London Cancer Colorectal Pathway Board

Date: **22nd November 2016**
Venue: **Boardroom, 16-19 Westmoreland St, London, W1G 8PH**
Chair: **Michael Machesney, Pathway Director**

1. Welcome, Apologies and minutes of last meeting

- MM welcomed attendees to the meeting, last meetings minutes were discussed and accepted as an accurate record of proceedings. Discussions were had regarding the timing of the meeting, it was suggested that the meeting should move to earlier in the day within working hours.
- Apologies were made for Kim Jaggs, Lee Dvorkin, Andy McMeeking and Roger Feakins.

2. Reconfiguration

Discussion points:

- MM introduced the reconfiguration sub group and its lead OO. OO will be setting up a sub group involving representatives from all MDTs who are in the process of reconfiguring.
- RFH are currently in the process of reconfiguring their colorectal surgical departments, combining with BCF through the vanguard for hospital change and hope to have completed this reconfiguration by November 2017
- Sub group aims to learn from RFH reconfiguration and to duplicate this process across Barts Health and BHRUT where there are more than one MDT in a single trust
- HP highlighted the need for all trusts to be represented on this sub group, this was agreed by the board and MM stated that representatives in the sub group do not have to be members of the pathway board.
- MM stated that if anyone was interested in joining the group then they should email OO directly. Trusts not currently reconfiguring can express an interest to be involved.
- The planned outcome is to learn from reconfiguring trusts and produce a London Cancer 'how to' guide to Colorectal reconfiguration.

ACTION: Volunteers to email OO directly to express interest in joining Reconfiguration sub group.

3. Vanguard

Discussion points:

- MM introduced the Vanguard sub group that will be focussing on early diagnosis and Endoscopy efficiency. ES has agreed to chair this group and again is looking for representatives to join.
- ES introduced the sub group and explained the main role is to diagnose cancer earlier; the biggest impact will be an increase of bowel cancer picked up via screening. ES introduced the expectations for the FIT for screening trial that will increase endoscopy activity by 10%. FIT levels have been set deliberately insensitive so that to not flood endoscopy capacity. This means that positivity rates

are 1.5% rather than 5/6% as they are in certain countries. Ultimately this means up to 50% of patients with cancer will be missed. England is an international outlier.

- MM highlighted the importance of screening and stated that 10% fewer people survive bowel cancer in the UK than in Australia and Canada and the most significant reason for this is the screening process. It will be important to increase the sensitivity of FIT for screening as soon as possible. Colonoscopy capacity needs to be addressed to formulate this change.
- The sub group will also incorporate STT, HP highlighted that 2ww performance has deteriorated due to STT as the triage phone call does not count as the first OPA. MM presented the data from John Stebbing the Chair of JAG which demonstrated no survival benefits for patients diagnosed through the 2ww than other elective diagnostic referral pathways. MM said that Chris Harrison national clinical director for cancer is taking this up with the Department of Health.
- IS mentioned a current audit being carried out in primary care looking at 2ww referrals to see the amount of 'unnecessary' referrals that were made.
- Other work being carried out by the Vanguard sub group includes Endoscopy unit efficiency and quality of colonoscopy.

ACTION: Volunteers to email ED directly if they are interested in joining the Vanguard sub group.

4. qFIT

Discussion points:

- HL, introduced the qFIT pilot project that is currently being ran by UCLH Cancer Collaborative. The aim of the project is to set up the largest pilot to date involving the new FIT screening test. The pilot based on two Scottish trials from which the evidence suggests a high negative predictive value for cancer for a negative test and aims to introduce a new rule out test available in primary care. The pilot is designed to do 2000 tests in six months across the London Cancer network, this involved six trusts and thirty three GP practices. Anyone who has been referred on a 2ww pathway and can understand written English will be eligible for the pilot. GPs and trusts have been asked to identify patients, offer the qFIT test which can be taken home and completed by the patient. The patient can then send back the test in a pre-paid envelope to the lab. The team will track each patient involve in the test through there diagnostic pathway, the pilot will not interfere with their current pathway and will compare the tests results with the patients Colonoscopy.
- Initial results from the Scottish pilot shows that qFIT can potentially rule out more than 95% of suspected bowel cancers which potentially could reduce unnecessary colonoscopies.
- The pilot is hoping to launch in January 2017 depending on ethical committee approval and will be running for a 6 month period, results will be directly fed back to NICE.
- Currently a data sharing agreement is being discussed between all participating trusts and UCL for colonoscopy outcomes
- MM highlighted the importance of board members endorsing the qFIT pilot and pointed out that it would facilitate recruitment in all trusts involved, working towards getting 2000 patients enlisited as soon as possible.
- HL was happy for any members of the board to contact her directly with any questions.

5. ACE/STT

Discussion points:

- BK produced an update summary of the ACE project and mentioned that it was now entering its final evaluation period and the initial results are likely to shave up to 2 weeks off diagnosis times.
- Questions were raised by the board as to what cohort of patients were eligible for the ACE programme, at the moment it is only 2ww patients however this was because it is easier to audit however it would not reduce the amount of emergency presentations if only included 2ww referrals.
- MM stated that ACE should highlight the potential capacity release benefits from STT. If fewer clinic appointments are requested, clinicians who are also endoscopists can be redeployed to increase colonoscopy capacity.
- Questions were raised by some of the board members regarding Choose and Book, most trusts had closed their Choose and Book for STT. IS stated that C&B is easier for GPs to use and has proven benefits in reducing DNA's.
- Issues were raised regarding STT triage, options include clinical or nurse vetting of referrals followed by administrator phone call, nurse led phone call or C&B. HUH have implemented administrator phone calls which have reduced the work load of nurses and is working well in there trust. BK suggested it may be beneficial to audit patient preference.
- CL raised the sector wide challenges around implementing STT in regards to tariffs and that at the moment each trust is charged differently. This needs to be standardised across the network and questions around the role of nurses, data collection and safety netting of patients having STT need to be answered. UCLH Cancer Vanguard has set up a meeting on 19th January to work through these questions and come up with an agreement.
- HP agreed the importance of agreeing a realistic cost for the STT service, ES stated that he was attending a national meeting on 25/11/2016 with MM, the work of the meeting is to address a national tariff for STT and the outcomes will be fed back to the board.

ACTION: ES to feed back to group the outcomes of national meeting on 25th November 2016.

6. Stratified Follow Up

Discussion points:

SC presented the draft stratified follow-up pathway that has been developed by a subgroup of the Colorectal PB. The subgroup was tasked to develop a pathway based on the Broomfield Model. In addition to the pathway and guidance document, a resource pack will also be drafted to support implementation across our geography.

Feedback/comments are invited from the Board on the following:

- Content/Detail on the pathway
- The eligibility criteria
- Which cohort of patients require following up post 5 years is yet to be discussed.

Deadline for comments: Friday 16th December.

ACTION: Members to feedback comments to SC regarding stratified follow up pathway

7. GP Endorsement

Discussion points:

- MM recommended the board read the GP endorsement paper in the meeting pack.

ACTION:

8. Patient Representation

Discussion points:

- MM stated that two patients from WXH have highlighted their interest in joining the pathway board and asked if they knew of any patients from the London Cancer geography who would be interested.
- The board stated that they knew of some other patients who would be interested.
- PJ stated the importance of introducing more patient representatives to the pathway board

ACTION: JG to email the board for patient representatives.

9. Trials and Performance Update

- MM recommended the board read the trials and performance update in the meeting pack.

10. AOB

- HP informed the board that she will be stepping down, MM and the board thanks her for her active contribution to London Cancer since it took over from the cancer networks. The board were grateful also for the refreshments she bought to her last meeting.

11. Dates of meetings in 2017.

Tuesday	21-Feb-17	09:30 - 11:00	Colorectal Pathway Board
Monday	15-May-17	16:00-17:30	Colorectal Pathway Board
Tuesday	12-Sep-17	09:30-11:00	Colorectal Pathway Board
Wednesday	04-Dec-17	16:00-17:30	Colorectal Pathway Board

ACTION LOG

Action reference	Action	Owner	Date Due	Status
	Volunteers to email OO directly to express interest in joining Reconfiguration sub group.	ALL		In progress
	ES to feed back to group the outcomes of national meeting on 25th November 2016.	ALL		In progress
	ES to feed back to group the outcomes of national meeting on 25th November 2016.	ED	Next PBM	
	Members to feedback comments to SC regarding stratified follow up pathway	ALL	16/12/2016	
	JG to email the board for patient representatives.	JG	10/12/2016	

Attendees

Name	Trust/Organisation
Brian Knowles	CRUK
Pauline McCullock	*Homerton*
Sharon Cavanagh	UCLH Cancer Collaborative
Grant Stewart	Royal Free
Nicola Gilbert	Royal Free
Olagunju Ounbiyi	Royal Free
Sue Williams	North Middlesex
Jonathan Wilson	*Whittington*
Imogen Staveley	GP – NHS Camden
Helga Lazlo	UCLH Cancer Collaborative
Claire Levermore	UCLH Cancer Collaborative
Matt Hanson	BHRUT
Michael Machesney	*Clinical Director*
Hasan Mukhtar	Whittington
Ed Seward	UCLH
Patricia Jupp	Patient Representative
Jacquie Peck	UCLH
Helen Pardoe	Homerton
Jacob Goodman	UCLH Cancer Collaborative

Apologies

Name	Trust/Organisation
Roger Feakins	Barts
Andy McMeeking	South East Commissioning board

Name	Trust/Organisation
Lee Dvorkin	North Mid
Kim Jaggs	CF/RFH