

**Colorectal Pathway Board Meeting
Minutes and Actions**

Meeting time and date: Tuesday 21st January 10.30 – 12.00hrs

Venue: Room GO6, Pinewood Education Centre, Room G06, Stepping Hill Hospital, Stockport, SK2 7JE

Members in attendance			
Name	Role	Organisation	Attendance 2019/20
Michelle Leach (ML)	Pathway Manager	GM Cancer	5/5
Natasha Smith (NS)	User Involvement Manager	GM Cancer	3/5
Saeed Shakibai (SSh)	Service User Representative	GM Cancer	5/5
Ian Buchanan (IB)	Service User Representative	GM Cancer	3/5
Sharon Williams (SW)	Service User Representative	GM Cancer	1/5
Karen McEwan (KMc)	Macmillan GP	Stockport CCG	2/5
Adrian Hackney (AH) sent as deputy for SueS	Commissioning Rep	Greater Manchester Cancer	3/5
Nicola Caffrey (NC)	Commissioning Rep	Bolton NHS CCG	1/5
Ben Hornung (BH)	Trust Representative	Manchester University NHS Foundation Trust: Oxford Road Campus	3/5
Karen Telford (KT)	Trust Representative	Wrightington, Wigan and Leigh NHS Foundation Trust	4/5
Salim Kurrimboccus / MR Huq (SK)	Trust Representative	Penine Acute NHS Foundation Trust	2/5
Nicola Fairclough (NF)	Nursing	Bolton NHS Foundation Trust	2/5
Deborah Hitchen (DH)	Nursing	Manchester University NHS Foundation Trust: Oxford Road Campus	2/5
Vicky Kenyon (VK)	Nursing	Salford Royal NHS Foundation Trust	1/5
Monica O'Halloran (MO)	Colorectal CNS	Salford Royal NHS FT	3/5
Karen Hodgson (KH)	Cancer Manager	Stockport NHS FT	3/5
Jess Blandford (JB)	Personalised Care	Stockport NHS FT	4/5
Astrid Greenberry (AG)	Transforming	GM Cancer	4/5
Genna Gibson (GG) sent as deputy for RC	Nursing	Stockport NHS FT	3/5
Sarah Sykes (SS) sent as deputy for JW	Nursing	Pennine Acute NHS Foundation Trust	3/5
Natalie Cooper (NC)	Nursing	Manchester University NHS Foundation Trust: Oxford Road	1/5

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Guest in attendance			
Name	Role	Organisation	Attendance 2019/20
Steve Jones (SJ)	Genomics Project Manager	Greater Manchester Cancer	N/A
Joseph Corcoran (JC)	HEE	HEE	N/A
Suzanne Lilley (SL)	Cancer WF Lead	Greater Manchester Cancer	N/A
Lucy Francis (LF)	Transforming aftercare GM	Greater Manchester Cancer	N/A
Jaqueline Lavelle (JL)	Senior Team Administrator	Greater Manchester Cancer	1/5

Apologies			
Name	Role	Organisation	Attendance 2019/20
Sajal Rai (SR)	Chair/Clinical Lead	Stepping Hill NHS Foundation Trust	3/5
Johnny Hirst (JH)	Project Lead for Colorectal BTP	GM Cancer	3/5
Sue Sykes (SueS) sent deputy (AH)	Commissioning Rep	GM Cancer	3/5
Dave Smith (DS)	Trust Representative	Bolton NHS Foundation Trust	2/5
Clare Mason (CM)	Trust Representative	Salford Royal Foundation Trust	1/5
Karim Muhammad (KM)	Trust Representative	Tameside & Glossop Integrated Care NHS Foundation Trust	0/5
Mahmoon Solkar (deputy) (MS)	Deputy Trust Representative	Tameside & Glossop Integrated Care NHS Foundation Trust	0/5
Marius Paraon (MP)	Trust Representative	Wrightington, Wigan and Leigh NHS Foundation Trust	1/5
Chelliah Selvasekar (CS)	Deputy Trust Representative	Wrightington, Wigan and Leigh NHS Foundation Trust	0/5
Omer Aziz (OA)	Trust Representative	The Christie NHS Foundation Trust	2/5
Lucy Davidson (LD)	Radiologist	The Christie NHS Foundation Trust	0/5
Kalena Marti (KM)	Research	The Christie NHS Foundation Trust	0/5
Claire Arthur (CA)	Oncologist	The Christie NHS Foundation Trust	4/5
Mark Saunders (MS)	Oncologist	The Christie NHS Foundation Trust	0/5
Michael Braun (MB)	Oncologist	The Christie NHS Foundation Trust	0/5
Shailesh Agrawal (SA)	Pathologist	Stockport NHS Foundation Trust	0/5
Chris Smart (CS)	Consultant Surgeon	East Cheshire NHS Foundation Trust	4/5
Debbie West (DW)	Nursing	Manchester University NHS Foundation Trust: Wythenshawe, Trafford, Withington & Altrincham	0/5
Jill Taylor (JT)	Nursing	Bolton NHS Foundation Trust	0/5
Amanda Coop (AC)	Colorectal CNS	The Christie NHS Foundation Trust	1/5

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Rebecca Halstead (RH)	Nursing	The Christie NHS Foundation Trust	1/5
Margaret Parker (MP)	Nursing	Manchester University NHS Foundation Trust: Oxford Road Campus	0/5
Angela Jeff	Nursing	Manchester University NHS Foundation Trust: Oxford Road Campus	0/5
Laura Street	Nursing	East Cheshire NHS Foundation Trust	0/5
Julie Williams sent deputy (SS)	Nursing	Penine Acute NHS Foundation Trust	3/5
Amanda Ogden	Nursing	Salford Royal NHS Foundation Trust	0/5
Paula Harrison	Nursing	Salford Royal NHS Foundation Trust	2/5
Charlene Melville	Nursing	Salford Royal NHS Foundation Trust	2/5
Doreen Dooley	Nursing	Stockport NHS Foundation Trust	0/5
Jill Taylor	Nursing	Stockport NHS Foundation Trust	0/5
Emma Brown	Nursing	Tameside & Glossop Integrated Care NHS Foundation Trust	0/5
Helen Ashby	Nursing	Manchester University NHS Foundation Trust: Wythenshawe, Trafford, Withington & Altrincham	0/5
Rebecca Costello (RC) sent deputy (GG)	CNS	Stockport NHS Foundation Trust	3/5
Michelle Roberts (MR)	Nursing	Wrightington, Wigan and Leigh NHS Foundation Trust	0/5
Nicola Harrison-Swainston	CRUK rep	CRUK	4/5
Alison Armstrong (AA)	Pathway Manager	Greater Manchester Cancer	N/A

1. Welcome and Apologies

Discussion summary	ML introduced herself as Chair of the board as well as the Colorectal Pathway Manager due to SR being called to emergency theatre & Jonny being on paternity leave. She also introduced KMc and explained that KMc was to deliver the Prehab For Cancer presentation in place of ZM. All other members of the board, including guests were welcomed and introductions were made. Apologies were not noted.
Actions and responsibility	No further actions

2. Minutes of the meeting and matters arising

Discussion summary	The minutes were agreed as a true record of the last meeting.
Actions and responsibility	JL to upload minutes to GM Cancer webpage

3. Prehab For Cancer	
Discussion summary	<p>KMc delivered a presentation to update the board on prehab since the launch in April 2019. She explained that it had exceeded expectations with the number of referrals received and is continuously increasing. She notified the board that 80% of the patient referrals proceeded to participate in the prehab program and that the majority of the remaining 20% had not yet converted due to lack of patient contact details. It was also confirmed that the uptake rate from first appointment is at 94% which demonstrates the success of the programme. The Outcome Measure Data was also shared with the board KMc went on to explain that patient focus groups had been held and the feedback received had been overwhelmingly positive. She expressed that she would like to hold a session at the next board to focus on nutrition as it was recognised as an improvement area in prehab due to inconsistencies in dietetic provision for colorectal patients across GM. ML suggested that either KMc or ZM attend the colorectal nursing group and confirmed that a slot will be allocated at the next board to discuss nutrition.</p>
Actions and responsibility	<p>ALL to Promote Prehab For Cancer to increase future referrals KMc/ZM to attend nursing groups to discuss nutrition JH to add a nutrition prehab session as an agenda item at the next board meeting</p>

4. Stratified Follow Up	
Discussion summary	<p>Risk Stratified Pathways – Guidelines for colorectal supported self-management</p> <p>AG provided an update to the board on the status of Implementing personalised stratified follow up for Colorectal and confirmed that it is in place at South Manchester and has a long standing service in Salford. She also explained that Salford is currently assisting with the development of an information toolkit for other teams to use. When questioned about the pilot VK shared with the board that self-management is working well within SRFT and that safety nets had been tested to ensure that no patient had slipped through the net and can confirm it was 100% successful and the patient feedback had been positive. AG continued with her update and explained that Stockport will be taking part in a pilot to complete after care tests and will have a Cancer Care Coordinator (CCC) in post; she also confirmed that a follow up proposal will be completed for a CCC and an IT system to track the patients to be put in place and adopted across GM within other pathway teams. She confirmed that Infoflex will be in place which will include add on's needed to support the self-management system and that she had put a bid in for Colorectal and Prostate teams for transformation funding although she was unsure of the timescales. AG later explained that she was seeking feedback and suggested changes from the board in regards to slide 3; 'Eligibility for entry onto supported self-management pathway' IB asked <i>if the patient was not considered suitable then would it be made clear to them</i> to which AG explained that there are 2 stages within the decision making process and it would be fully discussed with the patient. KT expressed her concerns in the automation is that 1) consultants don't like change and 2) patients are not given the choice, although explained that the positives are that the patients will be followed and managed better and that the patients can opt out. It was the overall consensus of the board that bullet point 2 on slide 3 is to be removed.</p>
Actions and responsibility	<p>AG to make the suggested changes and to continue to update the group on the stratified follow up plan</p>

5. GM Cancer Updates

<p>Discussion summary</p>	<ul style="list-style-type: none"> <p>▪ 62 day delivery review KH shared her slides with the board and initially focussed on how many patients were seen in day 7 although confirmed that she is happy that a patient has a colonoscopy/1st test at day 10 with the aim of endoscopy at day 7. It was confirmed however that GM is only achieving 22.5% at day 7. She explained that there is a slight improvement in Q2 at 67.58% against 65.4% in Q1, however confirmed as more patients were treated in Q2 it resulted in more breaches. Moving on, KH confirmed that we had again failed the day 62 target of 85% with a total of 78.69% in Q2. A question was asked on what Bolton (a trust that had achieved the target) was doing differently and it was suspected that it is because they are seeing patients earlier at day 7. KH also discussed that the breach reasons were subjective and that the vast majority of issues are due to internal diagnostic delays. ACTION: KH to continue to notify the group on GM Performance targets</p> <p>▪ STT Pathway – Project Update DS sent apologies ACTION: JH to add to agenda for next board.</p> <p>▪ Lynch syndrome, FIT for low risk symptomatic roll out and RDC update AH confirmed that the paper was circulated prior to the board meeting and he discussed the Fit for Low slide obo SS. He clarified that the North East Sector (including the North Manchester patch) had been fully implemented and as of November the number of low risk symptomatic test completed had trebled. It was confirmed that from starting in July at 30 it was then increased to 85 in November and is increasing month on month. AH explained that although the roll out had not been implemented everywhere it was still ongoing. Following on, AH shared with the board that a member of the NHS Transformation Unit in GM is in the process of working on the full business case associated with the Lynch Syndrome roll out across GM. He continued that this is based on a case for change, produced in 2019 and the draft of the business case will be presented to the Commissioning Managers in February and will then be presented to the March Pathway Board. ACTION: JH to add Lynch Syndrome as an agenda item for the March board meeting</p>
<p>Actions and responsibility</p>	<p>See above actions</p>

6. OnCORE

<p>Discussion summary</p>	<p>AR & LM attended the board and AR presented the paper on OnCORE and he thanked LM and the board for their contribution. He confirmed that OnCORE is a national research database not an intervention study and confirmed it had contributed to defining national history by pulling 11 studies from around the world and analysing it. He went on to share the key specific messages explained further in the presentation circulated. He notified the board that OnCORE will be attending a meeting in Lisbon to discuss at a European level and will feedback to the board. He also discussed the factors affecting local regrowth after watch and wait for patients with clinical complete response; following chemoradiotherapy in rectal</p>
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	cancer. He confirmed the Pre-treatment clinical stage predicts 2 year local regrowth rate and that surgery for local regrowth is currently at 80% and is achievable in the majority. He explained that Watch and Wait is an intensive programme and is still trying to find the history within the past two years so not to miss a window of offering surgery. He explained to the board that a further funding had been received and to assist with ongoing & new projects.
Actions and responsibility	AR/LM to continue to update the group intermittently.

7. User Involvement update

Discussion summary	<p>IB informed ML that the UI improvement group was happy with the revised radiotherapy document and also notified the board that the next small community meeting is scheduled for February 13th and will focus on revisiting the treatment summary templates. NS confirmed that this is combined with Pennine and encouraged attendance from the CNS group. SW introduced herself to the board and shared her experience with cancer and explained that she is really looking forward to making a difference within her UI role.</p> <p>SSH & IB still continue to attend the BTP group and IB encouraged the board to review the showreel of SSH from the GM Cancer Conference which had been circulated by ML prior to the board. He explained that this hugely powerful and passionate presentation which had been well received. It was added that the small community is yet to have a presentation on the mobile chemotherapy units at a future meeting.</p>
Actions and responsibility	<p>ML to feedback to CA that the UI improvement group was happy with the revised radiotherapy document</p> <p>NS to chase CNS Representative to attend the next small community meeting scheduled 13th Feb</p>

8. Genomics

Discussion summary	<p>SJ provided an update on Genomics and explained that a Genomic Laboratory Hub (GLH) will be in place from April in GM. He confirmed that his role is to map the pathway from decision to test through to pathology and that currently the system isn't well understood, is complicated and fractured. The current process of tissue moving through the pathway varies by pathway, laboratory & Trust. He further explained that GLH had started to capture this data and that going forward the real-time improvement will be monitored. As per his slides he shared the next steps from MDT's / decision-to-test function and asked the board on the best way for him to engage with the colorectal decision-to-test function across GM and for the board's support for him to engage with these stakeholders.</p> <p>The board agreed with SK that Oncologist are initially the best people to liaise with and that most decisions are made at MDT. SSH asked AR how much Genomics can be relied upon on in deciding a patient's treatment to which AR replied that it is impactful as it helps to decide on the right choice of treatment. ST explained that the usual turnaround in GLH is 21 days although is mindful that Genomics testing currently impacts the day 62 figures and it is recognised that there is an opportunity to understand the variants and make improvements.</p>
Actions and responsibility	ST to engage with Oncologist and feedback to board

9. HEE's Clinical Endoscopy Training Programme

Discussion summary	<p>JC confirmed the recruitment of Adam Haycock the Clinical Advisor and shared information with the board about the Endoscopy Training Programme. He explained that a stakeholder meeting was attended on January 20th with 80 stakeholders from different backgrounds; focussing on the medical workforce and what training can be provided to them and how to get them trained faster.</p> <p>JC encouraged the board to share any feedback, issues or concerns on the basic skills courses to which no issues were raised at that time. ML confirmed that the application form for the endoscopy training had been previously circulated and JC stated that there is high interest in the small pilot (8 -16 places) and encouraged robust applications. Salford had confirmed their enrolment and ML encouraged all Trusts to enrol and invited JC back to board after the 1st cohort had completed training</p>
Actions and responsibility	<p>ALL to encourage enrolment on endoscopy training course within their organisations JH to invite JC to a future board post 1st cohort</p>

10. AOB

Discussion summary	<p>Annual review of all GP referral forms: Review of 'Suspected Cancer Referral – Lower GI' It was agreed that ML will distribute the GP referral forms to the board within a 3 week timeline and that the board need to return them to JH by the beginning of April..</p>
Actions and responsibility	<p>ML to distribute GP Referral forms ALL to return to JH by the beginning of April.</p>

Future Meeting Dates:

- 26/03/2020 14:30-16:30 Pinewood House - Room G06
- 19/05/2020 10:30-12:30 Pinewood House - Room F12
- 16/07/2020 14:30-16:30 Pinewood House - Room G15
- 15/09/2020 10:30-12:30 Pinewood House - Room F12
- 12/11/2020 14:30-16:30 Pinewood House - Room G15