



*South West Strategic Clinical Network
Somerset, Wiltshire, Avon and Gloucestershire (SWAG) Cancer Services*

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Colorectal Cancer Network Site Specific Group

Annual Report

2015

*South West Strategic Clinical Network
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This Annual Report has been agreed by:

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Krishna Kandaswamy	Consultant Colorectal Surgeon	WAHT Area Health NHS Trust	
Ann Lyons	Consultant Colorectal Surgeon	North Bristol NHS Trust	
Neil Borley	Consultant Colorectal Surgeon	Gloucestershire Hospitals NHS Foundation Trust	

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1. Overview, achievements and challenges

1.1 Overview of report

This report reflects the period of activity for the NSSG from 1st January 2015 to 31st December 2015. It contains a summary of the activity of the Colorectal NSSG for this period measured against several key performance indicators that have been outlined in the National Cancer Peer Review Programme. The report should be reviewed alongside three other key documents for the NSSG: the Constitution, Clinical Guidelines and the Work Programme. The Colorectal NSSG Constitution provides an overview of how the NSSG operates, outlining the general working processes of the NSSG, the patient referral pathways and the guidelines to which the NSSG adheres. The Clinical Guidelines outline the diagnostic and treatment processes agreed by the network group. The Work Programme summarises the key areas for growth, development and improvement of the NSSG over the next financial year (and beyond where appropriate). All four documents should be reviewed together to give a full overview of the NSSG, its performance and its future plans.

1.2 Overview of service

The Colorectal site-specific group aims to oversee, support and bring together the viewpoints of all the multi-disciplinary teams working within colorectal cancer services across the Network. The group also aims to ensure the same standard of care and treatment with this type of cancer across the Network. The NSSG works to ensure implementation of NICE guidelines for investigation and treatment of colorectal cancers and to provide guidelines for supportive care. It supports a programme of education on key developments in the field of colorectal cancer. It also aims to continue and expand the clinical trials programmes available within individual trusts.

1.3 Achievements and key service improvements over the past 12 months

The following are noted as key achievements and service improvements of the Colorectal NSSG over the past 12 months (during 2015):

- The NSSG has undergone reconfiguration in line with the national cancer clinical networks, inviting Gloucester and Cheltenham NHS Trust to collaborate should they find it of benefit
- The NSSG has updated the previous network clinical guidelines
- The NSSG has updated the previous network constitution

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- The NSSG has appointed a patient representative
- The NSSG has agreed a clinical audit
- The NSSG has produced a protocol for the genetic testing of specimens in patients under 50 years of age
- The NSSG has provided input and comments with regards to development of the new South West two week wait GP referral proformas.

1.4 Challenges for the NSSG

The key challenges for the Colorectal NSSG moving forward are highlighted below:

- Ensuring that all Trusts in the Network regularly contribute to the educational and audit programmes
- Continuing to expand and support the clinical trials programme
- Improving diagnostic capacity to meet increased demands caused by the new NICE 2WW guidelines
- Streamlining patient pathways to improve the patient experience
- Streamlining data collection for National mandatory audits
- Re-stratification of patient follow up
- Incorporating the requirements of the Genomic Medicine Centre into practice.

2. The NSSG Meeting and Membership (measure 14-1C-104/105d)

2.1 Chair of the NSSG

Mr Mike Williamson has been the Chair of the Colorectal NSSG since 2015. A list of responsibilities for the NSSG, for the Chair, and for other members of the NSSG, plus the NSSG terms of reference, can be found in the paper *Recurrent Arrangements for Cancer Network Clinical Groups and Responsibilities for Peer Review*, as proposed by the South West Strategic Clinical Network (SWSCN) Cancer Network Manager, Jonathan Miller (14th July 2014):

<http://www.swscn.org.uk/wp/wp-content/uploads/2014/08/Cancer-Network-Clinical-Groups-Recurrent-Arrangements-v5-Final.pdf>

The NSSG meetings are also conducted in line with the Manual for Cancer Services, Colorectal Measures, [Version 1.0](#).

2.2 Network Group Membership

The Colorectal NSSG is held approximately every six months. In 2015, meetings were held on the 22nd April 2015 and the 14th October 2015.

2.3 Attendance Spreadsheet

The table below shows the core members of the NSSG and their attendance.

All participants at MDTs are welcome to attend the NSSG meetings.

Table 1.0 Colorectal NSSG core members and attendance 2015.

Trust	Name	Position	22nd April 2015	14th October 2015
YDH	Andrew Allison	Consultant Colorectal Surgeon		√
NBT	Ann Lyons	Consultant Colorectal Surgeon	√	
NBT	Anthony Dixon	Consultant Colorectal Surgeon		
WAHT	Donatella Barbara	Consultant Colorectal Surgeon	√	
YDH	Jonathan Ockrim	Consultant Colorectal Surgeon	√	√
WAHT	Kandaswamy Krishna	Consultant Colorectal Surgeon	√	√
TST	Louise Hunt	Consultant Colorectal Surgeon	√	√
UH Bristol	Michael Thomas	Consultant Colorectal Surgeon		√
RUH	Mike Williamson	Consultant Colorectal Surgeon	√	√
YDH	Nader Francis	Consultant Colorectal Surgeon		
Glos	Neil Borley	Consultant Colorectal Surgeon	√	
WAHT	Nitya Chandratreya	Consultant Colorectal Surgeon		
TST	Paul Mackey	Consultant Colorectal Surgeon	√	
WAHT	Reuben West	Consultant Colorectal Surgeon		
UH Bristol	Robert Longman	Consultant Colorectal Surgeon		
UH Bristol	Meg Finch-Jones	Consultant Hepato-pancreatico-biliary Surgeon		
UH Bristol	Tim Batchelor	Consultant Thoracic Surgeon		
UH Bristol	Alan Donaldson	Consultant Geneticist	√	
RUH	Ashley Cox	Consultant Clinical Oncologist		√
UH Bristol	Axel Walther	Consultant Clinical Oncologist	√	
RUH	Emma de Winton	Consultant Clinical Oncologist		
TST	Emma Gray	Consultant Clinical Oncologist		
TST			√	√

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	Erica Beaumont	Consultant Clinical Oncologist		
UH Bristol	Stephen Falk	Consultant Clinical Oncologist		
TST	Clare Barlow	Consultant Medical Oncologist	√	
YDH	Matthew Sephton	Consultant Medical Oncologist		√
RUH	Sharath Gangadhara	Consultant Medical Oncologist		√
WAHT	Ed Sheffield	Consultant Histopathologist		
YDH	Edwin Cooper	Consultant Histopathologist		√
RUH	Leigh Biddlestone	Consultant Histopathologist	√	√
UH Bristol	Newton Wong	Consultant Histopathologist		
NBT	Nicholas Rooney	Consultant Histopathologist		
NBT	Adrian Pollentine	Consultant Radiologist		
YDH	Cenydd Thomas	Consultant Radiologist		
UH Bristol	David Wilson	Consultant Radiologist		
TST	Elizabeth Ladd	Consultant Radiologist		
NBT	Eric Loveday	Consultant Radiologist		√
TST	Kajendran Balasubramaniam	Consultant Radiologist		
NBT	Andrew Heryet	Laboratory Manager Cellular Pathology		
YDH	Claire Norman	Specialist Screening Practitioner		
YDH	Gill Shire	Bowel Screening Practitioner		
TST	Anna-Lisa Saunders	Colorectal Cancer Clinical Nurse Specialist		
WAHT	Annie Muldoon	Colorectal Cancer Clinical Nurse Specialist	√	
NBT	Annie Reilly	Colorectal Cancer Clinical Nurse Specialist		√
NBT	Catherine Rees-Jones	Colorectal Cancer Clinical Nurse Specialist		
NBT	Clodagh Hershbein	Colorectal Cancer Clinical Nurse Specialist		
GLOS	Emma Mitchell	Colorectal Cancer Clinical Nurse Specialist	√	
YDH	Jo-Ann Oliver	Colorectal Cancer Clinical Nurse Specialist		
YDH		Colorectal Cancer Clinical Nurse Specialist		

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	Joanna Jones			
YDH	Julie Burton	Colorectal Cancer Clinical Nurse Specialist	√	
WAHT	Lisa Macklin	Colorectal/stoma Clinical Nurse Specialist		
RUH	Lorraine Young	Colorectal Cancer Clinical Nurse Specialist		
RUH	Louisa Serle	Colorectal Cancer Clinical Nurse Specialist		
TST	Maria Salter	Colorectal Cancer Clinical Nurse Specialist	√	
UH Bristol	Mia Card	Colorectal Cancer Clinical Nurse Specialist	√	
Glos	Michele Silvant	Colorectal Cancer Clinical Nurse Specialist		√
TST	Nicola Forsyth	Colorectal Cancer Clinical Nurse Specialist	√	
UH Bristol	Sam Dixon	Colorectal Cancer Clinical Nurse Specialist	√	
NBT	Sarah John	Colorectal Cancer Clinical Nurse Specialist	√	√
RUH	Siobhan John	Colorectal Cancer Clinical Nurse Specialist		
YDH	Tina Maddams	Colorectal Cancer Clinical Nurse Specialist		√
WAHT	Tricia O'Sullivan	Colorectal Cancer Clinical Nurse Specialist		√
WAHT	Sue Robertson	Cancer Support Worker		√
	Rowland Hackett	User Representative	√	√
TST	Caroline Fitzavon	Colorectal MDT Coordinator		
UH Bristol	Clare Maggs	Colorectal MDT Coordinator		
WAHT	Jolanda Bennett	Colorectal MDT Coordinator		
Public Health England	Karin Denton	Centre Director for SW Quality Assurance		
SWSCN	Mark Rawles	Cancer Network Project Manager	√	√
Administration	Helen Dunderdale	Cancer Network SSG Support Manager	√	√
Administration	Samantha Larsen	Cancer Network SSG Support Administrator	√	√

2.4 Extended Members of the NSSG

The table below notes the extended membership of the NSSG during 2015 and their attendance at the meetings.

Table 1.1 Extended NSSG members and guests attendance 2015.

Name	Role	22 nd April 2015	14 th October 2015
Maxine Taylor	Senior Research Delivery Manager	√	
Rosie Edgerley	Cancer Manager	√	
Teresa Coombes	Cancer Manager	√	
Catherine Neck	Macmillan AHP and Survivorship Lead	√	
Amelia Randle	Macmillan General Practitioner		√
Diana Tait	Consultant Clinical Oncologist		√
Mike Osborn	Consultant Psychologist		√

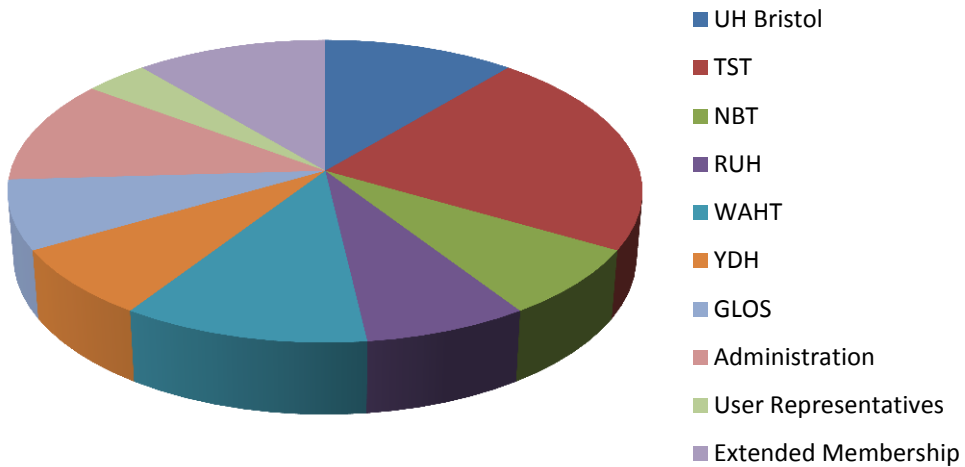
2.5 NSSG Quoracy

The NSSG meetings held on the 22nd April 2015 and the 14th October 2015 had attendees from each Trust within the region. An imaging specialist was not available to attend the April meeting. The information from each meeting was distributed and the opportunity to participate in the discussion after the meeting was given to all of the core members.

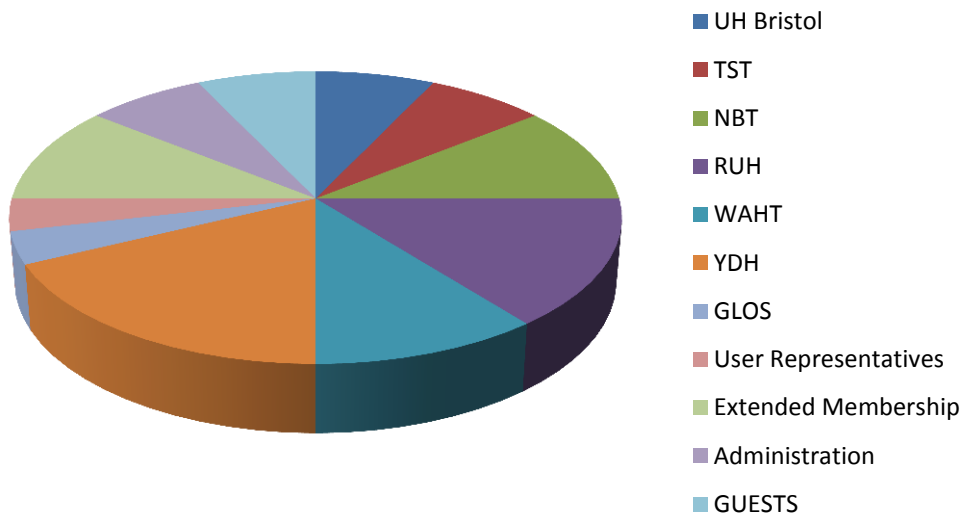
Table 1.2 Attendances by Trust

TRUSTS/OTHER	22/04/2015	14/10/2015
UH Bristol	3	2
TST	6	2
NBT	2	3
RUH	2	4
WAHT	3	3
YDH	2	5
GLOS	2	1
User Representatives	1	1
Extended Membership	3	3
Administration	3	2
GUESTS	0	2
TOTAL	27	28

Colorectal SSG Attendance 22/04/2015



Colorectal Attendance 14/10/2015



3. Service Development (measure 14-1C-106d)

3.1 Implementation of the National Cancer Survivorship Initiative

The Colorectal NSSG has agreed to conduct a review of patient follow up systems in line with the practices recommended by the National Cancer Survivorship Initiative. Due to the ever increasing population of patients living with and beyond cancer, the current follow up systems are not sustainable, therefore new follow up methods need to be established to provide the support that patients require to lead as 'healthy and active a life as possible, for as long as possible'¹. The Colorectal NSSG will work to ensure that all patients have access to the recommended *Recovery Package*. The *Recovery Package* consists of holistic needs assessments, treatment summaries and patient education and support events. The Colorectal NSSG will also develop risk stratified pathways of post treatment management, promote physical activity and seek to improve management of the consequences of treatment.

3.2 The service development function of the NSSG meeting

The NSSG meeting will have an educational function, review major service developments on a regular basis, and escalate operational issues to the Cancer Operational Group and funding issues to the Clinical Commissioning Groups.

4. Chemotherapy Treatment Algorithms (measure 14-1C-109d)

An agreed list of acceptable chemotherapy treatment algorithms is reviewed bi-annually and is available to view on the SWSCN website [here](#).

Any treatment algorithms that require updating are to be listed in the NSSG work programme.

5. Patient Experience and Feedback (measure 14-1C-115d)

5.1 User involvement

The NSSG has a user representative member who is invited to contribute opinions about the Colorectal service at the NSSG meetings.

The NHS employed member of the NSSG nominated as having specific responsibility for users' issues, and information for patients and carers, is the Cancer Network NSSG Support Manager. The NSSG actively seeks to recruit further user representatives.

5.2 Feedback from the National Cancer Patient Experience Survey

The results from the National Cancer Patient Experience Survey are included as a recurring agenda item at the NSSG meetings. The results are examined by looking at Trust level best practice to be

¹ <http://www.ncsi.org.uk/>

shared, Trust / network level priorities identified for pathway improvements, and the actions required to address identified priorities. The results from the 2015 analysis are within the notes on the SWSCN website [here](#).

6. Clinical Outcome Indicators and Audits (measure 14-1C-116d)

The NSSG aims to regularly review the data from each MDT's clinical outcomes, quality indicators and audits. At least one network audit will be performed each year. The results of this are presented at the NSSG meetings and distributed electronically to the group.

6.1 The network audit for 2015

A network wide observational audit of whether MDT decisions are followed through in reality was proposed by looking at prospectively recorded data. As concern was raised about the resources required to conduct it, a network audit was not achieved in 2015. A gap in the provision of administrative support for conducting network audits was identified in this inaugural year of the SWAG NSSG Support Service. This will be addressed by incorporating audit related responsibilities in to the service specification.

6.2 The network audit for 2016

A simplified version of the observational audit of MDT decisions will be conducted, which would involve discussion of sample cases by each MDT within the region to compare decision making.

6.3 Clinical quality indicators

The results of the 90 day mortality figures from the National Bowel Cancer audit by Trust are discussed within each SSG meeting, so that appropriate support can be provided if a Centre becomes an outlier. None of the Trusts within the region were outliers following comparison with Trusts in other areas, but the percentage mortality figure reported for Taunton was considered inaccurate. Corrected data had been submitted to NBOCAP, which would have lowered this percentage, but it would only be changed in the report if a Trust was identified as an outlier. A representative from NBOCAP has been invited to attend the next SSG meeting to discuss the new audit platform.

7. Clinical Trials and Research Activity (measure 14-1C-117d)

7.1 Discussion of clinical trials

Members of the NSSG discuss each MDT's report on clinical research trials within every NSSG meeting. A list of open trials on the Colorectal NIHR portfolio, and any potential new trials, is supplied for each NSSG meeting by the West of England Clinical Research Network (CRN) Cancer Research Delivery Manager.

Due to the CRN's mapping with the Academic Health Science Networks, Taunton and Yeovil are in South West Peninsula CRN. The Cancer Research Delivery Manager from the Peninsula CRN will provide the NSSG with the data for these Trusts. Potential new trials to open and actions to improve recruitment will be documented in the NSSG work programme. The NHS staff member nominated as the research lead for the NSSG is Dr Stephen Falk.

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Dr Diana Tait, Chief Investigator of the Deferral of Surgery study for rectal cancer, gave an in-depth presentation on the progress of the study at the October 2015 meeting, and will be invited back to a further meeting when the final results of the study are available.

7.2 Recruitment Action Plan

The trials available in each Trust will be updated on the South West Strategic Clinical Network website at regular intervals so that NSSG members can ensure, wherever possible, that clinical research trials are accessible to all eligible colorectal cancer patients.

NSSG members can view potential clinical trials to set up via the following link:

<http://csg.ncri.org.uk/portfolio-maps/>

7.3 Current Clinical Trials Activity

A summary of the clinical trial recruitment into National Institute of Health Research trials during 2015 can be found on the SWSCN website [here](#).

7.4 Recruitment of Teenagers and Young Adults (TYA)

There were no TYA patients recruited to Colorectal studies in 2015.

-END-