Meeting of the *London Cancer* Colorectal Pathway Board

Date: December 4th 2017, 16:00-17:30

Venue: Meeting to be held between 16:00 –17:30 on Monday 4th December 2017 Boardroom, UCLH @ Westmoreland Street, London, W1G 8PH

Chair: Michael Machesney

1. Welcome, Introductions and Apologies and Minutes From Last Meeting

MM welcomed members of the board, introductions were made and apologies heard. The minutes of the last Pathway Board were accepted as an accurate record with minor amendments made.

2. MDT Improvement

- The UCLH Cancer Collaborative MDT Improvement report published in May 2017 and the transforming MDT document from Martin Gore were distributed to the pathway board before the last pathway board and discussed in the last meeting.
- MH has offered to lead a sub group for the pathway board focussing on MDT Improvement for colorectal MDTs across London Cancer. MH has already modified the colorectal MDTs locally at BHRUT.
- UCLH Cancer Collaborative has secured two sets of funding for MDT improvement initiatives. One funding stream from UCLP focusses on piloting two study days for MDTs, the focus of these study days will be Colorectal and Breast.
- MH felt that a lot of the recommendations made in the UCLH CC MDT Improvement report were sensible and, at BHRUT have already been actioned. The next step for the sub group is to complete a gap analysis against the recommendations for each MDT in the network. MH will send out a document to the board highlighting the important recommendations within the report to focus upon.
- At BHRUT, protocolised pathways have already been established. MH highlighted the time and effort it has taken to ensure this process is carried out correctly. It is important for cancer leads to acknowledge the time, outside of the meeting, taken by MDT leads to ensure the MDT is correctly prepared. BHRUT have also introduced a pre MDT meeting which takes place directly before the MDT to discuss cancer performance with operational management.
- The colorectal MDT at BHRUT has also appointed a clinical data lead who has been working hard to retrospectively ensure all data is captured from the MDT.
- JP highlighted that, at UCLH, the CNS's prepare the MDT meeting each week and this currently takes 4/5 hours. It also the CNS's responsibility to ensure actions are completed.
- At Whittington the MDT coordinator will track patients on the 62 day pathway but do not enter all data information needed. Currently they do not have a data information lead.
- MM felt it would be beneficial for the sub group to establish a colorectal MDT 'How to Guide'.

ACTION:

- **MH to organise a working group meeting before the next pathway board to discuss MDT improvement**
- **MH to distribute a document to the board highlighting the important recommendations from the MDT improvement report.**

3. qFIT Update

- HL presented an update on the qFIT pilot.
- MM highlighted that the pilot is focussing on qFIT as a rule out test rather than a rule in test, if it used as a rule in test this could overload colorectal services across the network as this will mean low risk patients will be referred as high risk patients.
- Currently just over 300 samples have been returned however 2000 are needed by April 2018. MM highlighted that patients in both 2ww clinics and STT clinics can be offered to do the qFIT test.
- The aim is to get to 1000 samples as soon as possible so that the preliminary studies can be done. If the pilot shows a lower negative predictive value that the studies in Dundee then we need to decide at what threshold the qFIT should be set.
- In November the study was given permission to expand geographically and now 14 hospitals and 48 GP practices are involved in the trial across NCEL, West Essesx and East Lancashire.
- Currently the main reason for low sample numbers is not that patients are not completing and sending samples back but that they are not being offered to be part of the pilot.
- MM highlighted that there is big interest in this study nationally and that the main aim is to provide evidence on the importance of qFIT to feedback to NHSE and NICE. If the pilot shows similar negative predictive values to the pilot in Dundee then it could be used to support a change in NICE guidelines so that patients cannot be referred for a colonoscopy without a positive score. This would significantly reduce the burden on endoscopy units across the country.
- Phase 3 of the pilot will start in April 2018 and will focus on the implementation of qFIT into NHS practice.

ACTION:

- **Board members to investigate why qFIT samples are not being offered to patients and to feedback to MM and HL**

4. Pan Vanguard Timed Pathway

- The Colorectal pan vanguard timed pathway has now been finalised and signed off by the three vanguard sites. This will be added to the appendix of the national colorectal guidance for cancer alliances currently being developed by the national CEG.
- One issue highlighted is the availability of CPEX across trusts within the network. Studies have shown outliers of surgical mortality often did not have a CPEX which would have identified the co-morbidities.
- Currently UCLH only CPEX patients deemed unfit for surgery to see if they are suitable, BHRUT does not have CPEX capabilities.
- MM highlighted that this pathway aims to nudge trusts towards increased implementation of STT clinics which shortens the pathway. Alongside this the vanguard team are also working on a mandatory tariff for STT.
- The board agree that earlier access to diagnostics is the key to ensuring 62 day compliancy. AM highlighted that colorectal has been identified, at a London level as being a priority pathway for extra support. NHSE may offer some extra funding to support the improvement of colorectal pathways and advised the board to consider where this funding could be utilised if offered.

ACTION:

- **Board representatives to consider how funding could be utilised to improve the colorectal pathway if released from NHSE.**

5. Stratified follow up

- The colorectal stratified follow up guidelines were presented at the past pathway board meeting, SC asked the board for comments in order to sign off these guidelines at today's meeting.
- SC highlighted that the guidelines are part of a wider resource pack that will be distributed to the board and includes a draft business case for implementation, patient information leaflets, IT functionality, options appraisal document, GP information leaflet and a template letter.
- The pack also includes examples of best practice such as follow up guidelines from Homerton and an SOP from Whittington.
- MH felt that a database would be needed to ensure accurate follow up of these patients, ideally this would be NHS wide and cloud based. SC stated that the guidelines suggest that follow ups should be managed on a cancer database and it was for the trust to decide which database to use.
- The board felt that, within the guidelines it should state that ideally there should be a network wide database to support the follow up of these patients.
- MM highlighted that by adding this into the guidance it will push cancer alliances to adopt network wide database systems.
- MH also questioned that, the guidance suggests that all cancers a currently eligible for stratified follow up, however patients who are on watch and wait should still be considered high risk. SC stated that the guidance aims to give clinician in collaboration with the patient more influence over decision making.
- The board felt that the guidelines and resource pack could be signed off once the minor changes were made. MM asked SC to distribute the final documentation for final sign off before then end of the year.

ACTION:

- **SC to confirm the SOP and follow up guidelines from Whittington and Homerton in the resource pack are the most recent versions**
- **SC to include the boards view of a network wide database being used to support the follow up of patients in the stratified follow up guidelines.**
- **SC to distribute final stratified follow up guidelines for sign off before end of year**

6. AOB

- SC highlighted that in October the network was successful in becoming one of the 5 pilot sites to work on quality of life metrics using a questionnaire for patients who are 1 or 2 years post treatment. The pilot wants to focus on breast, colorectal and prostate.
- The focus of this project is currently is to focus on how we identify these patients and support them to complete these questionnaires. The trusts involved are Barts Health and UCLH as they are currently the trusts within the network with a patient portal.

ACTION:

- **SC to discuss quality of life pilot locally with Barts Health and UCLH**

7. Next Meeting

Monday 12th March, 16:00-17:30, Location TBC

ACTION LOG

Action reference	Action	Owner	Date Due	Status
Sept01	The board agreed for working group to be set up to work with the Cancer Academy. MH will lead the working group.	HN/MH	01/03/18	See action DEC01
~~Sept02~~	~~HL will send the team a breakdown of each Trust's current results and will discuss with each Trust individually.~~	~~HL~~	~~01/10/17~~	~~Complete~~
~~Sept03~~	~~HL will send more qFIT packs to hospitals/Trusts.~~	~~HL~~	~~01/10/17~~	~~Complete~~
~~Sept06~~	~~SC to send guidelines document with all appendices to the group for comment~~	~~SC~~	~~01/10/17~~	~~complete~~
~~Sept07~~	~~There were varying thoughts about whether to include surgery for defunctioning stoma as first treatment. AM to clarify to the team by circulating guidance.~~	~~AM~~	~~01/10/17~~	~~Completed~~
Dec01	MH to organise a working group meeting before the next pathway board to discuss MDT improvement	MH	01/03/2018	
Dec02	MH to distribute a document to the board highlighting the important recommendations from the MDT improvement report.	MH	01/02/2018	
Dec03	Board members to investigate why qFIT samples are not being offered to patients and to feedback to MM and HL	ALL	31/12/2017	
Dec04	Board representatives to consider how funding could be utilised to improve the colorectal pathway if released from NHSE.	ALL	31/12/2017	
Dec05	confirm the SOP and follow up guidelines from Whittington and Homerton in the resource pack are the most recent versions	SC	15/12/2017	
Dec06	include the boards view of a network wide database being used to support the follow up of patients in the stratified follow up guidelines.	SC	15/12/2017	
Dec07	distribute final stratified follow up guidelines for sign off before end of year	SC	15/12/2017	
Dec08	SC to discuss quality of life pilot locally with Barts Health and UCLH	SC	15/12/2017	

Attendees

Name	Trust/Organisation
Michael Machesney	Chair
Andy McMeeking	TCST
Matt Hanson	BHRUT

Name	Trust/Organisation
Helga Lazo	UCLH CC
Sharon Cavanagh	UCLH CC
Jacob Goodman	*London Cancer*
Edward Seward	UCLH
Jacquie Peck	UCLH
Maria Walshe	Whittington
Elisa Blackledge	Whittington

Apologies

Name	Trust/Organisation
John Bridgewater	UCLH
Anna Nott	Holborn Medical Centre
Sue Williams	North Middlesex
Mo Thaha	Barts Health
Jonathan Wilson	Whittington
Hasan Mukhtar	Whittington