Peninsula Cancer Alliance

Meeting of the PCA Colorectal Site Specific Group

Wednesday 25th September 2019 14:00-17:00

The Arundell Arms Hotel, Fore Street, Lifton, Devon

THIS MEETING WAS SPONSORED BY KYOWA KIRIN AND IMMEDICA 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.

Stand in Chair: Sebastian Smolarek
Consultant Colorectal Surgeon (University Hospitals Plymouth)

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Reference	DRAFT NOTES
1.0	**Welcome and Introductions.**
1.1	Please refer to the separate record of attendance on the SWCN website.
2.0	**Proposed Clinical Guidelines**
2.1	NETs Guidelines
2.1.2	MC (apologies sent) has found updated 2016 NETs guidelines (Ref 3.2).
2.1.3	**ACTION:** MC to send to Beth to circulate.
2.2	MC sent comments on the guidelines as unable to attend the meeting.
2.2.1	"The pelvic clearance guidance needs to reference RD&E Complex Pelvic Cancer team as a centre and to run it past them. If a Consultant name is to be used it will be likely Andy Gee as the senior surgeon but I am sure they can comment"
2.3	**ACTION:** SS to send his guidelines and references to BK to circulate around the group for comments
2.4	Chemotherapy Algorithms (Ref 2.6)
2.4.1	These have been sent to Oncologists at each trust for comment.
2.4.2	ACTION: BK and rest of the team to follow up with their oncologists.
3.0	**AIN Pathway**
3.1	SWB discussed developments to the AIN Pathway (Ref 8:0)

3.2 Guidelines are available for Dysplasia, which splits patients into high risk and low risk.

3.2.2 ACTION : SWB to send BK guidelines to circulate for discussion

3.3 SWB would like to know which trusts are offering Anoscopy to those that are high risk and whether this service should be offered by all or regionally, in order to agree a standard practice.

3.3.1 Plymouth -Receive help from the Gynae team and do vulvoscopy with a gynae consultant on a patient-by-patient basis.

3.3.2 Truro- No particular colorectal surgeon is offering.

3.3.3 Torquay - do not have the volume of patients

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3.4 There are courses available and the group could look at sending a representative from each hospital. The training dates are 7th & 8th November.

3.5 SWB confirmed a need for a registry but would need funds to support this. Often these patients are difficult to track as they do not have a cancer coding, but a standardised follow up is needed. The team discussed whether a follow up after 5 years would be of benefit.

4.0 Pelican Impact Day Feedback

4.1 The group provided feedback on the day.

4.2 Pelican IMPACT is a national development programme in collaboration with ACPGBI. It is aimed at all colorectal MDTs and specialist tertiary care consultants to discuss optimal treatment for advanced colorectal cancer including liver, lung and peritoneal metastases, advanced and recurrent primary cancer.

4.3 SS informed the group that feedback from the day was very positive with most presentations scoring 4.6 out of 5.

4.4 The day had a palliative focus concentrating on the importance of what treatment means for the patient.

4.5 The real benefit of the day was listening to the different clinicians talking about their challenges. It highlighted the importance of a well-functioning team and the difference that it makes to discussions.

4.6 The team briefly discussed Enhanced Supportive care within their trusts. ESC is an initiative to embed Supportive and Palliative care for advanced cancer patients in order to improve their outcomes. This service has been implemented in Exeter with further funding agreed by specialised commissioning for its implementation in Plymouth and Cornwall.

4.7 Please see a brief summary of the day provided by Mark Cartmill circulated with the minutes.

5.0 TaTME
By Paul Lidder, Colorectal Surgeon at the Royal Cornwall Hospitals NHS Trust

5.1 Presentation on RCHT experiences. Please view the slides circulated with the minutes for more information.

6.0 Regional pathway Improvements

6.1 Due to MF being unable to attend this meeting, the group briefly discussed the alliance project to undertake a Colorectal Cancer Services Review of the pathway.

6.2 Emails will follow with dates of planned site visits and the alliance are asking representatives to join the core team to provide professional insight into the service and its pathway challenges.

6.3 Questionnaires about the service should have reached each trusts Cancer Managers for completion.

6.4 For further information, please view the slides or contact Melanie Feldman.

7.0 Cancer Waiting Times – Performance and Review

7.1 Alex Atkins- Cancer Performance Manager Royal Devon and Exeter NHS Foundation Trust

7.2 AA presented on performance across the region. Please see the slides circulated with the minutes for more information.

7.3 AA explained to the group that much of the data available is from 2016.

7.4 JM discussed with the group reasons why larger trusts are struggling to reach the performance targets and identified a number of contributing factors:

- Bed capacity
- Demographics of the region – the data does not break down into age but a large number of patients in the region are between 80-100 years old.
- Geography – the peninsula covers the largest geographic area.
- With an increase in patients being referred, the number of slots available to see those patients has not increased.
- Some trusts have more surgeons than theatre availability
- NHS Pension changes

7.4.1

7.4.2

7.4.3 The team discussed how telephone clinics and the use of proformas decreases the number of face-to-face clinics, and frees up some capacity.

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8.0 Patient representative

8.1 The group's Patient rep discussed Stoma Hernias. He has recently spoken to 7 people, all self-employed that have had stoma hernias and wondered if this is the result of returning to work too quickly.

8.1.2 The team explained that there are a number of contributory factors but it is important to give yourself time to heal.

9.0 AOB

9.1 The group discussed the volume of 2ww referral forms being received from GPs.

9.2 JM explained that often GPs are seeing distressed patients and are unsure on how to help them and can therefore abuse the 2-ww referral system.

9.3 FIT tests are recommended to GPs with guidance that where there is a negative result, cancer is unlikely even with symptoms.

9.4 The team agreed that where a patient has had a colonoscopy within 16months, then they do not need to be referred again within this period.

9.5 The team discussed routine testing for Lynch Syndrome. NICE guidance advises this to be offered to everyone.

9.6 The team agreed to move Bowel Preparation to the next meeting

9.6.1 ACTION: SWB to source a speaker

10.0 **Date of next Meeting**

10.2.1 Wednesday 11th march 2019

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