



Group	Regional Colorectal Cancer Group
Date and Time	Thursday 4 th March 2010, 2.00pm – 4.00pm
Venue	Function Suite, Antrim Leisure Centre

Present

Cara Anderson	NICaN
Dr S Badger	Belfast Trust*
Sally Campalani	Belfast Trust
Mr Manos Epanimeritakis	Southern Trust
Mrs Sheila Fleming	South Eastern Trust
Marguerite Greenhill	Belfast Trust
Dr Robert Harte	Belfast Trust
Dr Dermot Hughes	NICaN
Dr Claire Jones	Southern Trust*
Emma Johnston	South Eastern Trust
Dr Kiran Kaur	Belfast Trust
Dr Paul Lynch	Northern Trust
Mr Roy Maxwell	Chair
Mr Kevin McCallion	South Eastern Trust
Ms Pat McClelland	Northern Trust
Dr Eddie O'Neill	NICaN
Dr Tracy Owen	Public Health Agency
Dr C. Ozo	Northern Trust
Dr Lisa Ranaghan	Northern Ireland Cancer Registry*
Ms Danielle Sinclair	NICaN
Dr Mark Taylor	Belfast Trust
Mary Jo Thompson	Southern Trust
Dr Richard Wilson	Belfast Trust and QUB

* In attendance

Apologies

Dr Myles Nelson	Northern Trust
Dr Maurice Loughrey	Belfast Trust
Mr Kouros Khosraviani	Belfast Trust
Mr Roger Lawther	Western Trust
Mr David McCrory	Northern Trust
Mr Simon Johnston	Belfast Trust
Joanne Graham	Belfast Trust

1.0 Welcome

- 1.1 Mr Maxwell welcomed everyone to the meeting and a round of introductions took place.

2.0 Minutes of the Previous Meeting

- 2.1 The minutes of the previous meeting were agreed as a true and accurate reflection.

3.0 Matters Arising

3.1 Management of Anal Cancer

- 3.1.1 Mr Maxwell outlined that the NICaN Board meeting will take place next week and the management of anal cancer will be discussed. Dr. Robert Harte will present the issues on behalf of the group. Dr Harte indicated that they had already moved towards reducing the number of oncologists but the issue of surgery and the need for a single MDT were outstanding.
- 3.1.2. Mr McCallion outlined that peer review assessors had noted that current practice is not compliant with local network standards. Mrs Anderson confirmed that current practice is outside of IOG guidance and that the peer review team is aware that the network standards are currently being reviewed. Mr. Maxwell indicated that ultimately it will fall to NICaN Board to decide the way forward. Dr O'Neill added that if current practice is outside of 'best practice' but has good justification through audit data this needs agreed upon at board level to give protection should any adverse incidents occur. Mrs Anderson emphasised that peer review standards are based on IOG and the peer review team are unlikely to agree any change.
- 3.1.3 Mr McCallion noted that the location of a central MDT should be discussed and this should not automatically be cited in the Belfast Trust. Mrs Anderson noted that IOG's specify the specialist MDT should be located in a Trust that also provides specialist gynae surgery, plastics and radiotherapy services and stated that this was one of the issues that could be discussed at the Board.
- 3.1.4 The group agreed that they were happy that Dr Harte could adequately represent the issues at the Board meeting.

3.2 CMG's / Peer Review

- 3.2.1 Mrs Anderson outlined that NICaN has produced and distributed evidence folders for each MDT for peer review. A clinical trials report will follow. Mr McCallion highlighted that the peer review team requested some of the evidence to be replicated in the MDT evidence folders.

4.0 Audit Presentations

4.1 Regional Patient Information Audit

- 4.1.1 Mrs Danny Sinclair presented a regional audit on patient information which focused on colorectal and breast cancer patients. Mrs Sinclair thanked all of the MDTs for their participation in the audit. Mrs Sinclair highlighted some of the good practice identified in the audit but identified a number of areas where the provision of information could be improved. These included the provision of more written information and improved recording of information given in the patient notes. Mrs. Sinclair indicated that peer review has been introduced since the data collection period closed and that she would anticipate that if the audit was repeated it would already show significant improvement. Slides are attached with the minutes.
- 4.1.2 Ms Campalani highlighted that the audit was intended to provide a baseline against which we can measure progress following the introduction of information pathways that are under development. She stated that the findings were expected.
- 4.1.3 Mary Jo Thompson asked if each MDT would receive a report on their service. Mrs Sinclair noted that the data will be analysed by Trust and will be sent to the information lead for each trust so that MDTs can reflect on feedback for their area and agree any actions that they might want to include in their MDT work plans. The regional report will be made available to everyone once it has been formally signed off by the project steering group.
Actions: Mrs Sinclair to circulate regional report once approved.

4.2 NICR CRC Audit

- 4.2.1 Dr Lisa Ranaghan presented a Northern Ireland Cancer Registry audit on behalf of Dr Anna Gavin (Slides are attached with the minutes). Dr Ranaghan noted the following improvements:
- Increased use of CT and MRI
 - better recording of staging
 - an increase in the number of nodes removed
 - more patients with a recorded MDT discussion.

However, the following issues were highlighted:

- A high number of operators with low volume of procedures per operator.
 - an issue in relation to colonic imaging at the Southern Trust where there appeared to be a significantly higher use of barium enema.
 - Low rates of MDT discussion in the NHSST
- 4.2.2 Mr Epanimeritakis indicated that the Southern trust remains an outlier in terms of its staging investigations due to lack of endoscopy capacity. It is hoped that this will be resolved through the MES project.
- 4.2.3 Pat McClelland from the Northern Trust confirmed that the majority of CRC cases are now receiving a full MDT discussion prior to surgery.

4.2.4 Mr McCallion queried the figures of the audit, with particular reference to the numbers of procedures per operator. Mr McCallion noted that Consultant operations may not be counted when they are recorded as 'assistant'. Dr Ranaghan stated that this issue was taken into account when collecting the data. Mr Epanimeritakis and Mr Maxwell agreed that the findings look incorrect and felt it may be useful to look again at the raw data. Dr Hughes added that it is important that Trusts should validate their own data.
Action: Mr McCallion agreed to assist Dr Ranaghan to revisit the raw data.

4.2.3 The presentation included a comparison with the National Bowel Audit Data for 2006/07. It was noted that the Northern Ireland figures compared very favourably and were considered reassuring.

4.3 Role of PET-CT in the management of colorectal metastases

4.3.1 Dr Claire Jones presented an audit on the role of PET-CT in the management of colorectal metastases which compared CT findings with histology findings (slides are circulated with the minutes).

4.3.2 Mr Mark Taylor noted that there is a common misperception surrounding liver resection. Mr Taylor noted that previously unresectable patients can now be managed to live with cancer and not die as a result of it. Mr Taylor added that there has been massive advancement in this area and the role of surgery has increased. Dr Wilson agreed, adding that there has been an increase in the rate of potentially curable disease due to better imaging and more aggressive surgery. It was agreed that MDTs needed to be aware of this when referring patients.

4.3.3 Dr. Jones indicated that they intended to strengthen their study by looking at a comparative non-operative group and thanked the MDTs for agreeing to participate in the audit.
Action: Dr. Jones to present final findings when available.

5.0 Patient Information Pathway

5.1 Mrs Danny Sinclair highlighted that a suite of information leaflets have been developed for colorectal cancer. The generic information pathway was used as a basis to ensure that the information provided addresses information needs of all types of cancer, and to ensure there was no duplication. Mrs Sinclair added that endoscopy information has been developed through the regional modernising endoscopy services project team and chemotherapy information has been developed through the chemotherapy nurses group.

5.2 Mrs Sinclair asked the group to consult on two specific issues:

- To quality assure the draft pathway in order to ensure full coverage
- To quality assure new information items that have been developed as a result of this work, many of which relate to surgery and post operative care.

Action: It was agreed that Mrs Sinclair would ask the entire group to comment on the pathway but that the new items of information would be targeted at the relevant professional groups for comment.

6.0 Network Clinical Trials Report

- 6.1 Dr Richard Wilson circulated an update paper on clinical trials to the meeting. Dr Wilson highlighted that the regional target for trials accrual is 10%. At present the recruitment rate is just under 8%. Colorectal cancer looks comparatively good, sitting at around 13%. Dr Wilson added that the overall figures are reasonable but there is a need to broaden the trials portfolio in order to increase accrual. No specific MDT actions have been identified.
- 6.2 Mr Maxwell stated that it was important that the group develop an audit and trials culture and asked Richard to advise the groups on any measures that might be included in the 2010/11 work programme of the group.
- 6.3 It was highlighted that one of the oncologists is about to go on maternity leave and that steps should be taken now to ensure that this does not impact on the accrual rates within the Western Trust MDT.

Action: It was agreed that Dr Wilson would look at comparative data in the UK in order to inform the inclusion of a useful target into the work plan.

7.0 Reprioritisation of red flag referrals

- 7.1 Dr Eddie O'Neill highlighted that a paper had been circulated regarding the reprioritisation of red flag referrals. Dr O'Neill highlighted that a recent audit of the red flag referrals in the Belfast Trust showed that 47% of red flag referrals did not meet red flag criteria. The purpose of the template circulated is to have a regionally agreed letter template to give feedback to the GP on inappropriate red flag referrals with a view to encouraging more appropriate referral. Dr O'Neill added that the template has been approved by the RCGP and if signed off by this group will be sent to the Director of Integrated Care at the Regional Health & Social Care Board (RHSCB) for communication out to GPs.
- 7.2 The template was approved by the group.
Action: Dr O'Neill to progress implementation through the RHSCB.

8.0 Annual Report 2009/10

- 8.1 Mr Maxwell noted that the draft NSSG annual report has been circulated and invited comments. Mrs Anderson noted Dr. Wilson has since forwarded his trials report for inclusion. Mr Maxwell indicated that he would write a foreword in the next couple of weeks but asked people to confirm that they were happy with the substantive content. Mrs Anderson congratulated the group stating that it has achieved all that it set out to achieve in its 2008/09 work plan.

8.2 The draft annual report was approved by the group.

9.0 Work Plan 2010/11

9.1 Mr Maxwell invited suggestions for work to be included in the NSSG 2010/11 work plan.

9.2 It was agreed that any actions arising from peer review will be included in the workplan.

9.3 It was agreed to include a standard on trials accrual – to be informed by Dr. Wilson.

9.4 It was agreed that the annual review of CMG's will be included in the workplan.

9.5 It was agreed that achieving agreement and implementation of the patient information pathway will be included in the work plan and that this will reflect key learning from the regional patient information audit.

9.6 Based on audits presented during the meeting it was agreed to include the following audits in the workplan:

- Number of surgical procedures per operator – this will be completed using the Theatre Management System and will be led by **Dr Ranaghan and Mr McCallion**. If possible, the audit should look at procedures completed out of hours.
- Nodal harvest – **Dr Hughes** suggested that **Dr Loughrey** might be willing to lead on this and agreed to speak to him off line.
- Audit of laparoscopic surgery rates – it was agreed that this could be completed in conjunction with the first audit. Dr Ranaghan indicated that TMS might also enable us to look at length of bed stay.

9.7 Mr McCallion highlighted that an audit regarding the number of surgical procedures may be difficult to carry out and highlighted the challenges involved in addressing the issues that might arise. Drs Ozo and Hughes indicated that this issue had now been raised by a number of audits and the group needed to take a leadership role. It was felt that a more detailed prospective audit would facilitate a more informed discussion with the commissioner.

Action: Mrs Anderson to draft a work plan and circulated via email.

10.0 Date of next meeting

Tuesday 1st June 2010
2.00pm – 4.00pm
Fern House