

| Log No. | Date Created | Status | Discussion summary   | Action  | Action Lead   | Update     |
|---------|--------------|--------|--|---|---------------|------------|
| 44      | 16/07/2020   | Open   | All to run audit of FIT tested patient outcomes and to share with PWB. JH to circulate once received.  |   | JH            | 01/09/2020 |
| 45      | 12/11/2020   | Open   | <p><b>Title: Total Neoadjuvant Therapy (TNT) for rectal cancer</b><br/> <b>To: Discuss and decide next steps</b><br/> <b>Owner: Claire Arthur</b></p> <p>The aim is to develop a consensus on the approach to TNT across GM. Current approach in GM is in line with the rest of the UK, but is evolving. It doesn't usually represent more treatment, just treatment performed in a different order. There is a question as to whether changing practice would make a difference to survival rates; however there are other benefits besides this, such as reducing the prevalence of stomas. It was suggesting that we should be utilising a TNT approach more regularly, but that is should be decided at MDT patient by patient. Then with time and regular review more defined protocols could be developed.</p> | The team at The Christie will draft a GM wide protocol document and present to Colorectal PWB for discussion and sign off.                  | Claire Arthur |            |
| 46      | 12/11/2020   | Open   | <p><b>Title: Tameside experience – supporting patients to attend investigations</b><br/> <b>To: Discuss</b><br/> <b>Owner: Jan Smart</b></p> <p>Jan presented the systematic supportive approach that Tameside are taking to encouraging patients to attend any appointments or investigations who might be hesitant to do so because of Covid. The Cancer Care Coordinators play a key role in contacting and supporting the patients in their approach, with GPs also a key part of the approach.</p>  | JH to circulate the 'action cards' detailing this approach that Jan presented on.   | JH            |            |
| 47      | 12/11/2020   | Open   | <p><b>Title: Introduction and Approval of Previous Minutes</b><br/> <b>To: Discuss</b><br/> <b>Owner: SR</b></p> <p>The minutes of the last meeting held in Sep was approved, however if there are any issues, please advise SR</p>  | Update SR if there are any issues with the minutes from Sep.  | ALL           |            |
| 48      | 12/11/2020   | Open   | <p><b>Title: Regular PWB Updates - Colorectal Cancer Targets</b><br/> <b>To: Discuss</b><br/> <b>Owner: KH</b></p> <p>KH presented on the long waiters and highlighted how their has been positive progress in GM for this group of patients. With referrals numbers still maintaining at the moment, it will continue to be challenging to deal with the backlog, as well as with new patients being referred in.</p>   | For information, no action noted.   |               |            |
| 49      | 12/11/2020   | Open   | <p><b>Title: Regular PWB Updates - Service User Involvement</b><br/> <b>To: Discuss</b><br/> <b>Owner: IB</b></p> <p>The colorectal small community meeting took place prior to Board. The Board extends a huge thank you and appreciation for all the work that Saeed has put into the Board as he steps away from his role. Plans are in place to bring a new service user rep in to take his vacant position.</p>   | For information, no action noted.   |               |            |
| 50      | 12/11/2020   | Open   | <p><b>Title: Research</b><br/> <b>To: Discuss</b><br/> <b>Owner: KM</b></p> <p>KM updated that, while in the first Covid wave many research staff were redeployed, more research is still continuing at this point and recruitment to trials remains an option for patients. Recruitment and consent, though, has changed to reflect the needs in relation to Covid.</p>   | All to continue to consider research / clinical trial options for patients to be aware that studies are continuing to recruit at this time. | ALL           |            |
| 51      | 12/11/2020   | Open   | <p><b>Title: PreHab 4 Cancer</b><br/> <b>To: Discuss</b><br/> <b>Owner: KMce</b></p> <p>Karen briefly reminded that PWB that PreHab4Cancer is still running, albeit virtually. Therefore please do continue to refer patients in to the programme. Subgroups are due to be relaunched shortly.</p>   | All to keep referring patients in to PreHab4Cancer as appropriate.  | ALL           |            |

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| 52 | 12/11/2020 | Open | <p><b>Title: TEMS / TAMIS</b><br/> <b>To: Discuss and agree next steps</b><br/> <b>Owner: SK</b></p> <p>Salim presented his slides on TEMS / TAMIS and proposed a GM wide approach to be agreed upon. This included 3 additional procedures towards the end of follow up. OnCoRe should be considered a minimum, with the newly proposed approach optional to adopt. It should also be noted that the Treatment Summary documents were signed off by the board (with just the TEMS / TAMIS protocol to be included once finalised).</p>   | JH to circulate TEMS / TAMIS proposal and invite feedback by e-mail from PWB, to then finalise shortly and include in Treatment Summary documents. | JH & SK |  |
| 53 | 12/11/2020 | Open | <p><b>Title: RDC update - NCA colorectal RDC pathway</b><br/> <b>To: Discuss and sign off</b><br/> <b>Owner: Sue Sykes</b></p> <p>Sue gave a brief general update on RDCs. Rebecca Duggan (lead nurse for NCA RDCs) also presented. NCA's RDC has been live since June, MFT's intends to be live in Jan 2021. 4 localities currently do not have access to RDCs - Wigan, Tameside, Stockport and Bolton.</p> <p>NCA RDC has been focusing on non-site specific / vague symptom pathways; however they intend to soon bring in RDC pathway for vague colorectal symptoms, such as weight loss. This will not affect the Colorectal BTP work - indeed it should positively add to it. GPs can refer in directly to RDCs; however this will take time to become common practice. If GPs don't refer a patient directly to RDC who is appropriate be directed on this pathway, the patient should be triaged to RDC when referred to secondary care. Conversely, it may be appropriate for some patients referred to RDC to be redirected to a 2WW pathway in secondary care. Regarding FIT, if a patient has a positive FIT they should remain on 2WW pathway.</p> <p>Once RDCs are available in all localities, it will be easier to present clear messages to all GPs in GM to consider referring directly to RDCs. RDCs will accept patients if required tests are not done in primary care, but GPs strongly encouraged to do so as much as possible.</p> <p>There is no capital funding currently attached to RDCs, but there is revenue funding.</p> <p>SK mentioned the need for clinical examination to happen in primary care whenever possible to best facilitate the pathway.</p> | Colo PWB endorses NCA RDC pathway.   | SS      |  |
| 54 | 12/11/2020 | Open | <p><b>Title: GM Cancer Hub</b><br/> <b>To: Discuss</b><br/> <b>Owner: SR</b></p> <p>The PWB considered the numbers relating to the current use of the Hub by Trust. It was noted that WWL appear to be the only Trust in GM using the Hub. There was consensus that currently the need is not there in most Trusts to utilise the Hub and there is a preference to keeping patients local wherever possible, as well as using I.S. capacity before the Hub. Beds not so much an issue as workforce. Trusts should consider using Hub if needed to ensure that treatment is not delayed.</p>   | For information, no action noted.  |         |  |
|    |            |      | <p><b>Title:</b><br/> <b>To:</b><br/> <b>Owner:</b></p>   |  |         |  |