



**Colorectal Cancer Regional Group Meeting
Thursday 16th September 2010
Boardroom, Holywell Hospital**

Minutes

In attendance:

Mr Roy Maxwell – Chair
Mr Victor Blease
Ms Sheilagh Flemming
Ms Marguerite Greenhill
Ms Pat McClelland
Ms Wilma Boyd – Carson
Dr C. Ozo
Mr Manos Epanomeritakis
Dr Maurice Loughrey
Ms Sarah Liddle
Ms Liz Henderson
Mr Colman Byrnes
Ms Annette Mawhinney
Dr Myles Nelson
Mr Kevin McCallion
Mr Michael Megaw
Dr Eddie O'Neill
Dr Kiran Kuar
Ms MaryJo Thompson

Apologies:

Mr Kouros Khosraviani
Dr Simon Johnston
Dr Dermot Hughes

1.0 Welcome and Introductions

1.1 Mr Roy Maxwell welcomed everyone to the meeting and thanked them for coming. A round of introductions took place.

2.0 Minutes of Previous Meeting and Matters Arising

2.1 The minutes of the previous meeting were agreed as a true and accurate reflection. It was noted that any matters arising were to be picked up through the agenda.

3.0 Transforming Cancer Follow - up Initiative

3.1 Ms Liz Henderson gave a presentation on a possible funding opportunity emerging for transforming the current cancer follow up system. Ms Henderson noted that a workshop will be held on 23rd

November 2010 where there will be more information.

4.0 Modernising Endoscopy Services Project

- 4.1 Ms Sarah Liddle outlined that the Modernising Endoscopy Services Project was established in 2007 to prepare endoscopy units for the onset of bowel cancer screening. The Public Health Agency is now the commissioner for the project and has decided to bring it to a close in December. A plan is in place up until 2015 with an aim of bringing all units in the region up to JAG accreditation standard. The MES Project Board has been reconstituted and a process is underway of carrying out a baseline assessment of all endoscopy units in the region against GRS standards. The Project Board will then decide on how to proceed with the project and a draft strategy will go out for consultation in January 2011.

5.0 Peer Review

- 5.1 Mr Manos Epanomeritakis presented feedback from the peer review process in the Southern Trust. Mr Epanomeritakis noted that he and his Southern Trust colleagues had some reservations about the feedback from the peer review team, particularly with the lack of consistency. There was agreement in meeting that this lack of consistency had been apparent across the region. Mr Maxwell added that he felt the peer review assessing team had a lack of local knowledge with regards to how services are provided in Northern Ireland.

Dr O'Neill outlined that general consensus across other peer reviewed tumour groups were that, despite issues regarding process and inconsistency, peer review had been a positive process and provided a useful benchmark. Dr O'Neill added that Dr Hughes will be engaging with trusts to draw out issues and report back to the peer review team. Dr O'Neill added that he felt it was imperative that feedback was given as a regional voice and NICaN would provide support for this.

It was agreed that each trust should MDT lead will send a short written report to Mr Maxwell outlining their views on peer review. Mr Maxwell will then collate this and feed it back to NICaN Board.

Mr Michael Megaw gave a presentation outlining regional colorectal cancer peer review compliance benchmarked against the second round of peer review in England. It was noted that teams had performed very well in their first round of peer review.

6.0 Patient Information and PPI leads

- 6.1 Mr Megaw outlined that draft role descriptions had been circulated with the meeting papers for the roles of MDT and regional group PPI and patient involvement leads. Mr Megaw added that the purpose of the

role was to support the patient representative at each meeting and to communicate any PPI or patient information issues back to the relevant NICaN coordinator. Ms Marguerite Greenhill was nominated for the Belfast Trust, and Ms Caroline Lynas for the South Eastern Trust. It was agreed that other MDT leads to nominate responsible person for next meeting.

7.0 Reprioritisation of red flag referrals

- 7.1 Dr Eddie O'Neill outlined that more cancers are being picked up through normal referrals that through red flag referrals largely due to the fact that NICE guidance does not help prioritise the group of patients that need fast tracked. Mr McCallion supported this and noted that from his experience most cancers were presenting through a non red flag route, and that on current evidence it was very difficult to prioritise.

There was consensus in the meeting that the current system is not working and requires change. Dr O'Neill outlined that he will produce a discussion paper outlining options to facilitate process and bring back to the regional group.

8.0 CaPPs – Regional Network queries

- 8.1 Mr Megaw gave a presentation outlining a proposed new process for regional network groups getting data from CaPPs. The proposed process is that all queries come directly from the regional group; the queries are then run centrally at the information dept, HSCB, forwarded to trusts for validation and then shared with regional group for analysis and discussion. Following discussion at local lead teams and with some of the lead clinicians and cancer managers, it has been agreed that this process should be clearly documented with a caveat that clinical data remains owned by the trusts and should not be used for any other purpose outside that of regional network discussion.

Dr Ranaghan suggested that clinical data did not belong to the HSCB and that the process should remain the same, with data retrieved through herself at the Northern Ireland Cancer Registry. There was agreement at the meeting that clinical data does not belong with the Board.

9.0 Any other Business

- 9.1 Dr Ranaghan outlined that the Northern Ireland Cancer Registry are prepared to offer help to MDT's with regards to data entry in CaPPs. It was agreed that this would be a positive move. Dr Ranaghan outlined that Dr Anna Gavin will formally write to each MDT lead offering this assistance.