



**South West Strategic Clinical Network (SWSCN)
Somerset, Wiltshire, Avon & Gloucester (SWAG) Cancer Services**

**Colorectal Site Specific Group (SSG)
Wednesday 24th September 2014
South West House, Blackbrook Park Avenue, Taunton, TA1 2PX**

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Notes

(to be agreed at the next colorectal SSG meeting)

Actions

1. Welcome and Apologies

See Appendix 1 for attendees and apologies

2. Introducing the new SSG

The new SSG Support Manager, Helen Dunderdale (HD), and SSG Support Administrator, Samantha Larsen, are now in post. Their posts will be funded for one year by the South West Strategic Clinical Network. Funding for the posts after this year will be provided by the acute Trusts, with the cost of the SSG service divided based on Trust size (calculated from numbers of cancer treatments), plus the number of SSGs within the region in which each Trust would be participating. This has been agreed by all Trusts.

3. Terms of reference

- Gloucestershire clinicians to be invited to join the group HD
- Biannual meetings to be held in South West House Agreed
- To consider a venue further North once a year if Gloucestershire clinicians attend Agreed
- The SSG content will focus on education, audit, research and patient outcomes Agreed

4. Chairmanship

As previously indicated, Nader Francis stepped down as Chair and, following discussion with those present (all Trusts in attendance), Mike Williamson (MW) agreed to take up the position and was supported by the whole group. The role will be reviewed in 2 years. Agreed

Ann Lyons (AL) will act as the Deputy Chair and support MW. The role will also be reviewed in 2 years. Agreed

5. Peer Review documentation and requirements

Network Peer Review measures are currently being re-evaluated and may well become less intensive: to be discussed at the next SSG meeting. Self-assessment is to continue as best practice. HD



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There will continue to be a need for the agreement of clinical guidelines across the network. This could be covered by noting agreement to adopt nationally published guidelines (National Institute for Health and Care Excellence guidelines (NICE) as example) although it does need to cover all elements of the pathway. It was agreed that the current network guidelines (as attached) would be fit for purpose after review and updating. It was agreed MW would review in the first instance and allocate elements to relevant members of the group. MW

Members of the SSG noted there had been non-compliance in some areas following the recent round of peer review assessment; currently there was no overarching report which pulls together a position statement for the SSG, highlighting the areas of concern. Teresa Coombes (TC) agreed to do this for the group. TC

There was a general discussion about the importance of joined up working across the South West for the colorectal services.

6. Colorectal pathway project (see attached presentation)

Jonathan Miller (JM) presented the strategy for a colorectal pathway project that could potentially reform the primary care referral system.

The key points for the purpose of this review were:

- Clinical risk from diagnostic testing means that there is a patient population who require a more formal discussion before referral
- The current Hamilton scoring system for referral criteria is very complicated and needs to be reviewed
- The pressures on General Practitioners (GP) to over refer via the 2 week wait referral rather than routinely have increased and will continue to do so, creating a difference in the weighting of these clinics
- There is no evidence that the two week wait referrals have better patient outcomes than the routine referrals
- There is no web-based advice guidance service established

Project manager Mark Rawles (MR) has been employed to look into all the issues concerning the patient referral pathways to see how things might be changed for the better. Mark will be visiting the teams to discuss this in the near future. MR

It was also noted that NICE were due to publish updated 2 week wait guidelines in May 2015, with the draft expected to be published in November 2014 for consultation.

There is a current primary care research project called CANDID, which is looking at predictive values of symptoms for colorectal and lung cancer patients. This aims to inform the development of clinical prediction rules and so, in turn, this may advise the pathway project. Further details of CANDID will be brought back to the group. MT

A GP is to be identified and invited to join the group for primary care input. JM



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7. Research update (see attached presentation)

The Clinical Research Networks (CRN) now align with the Academic Health Science Networks. This does not exactly match the old Avon, Somerset and Wiltshire SSG. However, the Cancer Research Delivery Managers in both regions, Maxine Taylor (MT) for the West of England CRN, and Wendy Cook (WC) for the South West Peninsula CRN, will continue to support the meeting by providing the data for all Trusts. The West of England Network now consists of Gloucestershire, Swindon, Bristol, Bath and Weston. Taunton and Yeovil are in South West Peninsula CRN. There was a need to ensure that the SSG reports reflected the geographical makeup of the group. It was noted elements of MPH and YDH were missing this time around and will be corrected for next meeting.

A research speciality lead is required for each cancer site. It was suggested that this could be the same research member of the SSG. The Chair confirmed that nominations for a research lead should be received in time for the next meeting.

MW

A full list of all the trials on the portfolio is to be brought to each SSG meeting

MT / WC

A list of potential new trials for discussion will be added to the agenda for every SSG.

MT / WC

8. Agreeing an audit programme for the SSG

The audit concerning post op closure of anus was completed by three of the six Trusts. A shortage of staff time was identified as the common reason for the incomplete data collection. It was suggested that the audits chosen should utilise datasets that were already available.

- Audit Lead: Ann Lyons
- Suggestions for topics
 - National patient survey. To bring results and actions to next meetings
 - Multi-Disciplinary Team (MDT) function: to use the MDT fit programme. It was suggested that other hospitals / specialities should audit other MDTs for an impartial assessment. Ten functions looking at the dynamics of the meeting will be identified with the aim of developing lessons learned, and recommendations for best practice. The data will be shared between all of the Trusts and not published separately.

AL/MW

9. User Involvement

- Update from user representative Rowland Hackett (RH)

The future of the Somerset, Wiltshire, Avon and Gloucestershire (SWAG) user involvement group is currently unclear as the chair and vice are standing down with no

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replacement. In making a comparison with Peninsula user involvement group, it was noted that the Peninsula group was more embedded within the Trusts, which seemed beneficial to the existing format of the SWAG group. There is a SWAG meeting on 25/09/2014, from which feedback will be brought back to the group. HD

There is a need for a different focus on the patient survey actions, whereby the actions are not just about improving the red outcomes, but should also focus on improving the amber outcomes.

A lot of work has gone into creating a user representative section for the SWSCN website, but this has not yet been published. It was highlighted that an area on the SWSCN website was going to be developed for each SSG, and Helen Dunderdale will obtain and incorporate work completed by Rowland Hackett onto this site. HD

It was discussed that the patient and public involvement element of the SSG is currently under utilised, and that ideally user representatives should be recruited from each Trust. It was recommended that relevant support groups should be approached to help achieve this. HD

10. Learning from the national patient survey

To bring back to the next SSG as the data has not yet been released

11. Colorectal performance model

The Colorectal Performance Framework (CRC PF) was presented by James Foulger (JF). This is an Excel based interactive tool using the latest public datasets to allow understanding of the performance of the management of colorectal services at local health economy (LHE) level, at Specialist Commissioner, Area Team, Provider (Hpb, mCRC & CRC) and CCG levels, and compares it against peer organisations with their ranking across England.

The aim/purpose of the CRC PF is to provide a platform for the analysis of outcomes and resource use in Colorectal Cancers. It supports key stakeholders to focus on the bigger picture of patient outcomes and pathway costs. The CRC PF provides a platform to demonstrate the value that appropriate service re-development might offer the wider LHE, supporting decision-making in relation to improvements in the overall care pathway.

It was noted that this was not comparing Trusts that were like for like. JF will investigate whether this can be done and bring the results back to the group. JF

12. Data collection and outcomes

The inability to amend erroneous historical data in the National Bowel Cancer Audit Programme (NBoCAP) audit was discussed and, subsequently, types of surgery were not allocated correctly. RUH Bath's data was excellent due to the data management support that they had had until recently.



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It was suggested that NBoCAP be invited to talk to the group at some point in the future, although TC noted she had tried this on a number of occasions and the offer had been declined.

13. Next meeting date: 22nd April 2015

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Mike Williamson	Consultant Colorectal Surgeon	Royal United Hospital Bath NHS Foundation Trust (RUH)	Yes
Nicola Forsyth	Colorectal Cancer Nurse Specialist	Taunton and Somerset NHS Foundation Trust (TST)	Yes
Robert Longman	Consultant Colorectal Surgeon	University Hospitals Bristol NHS Foundation Trust (UH Bristol)	Yes
Rowland Hackett	User Representative		Yes
Samantha Larsen	SSG Support Administrator	South West Strategic Clinical Network (SWSCN)	Yes
Sarah John	Colorectal Specialist Nurse	North Bristol NHS Trust (NBT)	Yes
Teresa Coombes	Cancer Manager	Yeovil District Hospital NHS Foundation Trust (YDH)	Yes
Allison Rossiter	Colorectal Specialist Nurse	Royal United Hospital Bath NHS Foundation Trust (RUH)	Apologies
Cenydd Thomas	Consultant Radiologist	Yeovil District Hospital NHS Foundation Trust (YDH)	Apologies
Emma De Winton	Consultant Clinical Oncologist	Royal United Hospital Bath NHS Foundation Trust (RUH)	Apologies
Gail Kemp	MDT and Cancer Performance Manager	North Bristol NHS Trust (NBT)	Apologies
Geoff Loydon	User Representative		Apologies
Karin Denton	Central Director	Quality Assurance Reference Centre	Apologies
Lorraine Young	Colorectal Cancer Nurse Specialist	Royal United Hospital Bath NHS Foundation Trust (RUH)	Apologies
Louise Groth	Acting QA Manager	Public Health England	Apologies
Newton Wong	Consultant Histopathologist	University Hospitals Bristol NHS Foundation Trust (UHB)	Apologies
Siobhan John	Colorectal Cancer Nurse Specialist	University Hospitals Bristol NHS Foundation Trust (UHB)	Apologies
Tom Edwards	Consultant Colorectal Surgeon	Taunton and Somerset NHS Foundation Trust (TST)	Apologies
Andrew Allison	Consultant Colorectal & General Surgeon	Yeovil District Hospital NHS Foundation Trust (YDH)	
Andrew Heryet	Laboratory Manager Cellular Pathology	North Bristol NHS Trust (NBT)	
Ann Windsor	Colorectal Cancer Nurse Specialist	Royal United Hospital Bath NHS Foundation Trust (RUH)	
Annie Reilly	Colorectal Cancer Specialist Nurse	North Bristol NHS Trust (NBT)	
Anthony Dixon	Consultant Colorectal Surgeon	North Bristol NHS Trust (NBT)	
Belinda Ockrim	Lead Nurse for Cancer	Yeovil District Hospital NHS	



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		Foundation Trust (YDH)	
Clare Maggs	Colorectal MDT Coordinator	University Hospitals Bristol NHS Foundation Trust (UHB)	
Duncan Robertson			
Ed Sheffield	Consultant Histopathologist	Weston Area Health NHS Trust (WAHT)	
Emma Cattell	Consultant Palliative Care	Taunton and Somerset NHS Foundation Trust (TST)	
Emma de Winton	Consultant Clinical Oncologist	Royal United Hospital Bath NHS Foundation Trust (RUH)	
Ian Pope	Consultant Hepato-pancreatico-biliary Surgeon	University Hospitals Bristol NHS Foundation Trust (UHB)	
Jake Foster	Clinical Research Fellow	Yeovil District Hospital NHS Foundation Trust (YDH)	
Jennifer Williams	Lead Specialist Screening Practitioner	Taunton and Somerset NHS Foundation Trust (TST)	
Jim Virjee	Consultant Radiologist	University Hospitals Bristol NHS Foundation Trust (UHB)	
John Geraghty	Diagnostic Consultant	Taunton and Somerset NHS Foundation Trust (TST)	
Jonathan Ockrim	Consultant Colorectal Surgeon	Yeovil District Hospital NHS Foundation Trust (YDH)	
Judith Harvey	MDT Coordinator	Weston Area Health NHS Trust (WAHT)	
Kandaswamy Krishna	Consultant Colorectal Surgeon	Weston Area Health NHS Trust (WAHT)	
Louise Medley	Consultant Medical Oncologist	Royal United Hospitals Bath NHS Foundation Trust (RUH)	
Meg Finch-Jones	Consultant Hepato-pancreatico-biliary Surgeon	University Hospitals Bristol NHS Foundation Trust (UH Bristol)	
Mia Card	Colorectal Cancer Nurse Specialist	University Hospitals Bristol NHS Foundation Trust (UH Bristol)	
Michael Thomas	Consultant Colorectal Surgeon	University Hospitals Bristol NHS Foundation Trust (UH Bristol)	
Nathan Brasington	MDT Team Leader & Data Manager	Taunton and Somerset NHS Foundation Trust (TST)	
Nicholas Rooney	Consultant Histopathologist	North Bristol NHS Trust (NBT)	
Paul Mackey	Consultant Colorectal Surgeon	Taunton and Somerset NHS Foundation Trust (TST)	
Paul Sylvester	Consultant Colorectal Surgeon	University Hospitals Bristol NHS Foundation Trust (UH Bristol)	
R Goble			
Reuben West	Consultant Colorectal Surgeon	Weston Area Health NHS Trust	



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		(WAHT)	
Ruth Smith	PA/Medical Secretary - Radiology	University Hospitals Bristol NHS Foundation Trust (UH Bristol)	
Stephen Falk	Consultant Clinical Oncologist	University Hospitals Bristol NHS Foundation Trust(UHB)	
Tricia O'Sullivan	Colorectal Cancer Nurse Specialist	Weston Area Health NHS Trust (WAHT)	

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