



Meeting: **Colorectal Expert Advisory Group**

Date: **19.06.18**

Time: **1.00-4.00pm**

Venue: **Evolve Business Centre**

Present:

Ben Box, Surgeon, Northumbria Healthcare Trust
Ben Carrick, North Cumbria University Hospital
Peter Coyne, Consultant Surgeon, Newcastle
Katie Elliott, Clinical Lead, NCA
Fablo Sha'ban
Sue Green, CDDFT
Timothy Simmons, Newcastle
Heather Wilson, Queen Elizabeth Hospital
Jon Winn, Patient & Carer Representative,

BB
BC
PC
KE
FS
SG
TS
HW
JW

In Attendance Claire Collard, Senior Administrator, NCA
Paul Brennan, Consultant in Clinical Genetics,

CC
PB

Apologies: Jane Barnes, CNS South Tyneside
Tony Branson, Medical Director, Cancer Alliance
Werner Dobrowsky, Nuth
Jean Gardner, Patient and Carer Representative, NESCN
DK Garg, Surgeon, South Tees
James Henry, Pathology, Gateshead
Teresa Liddle CNS, South Tyneside
Sarah Loudon, Gateshead CCG Cancer / End of Life Clinical Lead
David Macafee, Surgeon South Tees
Sarah Mills, Consultant Surgeon, Northumbria Healthcare Trust
Stephanie Needham, Nuth
Jo Mackintosh, Macmillan engagement and co-design project manager, Cancer Alliance
Sarah Mills, Northumbria Health Care Trust
Graham O'Dair, Consultant Colorectal, Sunderland
Mel Robertson, Nurse Consultant /Trust Cancer Lead, Sunderland
Norma Robinson, Colorectal Clinical Manager, University Hospital of North Tees
Susan Rodda, CNS Sunderland
Venkatesh Shanmugan, Lead Consultant, CDDFT
Chris Tasker, CRUK GP Lead
Nick Wadd, Oncologist, South Tees

JB
TB
WD
JG
DG
JH
TL
SL
DM
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JM
SM
GO
MR
NR
SR
VS
CT
NW

MINUTES

1. INTRODUCTION

1.1 Welcome and Apologies

PC welcomed all to the meeting, apologise as listed above.

1.2 Declaration of conflict Interest

No declarations of conflicts of interest were made.

1.3 Minutes of the previous meeting 16.05.17

Minutes agreed as a true and accurate record.

1.4 Matters arising

TS gave a further update regarding section 2.2 of the previous minutes with regards to treatment breaks.

Requests now need to go to a senior pharmacist. If there has been a break of more than 6 weeks but no progression then the pharmacist can agree.

2. AGENDA ITEMS

2.1 Stratified follow up

PC introduced the Stratified follow up proposal from the Living with and Beyond Cancer project provided by LH.

PC informed the group that Northumbria have already started working on this.

Group discussed various follow-up option, including:

- Patients referred back to GP;
- Long terms consequences of treatments;
- Understanding in primary care; and
- Providing comfort to cancer patients via follow-up.

KE requested the group to review the document and refer any comments to Laura.hope1@nhs.net

Document to be attached to the minutes for review.

Lead

Enc

Enc 1

Enc 2

All

CC

2.2 Capacity and future demand of endoscopy - update

PC and KE gave an update to the group on Capacity and future demand of endoscopy.

KE and CT are currently running parallel projects for endoscopy and radiology looking at future demand against current capacity, in order to forecast what resources will be required in the future.

A data collection exercise is currently being carried out with a report ready for next year.

SG commented on the difficulty of planning long term when they are currently outsourcing.

KE asked the group for feedback regarding patients transferring from other providers.

The group highlighted some issues and it was agreed that there are problems with patients coming from other providers e.g. cobalt. KE to follow up.

KE

2.3 Cancer Alliance Update

KE announced the Northern Cancer Alliance are now officially a 'trailblazer' due to the achievement of the 62 day wait. This may mean access to additional funding.

The Northern Cancer Alliance are expected to share best practice and continue to carry out the exceptional work achieved so far.

The CA support team are currently focusing on optimal pathways for lung, prostate, lower GI and inter-provider transfers for upper GI.

Vague symptoms – piloting in Sunderland and due to start in South Tees. May be additional funding – get in touch with KE if interested. Katie.elliott@nhs.net

Funding from NCA was discussed regarding the HE funding stream. KE to follow up and feedback.

KE

NCA Support team are currently looking into additional resources and training for Fit testing.

2.4 Transformation Bid update

KE provided an update to the meeting regarding the Cancer Alliance and Transformation funding has been

confirmed for 18/19. The funding is connected to the region's 62 day standard performance. NCA are to receive 100 percent for Q1 and Q2. The funding for Q3 and Q4 will be agreed in September.

AF attended the National Cancer Alliance meeting on Monday and received confirmation that there will be a role for the Cancer Alliance support team post March 2019. However, there was no confirmation regarding the transformation funding.

2.5 Colorectal Event - Beamish

KE thanked everyone who attended the Colorectal Event at Beamish.

The Colorectal pathways were looked at in detail at the event.

KE explained that the results from the Colorectal pathways benchmarking checklist have been merged into a spreadsheet. This spreadsheet is to be e-mailed to the trusts to show current performance against the checklist. The checklists have been anonymised.

CC

Working groups have been set up for MSI testing and Fit testing. Volunteers to contact Katieelliott@nhs.net

All

2.6 Faecal Immunochemical Test (Fit)

BB delivered a presentation to the group on the Northumbria qFIT Pilot.

The presentation covered the following areas:

- Why the test is needed
- Test thresholds
- Northumbria Colorectal Pathway
- Rates of Colonoscopy
- Screening for 50 year olds
- 2WW Referrals
- The Northumbria trail

BB stated that Northumbria are at the point of implementing.

Referrals and Colonoscopy's are increasing. Colonoscopy's has a miss rate.

The group discussed education of GP's and 2ww forms

with regards to 2nd Colonoscopy's. PC commented on GP buy in to the pilot and may be complicated as may only see bowel cancer patients every couple of weeks.

2ww patients – still recruiting to the pilot–anyone interested to e-mail Katieelliott@nhs.net

Kits are to be available to hand out in the GP Surgery to increase uptake.

An Evaluation registrar has been set up to collect the data from patients of fit testing to look at performance and the outcomes.

Vanguard trial – results may be available by this time next year.

2.7 Update of the regional T1 Cancer audit

FS updated the group on the current progress of the T1 Cancer audit.

The data shows 500 cases over last seven years regarding early rectal cancer.

They have received responses from 10 out of 11 hospitals so far.

PC requested the group to chase up data that hasn't already been submitted and forward to FS.

ALL

FS explained that this data will be followed up in one year to see what has happened with these patients.

PC suggested having a new audit project for each year–With the new audit project for next year to be decided at the Event in November.

Group to forward ideas to PC

ALL

Various trials were discussed:

Star Trek trial - Expressions of interest to Tim Simmons
Timothy.Simmons@nuth.nhs.uk

2.8 Clinical Guidelines

PC reminded the group that the Clinical Guidelines are due to be reviewed.

PC requested assistance from the group to review and update the guidelines.

<p>PC to e-mail the group regarding the clinical guidelines.</p> <p>Clinical Guidelines to include the following:</p> <ul style="list-style-type: none"> • Lynch guidance to be added (once agreed by Histopathology group) • Folfoxiri – protocol to be included guidelines. • Non-surgical management of bowel cancer to be agreed via email. 	<p>PC / CC</p>	
<p>2.9 Terms of reference The group reviewed the Terms of Reference.</p> <p>No comments were noted.</p> <p>Terms of reference to be e-mailed to the group for further comment.</p>		<p>Enc 3</p>
<p>2.10 Vice Chair PC reported Paul O’Loughlin has expressed an interest in the role of Vice Chair. PC to contact Paul O’Loughlin to confirm still interested in the role</p>	<p>CC</p> <p>PC</p>	
<p>3. STANDING ITEMS</p>		
<p>3.1 Audit</p>		
<p>None</p>		
<p>3.2 Clinical Governance Issues</p>		
<p>None</p>		
<p>3.3 Any other business</p>		
<ul style="list-style-type: none"> • Genomics – Paul Brennan 		
<p>PB delivered a presentation on Genomic Cancer Medicine and the imminent changes in the use of genomic technology for cancer diagnosis in England.</p>		
<p>The following areas were covered:</p>		
<ul style="list-style-type: none"> • Imminent changes • Current state • NHSE ambition • 100,000 Genomes Project • Genomics lab re-procurement • Funding • Lynch Guidelines 		
<p>The group discussed the use of formalin in operating theatres. - Newcastle – have reduced use of formalin.</p>		

The group discussed the Human tissues act amendment and consent from patients.

The group discussed the different funding streams for genetic testing.

Sue Green – raised the question regarding patient's life insurance and if genetic testing would affect this? PB clarified that having cancer affects life insurance regardless of the tests carried out.

PB informed the group that a version of the national test directory will be available in August for user testing.

PB expressed the Importance of ensuring patients are aware that DNA testing may be carried out.

PB currently meeting with all trusts prior to October. The trusts and alliances need to own this service.

PC suggested nominating a genomics link in the alliance.

Genomic medicine centres are being re-convened and this will hopefully involve funding for staff education and training on PPI.

PC requested cancer leads to go back to trusts – what are we doing? Trusts to feedback at next meeting re. progress

PC thanked PB on behalf of the group.

- **Expert Advisory Group Discussion Paper**

KE introduced the EAG discussion paper and requested feedback regarding the support from the NCA.

The group agreed the EAG are useful to cascade information.

Poor attendance at the group was discussed.

KE to send EAG discussion document to PC.

PC to send e-mail to group to determine reasons for non-attendance and receive suggestions to address non-attendance issues.

KE

PC

- **Trials - recruitment for add-aspirin- Tim Simmons**

TS

TS informed the group of the Oncologists meeting next month and will provide an update at the Audit meeting in November

- **Fit Modelling**

KE introduced the fit modelling data spreadsheet. The information has been sent to all trusts and shows the uptake of fit testing in the screening programme. Sensitivity to be set at 120.

3.9 Meeting dates

6 November 2018, 13.00- 16.00 Evolve Business Centre, Houghton Le Spring- Audit Event

4. MEETING CLOSE

Contact

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tel 01138250687