



NORTH AND EAST

## ***London Cancer Colorectal Pathway Board***

---

Date: **Monday, 01 September 2014, 17:30 – 19:00**

Venue: **Boardroom, 3<sup>rd</sup> Floor, 170 Tottenham Court Road, London, W1T 7HA**

Chair: **Michael Machesney, Pathway Director**

### **1. Welcome, and Apologies**

MM welcomed members of the board, introductions were made and apologies heard.

### **2. Minutes of last meeting**

The minutes of the last meeting were accepted as an accurate record of proceedings.

### **3. Pathway specification (MM)**

#### **Discussion points:**

- Members were reminded that the Pathway Specification has been derived from the agreed clinical guidelines. A meeting has been arranged between *London Cancer* and AM from the Transforming Cancer Services for London Team (TCST) to discuss the implications of the specification for commissioning intentions.
- Pathway diagrams were circulated with meeting papers and comments welcomed from members.
- It was noted that from a Primary Care perspective, the introduction of straight to test will have the biggest impact. MM explained that the pathway specification defines a colorectal diagnostic service, with most patients sent straight to test, where suitable. This model enables diagnostic tests to take place before an outpatient appointment. Questions remain about the commissioning of straight to test models and the income implications of implementing straight to test across all Trusts.
- Members discussed the influence of the pathway board if perhaps not all Trusts within the system were agreeable/capable of using a particular model. MM assured members that *London Cancer* was working with UCLPartners and TCST to resolve issues that have arisen. There is a commitment to reducing variation of services for patients in *London Cancer*.
- Comments were received from PM and JP with regards to the nursing elements of the specification, which were noted and will be considered for inclusion in the specification. There was a discussion about the frequency of Holistic Needs Assessment. MM highlighted that the Pathway Board need to set out the aspirational requirements within the specification, in order to influence Trusts to provide a sustainable nurse establishment and administrative support for MDTs.
- Referral criteria has been amended to include all patients over 55 years (p6).
- Discussion held about the methods for GPs to send referrals. Whilst faxes are old technology, this method but must be left as an option until email is used universally. It was suggested that the best

method currently is 'Choose and Book', but that the referral systems must not disadvantage patients referred by fax or email.

- Discussion held regarding the use of CPEX. MM will seek advice from anaesthetic colleagues before amending the wording in the specification.
- Other comments included requesting more clarification on the Health and Wellbeing events, which will be added to the specification.
- Pathway specification was approved by the Board, subject to consideration of the comments received at this meeting.

**ACTION:** MM/SH to update specification based on member's comments.

**ACTION:** All members to email any other comments regarding the Specification to MM.

#### **4. Public Health England Colorectal Cancer data review – Andy McMeeking**

##### **Discussion points:**

- Pan-London data presented by AM which has been developed by the National Cancer Intelligence Network, as requested by Sean Duffy.
- More data, due to be published on a new Macmillan website – AM will inform when available.
- The data was reviewed and discussion included the need for trends to be assessed.
- It was noted that the data is for all cancers and not bowel specific.
- This review will be presented in future as a benchmarking exercise to provide more useable trends. It will take more than a year or so to see impact of changes implemented. The Pathway Board would welcome more colorectal specific data.
- ML advised that the data is accessible to those who register with the National Cancer Intelligence Network team.
- It was commented that the results of the National Cancer Patient Experience survey are due out shortly.

#### **5. Results of network level audit (LG)**

##### **Discussion points:**

- LG presented the results of the network level audit, which reviewed all colorectal cancer patients identified in the *London Cancer* A&E audit which took over 31 days to diagnosis. All Trusts were asked to complete a pro-forma about their relevant patients and to ascertain any trends on why it took this length of time to reach a diagnosis.
- Out of a potential 18 patients, data was provided on 11 patients. It was acknowledged that this is a small data-set.
- LG, MM and SH have reviewed results and the paper circulated contains a summary of the results. Difficult to identify clear trends as the reasons varied widely.
- Audit highlighted a number of areas which could be learnt from:
- Colorectal MDTs should be urgently alerted about unexpected cancer findings by the radiologist, pathologist or other clinician which becomes first aware of the diagnosis. This should be established in every Trust's operational policy with *London Cancer*.
- Results showed difficulties with inpatient colonoscopy, regarding bowel preparation and endoscopy capacity.

- Histology delays were identified and it was noted in discussion that lean management systems for histopathology have been shown to greatly improve turnaround times for histopathology.
- Very low data from BHRUT and no data received from Harlow.

**ACTION:** Add to Specification that Unexpected cancer findings must be flagged or alerted to colorectal MDT, i.e. radiologist/pathologist to alert MDT. (SH/MM)

## 6. Workstream reports

- a. Update on stratified follow-up (JW) – put back on agenda for next meeting
- b. Anal Cancer subgroup (GS) – first subgroup meeting has taken place and group will meet again in November. GS to meet with SR and Head of Chemotherapy in Romford to discuss standardised Chemotherapy protocols, and lessons learned.
- c. Nursing (JP) – Looking to develop Patient Information and referral hospital information flyer for patients. Conducting review of holistic needs assessments from September to December 2014, and due to analyse data in January 2015. Patient contact audit has been conducted, demonstrating that the majority of queries received by nurses are admin related, representing a significant extra workload for nurses. It was noted that being able to contact someone in a Trust is really important for patients and Trusts need to invest into better admin support to free up CNS time. MM asked JP to discuss further with nursing forum and to develop recommendations on the additional resource requirements for CNSs. Toilet cards have been designed to advise patients, with 2000 cards available for Trusts in London Cancer.
- d. Standards and Governance subgroup (HP) – Meeting planned for 15 October 2015. Stenting protocols to be looked at with a different working group including George Webster and Ed Seward. ES reported that there is pan-London need to provide colorectal stents, which needs development of a Business Case.
- e. Early diagnosis (ES) – There are many groups working on early diagnosis initiatives within *London Cancer*. Presentation on Straight to Test at the *London Cancer* Annual Event has generated great interest in straight to test pilot. There is a meeting planned shortly with Harlow and interest received from elsewhere. UCLP has facilitated a *London Cancer* application to the Health Foundation for scaling up the implementation of Straight to Test services. HP asked for the triage Straight to Test protocol; ES will forward to HP. ML informed members of the plans to build this into a Quality Improvement Collaborative for the entire network. Further details to follow.
- f. Screening (AO) – AO not present at meeting. LD believes NMUH invited to start Bowel Scope, but email not reached LD yet from within Trust. LD to keep MM informed so *London Cancer* can support where possible.

**ACTION:** Update on stratified follow-up (JW) –on agenda for next meeting

**ACTION:** JP to discuss nursing resource requirements further with nursing forum and to develop recommendations on the additional resource requirements. Consider adding to colorectal guidelines.

**ACTION:** Stenting protocols to be worked on for *London Cancer*

**ACTION:** ES to send the triage Straight to Test protocol to HP.

**ACTION:** LD to inform MM about progress with Bowel Scope at NMUH

## **7. Update on London Cancer (ML)**

### **Discussion points:**

- ML reported on changes taking place within *London Cancer*. Due to a restricted budget for the remainder of 2014/15 and unknown budget for 2015/16, *London Cancer* is focusing on what it can physically deliver within the constraints.
- There will no longer be pathway management support for the pathway board, but *London Cancer* will provide admin support to arrange meetings, track attendance and take minutes. In order to meet with Peer Review requirements, Boards will meet four times a year with 'light touch' secretariat / admin support confirmed until March 2015 at least. There will no longer be admin support for the Pathway Board subgroups.
- *London Cancer* and its Pathway Boards will continue to exist, but with some changes to the way they function.
- *London Cancer* continues to prioritise Early Diagnosis and is looking at direct access diagnostics across different pathways, with colorectal being a key area for such initiatives. *London Cancer* is also looking to test a multi-disciplinary diagnostic centre for 'vague abdominal symptoms' to streamline a diagnostic route for those patients.
- Work will continue to be prioritised and supported for implementation of Stratified Follow-up in colorectal cancer. This is being supported through a Macmillan funded workstream.
- Research continues to be a priority and *London Cancer* will continue to engage with the CRN.
- Discussions continue within UCLP and *London Cancer* about the future resourcing of the integrated cancer system and pathway boards will be kept informed.

## **8. Colorectal Cancer Services Risk Register (HP/MM)**

### **Discussion points:**

- Deferred to next meeting.

## **9. AOB**

### **Discussion points:**

- No AOB raised at meeting.

## **10. Next Meeting**

11 November 2014, 17:30-19:00 in Boardroom, 3rd Floor, 170 Tottenham Court Road, W1T 7HA

**Please add to your calendars the following revised 2015 Dates for Colorectal Cancer Pathway Board meetings:**

Mon	<b>09-Feb-2015</b>	<b>17:30-19:00</b>	<b>Colorectal Pathway Board</b>	Meeting Room 1, 3rd Floor, 170 Tottenham Court Road, London W1T 7HA
Tues	<b>12-May-2015</b>	<b>17:30-19:00</b>	<b>Colorectal Pathway Board</b>	Boardroom, 3rd Floor, 170 Tottenham Court Road, London W1T 7HA
Mon	<b>07-Sep-2015</b>	<b>17:30-19:00</b>	<b>Colorectal Pathway Board</b>	Boardroom, 3rd Floor, 170 Tottenham Court Road, London W1T 7HA
Tues	<b>17-Nov-2015</b>	<b>17:30-19:00</b>	<b>Colorectal Pathway Board</b>	Boardroom, 3rd Floor, 170 Tottenham Court Road, London W1T 7HA

**ACTION LOG**

Action	Owner	Date Agreed	Status
JP to feedback audit results to members at the next meeting	JP	11 Feb 2014	Deferred
Outstanding Trusts to email SH with results of their network level audit	All	28 Apr 2014	Complete
MM/SH to continue developing Pathway Specification, with input from members	MM / SH	28 Apr 2014	Complete
MM will share JS information with LCA to seek a London-wide view on this issue and raise at London-wide early diagnosis meeting.	MM	24 Jun 2014	
JW's group will review existing models and develop proposals for consideration at the next Pathway Board meeting.	JW	24 Jun 2014	Ongoing
MM and SH to work on further updates, including a pathway diagram, and circulate to Board for comments and sign-off.	MM / SH	24 Jun 2014	
Need a radiologist to join the Pathway Board – Members asked to consider any suitable colleagues. (ALL)	ALL	24 Jun 2014	In progress
MM/SH to update specification based on member's comments.	MM / SH	01-Sep-2014	Complete
All members to email any other comments regarding the Specification to MM.	All / MM	01-Sep-2014	Complete
Add to Specification that Unexpected cancer findings must be flagged or alerted to MDT, i.e. radiologist/pathologist to alert MDT. (SH/MM)	SH/MM	01-Sep-2014	Complete
Update on stratified follow-up (JW) – on agenda for next meeting.	JW	01-Sep-2014	11-Nov-2014
Stenting protocols to be worked on for <i>London Cancer</i>		01-Sep-2014	11-Nov-2014
ES to send the triage Straight to Test protocol to HP.	ES / HP	01-Sep-2014	11-Nov-2014
LD to inform MM about progress with Bowel Scope at NMUH	LD / MM	01-Sep-2014	11-Nov-2014
JP to discuss nursing resource requirements further with nursing forum and to develop recommendations on the additional resource requirements. Consider adding to colorectal guidelines.	JP	01-Sep-2014	11-Nov-2014

**Attendees**

<b>Name</b>	<b>Profession/Background</b>	<b>Trust/Organisation</b>
Michael Machesney, Pathway Director/ <a href="#">Chair</a>	Consultant Colorectal Surgeon	Barts Health
Andy McMeeking	Cancer Commissioning Team Manager	Cancer Commissioning Team Representative
Daren Francis	Consultant Colorectal Surgeon	Barnet and Chase Farm Hospitals
Edward Seward	Consultant Gastroenterologist	University College London Hospitals
Grant Stewart	Consultant Clinical Oncologist	Royal Free Hospital
Hasan Mukhtar <i>on behalf of Jonathan Wilson</i>	Consultant Surgeon	The Whittington Hospital
Helen Pardoe	Consultant Colorectal Surgeon	Homerton University Hospital
Jacque Peck	Colorectal and Anal Cancer CNS	University College London Hospitals
Judith Shankleman	Senior Public Health Strategist	Tower Hamlets Local Authority / CCT CSU
Karen Molloy	Senior Administrator - <a href="#">minutes</a>	<i>London Cancer</i>
Lee Dvorkin	Consultant Colorectal Surgeon	North Middlesex University Hospital
Lucia Grun	General Practitioner	GP - NHS Camden
Mairéad Lyons	Director of Integrated Cancer	<i>London Cancer</i>
Pauline McCulloch	Colorectal Lead Nurse	Homerton University Hospital
Roger Feakins	Pathologist	Barts Health
Sue Williams	MacMillan Colorectal CNS	North Middlesex University Hospital

**Apologies**

<b>Name</b>	<b>Profession/Background</b>	<b>Trust/Organisation</b>
Arthur Anderson	Patient Representative	Patient Representative
Patricia Jupp	Patient Representative	Patient Representative
John Bridgewater	Consultant Medical Oncologist	University College London Hospitals
Jonathan Wilson	Lead Clinician for Colorectal Cancer	The Whittington Hospital
Kim Jaggs	Colorectal CNS	Royal Free Trust - Barnet and Chase Farm Hospitals
Munesh Mistry	General Practitioner	GP - Waltham Forest CCG
Olagunju Ogunbiyi	Colorectal Surgeon	Royal Free Hospital
Olutunde Lalude	Consultant Surgeon	Princess Alexandra Hospital
Sarah How	Pathway Manager	<i>London Cancer</i>
Sarah Slater	Consultant Medical Oncologist	Royal Free Trust - Barts
Sherif Raouf	Consultant Oncologist/Clinical Lead	Barking, Havering and Redbridge University Hospitals