Meeting of the *London Cancer* Colorectal Pathway Board

Date: September 12th 2017, 10:00-11:30

Venue: Boardroom, UCLH @ Westmoreland Street

Chair: Michael Machesney

1. Welcome, Introductions and Apologies

- MM welcomed the board.
- HN explained the development of the Cancer Academy's educational service which involves a school for cancer professionals, a school for cancer research, patient facing education school and a school for MDT effectiveness.

2. Minutes from last meeting

No matters arising

3. Pan Vanguard Timed Pathway

- The board looked at the newly developed Colorectal Timed pathway.
- It was felt that the 'other elective pathway' arm could be developed further. MM mentioned that Chris Carrigan suggested that 28% of East London patients present to A&E, which is a higher figure than Central London. He suggests making every presentation to A&E an SI so the data can be effectively captured and monitored.
- The group discussed routes to diagnosis and that there is no proof of increased survival rates for 2ww patients. There is a massive survival rate through screening. 2ww doesn't seem to make an impact on people turning up at A&E.

4. MDT Improvement

- The group reviewed Martin Gore's paper on the change in MDT functionality, the need to de-regulate the meetings and the need to put the responsibility back on the treating clinician. The paper encourages MDT's not to discuss every patient if not necessary; this will leave more time for complex case discussions.
- The board believes that this will be efficient but concerns were raised regarding lack of transparency potentially resulting in outliers. Martin Gore was concerned that some clinicians may use MDT to avoid personal responsibility for decision making. Purpose of new guidance is that the treating clinician will own responsibility for this part of the pathway.
- Martin Gore suggested that MDT guidelines could be developed outside peer review standards.
- The pathway board agreed to set up a working group to establish the criteria for MDT and MH agreed to chair this group.
- The board discussed having the facilities of an eMDT; where everything can be uploaded to a system and the core MDT members could log in to look at MDT referrals and sign off plans for the patients that don't need to be discussed at the MDT. The coordinator could check that a quorum of MDT members have checked the information before the patient is signed off.
- EB suggested using a system called 'Anglia Ice' to initiate referrals to MDT. It is an e-requesting system. The board suggested it would need to sync with Somerset/Infoflex to be useful.
- The board suggested MDTs could be streamlined from the current standard of histopathology slides and imaging being re looked at in the MDT meetings. If there was consistent specialist reporting of

radiology and pathology. However, some people felt that looking at the results again could be a safety net for some patients.

- Some members expressed concerns about having some cases not go through the MDT meeting. MM explained that the patients will be on the MDT agenda but would have been already been reviewed in a pre-MDT meeting. The on pathway plan should be confirmed by the 'owning clinician' before the referral to the MDT. Adverse events could be identified and the system adjusted to prevent the re-occurring.
- The board discussed having an MDT referral form with compulsory data to be filled in and if the minimum criteria are not included then the case will not get added to the MDT pre-meeting. The coordinator can let the team know that there isn't enough information to be accepted for discussion.
- The board agreed for a working group to be set up to work with the Cancer Academy. MH will lead the working group. The Cancer Academy is developing training and coaching models but is currently awaiting a funding decision which will allow the programme to move forward. They are looking for pioneering MDTs with a need for support from the academy and are hoping to get a funding decision this month. If they aren't issued funding then they will probably approach individual Trust charities for funding. MM said Barts Health colorectal MDTs would be a pilot site.

ACTION:

- **The board agreed for working group to be set up to work with the Cancer Academy. MH will join the working group.**

5. Vanguard sub group - update

- Not discussed – ES to present at next meeting.

6. qFIT Update

- HL presented feedback on the qFIT study. The study currently has 6 trusts and 32 GPs involve and also has an additional trust in east Lancashire. The study should have achieved 540 samples but has only received 90 samples. HL will send the team a breakdown of each Trust's results and will discuss with each Trust individually.
- There has been a challenge with clinical engagement. HL emphasised the need to increase sample numbers. GPs have been quite active but the study relies on large numbers coming from Trusts.
- HL explained that NICE have published diagnostic guidelines. The team are keen to deliver evidence to introduce FIT for high risk patients also. This may be the only way to reduce number of unnecessary colonoscopies. Concerns were expressed that services will be flooded with patients from April onwards if qFIT is used for low risk patients. HL mentioned that there are a number of business cases being prepared locally. NICE are working closely with London Cancer, they can only make recommendations based on evidence from a completed qFIT study.
- The aim is to have 2000 samples by the end of March, which makes it the largest pilot in the UK. The results will be a negative predictive factor. It will let GPs rule out cancer. A positive test result can be fast tracked.
- Eligible patients have to be able to speak English or have an interpreter.
- MM explained that bowel obstruction and anaemia can result in false negatives. An amendment has been made to the ethics committee approval to include full blood count information when available. The team suggested the need to look at results and safety netting for the negative patients.
- HL will send more qFIT packs to hospitals/Trusts.

ACTION:

- **HL will send the team a breakdown of each Trust's current results and will discuss with**

each Trust individually.

- **HL will send more qFIT packs to hospitals/Trusts.**

7. Stratified follow up

- The board looked at the stratified follow up guidelines presented by SC. The board looked at specific areas of the document and made comments and suggestions.
- The board discussed the 'Eligibility for Entry onto Supported Self-management Pathway' section and the 'Follow-up pathway for colorectal cancer: Roles and responsibilities' flow chart.
- The board recommended that discussions for stratified follow up did not need to be ratified at MDT meetings and suggested an algorithm(which could be added as an appendix to the document) to guide clinical teams about which patients should be bought back to the MDT or discharged. Patient will be discharged with an information sheet of symptoms for which they could seek an outpatient appointment via CNS.
- Patient currently being put into self-care are ratified through the policy board. The board discussed the algorithm they use for this; Holly Norman will share it with the group. The board discussed whether this could be signed off outside the MDT in a separate weekly half hour meeting.
- SC reported that only 3% of patients have treatment summaries. The team discussed being able to produce treatment summaries on Somerset. EB to share how to do this with SC and team by sending the Somerset guidance document. MDT summaries can be generated on Somerset and added to the treatment summary. EB will join stratified follow up group.
- SC suggested that there should be allotted money to support Trusts to reconfigure IT solutions for stratified follow up. However IT departments don't like buying new systems. They want to configure their own.
- The group discussed the exclusion criteria for patients unfit or not wanting stratified follow up. An opt out option was suggested.
- SC to include Vanguard advice information/warning system in appendix and will add protocol from Homerton and SOP from Whittington. The group discussed having a generic GP/patient letter in the appendix also. SC to send guidelines document with all appendices to the group for comment.

ACTION:

- **Patients currently being put into self-care are ratified through the policy board. The team discussed the algorithm they use for this; HN will share it with the group.**
- **The team discussed being able to produce treatment summaries on Somerset. EB to share how to do this with SC and team by sending the Somerset guidance document.**
- **SC to send guidelines document with all appendices to the group for comment**

8. AOB

- MM encouraged the team to bring any issues, concerns and discussion points to the board after asking the teams at their Trusts/hospitals.
- MM said ideally the OPA should follow the MDT meeting and patients should have copy of letter to GP following consultation. The team agreed to look into this as part of the MDT improvement programme. The board also discussed having a checklist at the MDT meetings to ensure everything is being recorded completely for each patient.
- The board discussed uploading data from Somerset and the issues with missing data in some cases. Having a data administrator has helped at BHRUT.

- The board discussed concerns about what is considered consider first treatment for 2ww patients. Most members of the board reported their trusts included surgery for defunctioning stoma as first treatment. AM to clarify to the team by circulating guidance.

ACTION:

- **There were varying thoughts about whether to include surgery for defunctioning stoma as first treatment. AM to clarify to the team by circulating guidance.**

9. Next Meeting

Monday 4th December 2017 16:00-17:30, Boardroom, UCLH @ Westmoreland Street, London, W1G 8PH

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	04/12/17	
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	
Sept03	HL will send more qFIT packs to hospitals/Trusts.	HL	01/10/17	
Sept04	Patients currently being put into self-care are ratified through the policy board. The team discussed the algorithm they use for this; HN will share it with the group.	HN	01/10/17	
Sept05	The team discussed being able to produce treatment summaries on Somerset. EB to share how to do this with SC and team by sending the Somerset guidance document.	EB	01/10/17	
Sept06	SC to send guidelines document with all appendices to the group for comment	SC	01/10/17	
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

Attendees

Name	Trust/Organisation
Michael Machesney	Chair
Holly Norman	UCLH CC
Matt Hanson	BHRUT
Hasan Mukhtar	Whittington
Adnan Alam	HUH
Maria Walshe	Whittington

Name	Trust/Organisation
Elisa Blackledge	Whittington
Kasie Gale-Ward	Whittington
Sue Williams	North Middlesex
Kay Boyer	North Middlesex
Pauline McCulloch	HUH
Andrew McMeeking	TCST
Romi Navaratnam	North Middlesex
Sharon Cavanagh	UCLH CC
Helga Lazlo	UCLH CC
Jenni McGuiney	UCLH CC
Jonathan Wilson	Whittington
Mitty Dasmohapatra	PAH
Sherrice Weekes	UCLH CC

Name	Trust/Organisation
Pawan Mathur	Royal Free
Ann Phillips	Whittington
Sherif Raouf	BHRUT
John Bridgewater	UCLH
Imogen Staveley	GP, Prince of wales group
Lee Dvorkin	NMID
David Stoker	NMID
Grant Stewart	RFH
Sarah Slater	Barts
Jonathan Knowles	RFH
Kim Jaggs	RFH