Colorectal Advisory Group
Meeting

17 November 2003

Meeting Room
Velindre NHS Trust Headquarters
Parc Nantgarw
Treforest

Present:
Professor PN Haray  Chair

Dr R Davies  Consultant Gastroenterologist  Gwent Healthcare Trust
Mr M Foster  Consultant Surgeon  Royal Glamorgan Hospital
Mrs M Lewis  Clinical Nurse Specialist  North Glamorgan NHS Trust
Mr H Morgan  SE Wales Cancer Network Manager
Dr S Phillips  Consultant Radiologist  Princess of Wales Hospital
Mr AG Radcliffe  Consultant Surgeon  Cardiff and Vale NHS Trust
Dr M Rogers  Consultant Geneticist  Cardiff and Vale NHS Trust
Mr J Stamatakis  Consultant Surgeon  Bro Morgannwg NHS Trust
Dr D Stock  Consultant Histopathologist  Royal Glamorgan Hospital
Mr K Vellacott  Consultant Surgeon  Gwent Healthcare Trust
Prof GT Williams  Professor of Histopathology  Cardiff and Vale NHS Trust

1. Apologies for Absence

Dr A Brewster
Dr T Crosby
Dr R Davies
Mr R Delicata
Mrs P Clarke

In attendance:

Mr N Kumar  Consultant Hepatobiliary Surgeon
Mrs J Morris  Deputy Project Manager, Cancer Information Project
Mrs S Davies  Network Administrator

Action

2. Minutes of the Meeting 10 June 2003
The minutes of the meeting were accepted as a true record with the addition of item A4 which should read:
Frequency of dedicated Rapid Access Clinics
Matters Arising
Dr Phillips informed the group that she had undertaken a literature search on radiology proforma reporting and was currently reading through the findings. The group were aware of a pilot project SIGGAR (Special Interest Group in Gastrointestinal Radiology) that is to be undertaken and agreed to wait and see the findings of this project.

3. Protocol for the Management of Patients with Colorectal Liver Metastasis
Professor Haray introduced Mr N Kumar, Hepatobiliary Surgeon, Cardiff and Vale NHS Trust. Mr Kumar explained the background to the protocol.

Although there is no formal research available Mr Kumar identified the Memorial paper. He has also undertaken an audit of those patients who had undergone liver resections at UHW since he has been in post. Mr Foster was concerned that patients had been cancelled due to lack of HDU/ITU beds available at UHW. Mr Kumar believed that as the hepatobiliary service would be commissioned by Health Commission Wales, the service would have ring-fenced beds and this issue would not occur again.

Professor Haray asked if the protocol had been nationally agreed, Mr Kumar confirmed that the protocol had been drawn up by the UK Liver Surgeons group and had been agreed by most of the Liver Surgeons in the UK. Mr Haray also suggested that Mr Kumar produce data on the current flow of patients in Wales and identify delays in the patient journey.

Mr Stamatakis stressed that at present the colorectal surgeons in SE Wales have links with excellent services based in Basingstoke and in Birmingham. He felt that the service could be developed for those patients who have irresectible liver metastasis who would benefit from radiofrequency ablation. Mr Kumar informed the group that at present those patients are treated in Bristol at a cost of £3,500 per patient. The price for a kit is £18,000 and £800 for a probe. Mr Kumar agreed to consult the colorectal oncologists for numbers of patients with irresectible liver metastasis to justify the purchase of the equipment.

Professor Haray believed that further work needed to be completed before SE Wales surgeons would refer to UHW, as at present they were able to refer to an excellent service provided in Basingstoke and Birmingham.

4. Patient Waiting Times
   a) Definition of 10-Day Rule
   Mr Radcliffe highlighted that the collection of the 10-day information was being collected in different ways by the Trusts throughout SE Wales and therefore the figures were not comparable and asked where and when this information would be published.

   Mr Morgan confirmed that this was the case and the information had been sent to the Welsh Office, however because of the anomalies the data has not been published by the Welsh Office.
Mr Morgan emphasised that in England the GP's decide on the urgency of the patient, whilst in Wales the surgeons are the ‘gatekeepers’ of their service and they decide on the urgency of referrals.

Mr Stamatakis felt that the Association of Coloproctology database for the 10-day rule was an excellent tool.

4b) Proposed All Wales Standard Waiting Time Targets
Standard 5 of the Draft Cancer Standards states “Patients with colorectal cancer should be referred, diagnosed and treated promptly”

Mr Morgan believed that it would be likely that the SaFF will include that all Trusts must have a system in place to produce monthly reports on how long cancer patients wait from receipt of referral to start of definite treatment;

a) for all assessed as urgent
b) diagnosis to start of definitive treatment for all newly diagnosed cancer patients irrespective if this was under the 10-day working day rule.

The group discussed radiologists direct booking into surgical clinics for those patient referred by GP’s and medics with a suspected cancer. The group agreed that medical colleagues are very protective of their patients and should they wish to take this forward they would need GP’s and medics agreement to direct radiology referral.

4c) Radiotherapy
Mr Radcliffe asked the group if they had perceived an increased in the waiting time for radiotherapy. Mr Morgan was aware that Swansea were having problems and Velindre was supporting the service in west Wales, and patients from west Wales maybe having their treatment at Velindre.

Mr Morgan had spoken to Dr Adams whose views was that Velindre’s waiting times were at the upper end of the JCCO guidelines but were still amongst the best in the UK. Mr Morgan agreed to obtain the figures for Mr Radcliffe.

Mr Morgan confirmed that a linear accelerator at Velindre is in need of replacement, patient treatment figures indicate that Velindre should have 7/8 linear accelerators they have 5.

5. Prediction of Colorectal Cancer by patient questionnaire – update from North Wales pilot (for information)
A pilot of David Cade’s work is being undertaken in north Wales, comparison results will be available at the end of this month. The project will then be reviewed in February and August before final results are available.

6. To agree a follow-up protocol for the Network
Draft NICE guidance recommends that the Network has an agreed follow up protocol.
Mr Foster suggested that as a minimum, patients should have 1 CT scan and 1 colonoscopy during the follow up period, but agreed that all patients should be treated individually as to their need.

Mr Stamatakis agreed to write a draft follow-up protocol with the minimum follow up requirements and circulate to the rest of the group prior to the next meeting.

7. **Role of the Data Clerk and Managerial Responsibility**
Professor Haray introduced Jenny Morris, Deputy Project Manager Cancer Information Framework. Jenny explained the role of the data clerk as she perceived their role; however each Trust had different roles and responsibilities for their data clerks. She did agree however that an important role of the data clerks was supporting the MDT's.

Jenny circulated copies of the minimum dataset for Colorectal cancers which has now been signed off. The Association of Coloproctology’s dataset is included within the dataset. The dataset will be available on the CSCG Intranet site next week.

Methods of data collection are still under discussion and use of a tablet, paper forms or voice recognition have been identified. Clinicians are asked to complete the clinical information whilst data clerks will register and input the data from the data collection sheets.

Professor Williams emphasised that the technology is available for pathology data to be downloaded to CaNISC, however we must influence those involved to progress this technology.

8. **Equity of Access to Diagnostic Facilities across the Network**
This issue will be identified in the Network Service Development Plan. The 3 network managers are meeting with Andrew Evans and will be discussing this issue.

9. **Update on All Wales Endoscopy Project**
Dr Rhodri Davies confirmed that Dr Miles Allison has been appointed clinic lead for the programme. Dr Davies will be supporting Dr Allison with the project. There is a meeting in January to discuss the development of a web based toolkit.

The project will firstly be undertaking a capacity and demand exercise for screening in all Welsh Trusts funding for which would be approx £10,000.

10. **Date and Time of Next Meeting**
The next meeting of the Colorectal Advisory group has been arranged for Monday 1 March 2004, 2.30pm, Meeting Room 2, Velindre NHS Trust HQ, Charnwood Court, Parc Nantgarw.