

Meeting of the *London Cancer* Colorectal Pathway Board

Date: **May 15th 2017, 15:00-16:30**

Venue: Boardroom, UCLH @ Westmoreland Street, Marylebone, London

Chair: **Michael Machesney**

1. Welcome and introductions and Minutes from last meeting

The minutes of the last Pathway Board meeting were accepted without amendments.

2. Reconfiguration sub group

Discussion points:

- Olangunju Ogunbinji has been absent, no formal update was provided about the activity of the reconfiguration subgroup
- No progress was reported at BHRUT and Barts Health
- reconfiguration at Royal Free is progressing; a group module structure has been accepted (each hospital will have its own management system), RF remains surgical hub for complex colorectal operations (currently done at two sites).
- It was suggested that RFL could be leading the acute care collaboration. The trust is in the process of appointing a new surgical director who will nominate a candidate.

ACTION: NG to follow up with OO about representation at pathway board meeting

NG to inform the group about the surgical director appointment and to make an introduction

3. Vanguard Sub group

Discussion points:

- Key aim of the subgroup is to understand better the reasons for late presentations that require working more closely with primary care providers. Incentives could improve GP engagement that is currently deficient. Late presentations might be better managed if GPs have open access to colonoscopy or qFIT could be offered to patients who are concerned. However endoscopy capacity needs to be address first so that trusts can manage the influx of new patients. One option might be to set qFIT threshold adequately high.
- The group is exploring whether colon capsule could be a viable first screening tool on a 2ww pathway (it is more effective in detecting polyps than CT but the bowel prep is more invasive). ES suggested that Prof Steve Morris (UCL) is interested in carrying out a cost-benefit analysis.
- Endoscopy efficiency project evaluates the productivity of endoscopy departments is progressing; following establishing baseline data in January 2017, a request has been submitted to JAG to extract follow-up data from the April JAG report to feedback to trusts. The project will link to the national Endoscopy Quality Improvement Programme (EQIP).

4. STT

Discussion points:

- UCLH Cancer Collaborative leads on sector wide data collection to support the implementation of STT across the sector. At last meeting, the Board has signed off the key questions and related minimum dataset to be collected. The team is currently in the process of identifying three trusts where data collection will start. Centre for Cancer Outcomes will lead on data analysis. Representatives from Whittington and BHRUT expressed interest in participating.
- JP raised concerns around staff shortage that together with low STT patient numbers could affect UCLH's participation in the data collection

ACTION: HL to follow up with BHRUT and Whittington representatives about agreeing on data collection

5. qFIT

Discussion points:

- The sector-wide qFIT pilot was launched in April 2017 with 6 trusts, 32 GP practices participating across NCEL, WE. Phase 1 of the study focuses on testing the test, Phase 2 on uptake and sample analysis methodology. The study will expand its geographical area and is inviting new participating organisations to take part.
- Concerns were raised around defining cut off points that would determine how – when and if the test is introduced - the potential increase in endoscopy demand would be managed.

ACTION: HL to give update on the progress of the pilot at next meeting

6. Timed Pathways

Discussion points:

- Working with other partners to come up with a plan

ACTION: MM for give update at the next meeting

7. Stratified Follow Up

Discussion points:

- A sector-wide patient tracking is not currently available (. The board agreed that safety netting is vital before it can be rolled out
- There is a local Access database developed by Johanthan Knowles that links to PAS and could be used to flag and track patients. The system was made available to other trusts. JP also has an in house system at UCLH, but the running of the system is not sustainable as it requires significant manpower.
- The Board agreed that additional admin support is required to establish a suitable follow-up system and identify responsible personnel. Currently this patient pathway coordinator role falls on different

people including secretary (RF for 18w), specialist coordinator for all cancers (Whittington), MDT coordinator (North Middlesex), but the latter loses sight of the patient after 62 days.

**ACTION: MM to invite Jonathan t Knowles to present Access database at next meeting
Jake to set up survey to explore how different trusts run the pathway coordinator/ patient follow up**

8. AOB

- **Anal cancer clinical guideline to be updated by Grant Stewart + contact Simon Ball to support that work**

Next meeting date: Monday 12th September 2017, Location TBC. **Morning**

ACTION LOG

Action reference	Action	Owner	Date Due	Status
	NG to follow up with OO about representation at pathway board meeting	NG	01/07/2017	
	NG to inform the group about the surgical director appointment and to make an introduction	NG	01/07/2017	
	HL to follow up with BHRUT and Whittington representatives about agreeing on data collection	HL	12/09/2017	
	MM for give update on timed pathway at the next meeting	MM	12/09/2017	
	MM to invite Jonathan Knowles to present Access database at next meeting JG to set up survey to explore how different trusts run the pathway coordinator/ patient follow up	MM/JG	12/09/2017	

Attendees

Name	Role	Trust/Organisation
Michael Machesney	Chair	UCLH CC
Helga Lazlo	Project Manager – Early Diagnosis	UCLH CC
Edward Seward	Early Diagnosis Lead	UCLH
Grant Stewart	Clinical Oncologist	RFH
Andy Mcmeeking	TCST	TCST
Nicola Gilbert	Management Support	RFH
Hasan Mukhtar	Surgeon	Whittington
Jacquie Peck	CNS – Lead for Nursing	UCLH
Matthew Hanson	Consultant	BHRUT
Romesh Navaratnam	Surgeon	North Middlesex

Apologies

Name	Role	Trust/Organisation
Jacob Goodman	Project Manager – London Cancer	UCLH CC
Imogen Staveley	GP Representative	Camden CCG
John Bridgewater	Medical Oncologist	UCLH
Pauline Mcculloch	CNS	Homerton
Sue Williams	CNS	North Middlesex
Lee Dvorkin	Consultant	North Middlesex