# *London Cancer* Colorectal Cancer Pathway Board

Date: **Tuesday, 11 November 2014, 17:30 – 19:00**

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

Chair: **Michael Machesney, Pathway Director**

## 1. Welcome and Apologies (MM)

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

## 2. Minutes of last meeting and Matters arising (MM)

**Discussion points:**

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

## 3. Pathway Specification (MM)

**Discussion points:**

- Amendments to the specification have been made were possible so as to not disadvantage patients coming in from other pathways. Pathway Board considering 'smart' ways to deal with patients coming in from other pathways while it recognised that some Trusts will have difficult delivering on 2WW pathways for these types of patients.
- Pathway Board members approved the Pathway Specification document.

## 4. Straight to Test Collaborative (ML)

**Discussion points:**

- A decision was made to call for a range of projects in clusters thematically and/or geographically headings. Work has started thematically with the Straight-to-Test (STT) project.
- Pathway Board decided to make a submission to set up a Quality Improvement Collaborative (QIC) to allow the providers (currently Homerton, Whittington and Whipps Cross) delivering in the Colorectal pathway to provide Direct Access models (4 models currently). Each of these 3 Trusts gave descriptions of their Direct Access model.
- Submission made with request that if an improvement adviser was provided resources would be pooled in a QIC and share the learning from those pathways and the good ideas and /or working practices that could be replicated or avoided, and agree the some core measures to consolidate the work being undertaken. Invite Trusts currently not delivering a STT model and demonstrate the best of the 3 and they can decide which to pick to suit their Trust and their patients' needs. (Flexi-Sig, Nurse Triage assessment).
- Current providers will meet (17 Dec) to discuss what works well and what to change, and to have a learning exchange and discussion around our measures monitoring. The invitation will be extended to other Trusts (19 January provisionally) to join the initiative.
- CRUK have agreed to support the project with someone 3 days per week, possibly someone from *London Cancer*, from December.

- Awaiting the outcome of a Health Foundation bid to extend the nurse triage for Colonoscopy across 3 Trusts within *London Cancer* currently not operating a Direct Access model.
- By end of 2015 hope that all *London Cancer* Trusts will have started some form of Direct Access testing for Bowel Symptom STT.
- BHRUT already committed to STT Nurse Triage to check and verify fitness for Bowel preparation.
- Board members around the table are invited to observe at 17 December meeting.
- This process has had an impact around Trusts as majority have now expressed an interest in taking part, as well as consistent with Commissioning Intentions.
- MM explained the aspirational thinking for this and defining triage as part of the diagnostic service. This takes the onus of responsibility away from GPs about which tests to be conducted.
- Royal London is already involved and planning to be operational with Nurse Triage STT by 2015.

**ACTION:** make a submission to set up a Quality Improvement Collaborative (QIC) to allow the providers (HUH, Whittington and WX) delivering in the Colorectal pathway to provide Direct Access models (4 models currently).

- Clare Stephens and Barnet CCG had proposed a study in Barnet and Chase Farm (faecal calprocectin test with GPs) as a pilot to reduce patient numbers coming through endoscopy.
- Following a discussion the Pathway Board's view was that this test should not be used to evaluate Cancer – clarify in GPs Guidance that this is in no way validated as a test for Cancer.

**ACTION:** ML to inform Barnet CCG that the faecal calproctectin test is not a validated test for Cancer and Board to define GP guidance around this and reassessment.

## 5. Workstream reports:

**Discussion points:**

- **Update on stratified follow-up** (JW)
  - Broad looking at processes within the sector and how often CTs, CEAs, etc. were conducted. Also, following Sharon Cavanagh's (SC) talk on introducing Stratified Follow-up for low risk patients who wanted to be managed remotely rather than in clinic.
  - There is a broad spectrum of practice nationally on a variety of frequency without any particularly strong evidence base to guide this.
  - There is no distinction made between the different stages of tumour amongst people who are doing the same for Dukes' A as they do for Dukes' C.
  - As yet not much change in practice following the FACS trial publication.
  - ES emailed John Primrose who agreed that Dukes' A should be treated in exactly the same way as C, but he did not clarify what exactly to do in terms of the surveillance protocol.
  - Almost 50%:50% split of those using Infoflex and Somerset for data collection. Infoflex has a patch to allow monitoring and alert of due CEA dates (in use at Broomfield by Nigel Richardson) that at the right time interval sends an alert to an administrator (rather than a nurse or other medical person) to send out a CEA blood request.
  - Somerset have indicated they liked the idea of developing a similar patch (which could be used nationally) this would require a Case for Change request and could take up to 1-year.
  - The issue with the IT software platforms is accepted by SC as the biggest anxiety for Stratified Follow-up and how to ensure if CNS is no longer doing the tracking / monitoring that there will be no lapses in the requests service.

- Recent presentation at Colchester (by Nigel Richardson) talked about the Bromfield experience, and looked at data over a 10-year period where 50% of their patients were low risk category and happy to go in to this remote Follow-up with 80% satisfaction rate. Patients said they would not be happy to come to CNS face-to-face clinic re follow-up despite assumptions by doctors/clinicians around bringing patients for regular follow-up, and there is data evidence to support this. There were no missed local recurrences of metastases. This model that has been going for 10-years and works where other models are not working so well. Having evaluated other methods ES thought that this was a reasonable thing - an administrator using an Infoflex patch sends out the blood results and the CT requests, the results come back directly to the CNSs
- Use of Somerset and Infoflex in *London Cancer* is 50%:50% approx. there would be a potential solution with this hybrid system.
- MM recommended the Pathway board agreed a follow-up system so that the London Cancer clinical guidelines for follow-up investigations (and holistic needs assessments) would be delivered to patients whether or not they were seen in clinic.
- JW stated the Whittington currently reluctant to do 5 CTs contrary to *London Cancer* guidelines. MM stated the advantage of establishing one London Cancer follow-up protocol (with post treatment scans at 6, 18, 36 Months and 5 years) was the potential for audit and research for a large population.
- It was acknowledged that some Trusts may be reluctant due to financial constraints.
- CNSs are attempting to implement the London Cancer guideline, but struggled to get data where those patients who are not attending nurse led follow-up clinics and were being seen in Consultant's clinics,.
- Ideally software should be centralised across the network, so everyone could access the data. ML advised of a workshop on 04 December to scope requirements for a portal to manage the follow-up of patient and also to trigger alerts to the Trust, the GP and to patients when tests/appointments due so everyone involved is aware, and to reduce the possible incidents of missing follow-up. This can give patients a sense of ownership of their follow-up management. Working with technology companies to get the project scoped, working in partnership with East of England. Macmillan are open to receiving an application from us if the project scoped, looking at a wider patch. Funds not yet allocated. Nursing and Tech funds are other potential funding possibilities depending on application deadlines. Another company also interested to co-invest.
- *London Cancer's* End of Treatment summaries should be given to patients as hard copy by CNSs and also sent to GPs. JP reported minor revisions being made with a new version due out in January.

**ACTION:** Have a discussion to establish a cohesive solution for a recommended Stratified Follow-up at February meeting

**ACTION:** Let ML know if interested to attend workshop of 04 Dec to scope requirements for a portal

- **Anal Cancer subgroup** (MM for GS)
  - Next meeting scheduled (November 2014) will discuss a joint Annual Report (drafted by GS).
  - Audit data for 5 months now available for the whole of *London Cancer* – the preliminary 4 month data circulated.
  - Anal Cancer services centrally are being redrawn with new pathways: North Middlesex is

dropping Anal Cancer as a treating centre and these patients are now coming to the Royal Free London, as a Trust Board level decision. Following the RFL merger, the referral and follow-up pathways are being negotiated generally in this patch and will be finalised in early 2015 for inclusion in the updated Operational Policy due in the spring.

- Clarify process for recurrent patients rather than new patients.

- **Nursing** (JP)
  - Nursing group has been working on Stratified Follow-up for some time. Looking at number of Holistic Needs Assessments (HNAs) that have been done, and the issues that have been identified from them. Trusts will collect data from Jan-Mar 2015. Still some CNSs are not doing any at all.
  - Well Being event looked at what each Trust was doing about setting these up, how many in use, some already have these events in place and not just looking at Colorectal issues but are general Well Being events.
  - UCON events - Talk (27Nov) by SC and other Trusts to hear lessons learned.
  - Patient questionnaire coming out, each CNS will ask 20 patients what they want from Stratified follow-up, how they would like to see it implemented, what they think ought to be included, and any issues they have.
  - Reviewing Patient Information used by other Trusts with aim to produce a *London Cancer* follow-up booklet rather than each procuring their own, also to include information around transfers between hospitals to provide patients with a quick reference of correct contact details for each hospital. JP also looking at post radiotherapy dilatation.
  - Hoping to set up an all-day, pan-London Study/Education day (Feb/March date TBC) aimed at Nurses, talking with LCA and any colorectal CNSs.
  - Continuing issues reported around CNS resourcing.
  - JP can give to the Cancer Partnership group – JP to send to PJ.

- **Standards and Governance subgroup** (HP)
  - 7-day service for stents, no progress in 7-years. Board to look at Stenting service to develop a best practice protocol for inclusion in the pathway Specification
  - Request for data had a poor response. ES to bring it forward. National trials on stenting will be an influencer for business case.

**ACTION**: Board to look at Stenting service to develop a best practice protocol for inclusion in the pathway Specification

**ACTION**: ES to chase Stent data, use as part of business case

- **Early diagnosis** (ES)

  Discussed before in the section on the Straight to Test Collaborative

- **Screening** (AO)
  - Bowel Scope 2015 to identify polyps, not to identify cancer – rollout by March 2015, SE walk round Whittington this month - conversion rate 4% to colonoscopy.
  - Outcome of the Commissioning - Queens to set up on their own and the Homerton to continue

to be the centre for the screening sites at RLH, Whipps Cross and the Homerton

- **Research** (JB)
  - No update
  - Streamline-C trial – Whittington have now joined on the recruitment for this. Liver metastasis will be more evident via this method.

## 6. Colorectal cancer services risk register (HP/MM)

**Discussion points:**

- Loss of CNS at UCH and none at Homerton, other sites not at full numbers.
- Only 1 Cancer CNS at Queens with no immediate hope of increase to that. No-one at King George's and no cross cover. Benign CNS covers when cancer CNS on leave.
- Macmillan survey regarding CNSs (published in October, available online) shows a greater number of CNSs per head in London than anywhere else. There appeared to be no relationship to the patient experience survey. It may be necessary to look at work the CNS is asked or expected to do and what others (for example admin staff) ought to be doing to allow CNSs to fulfil their remit.
- CNS qualification to recognise their work, skill and experience.

**ACTION:** Review work undertaken by CNSs against actual job remit; Scope out a CNS qualification

## 7. AOB

**Discussion points:**

- None raised.

## 8. Next Meeting dates

**Mon 16 February 2015, 17:30-19:00** in Room 1, 3rd floor, 170 Tottenham Court Road, W1T 7HA
Tues 12 May 2015, 17:30-19:00 in Boardroom, 3rd floor, 170 Tottenham Court Road, W1T 7HA
Mon 07 September 2015, 17:30-19:00 in Boardroom, 3rd floor, 170 Tottenham Court Road, W1T 7HA
Tues 17 November 2015, 17:30-19:00 in Boardroom, 3rd floor, 170 Tottenham Court Road, 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 | Complete |
| 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 *London Cancer* | | 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 |
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**Attendees (TBC)**

| Name | Profession/Background | Trust/Organisation |
|---|---|---|
| Michael Machesney, Pathway Director/Chair | Consultant Colorectal Surgeon | Barts Health |
| Andy McMeeking | Cancer Commissioning Team Manager | Cancer Commissioning Team Representative |
| Edward Seward | Consultant Gastroenterologist | University College London Hospitals |
| Helen Pardoe | Consultant Colorectal Surgeon | Homerton University Hospital |
| Jacquie Peck | Colorectal and Anal Cancer CNS | University College London Hospitals |
| Jonathan Wilson | Lead Clinician for Colorectal Cancer | Whittington Hospital |
| Karen Molloy | Senior Administrator - minutes | *London Cancer* |
| Kim Jaggs | Colorectal CNS | Royal Free London \| Barnet and Chase Farm |
| Mairéad Lyons | Director of Integrated Cancer | *London Cancer* |
| Olagunju Ogunbiyi | Colorectal Surgeon | Royal Free London \| Hampstead |
| Olutunde Lalude | Consultant Surgeon | Princess Alexandra Hospital |
| Patricia Jupp | Patient Representative | Patient Representative |
| Sharon Cavanagh | | *London Cancer* |

**Apologies**

| Name | Profession/Background | Trust/Organisation |
|---|---|---|
| Arthur Anderson | Patient Representative | Patient Representative |
| Daren Francis | Consultant Colorectal Surgeon | Royal Free London \| ~~Barnet and~~ Chase Farm |
| Grant Stewart | Consultant Clinical Oncologist | Royal Free London \| Hampstead |
| Judith Shankleman | Senior Public Health Strategist | Tower Hamlets Local Authority / CCT CSU |
| Lee Dvorkin | Consultant Colorectal Surgeon | North Middlesex University Hospital |
| Lucia Grun | General Practitioner | GP - NHS Camden |
| Pauline McCulloch | Colorectal Lead Nurse | Homerton University Hospital |
| Sherif Raouf | Consultant Oncologist/Clinical Lead | Barking, Havering and Redbridge University Hospitals |

**No Apologies**

| Name | Profession/Background | Trust/Organisation |
|---|---|---|
| Austin Obichere | Bowel Screening Service | University College London Hospitals |
| Farrukh Rashid | | |
| Hasan Mukhtar on behalf of Jonathan Wilson | Consultant Surgeon | Whittington Hospital |
| Hitesh Patel | Surgeon | |
| John Bridgewater | Consultant Medical Oncologist | University College London Hospitals |
| Roger Feakins | Pathologist | Barts Health |
| Sarah Slater | Consultant Medical Oncologist | Barts Health |
| Sue Williams | MacMillan Colorectal CNS | North Middlesex University Hospital |
| Munesh Mistry | General Practitioner | GP - Waltham Forest CCG |