.</p> <p>ML updated the board that an audit had been performed at Stockport and the results of this had been shared at the CNS meeting.</p> |
| Actions and responsibility | No further action |

8. Prehab for Cancer

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| Discussion summary | <p>ZM provided an update on Prehab and the leaflets created for patients. The leaflets are being used and in circulation for patients, but the team would like to ask pathway boards to formally approve of the leaflets. DS confirmed a formal motion to approve the leaflet.</p> <p>ZM explained briefly what kind of information the leaflet provides for the patient and family members of patients. There is also a leaflet for referrers available which outlines when and how to refer a patient on to Prehab.</p> <p>DH provided some patient feedback in regards to being seen at assessment centres. Some patients are finding it difficult to get to assessment centres as they are not close to where they live. ZM recognised this can be an issue but after patients are seen at an assessment appointment, they are then referred for exercise to a local leisure centre which should be closer to home.</p> <p>KH queried how Prehab is fitting in with the 62 day pathway and ZM commented that at the moment it cannot be counted as a treatment and does not stop the clock. The group agreed that exercise within the Prehab project should be counted as a patient's first treatment. ZM updated the board that the view is that even a few sessions on the prehab scheme can be beneficial for patients. NHS England have reacted positively around Prehab but currently it is not in their plans, this could change in the future.</p> |
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Greater Manchester Cancer

Colorectal Pathway Board

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| Actions and responsibility | No further actions. |
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9. AOB

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| Discussion summary | <p>Document about the MDT reform will be published in June 2019.</p> <p>The Transformation Unit will be doing some work with the pathway board agreed to pick up a piece of work exploring the reasons for local variation in short course radiotherapy. ML will invite a member of the TU to discuss this at the next meeting.</p> |
| Actions and responsibility | <p>ML to distribute the document about MDT to be an agenda item at the next meeting.</p> <p>ML to invite the Transformation Unit to speak at the next board.</p> |