GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

Greater Manchester Cancer

Colorectal Pathway Board

Colorectal Pathway Board Meeting
Minutes and Actions

Meeting time and date: Tuesday 19th May 10.30 – 11:30

Venue: Teleconference

1. Welcome and Apologies	
Discussion summary	Teleconference commenced. Due to the teleconference arrangement and the numbers involved on the call, it was not possible to have an attendance list for this meeting. Sajal opened the meeting and laid the context for the call. We have seen lots of changes recently in cancer services in a number of ways. One of the key focuses for this meeting will be to look at some of the good practice that has arisen as a result of the response to Covid, how cancer services have adapted and what we can learn from each other.
Actions and responsibility	No further actions

2. FIT testing for low risk patients in primary care	
Discussion summary	Sue Sykes first gave an update on FIT for low risk patients in primary care, which has accelerated due to Covid. This has now been implemented across the North East Sector (NES). Manchester and Trafford were to go live 1st April, but this was delayed due to Covid, but will be commencing this week. Stockport has been running for almost 2 years; however they may soon change from sending their FIT kits to Glasgow for analysing to using the MFT analyser instead. Tameside will be sending tests to MFT. East Cheshire will be doing this in partnership with Cheshire and Merseyside Cancer Alliance, using Warrington analyser. Bolton will be procuring their own analyser, with it likely taking 3-4 weeks to set up. Before this is live, Bolton will be using the analyser at Oldham. Wigan are also likely to soon set using the Oldham analyser for low risk patients in primary care.
Actions and responsibility	Sue to continue to update PWB as plans develop and further CCG areas go live with FIT for low risk patients in primary care.

3. FIT testing in secondary care for high risk patients deferred for endoscopy	
Discussion summary	Sue Sykes gave a summary of the work that she has been involved in, along with Sajal and Jonny, involving developing guidance for the use of FIT for high risk patients in secondary care on PTL waiting list deferred for endoscopy. This is not to remove any patients from the pathway, but to risk manage the deferred list and inform prioritisation. The guidance for this

	has now been circulated to the PWB and beyond. Chris Smart gave some more details about this being rolled out in Cheshire, including arranging FITs for both the deferred patients waiting list and the new urgent colorectal cancer referrals alongside each other and how best to manage the numbers. The logistics of how to get the results and who 'owns' the process, as well as governance processes, are key. The issue of postal services being involved with the FIT process was discussed, especially as post is not as reliable at this time. Cheshire are asking patients to come in to pick up and drop off the FIT kits to avoid posting them. Stockport are planning to encourage patients to drop off FIT kits at their local GP. It was also mentioned that if rectal bleeding is present, then FIT kits are not being used, but patients prioritised for further investigation. Marius shared that at WWL they are going ahead with FIT for low risk patients in primary care and with high risk new colorectal cancer referrals once the process is in place, but they do not currently have plans to put in place FIT testing for the deferred patients on the PTL waiting for endoscopy. Sajal mentioned that FIT would be useful as a way of prioritising these patients in a more objective way. Karen Telford shared that by next week Wythenshawe should have FIT testing for high risk deferred patients set up. Sue Sykes provided some clarity on the financing of FIT kits for secondary care. This should all be covered by the Covid funding available to Trusts. MFT and NCA should both be able to claim any costs associated with FIT in secondary care via this fund directly, including any FIT costs associated with other Trusts they will be supporting. Sue also updated that potential capacity for endoscopy in the independent sector is being looked at by GM Cancer, led by Lisa Galligan-Dawson. Sajal asked the PWB whether it was felt that there was a need for a single GM wide approach to the FIT testing in secondary care or whether each Trust needed to develop their own protocols and SOPs. It was felt unanimously by the board that each Trust needed to develop their own SOPs, but that it would be useful to share the different pathways to ensure best practice is adhered to.
Actions and responsibility	Jonny to collect and share SOPs with PWB as they are available.

4. Urgent CRC referrals, including best timed pathway / STT developments	
Discussion summary	Salim Kurrimboccus mentioned that Pennine are still being told by their radiology department that CT scans cannot be performed without a clinical examination first. This is currently holding up development of their colorectal best timed pathway and their ability to refer patients STT for CT. Salim asked if other Trusts are having similar issues. No other Trusts are having this issue and a clear message was given by the PWB that this is not something that should be

	required as long as they are properly assessed, for example by the relevant CNS in a telephone assessment clinic. It was considered that when considering the risks involved and weighing them against each other, there is a greater risk in not facilitating a STT for CT than the small risk involved in not having a physical clinical examination. Claire Mason mentioned that at Salford Royal the pandemic has given the best timed pathway work even greater impetus and that it is working very well, with even more patients than previously are being assessed at TACs. CT has continued throughout the pandemic. Karen Telford informed the PWB that the best timed pathway CNS and Pathway Navigator at Wythenshawe are currently still redeployed, but is meeting this week to look to get them back in post asap. Sajal updated that regarding the quality and comprehensiveness of GP urgent colorectal cancer referrals during the pandemic, including completeness of up to date patient blood tests, there has been an improvement during this time, with consistently comprehensive referrals. Karen McEwan informed that it is a constant process working with GPs on these referrals, that the recent increase in the comprehensiveness of referral may be in part of GPs seeing less patients and also in part due to GPs ensuring wherever possible that they only see the patient on one occasion, and so do the patients bloods on the initial GP consultation. Discussion was had on numbers of patients choosing to present at primary care with possible colorectal cancer symptoms. Karen McEwan informed the PWB that a series of comms both nationally and regionally has gone out to the general public to encourage them to go to their GPs if they have any concerning symptoms.
Actions and responsibility	

5. PreHab4Cancer	
Discussion summary	Karen McEwan reminded the PWB that PreHab4Cancer is still running on a virtual basis and so colorectal teams should keep referring patients in to the programme in the same way as they have been doing.
Actions and responsibility	Colorectal teams to keep referring patients to PreHab4Cancer programme.

6. Resumption of surveillance imaging	
Discussion summary	A discussion was had on whether it is appropriate to resume CT imaging for surveillance for CRC patients. The PWB agreed unanimously that it is right and appropriate, where possible, to do so as CT does not carry significant risks for patients and capacity is generally currently available to do so. (with consideration of the necessary discussion between radiology / colorectal teams in local Trusts). Priority should be given to higher risk surveillance patients first.

	It should also be noted that resumption of endoscopy surveillance is not appropriate at this time and is a separate discussion.
Actions and responsibility	Sajal to write Colorectal PWB guidance on the resumption of surveillance imaging and send round the PWB. (already completed and sent round 21st May)

7. MDT Reform	
Discussion summary	Sajal updated the board. MDT reform was discussed a few months ago at a previous PWB; however the current pandemic is changing the way MDT are being conducted, for example sector MDTs are suspended and the number of people attending MDTs has been significantly reduced. GM Cancer (with Suzanne Lilley leading the work) are therefore looking again at MDT reform and which direction would be best for MDTs to take in the current pandemic and beyond. IT and whether IT platforms are working well or not was discussed as a crucial factor in the smooth running of MDT as they currently operate. Suzanne is looking for a representative from the Colorectal PWB for MDT reform.
Actions and responsibility	Sajal to contact individuals from the PWB for a volunteer to be the MDT reform representative.

8. Service User Representative comments	
Discussion summary	Sharon Williams gave a patient perspective on the current patient concerns around the pandemic. She updated the PWB that she had visited the Christie and felt safe to attend with the way it was organised. She added she did know of a lady who had preferred not to attend a hospital appointment through fear of the virus, (as quite large numbers of patients are still choosing to do).
Actions and responsibility	

Future Meeting Dates:

16/07/2020 14:30-16:30 Teleconference

15/09/2020 10:30-12:30 Pinewood House - Room F12 / Teleconference

12/11/2020 14:30-16:30 Pinewood House - Room G15 / Teleconference