

London Cancer Colorectal Tumour Pathway Board Annual Report 2017-18

Introduction

London Cancer incorporates the geographical areas of North Central and East London and West Essex with a population of 3.7 million. Since 2016, *London Cancer* has become one of the six principal programmes of the UCLH Cancer Collaborative.

The Colorectal Tumour Pathway Board is a cancer care specific board led by Mr Michael Machesney the Tumour Pathway Director. Its membership includes representation from cancer professionals across the region and active participation from primary care and patients.

The role of each pathway board is to understand any variation in practice and set standards that take advantage of planning whole pathways of cancer care for a large population. This drive to improve cancer care for patients covers an integrated care pathway that extends from presentation and diagnosis through to palliative care and living with and beyond cancer

The focus of the colorectal pathway board has been the early detection of colorectal cancer, promoting increased participation in bowel cancer screening and developing and testing new models for more rapid diagnosis and assessment of abdominal symptoms. The aim is to reduce unwarranted variation in the diagnosis and treatment of people with the disease. This year, the tumour pathway board has supported NHS England in the development of a new best practice 'Faster Diagnosis' pathway for the diagnosis of colorectal cancer.

Achievements this year

2017/18 has seen the Colorectal Tumour Pathway Board work collaboratively with our Vanguard partners in Manchester and London on developing a new best practice timed pathway for colorectal patients. This timed pathway was completed in September 2017 and now forms part of the national colorectal cancer guidance which has been sent to all cancer alliances in England in April 2018.

This year we have focussed on the vanguard priorities including early diagnosis.

There are active work streams increasing and implementing triaged straight to test in the diagnostic pathway where unnecessary visits to the clinic have been reduced

The qFIT pilot that aims to evaluate the effectiveness of the quantitative faecal immunomchemical test (qFIT) in ruling out colorectal cancer was launched during bowel cancer awareness month in April 2017. Since the launch, the study was selected to become part of the NIHR research portfolio, completed Phase I (collecting over 300 samples) and moved into Phase II last December. Over 2000 patients will be recruited through 50+ GP practices and 10+ NHS trusts across the country this year. We also teamed up with researchers at UCL and commercial company Medial Early Sign to



Mr Michael Machesney,
Pathway Board Director,
Consultant Surgeon at Barts Health

UCLH Cancer Collaborative brings together hospital trusts, GPs, health service commissioners, local authorities and patients across north and east London and west Essex.

investigate how the accuracy of the test could be further improved to support implementation. The study team secured over £200,000 additional funding from NIHR BRC, CRUK and Barnet CCG. .

The pathway board has also focussed on improving MDT meetings across our network. This includes a Colorectal MDT study day at Barts Health which was held in March 2018. A set of protocolised pathways have been drafted which aim to streamline the patient pathway as well as reducing the number of patients needing discussion at MDT meetings each week. We aim to agree these guidelines across the network and work with trusts to implement.

The pathway board has collaborated with Prof Eva Morris, Professor of Cancer Epidemiology, Head of the Section of Epidemiology and Biostatistics, from the Leeds Institute for Data Analytics, to help improve data capture and analysis.

Future plans

In 2018/19 we will continue to build on our work streams from the previous year. Our work plan is outlined below.

No	Objective	By
1	Establish and implement the colorectal MDT protocolised pathways	March 19
2	Continuation and evaluation of qFIT pilot	March 19
3	Support the implementation of the new Colorectal timed pathway across trusts within <i>London Cancer</i> with a focus on the straight-to-test pathway.	March 19
4	Support the implementation of stratified follow up care for colorectal cancer patients along the <i>London Cancer</i> defined protocols and guidelines.	On going
5	Continue to work with the Institute for Data Analytics and improve data capture and analysis within our network.	March 19

Acknowledgements

We would like to thank all the members of the Colorectal Tumour Pathway Board for contributing their time to Tumour Pathway Board meetings and projects outside the meeting.