M Cancer Pathway Board	ancer Pathway Board Work Programme 2023.	Clinical Lead: Roger Prugham/Chelliah Selvasekar			Pathway Manager: Rachel Allen			Greater Manchester
Link to NHS Long Term	Deliverable SMART (describes what the PWB is going	EQIA	Measure SMART (the output/ evidence that	Responsibility	Completed	RAG Status once	Date last	Cancer Allian Comments add only if RAG status is amber/re
Plan/Planning guidance	to deliver)	completed (n/a, yes or no)	the deliverable is completed)	Named lead i.e. a PWB member/ designated lead	by end of (month/year) In year, i.e. by 31/3/24	complete, add 'complete' to green RAG status & keep on the work prog.	updated (monthly)	(include mitigation/any plans in place)
neral / Cross-cutting	Develop a GM core standards / model of care document for		Formal document of core standards drafted.	Roger	31/03/2024		03/11/2023	
	lower GI service.			Prudham, Chelliah Selvasekar, Ali Jones, Louise				
	Support Clinical Outcomes Data Strategy for Cancer Group to understand the needs of the pathway board with respect to clinical outcomes data.		Metrics to be agreed and endorsed by the Pathway Board.	Jenna Lane / John Moore	31/03/2024	Complete.	03/11/2023	Agreed that QoL, survival and stage of presentation are appropriate to measure initially. Additionally, do to understand more about emergency presentation
arly Diagnosis and revention (including								
evention (including	Continue to work with key partners to support public messaging and engagement to ultimately increase public awareness of cancer symptoms and encourage timely presentation (including screening).		Engagement in Bowel Cancer Awareness month (April). Resources shared across Trusts via Pathway Board. Engagement in symptom awareness communications all year round.	Anna Perkins	31/03/2024	Complete.	03/11/2023	Separate GM Cancer Communication Work Programme available with more in-depth detail.
	Support implementation of FIT guidance to ensure all lower GI referrals are accompanied by a faecal immunochemical test (FIT) result, where clinically appropriate in order to expedite patients through the colorectal cancer pathway, informing decisions about onward investigation. For example, clinically defining the cohorts of patients not applicable to FIT; addressing clinicians still scoping patients with a negative FIT result.		Engagement in FIT Task & Finish Group groups to support all FIT related initiatives requiring Pathway Board input. RA / RP attending FIT monthly T&F Group. Pathway Board updates provided.	Rachel Allen / Ali Jones	31/03/2024	Complete.	03/11/2023	FIT TF Group disbanded Q2 23/24.
	Explore innovative approaches to the use of FIT in the lower GI pathway e.g. FIT in the community vending machine concept.		Innovative concept scoped and shared with relevant stakeholders as appropriate for further progression/testing. Innovation funding bid submitted.	Roger Prudham / Ali Jones	31/03/2024	Complete.	03/11/2023	Two innovative proposals submitted to ED Team 'FIT in the community'. Unsuccessful but led to discussions re: FIT & community pharmacy conce
	Explore FIT 'Direct to Test' concept.		Innovative concept scoped and shared with relevant stakeholders as appropriate for further progression/testing. Innovation funding bid submitted.	Roger Prudham / Ali Jones			03/11/2023	
	Engage with Lynch Syndrome project, providing clinical/secondary care guidance and subject-matter expertise as appropriate.		Agenda item on Pathway Board meetings (as appropriate) as an opportunity for clinical discussion/contributions appropriate. Information shared with Pathway Board members as appropriate throughout lifetime of project.	Ali Jones / Sophie Walker	31/03/2024		03/11/2023	Project is to ensure Lynch Syndrome testing is in place for all patients with colorectal cancer, improving the identification and management of th syndrome.
	Engage with Colon Capsule Endoscopy (CCE) project (national pilot), providing clinical/secondary care guidance and subject-matter expertise as appropriate.		Agenda item on Pathway Board meetings (as appropriate) as an opportunity for clinical discussion/contributions appropriate. Information shared with Pathway Board members as appropriate throughout lifetime of project.	Ali Jones / Sophie Walker	31/03/2024		03/11/2023	Project is to enable the roll-out of the Colon Capsi Endoscopy national pilot.
	Clinical lead to continue to attend and engage with GM Endoscopy Network and Endoscopy Network Clinical Reference Group.		Regular attendance and engagement in meetings, feeding back to Pathway Board members.	Roger Prudham	31/03/2024	Complete.	03/11/2023	
	Annual review of suspected lower GI referral form with reminder to Pathway Board re: the importance of feeding back evidence of practices failing to comply with the agreed GM referral form.		Pathway Board to endorse referral form and share with ED Team ready for system upload by December 2023.	Rachel Allen / Sarah Taylor / Ali Jones	31/12/2023		03/11/2023	
	Identify Director of Public Health to join the Pathway Board, representing all GM DPHs. Work with individual to reduce prevalence/incidence of locally advanced disease.		DPH identified and engaged in work of Pathway Board. Plan of action outlined by end of Q3 focusing on prevention of bowel cancer.	Rachel Allen / Ali Jones	01/09/2023		03/11/2023	
	Identify topics for primary care education for delivery via Gateway C.		Design and delivery of Gateway C modules as appropriate.	Ali Jones	31/03/2024		03/11/2023	
	Review current GP decision support tools for LGI and consider developing new ones to add in.		GP decision support tools for LGI reviewed with any additions agreed by Pathway Board.	Rachel Allen	31/03/2024		03/11/2023	(LGI BPTP Action Plan Deliverable)
	Co-produce CRUK colorectal TET proposal.		Collaborate on proposal with GM colleagues and submit to CRUK.	Rachel Allen / Ali Jones/ Lauren Kelly	31/03/2024		03/11/2023	
ster Diagnosis (including PTP) and Operational								
provement	Work alongside the FDS Programme Team to review the lower GI BPTP and support Trust delivery of BPTP milestones.		Collaboration with FDS team. Progress updates to be provided at Pathway Boards.	Sue Sykes / Karen Hodgson / Rachel Allen	31/03/2024	Complete.	31/07/2023	
	Host LGI BPTP workshop in collaboration with the FDS Programme team, facilitating regional discussion to identify barriers to compliance and develop regional solutions to improve performance. Outcomes and further plans detailed below under subheading: 'LGI BPTP Action Plan Deliverable'		Workshop organised, discussion facilitated, outcomes captured. Suite of interventions identified and shared with Pathway Board for implementation (action plan).	Sue Sykes / Karen Hodgson / Rachel Allen	31/09/2024	Complete.	31/07/2023	Separate LGI BPTP Action Plan available as an output from workshop.
	LGI BPTP Action Plan Deliverable: Review and publish endoscopy step off policy.		Policy reviewed by Clinical Leads, FIT TF, LGI Endoscopy TF Group, OG and LGI PB members and updated accordingly. Policy signed off at September Pathway Board and cascaded as appropriate for implementation.	Roger Prudham / Chelliah Selvasekar / Rachel Allen	22/09/2024		03/11/2023	
	LGI BPTP Action Plan Deliverable: Development of overall GM Endoscopy Policy which will review endoscopy processes and principles (including step off policy) through the establishment of a Task and Finish Group.		GM Endoscopy Policy including processes and principles developed and signed off at future Pathway Board and cascaded as appropriate for implementation.	Roger Prudham / Chelliah Selvasekar / Rachel Allen			03/11/2023	
	LGI BPTP Action Plan Deliverable: Review systematised workflow (& associated job plans)		Good practice identified e.g. Consultant of the week with protected job planned time as dedicated to review urgent results. Examples of best practice published and shared with Pathway Board for considered future adoption.	Roger Prudham			03/11/2023	
	LGI BPTP Action Plan Deliverable: Assurance that there are MDT standards & processes in place within secondary care for ensuring any unexpected delays are minimised		Good practice principles developed and documented to ensure that MDTS are utilised/flexed appropriately to adapt to umplanned events/pressures e.g. new diagnostic tests, increased referrals, industrial action, bank holidays. Principles shared with Pathway Board as best practice.	Roger Prudham			03/11/2023	
	LGI BPTP Action Plan Deliverable: Develop 'good practice' principles in relation to PTL and business meeting processes		Good practice' document drafted and published outlining key principles in relation to PTL and business meeting processes, considering preferred membership and regularity/frequency	Roger Prudham	31/03/2024		03/11/2023	
	Engage with SQD Project, beginning to scope out how single queue may potentially assist with the diagnostic waits in particular CTC.		Engagement with the project, providing clinical/secondary care guidance and subject-matter expertise as appropriate. Progress updates to be provided at Pathway Boards.	Jenna Lane	31/03/2024		03/11/2023	

	Review current triage STT pathways considering all forms of		Pathways developed and endorsed by	Rhidian	31/03/2024		03/11/2023	T
	colonic imaging. Develop standardised GM colonic imaging pathway (to point of diagnosis). Scope of this to include imaging of the colon: CTC / CCE / endoscopy.		Pathway Board for implementation.	Bramley / Jenna Lane / Roger Prudham	31/03/2024		03/11/2023	
	Engage with CTC Pathway Redesign project, supporting specifically with the triage straight to test for CTC and advising and agreeing on the appropriate patient cohort for this.		Engagement with the project, providing clinical/secondary care guidance and subject- matter expertise as appropriate. Progress updates to be provided at Pathway Boards. Pathway developed and endorsed by Pathway Board for implementation.	Rhidian Bramley / Jenna Lane / Roger Prudham	31/03/2024	Complete.	03/11/2023	
	Support implementation of defined CTC Pathway across GM.		CTC Pathway implemented across GM.	Rhidian Bramley / Jenna Lane / Roger Prudham	31/03/2024		03/11/2023	
Treatments and Care (including Personalised								
	Address local access to colonic stenting for patients in a timely manner.		Baseline assessment of current provision complete with clear plan for improvement	Rachel Allen	31/03/2024		03/11/2023	
	·		communicated to Pathway Board.	Claire Arthur /	04/00/0004		00/44/0000	
	Reduce variation in necadjuvant radiotherapy treatment in rectal cancer patients undergoing resection, ensuring evidence-based local radiotherapy policies are in place.		Current performance breakdown shared. Improvement plan identified to address any variation.	Chelliah Selvasekar	31/03/2024		03/11/2023	
	Review stoma reversal rates across the region, mapping to national standard (NBOCA data) to identify outliers. Work to inform future quality improvement piece.		Stoma reversal rates reviewed. Findings presented to Pathway Board with recommendations for future improvement work	Chelliah Selvasekar	31/03/2024		03/11/2023	
	Understand how many MDTs measure LARS scores following stoma reversals.		outlined. Audit constructed and circulated to MDTs to collect data on how many measure LARS scores following stomas reversals. Findings presented to Pathway Board. Next steps	Chelliah Selvasekar	31/03/2024		03/11/2023	
	Understand the surgical and operational challenges across the region in relation to stoma reversals.		determined.  Challenges reviewed and understood. Findings presented to Pathway Board with recommendations for future improvement work outlined.	Chelliah Selvasekar	31/03/2024		03/11/2023	
	Patient Stratified Follow Up (PSFU): Review current PSFU pathway in line with updated guidance.		PSFU pathway reviewed and endorsed by Pathway Board.	Andrea Webber/ Rachel	31/03/2024		03/11/2023	
			,	Allen / Amanda Coop / Sarah Sykes / Cheryl Pickup				
	Patient Stratified Follow Up (PSFU): Once PSFU pathway developed and built on infoliex, Pathway Board to support with promotion of use of system with clinical teams		All communications produced by PC team disseminated within Trusts and CNS groups.	Andrea Webber/ Rachel Allen / Amanda Coop / Sarah Sykes / Cheryl Pickup	31/03/2024		03/11/2023	
	HNAs & Personalised Care Support Plans for all patients: provide guidance when/if needed based on deep dives of data & performance.		Deep dives of performance data reviewed (when provided by PC team). Development of action plans to increase performance supported.	Andrea Webber/ Rachel Allen / Amanda Coop / Sarah Sykes / Cheryl Pickup	31/03/2024		03/11/2023	
	HNAs & Personalised Care Support Plans for all patients: Endorse and support GM standards developed for HNAs & PCSPs to ensure standardisation of quality for all patients.		Final standards developed and endorsed by Pathway Board.	Andrea Webber/ Rachel Allen / Amanda Coop / Sarah Sykes / Cheryl Pickup	31/03/2024		03/11/2023	
	Standardise and implement use of Treatment Summaries: Review existing Treatment Summary templates, creating new where there are gaps. Board members to support engagement internally within corresponding teams & Trusts with use of Treatment Summaries.		New Treatment Summary templates developed (if required), approved at Pathway Board and disseminated through appropriate Trust forums. Updates by exception provided by PC team around low utilisation.	Rachel Allen / Amanda Coop / Sarah Sykes / Cheryl Pickup	31/03/2024		03/11/2023	
	GM collation of HWB services information: Identify any tumour specific gaps for colorectal.		HWB self-assessment completed and appropriate representatives engaged in T&F Group to agree and progress with an action plan responding to any gaps.	Miranda Breen / Rachel Allen / Amanda Coop / Sarah Sykes / Cheryl Pickup	31/03/2024		03/11/2023	
	Genomics: Continue to map out current patient oncology pathway and identify current testing arrangements in each Trust to understand baseline position and identify solutions to common problems within pathway.		Update on findings and proposed solutions for improvement in turnaround times to be presented at September Pathway Board, seeking endorsement.	Simran Dhaliwal			03/11/2023	
	Genomics: Implement solutions across each Trust to ultimately reduce the turnaround time for genomics testing within oncology pathway.		Solutions implemented across all Trusts with agreed ongoing-monitoring of progress provided to the Pathway Board.	Simran Dhaliwal	31/03/2024		03/11/2023	
	Review approach to advanced pelvic surgery in GM (colorectal).		Approach reviewed. Surgical model endorsed by Pathway Board.	Chelliah Selvasekar	31/03/2024		03/11/2023	
	Review of NBOCA data and the performance of GM with respect to emergency colorectal cancer presentation and		Review conducted, data analysed, and report published and shared with Pathway Board with	Ajit Oberoi / Chelliah	31/03/2024		03/11/2023	
	management. This will be used to inform a future project focusing on the process, management and outcomes in emergency colorectal cancer management.		identified actions for improvement (report: Q1 24/25).	Selvasekar				
Patient Engagement and Involvement, Experience of								
	Patient representatives to attend and contribute to Pathway board meetings and identified workstreams/projects, raising issues and areas of concern from the colorectal cancer small community.		Active representation on Pathway Board and active small community. Small community meets 4 x year and input into Pathway Board discussions.	Jessica Carroll	Ongoing		03/11/2023	
	Connect with Clinical Lead for Research and GM Cancer regarding how to plan for 2023/24 to increase % of patients in trials.		Colorectal Pathway Board Research Lead and GM Cancer Clinical Lead for Research to meet in Q1 (23/24) to plan for 2023/24 to increase % of patients in trials.	Kalena Marti	31/03/2024		03/11/2023	
	deputy.	n/a	CNS Forum re-established led by nominated CNS. First meeting to be hosted by Q2.	Amanda Coop / Sarah Sykes / Cheryl Pickup	31/03/2024	Complete.	31/07/2023	
	Promote the use of the digital staff passport within colorectal cancer services to support working as a network / development opportunities.		Communication around digital staff passport shared with Trust teams via the Pathway Board. Profile of passport raised during Pathway Board meetings (agenda item). Passport concept incorporated into relevant workstreams e.g. review of colonic stenting.	Jess Docksey / Clinical Leads / Rachel Allen	31/03/2024		03/11/2023	Deliverable on hold until December 2023 / January 2024 when NHS Digital Staff Passport launched
	Promote GM CNS Away Days (July & October), ensuring representation from colorectal CNSs.		Invitations for GM CNS Away Days cascaded to colorectal CNSs with active participation from colorectal CNSs at the events.	Rachel Allen / Amanda Coop	31/03/2024	Complete.	31/07/2023	
	Develop and deliver webinar on Anal Cancers.		Webinar designed, produced and delivered to interested healthcare professionals.	Rebecca Halstead / Molly Pipping	31/03/2024		03/11/2023	Scheduled for 23/11
	Develop and deliver eLearning module on Appendiceal		eLearning module designed, produced and delivered to interested healthcare	Rebecca Halstead / Molly Pipping	31/03/2024		03/11/2023	
	Cancer.		professionals.					1
	Conduct audit to review capacity / demand to understand whether GM has the required surgical workforce for colorectal cancer.		Audit conducted and findings presented to Pathway Board with clear recommendations.	Jess Docksey	31/03/2024		03/11/2023	
	Conduct audit to review capacity / demand to understand whether GM has the required surgical workforce for		Audit conducted and findings presented to	Jess Docksey	31/03/2024	Complete.	03/11/2023	

Host GM Colorectal Pathway Board education event in Q4 to raise the profile of colorectal cancer; share the vision for the future; and showcase the work of the Pathway Board / GM Cancer in respect of colorectal cancer.	Education event designed, promoted and delivered for those with an interest in colorectal cancer.	Molly Pipping / Jess Docksey	31/03/2024		03/11/2023	Scheduled for Feb 24
MDT reform: 1) develop, pilot and evaluate at least one Standard of Care (safe, clinically protocoled pathway) for a defined patient group.	SoC/Protocol developed, piloted for 6 months, and evaluated with findings and recommendations presented to Pathway Board for consideration.	,	31/03/2024		03/11/2023	
MDT reform: 2) test implementation of the patient impact statement at at least one Pilot site.	Pilot site confirmed. Patient impact statement piloted for 6 months and evaluated with findings and recommendations presented to Pathway Board for consideration.	Jess Docksey / Chelliah Selvasekar	31/03/2024		03/11/2023	Pilot site 1: NCA Salford
MDT reform: 3) Promote the use of patient resources (infographic and animation) to inform patients of the role of the MDT within their care planning.	Patient resources shared with Trust teams via the Pathway Board. Team supported to embed patient resources within services through appropriate channels, such as, patient information proticols and Trust Communication Teams. Baseline survey conducted and repeated after 6 months to measure awareness and usage.			Complete.	03/11/2023	Promotional video created and shared with GM WF & Ed newsletter and Pathway Board round-up email.

RAG status

in track, if complete add 'complete' to the green RAG status ehind but have measures in place to get back on track