

London Cancer Colorectal Cancer Tumour Pathway Board Annual Report 2018-19

Introduction

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



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

Achievements this year

2018/19 has seen the Colorectal Pathway Board focus on completing the qFIT pilot that aims to evaluate the use of the faecal immunochemical test (FIT) as a rule out test for bowel cancer. This sample collection was successfully completed in March 2019 and the analysis of the project will be available in 2019/20. Alongside this the pathway board has continued to support trusts in the implementation of the new national colorectal timed pathway.

Our key achievements have been:

qFIT and FIT implementation for Diagnostics.

The qFIT pilot that aims to evaluate the faecal immunochemical test (FIT) as a rule out test of bowel cancer in primary care has been successfully completed in March 2019. The FIT test can revolutionise how bowel cancer is diagnosed and has the potential to free up 40-80% of endoscopy capacity for other programmes such as bowel cancer screening.

We received and analysed over 4500 viable samples involving patients who were given an urgent referral for suspected cancer. We would like to say a big thank you to the patients and dedicated staff at 23 hospitals and 70+ GP practices in NCEL and England who supported the UCLH Cancer Collaborative in delivering one of the largest studies of its kind. We have already presented our very promising preliminary results at CRUK EDAG conference and the NHS England FIT conference in February 2019. In the coming months we will focus on completing the enrichment studies and carry out and publish the statistical analysis of the full cohort. The outcomes will feed into NHS England FIT Pioneering Group and NICE to support the revision of the current urgent referral pathway guideline to enable roll out of this test across the NHS.

Parallel to delivering the pilot study, we also supported our STP partners and commissioners in implementing this test in primary care as a GP triage tool for patients who are not meeting the urgent referral criteria but have concerning bowel symptoms. For this patient group, the test will be available across the whole geography from 1st April 2019. For further information please visit:

<https://www.uclh.nhs.uk/OurServices/ServiceA-Z/Cancer/NCV/Pages/qFIT.aspx>

Colorectal National Timed Pathway

In 2017/18 we worked with NHS England to develop a national diagnostic timed pathway that aims to support trusts in meeting the new 28 day faster diagnostic standard. This year our focus has been to

support trusts in implementing this new pathway. An audit against the new timed pathway was carried out in May 2018 and this highlighted the significant 'gaps' within the current services. The findings from this audit enabled the board to establish a work programme aimed at bridging some of these gaps. This has included work such as:

- Working with commissioners to establish a locally agreed tariff for straight to test services including agreeing the straight to test service specification [the tariff is not yet fully implemented]
- Working with Health Education England to develop an e-learning module that provides training for nurses on how to manage straight to test services.

MDT Improvement

This year the colorectal pathway board has developed MDT protocolised pathways. 12 pathways have been developed that allow patients to be streamlined onto the next stage of their pathway without a full MDT discussion. These patients are still listed on the MDT agenda for governance and to ensure clinical safety. This not only reduces the burden on MDT meetings but shortens patient pathways. These pathways were piloted at Barts Health. We aim to further pilot these pathways within colorectal MDTs in 19/20.

HEE nurse programme

We have secured funding from HEE for the development of an STT teletriage training programme consisting of e-learning modules and on-the-job training. This will, for the first time, deliver an accredited training programme for specialist nurses who run and oversee the lower GI STT service to enable them to triage patients to the right diagnostic test through a telephone conversation. This programme will enhance specialist nurse skills, improve consistency and quality of services, and support an increase in capacity across the sector and beyond. For further information about the e-learning module, please contact Holly Norman on holly.norman@nhs.net

Endoscopy Capacity Optimisation

This year we had a specific work stream to optimise endoscopy capacity. Part of this work focused on developing and delivering a bespoke quality improvement programme in collaboration with UCL Partners with the specific focus on diagnostics underpinning better cancer pathways. 9 teams signed up and completed the 7 month training programme during which a defined improvement project was delivered. For further information on the programme, please contact Jennifer.mcgivney@nhs.net. By developing a resource pack that includes standard operating procedure documents, job descriptions, triage proformas, etc related to the triage straight –to-test (STT) service, we continued to support the roll out of this service across our geography and share best practice.

Quality of Life Project

UCLH Cancer Collaborative is one of five pilot sites that has been selected by NHSE to evaluate data collection methods and gather data to develop a national Quality of Life metric(s). Locally our aim is to recruit a minimum of 200 patients to the pilot. Individuals with breast, colorectal or prostate cancer who have received treatment with curative intent (over the previous 23 months) at Barts Health or UCLH will be invited to participate. Data collection commenced in December 2018 and (as at 31st March 2019), the pilot team has exceeded this figure by receiving responses from 290 individuals.

Future plans

In 2019/20 the Colorectal Pathway Board will seek to influence practice nationally through finalising the evaluation of the qFIT pilot. It will also continue to support the implementation of the national best practice pathway.

No	Objective	Owner	By
1	Best practice pathway implementation support to include: Agree network Straight to test tariff and monitor and support through audit. Finalise and launch the STT e-Learning training module and promote the training Provide support to endoscopy units in interpreting and implementing new faster diagnosis standard guidance in partnership with the upper GI pathway boards	MM HN MM/DM	December 19 October 19 September 19
2	Continue programme of MDT improvement by implementing the use of protocols in one MDT within the network	MM	December 19
3	Finalise the evaluation of the qFIT pilot and 4 enhancement studies Publish qFIT pilot outcomes in peer-reviewed journals	HL	October 19 March 20
4	Work closely with the Multidisciplinary Diagnostic Centres teams and NHS England in supporting the concept development and delivery of the Rapid Diagnostic Centres featured in the Long Term Plan	HL	March 20

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.

Particular thanks to our patient representative Daniella Bennett who joined the tumour pathway board in December 2018.