

Meeting of the *London Cancer* Pathway Board for Colorectal

Meeting to be held between 09:30 – 11:00 on Tuesday 21st Feb 2017 Boardroom, UCLH @ Westmoreland Street, London, W1G 8PH

Chair: Michael Machesney

1. Welcome and introductions 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. Reconfiguration sub group

Discussion points:

- OO was not present to provide an update to the board. MM will email OO to provide formal update to send across the board.
- Reconfiguration of Colorectal services is starting across three sites within our network. RFH has progressed the most so far due to the trust being part of the vanguard for hospital change. There are plans to reconfigure services in BHRUT and Barts Health as well.
- Main drive behind this is that smaller services are unable to meet service specifications regarding patient numbers, consultant cover and rotas.
- STPs are driving this reconfiguration from a local level.

ACTION: MM to email OO to provide formal update on Reconfiguration sub group

3. Vanguard sub group

Discussion points:

- ES could not be present at the meeting but provided an update via email:
'There is currently CCG funding looking at late presentations of CRC – we're hoping to expand this to make a more permanent link between primary and secondary care to develop a 'lessons learned' paper to understand across the Vanguard region what contributes towards late presentation and how best our protocols can be changed to ensure earlier diagnosis of CRC'
- The vanguard sub group has been established and is focussing on endoscopy efficiency, qFIT, STT as well as stratified follow up.
- JW highlighted the importance of including Radiology colleagues on work surrounding STT, as radiological tests need to be part of the triage process.

ACTION:

4. STT

Discussion points:

- HL provided an update on STT, symposium focussing on endoscopy services was held last month, more than 50 representatives from across the network attended. Discussed issues to STT and the issue that there needs to be defined data collection to provide local evidence of pathway and service improvement through STT.
- It was agreed that UCLH CC would lead on establishing audit questions to provide this data collection around the network.
- HL has bought these questions to gain the support of the board:
 1. *Does STT shorten the colorectal cancer pathway (14 days, 62 days)?*
 2. *How many patients are booked in to first diagnostics via STT?*
 3. *Does STT improve DNA rates for different diagnostics?*
 4. *Does it result cancer stage shifting?*
 5. *Was the 2ww referral appropriate?*
 6. *Does STT improve patient readiness for examination (quality of bowel prep performed)?*
- It was agreed by the board that question 4/5 did not need to be included but that the rest of the questions were fine.
- Centre for Cancer outcomes have provided a data collection tool that can be used to collect these data items. This will be used by the CNS when phoning the patient to book into clinic.
- JW raised wider issues regarding STT such as C&B. Patients who are referred using the C&B system are directly booked into clinic and cannot be triaged straight into a diagnostic test, therefore the service only works for patients whose referrals are faxed directly to the department. One suggestion is that C&B OPA's should book patients directly into a triage clinic, rather than a first OPA.
- Issues were also raised regarding STT guidelines that should be standardised across the network. MM agreed and felt this should be raised at the CNS sub group meeting.

ACTION:

5. qFIT

Discussion points:

- HL presented an update on the qFIT pilot. Currently the largest pilot scheme in the UK and will be launched in early March.
- Currently piloted for symptomatic patients who are referred via 2ww. 6 month pilot that will be active in 6 trusts.
- Pilot aims to target a minimum of 2000 patients, the results of the qFIT test will be matched with the outcomes of the colonoscopy to show accuracy of test. This will not change the patient's current pathway.
- There are other qFIT pilots happening across the country, NHS qFIT group has been established and will be meeting on 8th March with an aim to work collaboratively in the future.

ACTION:

6. Timed Pathways

Discussion points:

- JG introduced this project, aim of this project, which is a collaborative piece of work between the three vanguard sites is to produce 'best practice' timed pathways for four tumour sites; Colorectal, Lung, Prostate and Upper GI (OG). Two teleconferences have already been held to discuss establishing a pan vanguard colorectal timed pathway.
- Task and finish group is to be established, including the pathway directors of the three vanguard sites, project managers as well as patient, finance and commissioning representatives. The group will be submitting a poster at the Vanguard event on the 23rd March.
- Initial discussions have focussed on STT and how this can be established into a timed pathway that all trusts within the vanguard can implement. The task and finish group aim to collate all STT pilot schemes happening from across the vanguard sites.
- There will also be a focus on how trusts can be measured against this timed pathway, the group will be working closely with the cancer intelligence network to provide key data collection on pathway milestones.

ACTION:

7. Stratified Follow up

Discussion points:

- SC could not be present to provide an update on Stratified follow up so discussion is deferred until next meeting
- MM described PEACH cancer, being developed currently by Navin Ramachandran and UCL computer science students that can provide electronic stratified follow up system.
- MM will take this up with KPJ and UCLH CC to push for IT support for stratified follow up.

ACTION: MM to approach KPJ regarding IT support for stratified follow up.
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8. Survey of Unmet Needs of Patients with mCRC

Discussion points:

- Colorectal pathway board has been approached to support in recruiting to a Europe wide survey on the unmet needs of patients with metastatic colorectal cancer being carried out by Europacoln.
- HP has expressed interest on leading on this which the board support.
- Currently the nursing sub group has no initiatives focussing on metastatic patients.

9. AOB

Discussion points:

- Bowel cancer awareness month April, number of events coming up such as quality improvement training which will be ran by UCLP and will be for clinical leads, lead CNS and managerial leads from every trust.
- Work is also being done with RCGPs to create an e learning module that will focus on early symptoms and pathways for colorectal patients. This will be launched end of April/early May.
- UCLH CC is also planning to hold awareness campaigns, if anyone is interested in participating then please get in touch with HL.

10. Next Meeting

Monday 15 May 2017, 16:00-17:30, Location TBC.

ACTION LOG

Action	Owner	Date Due	Status
MM to email OO to provide formal update on Reconfiguration sub group	MM/OO	10/03/2017	
MM to approach KPJ regarding IT support for stratified follow up.	MM	15/05/2017	

Attendees

Name	Role	Trust/Organisation
Michael Machesney	Chair	UCLH CC
Jacob Goodman	Project Manager- London Cancer	UCLH CC
Claire Levermore	Programme Lead – early diagnosis	UCLH CC
Helga Lazlo	Project Manager – early diagnosis	UCLH CC
Jonathan Wilson	Lead Colorectal clinician	Whittington
Sue Williams	CNS	North Middlesex
Kim Jaggs	CNS	Royal Free
Nicola Gilbert	Manager	Royal Free

Apologies

Name	Role	Trust/Organisation
Andy Mcmeeking	Team Manager	TCST
Grant Stewart	Clinical Oncologist	Royal Free
Imogen Staveley	GP	Prince of Wales Medical Centre
John Bridgewater	Medical Oncologist	UCLH
Edward Seward	Surgeon	UCLH
Sherif Raouf	Oncologist	BHRUT
Sharon Cavanagh	Programme Lead - LWBC	UCLH CC
Olagunju Ogunbiyi	Surgeon	Royal Free
Roger Feakins	Pathologist	Barts Health
Jacquie Peck	CNS	UCLH
Matthew Hanson	Surgeon	BHRUT
Adnan Alam	Surgeon	Homerton