Peninsula Cancer Alliance

Meeting of the Colorectal SSG

Wednesday 12th September 2018 (2pm-5pm)

The Arundell Arms Hotel, Fore Street, Lifton, Devon

THIS MEETING WAS SPONSORED MERCK BUT WITH NO CONTROL AS TO THE EDUCATIONAL CONTENT OF THIS ACTIVITY

FREEDOM OF INFORMATION

This group will observe the requirements of the Freedom of Information Act (2000) which allows a general right of access to recorded information including minutes of meetings, subject to specific exemptions. No one present today had any objections to their names being distributed in the minutes.

Draft Notes

Reference	Notes
1.0	**Welcome and Introductions.**
1.1	Please refer to separate record of attendees available here
1.2	**Matter Arising**
1.2.1	The Colorectal Constitution Document which had been circulated to members for final comments has now been signed off and is available to view on the SWCN Peninsula Cancer Alliance Colorectal SSG members' page.
1.3	Clinical Guidelines; MF proposed that the Peninsula Colorectal SSG produces a document citing all of the relevant guidelines/recommendations from ACPGBI/BSCG/NICE for clinicians to use as a point of reference.
1.3.1	**Action**: NK to format a short clinical guidelines document with relevant links and circulate to all members for comments.
2.0	**Presentation** Ian Daniels, Consultant General and Colorectal Surgeon Royal Devon and Exeter NHS Foundation Trust *"Pelvic Exenteration and Locally Recurrent Rectal/Pelvic Malignancy"*
2.1	**Discussion**:
2.1.1	It is recognised that there is no standard practice for AIN surveillance across the Peninsula and the patient pathway needs to be more consistent and in alignment with the gyane pathway.
2.1.2	In view of the percentage progression in incidences of AIN (15% in the last 10 years) ID was of the view that there needs to be 3 centres for AIN across the Peninsula.

2.1.3	Some commissioning questions may need to be asked in Cornwall in order to identify how services could be linked.
2.1.4	Homerton Hospital has a predominantly nurse-led AIN service; therefore consultant involvement is not necessarily a prerequisite.
2.1.5	**Action**: MF will ask Petra Marsh and the GU team to contact Ian Daniels. It may be helpful to ask clinicians to meet prior to MDT to agree an audit and consistent approach. A date needs to be diarised, ID suggested January 2019.
3.0	**Discussion with Bev Parker-Commissioner**
3.1	A baseline audit was carried out by Torbay/NEW Devon CCG to identify to what extend local providers are able to implement a timed colorectal cancer diagnostic pathway. The audit focused on whether the steps are being carried out in the right order and identified factors that are a barrier to full implementation (refer to separate attachment).
3.1.1	The outcomes of the audit included: • Consideration of a 14d staging/diagnostic bundle. • Evidence gathered to put in a bid to fund a project manager to undertake focused work on routine diagnostic issues in Devon/Cornwall. • Awareness of these issues at STP level. • Closer working to implement the diagnostic plan.
3.2	MF reiterated the vast capacity problems that currently exist across the Peninsula and the challenges in recruiting to vacant radiology/radiography posts.
3.3	BP suggested that the key to overcoming some of the challenges that the Peninsula faces are to agree on a diagnostic bundle-what tests to do, when to do them and to avoid duplication of tests. There may also be areas of streamlining in non-cancer pathways which may free up additional diagnostic capacity.
3.3.1	RCH have diagnostic bundles in place for rectal cancer, colorectal cancer, complete and incomplete scopes.
3.3.2	MC agreed that looking at the pathway is important; however there are key bottlenecks in the pathway which require more clinicians and greater provision for CT scanning to address.
3.3.3	Concern was raised that current demands on endoscopy and CT capacity are unsustainable.
3.3.4	BP has escalated the capacity concerns for both colorectal and urology services to the STP/exec teams to highlight the need for resources.
3.3.5	It was suggested that the only referral criteria for the 2ww pathway should be

	qFIT.
3.3.6	BP explained that she will be attending a meeting to better understand how to procure capacity for qFIT 120-current demand is already outstripping capacity and this will put further demands on already challenged services.
4.0	**Patient Representative Questions:**
4.1	KJ asked about the drop in age from 60 to 50 for the "poo" test, and what resources will be available for the increase in endoscopy demand.
4.1.1	BP explained that Devon will not be implementing qFIT 120 without discussion to look at capacity and what funding will be made available from Public Health England.
4.1.2	LL highlighted that a phased roll out may be helpful, however funding does not necessarily solve the issues arising from staff shortages and a lack of space.
4.1.3	BP acknowledged that there are high vacancy levels in nurse endoscopy and a need to work with Health Education England to address this and ensure that communications about training opportunities are disseminated to the right people.
4.1.4	It was suggested that barriers to effective workforce planning include a lack of flexible working and financial incentives for overtime (particularly for nursing staff).
5.0	**Alliance Matters**
5.1	**Action**: NK to put information about the next Colorectal Educational Event (12th February 2019) onto the SWCN website.
5.2	**Action**: NK to liaise with MF to centralise patient pathway information for SSG members onto the SWCN website.
5.3	**Action**: NK to contact key oncologists at each trust to peer review existing chemotherapy algorithms across the Peninsula. This will ensure that treatment offered to patients is standardised.
5.4	MF presented information that was collated locally to demonstrate the difficulties arising from significant increases in service demand vs available resources.
5.4.1	MF will be addressing these concerns at the South West Senate on 27th September 2018 and will feedback to the group at the next SSG.
5.5	MF: qFIT testing has been set at a level of 10 and has now been rolled out across the Peninsula. Collection of GP/Patient feedback has begun.
5.6	MF highlighted concern that outsourced endoscopy reports do not highlight if cancer has been found, only that an endoscopy has been undertaken.

6.0	**LWBC Update**
6.1	Implementation of the recovery package is now underway across the Peninsula with transformation funding from the Alliance.
6.1.1	Cancer support workers are now in post across all trusts to support CNSs with HNAs, health and well-being events and end of treatment summaries (scope of work varies from between trusts).
7.0	**AOB**
7.1	BP informed the group that the Cancer Alliance is developing plans for early diagnosis projects. In view of the discussions about AIN and surveillance, BP encouraged that this and / or any other idea for this work be forwarded to her for consideration.
7.2	The 100,000 genomes directory was mentioned; it was thought that it might be helpful to invite a speaker to the next SSG meeting to clarify the position for colorectal patients.
7.2.1	**Action**: NK to invite a speaker from the genomics team to the next SSG meeting).
7.3	A request for a discussion on contact radiotherapy was suggested for the next meeting agenda.
7.3.1	**Action**: NK to liaise with MF re appropriate speakers to facilitate discussions.
8.0	**Next Meeting Date** To be confirmed.

Summary of Actions

Reference	Action Owner	Action
1.3.1	Nina Kamalarajan	**Re: Clinical Guidelines** NK to format a short clinical guidelines document with relevant links and circulate to all members for comments.
5.1		NK to put information about the next Colorectal Educational Event (12th February 2019) onto the SWCN website.
5.2		**A**NK to liaise with MF to centralise patient pathway information for SSG members onto the SWCN website.
5.3		NK to contact key oncologists at each trust to peer

7.2.1 7.3.1		review existing chemotherapy algorithms across the Peninsula. This will ensure that treatment offered to patients is standardised. NK to invite a speaker from the genomics team to the next SSG meeting). **Re: Contact Radiotherapy** **Action**: NK to liaise with MF re appropriate speakers to facilitate discussions.
2.1.5	Mel Feldman	**Re: AIN Service** MF to ask Petra Marsh and the GU team to contact Ian Daniels. It may be helpful to ask clinicians to meet prior to MDT to agree an audit and consistent approach. A date needs to be diarised, ID suggested January 2019.