



Meeting: Colorectal Expert Advisory Group
Date: 14.06.2019
Time: 2.00 - 4.00pm
Venue: Evolve Business Centre, Houghton le Spring

Present:	Doug Aitken, Consultant, South Tees	DA
	Ben Carrick, North Cumbria University Hospital	BC
	Sarah Carroll, Colorectal CNS, South Tees	SC
	Fida Casans, Consultant General Surgeon	FC
	Peter Coyne, (Chair), Consultant Surgeon, Newcastle	PC
	Kelly Craggs, Cancer Lead Nurse, South Tyneside & Sunderland	KC
	Katie Elliott, Primary Care Clinical Director, NCA	KE
	Jean Gardner, Patient and Carer Representative, NCPGG	JG
	Sue Green, Colorectal Surgeon, CDDFT	SG
	Sanjay Harrison, Consultant, Darlington	SH
	Laura Hope, Programme Manager, NCA	LH
	Khizar Khan, Northumbria	KK
	Pam Lee, Public Health Consultant, NCA	PL
	Stephanie Needham, Pathologist, Newcastle	SN
	Liam O'Hare, Colorectal Consultant, CDDFT	LOH
	Paul O'Loughlin, Consultant Surgeon, Gateshead	POL
	Claire Pounder, Macmillan Colorectal CNS, Gateshead	CP
	Tracey Pugh, Colorectal CSN, South Tees	TP
	Leanne Rowell, Project Coordinator, South Tyneside & Sunderland	LR
	James Royle, Consultant Surgeon, South Tyneside & Sunderland	JR
	Ruth Scott, Macmillan Colorectal Nurse, Gateshead	RS
	Daya Singh, Consultant Surgeon, South Tyneside & Sunderland	DS
	Chris Tasker, CRUK GP Lead	CT
	Darren Vernon, Consultant, South Tees	DV
	Jon Winn, Patient & Carer Representative,	JW
In Attendance	Laura Lund, Business Support Assistant, NCA	LL
Apologies:	Rob Holmes, Consultant Radiologist, Newcastle	RH
	Sarah Mills, Consultant Surgeon, Northumbria Healthcare Trust	SM
	Norma Robinson, Colorectal Clinical Manager, North Tees	NR
	Susan Rodda, CNS, South Tyneside & Sunderland	SR
	Lorna Shepherd, CNS North Tees and Hartlepool	LS
	Timothy Simmons, Newcastle	TS
	Gillian Smith, CNS, Cumbria	GS

MINUTES

	Lead	Enc
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 at the meeting.

1.3 Minutes of the previous meeting 19.06.18

Minutes agreed as a true and accurate record.

1.4 Matters arising

Nothing to discuss.

2. AGENDA ITEMS

2.1 Faecal Immunochemical Test (FiT)

KE gave a presentation to the group on Colorectal Assessment Pathway and FiT Update, this will be forwarded to the group for information. KE also showed examples of the difference in the kits for the symptomatic test (pale blue top) and screening (pale green top)

The National Bowel Screening program has changed over to FIT test and is live from 10.6.19.

There should be more information from national studies within the next 12/18 months about using FIT in the 2WW group. The issue is what will be the false negative rate in this group and how can that be mitigated.

A/P Copy of the presentation and report will be forwarded to the group with the minutes for information.

2.2 Colorectal Pathway

Discussed during 2.1, part of the presentation given by KE to the group.

The 28-day part of the optimal colorectal pathway was also discussed and will be one of the priorities for the colorectal pathway board.

Discussion took place within the meeting about ending the pathway, moving across pathways, how communication is given to patients and how this is recorded on the system, agreed by all that communication to the patient should be accessible and easy for them to understand.

2.3 Cancer Alliance Update

KE gave an update to the group on behalf of the Cancer Alliance:

Funding – this has now been approved is available to start the work plan. There are challenges for the core team because of the NHSE/I reorganisation; this means it is not

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possible to recruit to the core team. The work will have to start with the current small team.

There has been a top slice of the core funding for the Rapid Diagnostic Centre work. The Alliance host the funding for the Lung Health Check Program.

Following discussion with the cancer exec teams in trusts and the leadership group, there is a move to change the EAGs for 5 key workstreams to Tumour Boards.

Tumour Boards will include key clinical and operational members from trusts in addition to commissioners and primary care and will build on the pathway work that has already been started and will have separate terms of reference and tasks to EAG's.

There will be 5 Tumour Boards initially:

- Urology
- Colorectal
- Upper GI
- Breast
- Lung

Other workstreams being considered are Gynae Oncology and Head and Neck. Adverts for Clinical Leads have been sent out, expressions of interest for the positions are being received and reviewed. Members of the boards will cascade information back to their trusts.

2.4 Endoscopy capacity – Presentation & Report

CT presented a review of Endoscopy provision in the NCA to the group. The report was forward to the group prior to the meeting for information and discussion. The report contains 10 recommendations for trusts and CCG's to consider. Please contact Dr Chris Tasker via email with any queries: chris.tasker@nhs.net

A/P Copy of the presentation and report will be forwarded to the group with the minutes for information.

2.5 Health Inequalities in Colorectal Cancer Presentation

PL gave a presentation highlighting inequalities across our region and how social and lifestyle factors have an impact with individual lifestyles.

There is an education need for all and where a problem can't be solved there is the possibility of being a promoter

**Enc 2
& 3**

and influence inequalities. There is also the possibility of using locality work plans.

All workstreams are to look at tackling inequalities as well as public involvement.

PC/KE advised there is a need to look at working practices/links between primary and secondary care, looking at what is accessible. If anyone has an interest, they should link with their CCG lead within their area.

The Alliance is to provide locality data packs which is hoped will be helpful in each area and examples of good practice to be shared.

A/P Copy of the presentation will be forwarded to the group with the minutes for information.

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2.6 Audit Project

FC presented data to the group on Complete Biological Response to Neoadjuvant Therapy in Rectal Cancer: A Local Review.

Need to look across the region to see how many are responding, protocols of the different trusts, are we all doing the same.

FC asked for volunteers to supply data for the audit, relevant forms will be forwarded to be completed, time period 3 years (01.01.2016 – 31.12.2018), this to be done over the next 3 months and data returned to be analysed/collated to FC.

FC agreed to give a more in-depth presentation to the group at the audit meeting in December, will have more information to give to the group then.

A/P Data Presentation to be forwarded to the group with the minutes for information.

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2.7 Clinical Guidelines – to be endorsed and finalised

Copy of Guidelines forward to group prior to the meeting, to be endorsed and uploaded on to the Cancer Alliance Website, the group will be notified once this has been completed.

The group agreed that the guidelines were out of date and needed to be updated. It was agreed within the meeting that sections would be looked at by individuals and updated as

necessary and then returned to LL and Su Young at the Northern Cancer Alliance, PC will send an email out detailing sections and who is leading on them. Turn around for this needs to be swift.

NCA would like to upload endorsed guidelines to the website by the end of June 2019, previous guidelines have now been removed from the website.

A/P PC to email EAG about this to ensure the guidelines are updated.

PC

New draft NICE Guidance have been released can be found via the link below:

<https://www.nice.org.uk/guidance/conditions-and-diseases/cancer/colorectal-cancer/products?ProductType=Guidance&Status=Published>

2.8 Vice Chair

PC confirmed with POL his interest in the role of Vice Chair for the Colorectal EAG. There were no objections noted.

A/P Website to be updated with Vice Chair's information

LL

2.9 Stratified Follow Up Process – to be signed off

LH and PC met to discuss the stratified process previously circulated to the group for information. They are included within the Clinical Guidelines under section Stratified Follow Up - Clinical Review and Surveillance, PC gave the group some back ground information about stratified follow up.

CT suggested to the group that because of governance issues there needs to be a robust system for follow up, i.e. referring patients back in to Primary Care; as a group there needs to be a safe consensus for patients and accessibility for GP's.

There is a requirement for a regional protocol - NHS England will be auditing this. Stratified follow up needs to be implemented 1st April 2020. The group should

- look at how this can be done safely
- make sure patients receive a treatment summary
- determine what is happening with them and what to look for in the future
- make sure GP receives a copy of the letter so can be put on to their file

- make sure patients are not just discharged and left to their own devices but know that support is there if needed

The group suggested the possibly of looking at other models around the country to see what others are doing and how this may differ from what is happening in the North East and Cumbria.

PC to email group to look for volunteers for a working party group to implement this to look at including:

- Inclusion Criteria
- Being robust with CCG's

PC

3. STANDING ITEMS

3.1 Audit

Discussed during the meeting; information to be forwarded to PC for items to be included in the agenda for the audit event on 12th December 2019.

3.2 Clinical Governance Issues

No clinical governance issues were raised.

3.3 Any other business

Nothing to discuss

3.4 Meeting dates

12 December 2019,13.00- 16.00 Evolve Business Centre - Audit Event

4. MEETING CLOSE

Contact

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