Peninsula Cancer Alliance

**Meeting of the PCA Colorectal Site Specific Group**

*Wednesday 21st March 2018: 14:00-17:00*

*Roadford Lakes (Fernworthy Conference Room), Broadwoodwidger, Devon*

**THIS MEETING WAS SPONSORED BY AMGEN AND NORGINE**

**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 (to be ratified at the next SSG meeting)**

**Chair: Melanie Feldman**
**Consultant Colorectal Surgeon, Royal Cornwall Hospitals NHS Trust**



| Reference | Notes |
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| **1.0** | **Welcome and Apologies** |
| 1.1 | Please refer to separate attendance record here. |
| **2.0** | **Draft Minutes of the Colorectal SSG Meeting held on 20.09.2017** |
| 2.1 | The minutes were accepted as an accurate record. |
| **3.0** | **Colorectal SSG Constitution Document** |
| 3.1 | MF has considered the constitution template (provided by NK as adopted from the SWAG Cancer Alliance). Amendments have been made to ensure that the framework is realistic and reflects the reality that members of the SSG may not always reach consensus on everything. |
| 3.2 | **Action**: NK to circulate the document to the group for final comments. |
| **4.0** | **Clinical Guidelines and Patient Pathways** |
| 4.1 | MF suggested that there are a number of patient pathways that require clarification and agreement from the Peninsula member trusts to ensure that that there is standardisation in referral criteria and onward management, particularly where patients are referred to specialist teams. |
| 4.2 | **Action**: NK to liaise with MF to identify which pathways require updating. NK will contact each MDT lead for the relevant information and will draft the pathways, to be agreed at the next SSG meeting. |
| **5.0** | **Anal Surgery** |
| 5.1 | Surgical services for anal cancer in the Peninsula are provided by Derriford and the Royal Devon and Exeter Hospitals. Neither trusts wish to relinquish their |

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| | services. MF thought that it would be helpful if both teams could make formal representations about their respective services; however, the decision about service provision ultimately sits with the CCGs. |
| 5.2 | **Anal Cancer MDT** |
| 5.3 | Confirmation is required from Exeter that they will take over hosting the anal cancer MDT. AG advised that the team is currently working towards this and aim to hold the MDT on a weekly basis as of May 2018. It is proposed that the MDT will be held on a Monday from 13:30 and that hospitals will be welcomed to dial in if they have any patients to discuss. AG will update further once radiology/pathology input has been finalised. |
| 6.0 | **Provision of RFA** |
| 6.1 | Exeter are taking referrals however, the waiting times are longer than is desirable. |
| 6.2 | Plymouth is not currently taking referrals. |
| 7.0 | **qFIT Update-Sarah-Jane Davies** |
| 7.1 | A monthly bulletin will be provided to update teams as to the progress of the implementation of qFIT for the “low risk but not no risk” population which is due to commence in June. |
| 7.2 | Work is currently focused on lab services which have been secured, purchasing of kit is now underway and the next steps will be to look at advice and guidance protocols for labs as well as education resources for GPs. |
| 7.3 | JM confirmed that implementation will be for a subset of DG30. |
| 7.4 | CG was of the view that the positive predication value was set quite low. LK explained that this had been based upon the best guidance that is currently available. |
| 7.5 | Differing opinions were expressed across the group as to the potential impact of qFIT on 2ww and service capacity. The group agreed that they are committed to seeing the project through. |
| 8.0 | **Living With and Beyond Cancer**-Presented by Maria Bracey LWBC CNS RDE. |
| 8.1 | Maria provided the group with an update on the current Peninsula LWBC bid and the progress made in Exeter. |
| 8.2 | The next step is for the Peninsula to agree metrics in order to facilitate continuity of reporting across the region. This is of particular in importance when patients are cared by more than one trust, to ensure that there are no duplications. |
| 8.3 | The London Cancer Alliance (RM Partners) has published their definitions of the LWBC metrics; available via this link. |

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| 8.4 | The group discussed the viability of utilising CNS resources to deliver health and wellbeing (H&W) interventions, and whether there was enough patient engagement to warrant supporting the events. |
| 8.5 | Transformation funding is available to facilitate band 4 support worker roles to assist CNSs and deliver H&W clinics; LK reaffirmed that the LWBC project is a national strategy and the expectation is for the recovery package to be rolled out across trusts as per Peninsula Bid. It is recognised that services in the Peninsula are not commissioned and that potential tariffs need to be identified, however, it was acknowledged that there has to be a robust business case to commission services, and it was thought that site specific groups would likely be more successful for colorectal cancer patient, than generic clinics. |
| 9.0 | **2ww referrals-current status**-Presented by Mel Feldman |
| 9.1 | (the following stats provided are colorectal specific); |
| 9.2 | Concern was raised that there is not enough diagnostic or surgical capacity at RCH to treat patients with an established diagnosis of cancer. Over the last 12 months, the hospital has seen a 50% increase in demand for diagnostics. |
| 9.3 | PHT identified with this difficulty; the 62d target is challenging with marginal losses over all parts of the patient pathway. |
| 9.4 | The RDE has seen a 32% increase in 2ww referrals over the last year, with particular challenges in endoscopy capacity despite providing a weekend service to accommodate 46 additional cases per week. |
| 9.5 | The challenge of ITU/HDU beds was discussed- demand is increasing as clinicians operate on more high risk patients. This is complicated by an ageing population and patients with multiple comorbidities, increasing the complexity of pre-operative work ups and post-operative recovery. |
| 9.6 | Concern was raised as to the number of inappropriate emergency referrals from GPs for patients who do not need to be seen as a priority. |
| 9.7 | The waiting list for benign surgical cases is also concerning. |
| 9.8 | **Action**: In view of the number of concerns affecting the provision of services for colorectal cancer patients across the peninsula, MF suggested that a dataset is collated across the 5 trusts and presented to the CCGs. MF/NK to coordinate this. |
| 10.0 | **Patient Representative**-Ken Jones |
| 10.1 | At the previous SSG meeting, Ken was asked to seek views from his patient group to obtain a view on patient preference in relation to genetic testing. The following question was asked; |
| 10.2 | **Question**<br><br>***"Do you approve of genetic testing as part of treatment in the knowledge*** |

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| | ***that the results could affect yourself and members of your family?"*** |
| 10.3 | **Results are as follows:**<br><br>**Number of discussions**= 20<br><br>**Dates**: between 20.09.2017-12.02.2018<br><br>**Numbers**= varied groups between 2 and 23<br><br>**Age range**= between 20yrs-80yrs (mainly 40yrs-80yrs)<br><br>**Discussion time for each group**: between 15 minutes and 1 hour<br><br>**Survey Results**<br><br>**For genetic testing as standard procedure:** 116<br><br>**Against:** 5<br><br>**Not Sure**: 9 |
| 10.4 | Ken reported that patients generally expect genetic testing to be the norm in the next few years. |
| 10.5 | Ken also provided some information/literature about the "Cornwall Ostomy Support Group" which provides practical help and peer support. |
| 11.0 | **Papillon Treatment** |
| 11.1 | A few patients are being referred to Liverpool for Papillon treatment. Clarity is needed on the referral criteria and patient volumes which may help to support a local business case for this service. |
| 11.2 | **Action**: NK to liaise with MF to collect this information. |
| 12.0 | **Exenteration** |
| 12.1 | Patients are currently being referred as follows:<br><br>RCH refer to St Marks<br>Exeter provides a local service<br>PHT do not refer patients and have neurosurgical input re bony excision. |
| 12.2 | The Peninsula needs to clarify the referral criteria and work up required. |
| 12.3 | **Action**: NK to liaise with MF to collect this information. |
| 13.0 | **AOB**<br><br>Next Meeting Date September 2018 (date/time TBC) |