

**Present:**

Mr R Khan	Airedale NHS Foundation Trust
Ms L Shaw	
Mr J Davies	Bradford Teaching Hospitals NHS Foundation Trust
Ms D Kellet	
Ms F Mosley	
Mr S Anwar	Calderdale and Huddersfield NHS Foundation Trust
Dr J Dent	
Mr J Harrison	Harrogate and District NHS Foundation Trust
Ms M Jennings	
Mr I Botterill (Chair)	Leeds Teaching Hospitals NHS Trust
Mr P Finan	
Dr P Hatfield	
Ms J Hemingway	
Dr O Rotimi	
Dr D Sebag-Montefiore	
Mr A Young	
Mrs J Edmond	Mid Yorkshire Hospitals NHS Trust
Mr C Macklin	
Mr M Rogers	
Dr E Morris	NYCRIS
Ms D Burwell	York Hospitals NHS Foundation Trust
Mr S Stojkovic	
Mrs M Holland	Yorkshire Cancer Network
Miss D Mallinson	
Mr P Melling	
Mrs F Halstead	Yorkshire Cancer Research Network

**Apologies**

Mr J Ausobsky, Dr A Conn, Mrs C Ferguson, Dr A Guthrie, Ms C Holman, Dr C Kay

<b>1. Welcome and Apologies</b>			
Log No	Action	Lead(s)	Deadline
<b>34</b>	The group was welcomed and an introduction by the new Chair, I Botterill was given.  The group was informed that the main focus of the meeting would be Peer Review.	N/A	N/A
<b>2. Action Log from the last meeting</b>			
Log No	Action	Lead(s)	Deadline
<b>35</b>	The action log from the last meeting was agreed as a true record.	N/A	N/A

**Colorectal Group : Actions of the meeting held on Tuesday 22nd June 2010 10:00am**

<b>4. Peer Review - update</b>			
Log No	Action	Lead(s)	Deadline
<b>36</b>	<p>It was noted that the deadline for the peer review self assessment exercise is the 31st August 2010 and all evidence will need to be completed by that date.</p> <p>I Botterill asked the group to ensure all updated guidelines be sent to the YCN by 30th July 2010. The YCN will then format and circulate for final comment before August 31st 2010.</p> <p>It was agreed that all final draft documents will be sent to the Chair of each MDT who will allocate time at the end of a weekly MDT meetings for comments and to discuss any further amendments.</p> <p>To circulate all Peer Review documents for final comments to the Chair of each MDT for discussion at their individual MDT meetings by mid-August. (1 – 2 weeks before end of August). Last amendments to be made and the final edited documents to be circulated to the group.</p>	D Mallinson	13/08/2010
<b>4.1 Work Programme</b>			
Log No	Action	Lead(s)	Deadline
<b>37</b>	<p>I Botterill informed the group that following the annual NSSG Chair Review meeting in May, with S Duffy and J Davies, there have been discussions around creating a more seamless transition in the handover to a new Chair. The group was notified that the Work Programme, which currently runs on a 2 to 3 year plan, would facilitate the handover more efficiently if it ran over a 4 year period.</p> <p>The group discussed what members would like to see in the Work Programme in terms of how the network can advise local MDTs in aiding their local service. Points which the group felt would benefit from further work were:</p> <p>31 day mortality figures – plan to reduce mortality (surgical goal for the Work Programme)</p> <p>Enhanced Recovery – implementation, funding and structural support. It was noted that it is required to progress this approach for Colorectal patients across the YCN. S Stojkovic informed the group there is a rotation of Anaesthetists at York who deal with CPX and only Colorectal cases. It was noted that the York team could possibly be used to help the Network due to their level of skill.</p> <p>Laparoscopic colorectal surgery - continued roll-out across the Network.</p> <p>Oncology - J Dent notified the group that there was now a specific Non-Surgical Oncology Colorectal Group, which meets a minimum of twice a year. This group meets to review policies and protocols, discuss regional issues and review current national/international results. This group is not recognised within the Network and therefore has no administrative support. There is a need for this to be reviewed</p> <p>Nursing – It was discussed that specific issues to be included in the Work Programme should be:</p> <ul style="list-style-type: none"> <li>• Nurse led Follow-up</li> <li>• Information Prescriptions</li> <li>• Holistic Assessment</li> <li>• Working towards a cohesive group</li> </ul> <p>To add discussed points to the Work Programme.</p>	M Holland	30/07/2010
<b>66</b>	NSSG members to consider how they could influence the 31 day mortality figures.	All members	20/09/2010

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<b>4.2 Annual Report</b>			
Log No	Action	Lead(s)	Deadline
38	<p>P Melling informed the group the Annual Report has been completed and will be circulated following proofing by J. Harrison.</p> <p>To send to J Harrison for comment before final circulation by I Botterill.</p>	D Mallinson	30/07/2010
<b>4.3 Constitution, Membership and ToR</b>			
Log No	Action	Lead(s)	Deadline
39	<p>I Botterill notified the group that there have been some minor adjustments to the Constitution, Membership and Terms of Reference.</p> <p>P Melling informed members that evidence is required for each of the measures in the Constitution. It was noted that the relevant people have been contacted with regards to sending evidence to the network to be included in the Constitution.</p> <p>M Holland commented that a Service Plan is required in order to see where the Work Programme is directing the Colorectal service. This measure is yet to be addressed in the Constitution.</p> <p>The group clarified the referral pathways to MDTs with regards to new diagnosis. J Dent informed the group that each MDT has a referral policy including a Radiology alert system and a Pathology alert system, ensuring that all new cancer diagnosis' are discussed at the most appropriate MDT meeting. I Botterill informed the group that case notification is to be looked at with regards to centres such as Eccleshill and Fountains Medical Centre. The pathways and referral process in place for MDTs needs to be documented.</p> <p>P Melling informed the group that all documents need to be agreed by the group. Due to time restrictions the documents will be circulated to MDT leads for agreement.</p> <p>M Holland notified attendees that points made in the Work Programme will be the priority of the group for the next 2 years due to it being a rolling programme.</p> <p>To contact members for any outstanding evidence for measures in the Constitution.</p>	M Holland	26/07/2010
40	To circulate documents to MDT leads for final comments and agreement.	D Mallinson	30/07/2010
41	J Davies to find out the route which referral pathway is used by Fountains Medical Centre	J Davies	30/07/2010
42	To clarify the referral pathway to MDTs in terms of new diagnosis.	All members	30/07/2010
67	I Botterill to construct Service Plan for discussion at the next meeting.	I Botterill	25/09/2010
68	To include incidental findings by radiology/pathology, elderly care and other MDTs.	All members	30/07/2010

<b>5. Audit update</b>			
<b>5.1 CR07</b>			
Log No	Action	Lead(s)	Deadline
<b>43</b>	<p>P Melling informed the group that forms on the audit are still being received. There was a request that if people still have forms locally, could they contact P Melling to arrange collection of the information. Once all forms have been received, analysis will then take place and identifying where the gaps are.</p> <p>The group was informed that results should be ready for presentation at the next meeting in October.</p> <p>To collate and analyse all data for presentation of results at the next meeting.</p>	P Melling	19/10/2010
<b>5.2 National Bowel Cancer Audit</b>			
Log No	Action	Lead(s)	Deadline
<b>44</b>	<p>P Finan gave a quick update on the national status of the bowel cancer audit. The 2008/9 annual report is currently being analysed by the Clinical Effectiveness Unit at the Royal College of Surgeons and is anticipated to be published in the early autumn. P Melling reminded the group that the next deadline for submission of the 2009/10 data would be the beginning of December 2010 and he urged all MDTs to start their preparations early to ensure good quality accurate data is submitted in time.</p> <p>The group discussed using the data submitted for the national audit as the basis for identifying any quality measures for YCN colorectal service. The group were informed that a national bowel audit dashboard is currently being developed for PPM to assist with collection and quality control of the data and to provide immediate reporting functionality as well.</p> <p>The group discussed the need to set standards for NBOCAP data collection.</p> <p>To circulate a slightly revised national bowel cancer audit CSV specification file for the uploading of audit data from Trust systems to the national bowel cancer audit database.</p>	D Mallinson	30/07/2010
<b>45</b>	To ensure the timely submission of all appropriate quality checked data by the December 2010 deadline	All members	December 2010
<b>46</b>	To present the YCN results on behalf of all the MDTs at the next meeting (assuming the timely publication of the annual report)	P Melling	19/10/2010
<b>5.3 Audit of Liver Mets</b>			
Log No	Action	Lead(s)	Deadline
<b>47</b>	<p>A Young gave an update on the Liver Mets Audit. The main message from the data received to date was a probably under-submission of forms and everyone was encourage to continue to submit data for all liver mets.</p> <p>Members were notified that data will continue to be collected until the end of August 2010, and be ready for presentation in early 2011.</p> <p>To circulate the presentation to the group.</p>	D Mallinson	30/07/2010
<b>48</b>	To update the at the Educational Event in February 2011.	A Young	Feb 2011
<b>69</b>	To present to the NSSG in October	A Young	18/10/2010

<b>6. NAEDI Update</b>			
<b>6.1 NAEDI Emergency Presentation Audit</b>			
Log No	Action	Lead(s)	Deadline
<b>49</b>	<p>M Holland presented the audit to the group.</p> <p>It was noted that in the majority of Trusts the patients have been identified and the GPs are to carry out a 'look back' at the patients presentation to their GP. The group was informed that the audit aims to inform how patients were presented to their GPs.</p> <p>M Holland notified the group that the GP information will be the only information which will be available nationally. It was noted that all data should be gathered by September 2010, and results available in for feedback in the January/February 2011 meeting.</p> <p>M Holland to feedback on the audit results in early 2011.</p>	M Holland	Jan/Feb 2011
<b>7. Colorectal Costings Project</b>			
Log No	Action	Lead(s)	Deadline
<b>50</b>	<p>F Mosley updated the group on the Pathway Audit. Members were informed that the audit is now 4 months into an 11 month project which will be presented nationally in July.</p> <p>The study has 3 retrospective arms:</p> <ul style="list-style-type: none"> <li>• Colon Pathway</li> <li>• Rectal Pathway</li> <li>• Emergency Pathway</li> </ul> <p>F Mosley informed the group that there is also a prospective study looking at fast-track referrals, using 200 fast-track referrals from their point of entry through to exit from the pathway. Follow-up is not being looked at in any of the studies as this is being looked at elsewhere.</p> <p>The group was informed of the data collected to-date including costings, and of the work still to be carried out through the remainder of the study.</p> <p>The group discussed replicating the study in other trusts and was informed that the Network has intentions of doing this.</p> <p>To update the group in 2011 upon completion of the study.</p>	F Mosley	Jan/Feb 2011

<b>8. Guidelines update</b>			
Log No	Action	Lead(s)	Deadline
<b>51</b>	<p>The Group discussed the overall guideline document structure with differing opinions on how to order the full document.</p> <p>P Melling suggested the guidelines be split into specific tumour sites.</p> <p>J Dent recommended a Non-Surgical Oncology section in the guidelines for managing Colorectal cancer which would include Colon, Rectum, Anal and Liver Mets. It was agreed that J Dent would liaise with M Seymour regard this.</p> <p>The following leads were identified for the various sections:</p> <ul style="list-style-type: none"> <li>• Non-surgical oncology: M Seymour</li> <li>• Radiotherapy Guidelines – D Sebag-Montefiore</li> <li>• Anal cancer: D Sebag-Montefiore</li> <li>• Early rectal cancer: M Steward and G Radhakrishna</li> <li>• Laparoscopic: J Griffith</li> <li>• Liver mets: G Toogood</li> <li>• Pathology: A Buxton and O Rotimi</li> <li>• Radiology: A Guthrie</li> <li>• Stents: C Kay</li> <li>• Chemotherapy: J Dent</li> </ul> <p>It was reported that the Radiology and Stents chapters have already been received by the Network office.</p> <p>J Dent to contact M Seymour with regards to the Non-Surgical Oncology Section of the Guidelines.</p>	J Dent	26/07/2010
<b>8.1 Early Rectal Cancer</b>			
Log No	Action	Lead(s)	Deadline
<b>52</b>	<p>M Stewart and G Radhakrishna have been identified as the leads for this chapter of the guidelines.</p> <p>To submit guidelines to the Network by 30/07/2010</p>	M Stewart/G Radhakrishna	30/07/2010
<b>8.2 Radiology</b>			
Log No	Action	Lead(s)	Deadline
<b>53</b>	A Guthrie has submitted the updated radiology guidelines for colorectal cancer.	N/A	N/A
<b>8.3 Laparoscopic</b>			
Log No	Action	Lead(s)	Deadline
<b>54</b>	<p>J Griffith will be completing the Laparoscopic Guidelines.</p> <p>To submit guidelines to the Network by 30/07/2010</p>	J Griffith	30/07/2010

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<b>8.4 Liver Mets</b>			
Log No	Action	Lead(s)	Deadline
55	<p>G Toogood has produced these guidelines as part of a national liver mets guideline which is due to be published in GUT shortly. The group agreed that these should be the Network agreed guideline once published. The group was informed that G Toogood and R Prasad have offered to give a talk on these guidelines at the Educational Event in February 2011.</p> <p>To await National Guideline publication before fully incorporating into the Network guideline.</p>	G Toogood	30/07/2010
<b>8.5 Follow up review</b>			
Log No	Action	Lead(s)	Deadline
56	<p>The group were informed that J Griffith is involved in a national follow-up and survivorship group looking at the issues around follow-up guidance. It was agreed that a final decision on follow-up guidelines should be deferred until NICE have published their revised Colorectal guidance which is due next year.</p> <p>M Holland informed the group that I Bradford (York) has circulated a GP questionnaire around York to find out their views on follow-up.</p> <p>I Bradford to update the group on the York GP Questionnaire at the next meeting.</p>	I Bradford	19/10/2010
<b>8.6 Pathology</b>			
Log No	Action	Lead(s)	Deadline
57	<p>P Melling informed the group that the pathology guidelines were reviewed in September 2009 and May 2010 and are therefore valid until September 2011.</p>	N/A	N/A
<b>8.7 Anal Cancer</b>			
Log No	Action	Lead(s)	Deadline
58	<p>D Sebag-Montefiore informed the group of the developments with the Anal Cancer Guidelines.</p> <p>The group was notified that the guidelines for squamous cell cancer of the anus have been completed, and detailed regiment-specific patient information has now been put into place with good patient feedback which has been audited.</p> <p>D Sebag-Montefiore presented issues around defunctioning stomas to the group. A small percentage of anal cancer patients are defunctioned. (Out of 30 patients per year, on average 3 are defunctioned). The group agreed that the defunctioning of stomas should be carried out by the referring unit. Guidelines around the defunctioning of stomas and the use of PET CT Scans were discussed and agreed.</p> <p>There was group consensus around the guidelines which stated that patients who are seen in follow-up and it is believed that they have local recurrence will require a histological confirmation. The view has been taken that these patients should be seen by a Leeds MDT, and EUA'd and biopsied for their disease recurrence. Members were informed that the two nominated surgeons are P Finan or P Sagar for EUA and biopsy and restaging investigations.</p> <p>Discussions around where Pelvic MRI scans are carried out took place and it was noted that the site at which these should take place is open to discussion/suggestion; however the preferred option is to do them in Leeds.</p> <p>To incorporate the revised anal cancer guidelines into the full colorectal cancer guideline document.</p>	P Melling	01/08/2010

<b>10. Cancer Waiting Times</b>			
Log No	Action	Lead(s)	Deadline
<b>59</b>	<p>P Melling presented the latest CWT data to the group.</p> <p>The group discussed issues around detailed breach analysis and whether it would be possible to categorise breaches into hospital and patient reasons.</p> <p>The group also requested looking at the data in a slightly different way due to the impact of the large tertiary workload in Leeds. It was suggested to look at surgical treatments separately to gain a better view of each Units workload.</p> <p>To keep members updated on CWT.</p>	P Melling	19/10/2010
<b>60</b>	P Melling to present surgery referral data at the next meeting.	P Melling	19/10/2010
<b>11. Patient Satisfaction Surveys - feedback</b>			
Log No	Action	Lead(s)	Deadline
<b>61</b>	<p>M Jennings gave feedback to the group on the results of the Patient Satisfaction Surveys. It was noted that the questionnaire showed that only 50% of patients received a record of their consultation, however there was no indication as to why only half received this information and others did not. Verbal complaints were also an area which was not fully discussed and it was suggested that local MDTs should look as to why both of these occurred.</p> <p>The group was notified that information provided with regards to preparation for stays in hospital and care by ward nurses and doctors received very good feedback across the Network.</p> <p>M Jennings informed the group that areas that were flagged for improvement were around body image and sexuality function. It was noted that the Nurses group have already addressed this issue and have held a half study day on Feminine Care around effects from surgery, radiotherapy, chemotherapy with a high level of positive feedback. It is hoped that events such as this will be held once or twice a year.</p> <p>It was noted that the sign up to User Involvement was low across the Network; only 28% of patients said that they would be interested.</p> <p>D Mallinson to re-circulate the survey and results.</p>	D Mallinson	30/07/2010
<b>12. YCRN</b>			
Log No	Action	Lead(s)	Deadline
<b>62</b>	<p>F Halstead presented the Yorkshire Cancer Research Colorectal Clinical Trial Portfolio Performance Report.</p> <p>To keep members updated on the YCRN Clinical Trials.</p>	F Halstead	19/10/2010

<b>13. Rectal Cancer Trials: Copernicus and Aristotle</b>			
Log No	Action	Lead(s)	Deadline
<b>63</b>	<p>D Sebag-Montefiore informed the group of a number of trials which are currently underway; the TREC trial, and gave a presentation on three new rectal cancer trials, Bacchus, Copernicus and Aristotle.</p> <p>The group was notified that Copernicus and Bacchus are phase 2 studies looking at the CR07 population of cancer patients. Aristotle is a flagship phase 3 trial which is a national study looking at intensifying tumour radiotherapy.</p> <p>D Sebag-Montefiore notified members that he would like to encourage all colorectal MDT's in the network to support the upcoming rectal cancer trials.</p> <p>The group was informed of the processes of the trials and the ideal candidates for the studies. D Sebag-Montefiore notified members that if they required any further information on the trial, they should contact him via email at D.Sebag1@gmail.com</p> <p>D Mallinson to circulate the presentation to the group.</p>	D Mallinson	30/07/2010
<b>14. AOB</b>			
<b>14.1 Future Colorectal Educational Event</b>			
Log No	Action	Lead(s)	Deadline
<b>64</b>	<p>I Botterill informed the group that there is to be a Colorectal Educational Event to take place in Jan/Feb 2011. Exact dates, topics and venues are yet to be decided.</p> <p>One topic suggested was on the role of the colorectal anaesthetist. S Stojkovic notified that group that York would be happy to be involved, in particular J Wilson.</p> <p>F Mosley agreed to talk at the educational event in January/February 2010 regarding the Costings Pathway Audit.</p> <p>M Holland to contact I Botterill with possible dates for the event.</p>	M Holland	30/07/2010
<b>65</b>	<p>Group members to contact I Botterill, M Holland or D Mallinson with suggested/possible subjects to be covered at the Educational Event.</p>	All members	19/10/2010

**Date of Next Meeting(s)**

Tuesday 19th October 2010 10:00am  
 Lecture Room, Cookridge Suite, Level 7, Bexley Wing, St James's University Hospital