Manchester Cancer

Colorectal Pathway Board

Constitution

July 2014

Date for Review: July 2015

Contents

1. INTRODUCTION

2013/14 was a transitional year for cancer services in Greater Manchester and East Cheshire. The Greater Manchester and Cheshire Cancer Network ceased to exist in March 2013 when cancer networks nationally were amalgamated into strategic clinical networks as part of the NHS reorganisation. In Greater Manchester this coincided with the creation of Manchester Cancer, an integrated cancer system for Greater Manchester and East Cheshire.

Twenty Manchester Cancer Pathway Clinical Directors were appointed in late 2013 and took up their roles on 1st January 2014. They spent the first months in post forming their Pathway Boards, multi-professional clinical groups from across the region. These Pathway Boards are now formed and most had their first meeting in April/May of 2014.

As such, this is a transitional constitution document based on the legacy document. In July 2015 every Manchester Cancer Pathway Board will publish a full constitution alongside its annual report and work plan for the year ahead.

2. CONFIGURATION (Measure 14-1C-101d)

Local Colorectal teams provide local care for their own catchment area and collaborate on clinical decisions within sector-based fully compliant Multi Disciplinary Teams (MDTs) with a full core compliment of specialists. Patients will be treated in their own locality or at a specialist treatment centre, according to the decision of the MDT and nominally by the appropriate specialist member of the MDT.

The following table details the hospitals which offer a colorectal diagnostic service and colorectal MDT treating both colonic and rectal cancer. The specified referral contact point is detailed in the primary care referral guidelines (measure 11-1C-116d).

There is a single MDT dealing with anal cancer which is based at The Christie NHS Foundation Trust.

2.1 Diagnostic Services

Local Diagnostic Teams/MDTs	Diagnostic Lead Clinician	Referring CCGs	Catchment Population
Bolton NHS Foundation Trust	Mr Paul Harris	Bolton	294,600
Central Manchester University Hospitals NHS Foundation Trust	Mr Rajeev Kushwaha	Manchester (Central)	211,800 Trafford 233,100
East Cheshire NHS Trust	Mr Usman Khan	East Cheshire Vale Royal South Cheshire	201,000 102,100 173,200
Mid Cheshire NHS Trust	Miss Caroline Bruce		

Pennine Acute NHS Trust	Mr Saad Salman	Bury HMR Manchester (North) Oldham	195,000 223,300 183,200 239,600
Salford Royal Foundation Trust	Mr Dominic Slade	Salford	247,600
Stockport NHS Foundation Trust	Mr Edwin Clark	Stockport	299,000
Tameside Acute NHS Trust	Mr Kamran Siddiqui	Tameside and Glossop	240,300
University Hospital of South Manchester NHS Foundation Trust	Mr Aswatha Ramesh	Manchester (South)	165,100
Wrightington, Wigan and Leigh NHS Foundation Trust	Mr Marius Paraoan	Wigan Borough	320,300
TOTAL			**3,329,200**

2.2 Specialist Colorectal Cancer Team

Specialist Team	SMDT Lead Clinician	Referring MDTs	Catchment Population
Anal Cancer	Mr A Renehan, The Christie	All Network MDTs	3,329,200

2.3 NHS Screening Assessment Units

Assessment Unit	Host Trust	CCGs in Catchment	Catchment Population
Bolton Screening Centre	Bolton NHS Foundation Trust – Royal Bolton Hospital	Bolton Wigan Borough Salford	294,600 320,300 247,600
Pennine Screening Centre	Pennine Acute Hospitals NHS Trust – Fairfield General Hospital	Bury Oldham Heywood, Middleton & Rochdale Manchester (North)	195,000 239,600 223,300 183,200
Cheshire Screening Centre	Mid Cheshire Hospitals NHS Foundation Trust – Leighton Hospital	East Cheshire Vale Royal South Cheshire	201,000 102,100 173,200
Withington Screening Centre	Central Manchester University Hospitals NHS Foundation Trust –	Trafford Stockport Tameside & Glossop	233,100 299,000 240,300

	Withington Community Hospital	Manchester (Central & South)	376,900
TOTAL			3,329,200

The named NHS BCSP assessment units will carry out the diagnostic process for patients screened within their own catchment. After diagnosis patients, if clinically appropriate, will be offered a choice of treatment locations but in general should be referred back to their own local trust.

2.4 Manchester Cancer

Manchester Cancer covers a population of over 3 million served by the following organisations:

North West Sector:
Wrightington Wigan and Leigh NHS Trust
Royal Bolton Hospital NHS Foundation Trust
Salford Royal NHS Foundation Trust

North East Sector:
Pennine Acute Hospitals NHS Trust (Bury, North Manchester, Oldham, Rochdale)
Central Manchester University Hospitals NHS Foundation Trust

South Sector

Tameside Acute NHS Foundation Trust
Stockport Foundation NHS Trust
University Hospital of South Manchester NHS Foundation Trust
Christie Hospital NHS Foundation Trust
East Cheshire NHS Trust

The Christie Hospital is the Tertiary Referral Centre for the region. Radiotherapy is delivered at Christie Hospital and the satellite radiotherapy units based at Royal Oldham Hospital and Salford Royal.

Some chemotherapy and clinical trials will continue to be delivered from Christie Hospital, although local chemotherapy is currently available at:

- Wigan
- Bolton
- Oldham
- East Cheshire
- Mid Cheshire

2.5 Pathway Board Terms of Reference (Measure 14-1C-105d)

The GMCCN NSSG for Colorectal Cancer had been a functional and effective group with strong clinical representation from all trusts and had made significant achievements. It was primarily focussed on secondary care with strong surgical representation. As colorectal cancer is a common condition, with MDTs in all the trusts, multiple professionals are involved in the patient pathway and had been involved in the previous NSSG. Limiting representation to a single individual from each trust onto the Pathway Board ran the risk of alienating clinicians and destroying clinical engagement and enthusiasm.

Consequently, the decision was made for this tumour group, to create 2 overlapping groups – a Pathway Board group, to represent all specialities involved in patient care across the pathway including a single representative from each trust and a Clinical Subgroup, with up to 3 individuals per trust (one of whom would also be the Pathway Board representative). This had the advantage of allowed the Clinical Subgroup to focus on issues mainly relating to secondary care and the Pathway Board to have a more strategic focus. The meetings alternate between the Pathway Board and Clinical Subgroup and the minutes of each are circulated to the whole group.

The Colorectal Pathway Board is a multi-professional group chaired by Sarah Duff, a Consultant Colorectal Surgeon from University Hospital South Manchester. These are the Board's Terms of Reference.

Terms of Reference

These terms of reference were agreed on 19th March 2014 by Sarah Duff, Pathway Clinical Director for Colorectal Cancer, and Mr David Shackley, Medical Director of Greater Manchester Cancer Services, on behalf of the Greater Manchester Cancer Services Provider Board. The terms of reference will be subject to future review.

The Pathway Board

The Colorectal Cancer Pathway Board is a cancer care specific board with responsibility to improve cancer outcomes and patient experience for local people across Greater Manchester and areas of Cheshire (a catchment population of 3.2 million). This area is synonymous with the old Greater Manchester and Cheshire Cancer Network area.

The Pathway Board is led by a Pathway Clinical Director and is formed of a multidisciplinary team of clinicians and other staff from all of hospital trusts that are involved in the delivery of colorectal cancer care in Greater Manchester. The Pathway Board also has membership and active participation from primary care and patients representatives.

The Colorectal Cancer Pathway Board reports into and is ultimately governed and held to account by the Greater Manchester Cancer Services Provider Board.

Greater Manchester Cancer Services Provider Board

The Greater Manchester Cancer Services Provider Board is responsible for the service and clinical delivery arm of Manchester Cancer, Greater Manchester's integrated cancer system. Manchester

Cancer has two other arms: research and education (see appendix for the structure of Manchester Cancer).

The Provider Board is independently chaired and consists of the Chief Executive Officers of the ten acute hospital trusts in the Greater Manchester area:

- Bolton NHS Foundation Trust
- Central Manchester University Hospitals NHS Foundation Trust
- East Cheshire NHS Trust
- Pennine Acute NHS Trust
- Salford Royal NHS Foundation Trust
- Stockport NHS Foundation Trust
- Tameside Hospital NHS Foundation Trust
- The Christie NHS Foundation Trust
- University Hospital of South Manchester NHS Foundation Trust;
- Wrightington, Wigan and Leigh NHS Foundation Trust;

The Provider Board regularly invites representatives of commissioners, the Strategic Clinical Network, and Manchester Cancer to its meetings.

Purpose of the Pathway Board

The purpose of the Pathway Board is to improve cancer care for patients on the Greater Manchester colorectal cancer pathway. Specifically, the Pathway Board aims to save more lives, put patients at the centre of care, and improve patient experience. The Board will represent the interests of local people with cancer, respecting their wider needs and concerns. It is the primary source of clinical opinion on this pathway for the Greater Manchester Cancer Services Provider Board and Greater Manchester's cancer commissioners.

The Pathway Board will gain a robust understanding of the key opportunities to improve outcomes and experience by gathering and reviewing intelligence about the colorectal cancer pathway. It will ensure that objectives are set, with a supporting work programme that drives improvements in clinical care and patient experience.

The Pathway Board will also promote equality of access, choice and quality of care for all patients within Greater Manchester, irrespective of their individual circumstances. The Board will also work with cancer commissioners to provide expert opinion on the design of any commissioning pathways, metrics and specifications.

Role of the Pathway Board

The role of the Colorectal Cancer Pathway Board is to:

Represent the Greater Manchester Cancer Services professional and patient community for colorectal cancer.

Identify specific opportunities for improving outcomes and patient experience and convert these into agreed objectives and a prioritised programme of work.

Gain approval from Greater Manchester's cancer commissioners and the Greater Manchester Cancer Services Provider Board for the programme of work and provide regular reporting on progress.

Design and implement new services for patients where these progress the objectives of commissioners and Greater Manchester Cancer Services, can be resourced, and have been shown to provide improvements in outcomes that matter to patients.

Ensure that diagnosis and treatment guidelines are agreed and followed by all teams in provider trusts, and are annually reviewed.

Ensure that all providers working within the pathway collect the pathway dataset measures to a high standard of data quality and that this data is shared transparently amongst the Pathway Board and beyond.

Promote and develop research and innovation in the pathway, and have agreed objectives in this area.

Monitor performance and improvements in outcomes and patient experience via a pathway scorecard, understanding variation to identify areas for action.

Escalate any clinical concerns through provider trusts.

Highlight any key issues that cannot be resolved within the Pathway Board itself to the Medical Director of Greater Manchester Cancer Services for assistance.

Ensure that decisions, work programmes, and scorecards involve clearly demonstrable patient participation.

Share best practices with other Pathway Boards within Greater Manchester Cancer Services.

Contribute to cross-cutting initiatives (e.g. work streams in living with and beyond cancer and early diagnosis).

Discuss opportunities for improved education and training related to the pathway and implement new educational initiatives.

Develop an annual report of outcomes and patient experience, including an overview of progress, difficulties, peer review data and all relevant key documentation. This report will be published in July of each year and will be the key document for circulation to the Provider Board. A template for this report is available so that all Pathway Boards complete the report in a similar manner.

Membership principles

All member organisations of Greater Manchester Cancer Services will have at least one representative on the Pathway Board unless they do not wish to be represented.

Provider trusts not part of Greater Manchester Cancer Services can be represented on the Pathway Board if they have links to the Greater Manchester colorectal cancer pathway.

All specialties and professions involved in the delivery of the pathway will be represented.

The Board will have at least one patient or carer representative within its membership

One professional member of the Pathway Board will act as a Patient Advocate, offering support to the patient and carer representative(s).

The Board will have named leads for:

- Early diagnosis
- Pathology
- Radiology
- Surgery
- Oncology
- Specialist nursing
- Living with and beyond cancer ('survivorship')
- Research
- Data collection (clinical outcomes/experience and research input).

It is possible for an individual to hold more than one of these posts. The Pathway Clinical Director is responsible for their fair appointment and holding them to account.

These named leads will link with wider Greater Manchester Cancer Services Boards for these areas where they exist.

All members will be expected to attend regular meetings of the Pathway Board to ensure consistency of discussions and decision-making (meeting dates for the whole year will be set annually to allow members to make arrangements for their attendance).

A register of attendance will be kept: members should aim to attend at least 5 of the 6 meetings annually and an individual's membership of the Pathway Board will be reviewed in the event of frequent non-attendance.

Each member will have a named deputy who will attend on the rare occasions that the member of the Board cannot.

Frequency of meetings

Both the Colorectal Cancer Pathway Board and the Clinical Subgroup will meet every four months.

Quorum

Quorum will be the Pathway Clinical Director plus five members of the Pathway Board or their named deputies.

Communication and engagement

Accurate representative minutes will be taken at all meetings and these will be circulated and then validated at the next meeting of the Board.

All minutes, circulated papers and associated data outputs will be archived and stored by the Pathway Clinical Director and relevant Pathway Manager.

The Pathway Board will design, organise and host at least one open meeting per year for the wider clinical community and local people. This meeting or meetings will include:

- An annual engagement event to account for its progress against its work programme objectives and to obtain input and feedback from the local professional community
- An annual educational event for wider pathway professionals and interested others to allow new developments and learning to be disseminated across the system

Representatives from all sections of the Greater Manchester Cancer Services professional body will be invited to these events, as well as patient and public representatives and voluntary sector partners.

An annual report will be created and circulated to the Medical Director of the Greater Manchester Cancer Services Provider Board by 31st July of each calendar year.

The agendas, minutes and work programmes of the Pathway Board, as well as copies of papers from educational and engagement events, will be made available to all in an open and transparent manner through the Greater Manchester Cancer Services website once this has been developed.

Administrative support

Administrative support will be provided by the relevant Pathway Manager with the support of the Greater Manchester Cancer Services core team. Over the course of a year, an average of one day per week administrative support will be provided.

2.6 Pathway Board membership (Measure 14-1C-104d)

GREATER MANCHESTER CANCER SERVICES COLORECTAL PATHWAY BOARD MEMBERS (PB=pathway board, CSG=clinical subgroup)
Clinical Director: Mrs Sarah Duff, Colorectal Surgeon, UHSM
GP: Dr Sarah Taylor, Macmillan GP
Screening: Dr Alistair Makin, Consultant Gastroenterologist, CMFT
NW Screening QA/Public Health England: Ms Billie Moores
Trust Representatives:

Bolton Mr Paul Harris, Colorectal Surgeon (PB/CSG) Dr David Bisset, Consultant Histopathologist (CSG) Dr Rubeena Razzaq, Consultant Radiologist (CSG) **Christie** Mr Malcolm Wilson, Colorectal Surgeon (PB/CSG) Mr Scott Brown, Clinical Nurse Specialist (CSG) Chelliah Selvasekar, Colorectal Surgeon (CSG) **CMFT** Rajeev Kushwaha (PB/CSG) Deborah Hitchen, Clinical Nurse Specialist (CSG) Margaret Parker, Clinical Nurse Specialist (CSG) **East Cheshire** Mr Usman Khan, Colorectal Surgeon (PB/CSG) Mrs Angela Jeff, Clinical Nurse Specialist (CSG) Mr Simon Ward, Colorectal Surgeon (CSG) **Mid Cheshire** Mrs Caroline Bruce, Colorectal Surgeon (PB/CSG) Mrs Heather Hughes, Macmillan Colorectal Clinical Nurse Specialist (CSG) Dr Ming Tee, Consultant Radiologist (CSG)/ Dr De Anirban, Consultant Radiologist (CSG) **Pennine** Mr Saad Salman, Colorectal Surgeon (PB/CSG) Mr Peter Byrne, Colorectal Surgeon (CSG) Mr Zahirul Huq, Colorectal Surgeon (CSG)	**Salford** Ms Amanda Ogden, Clinical Nurse Specialist (PB/CSG) Mr Dominic Slade, Colorectal Surgeon (CSG) Ms Vicky Kenyon, Clinical Nurse Specialist (CSG) **Stockport** Mr Edwin Clark, Colorectal Surgeon (PB/CSG) Mr Sajal Rai, Colorectal Surgeon (CSG) Ms Rebecca Costello, Clinical Nurse Specialist (CSG) **Tameside** Mr Kamran Siddiqui, Colorectal Surgeon (PB/CSG) **UHSM** Dr Anna Davenport, Consultant Histopathologist (PB/CSG) Mr Aswatha Ramesh, Colorectal Surgeon (CSG) Dr Rudralingam, Consultant Radiologist (CSG) **Wigan** Mr Marius Paraoan, Colorectal Surgeon (PB/CSG) Ms Yvonne Chantler, Colorectal Clinical Nurse Specialist (CSG)

HPB: Mr Rahul Despande, Consultant HPB Surgeon, Pennine
Medical oncology/research: Dr Michael Braun, Medical Oncologist, Christie
Clinical oncology: Dr Mark Saunders, Clinical Oncologist, Christie
Clinical Oncology: Dr Vivek Misra, Clinical Oncologist, Christie
Stoma care: Ms Sheila Dolan, Lead Stoma Nurse, Stoma Services
Radiotherapy paths/patient advocacy: Ms Lucy Davidson, Christie
Palliative care: Dr Samantha Kay/Sr Gill Bulpin, Macmillan Nurse, UHSM
Colorectal Specialist Nursing/palliative care/survivorship: Debbie West, CNS, UHSM
Patient representative: TBC

3. PATHWAYS AND GUIDELINES

The Pathway Board has only been in place since spring 2014 and has not yet had the opportunity to review its clinical guidelines and patient pathways. As such, the guidelines created by the previous cancer network group have been adopted until such time as they can be reviewed and updated in the coming year.

All of the relevant documentation remains on the legacy website of the old cancer network www.gmccn.nhs.uk and will be migrated to the Manchester Cancer website over the coming months www.manchestercancer.org.

A full list of active current guidelines and their renewal dates will be produced for the updated constitution of July 2015.

3.1 Policy and list of laparoscopic colorectal cancer surgical practitioners (Measure 14-1C-102d)

ColorectalCSGLaparoscopicSurgicalGuidelin

3.2 Network Colorectal Stenting Policy (Measure 14-1C-103d)

ColorectalCSGStentingGuidelines-Appendix

3.3 Clinical Guidelines for Colorectal Cancer (Measure 14-1C-107d) and Clinical Guidelines for Anal Cancer (Measure 14-1C-108d)

Multiple documents – please see website.

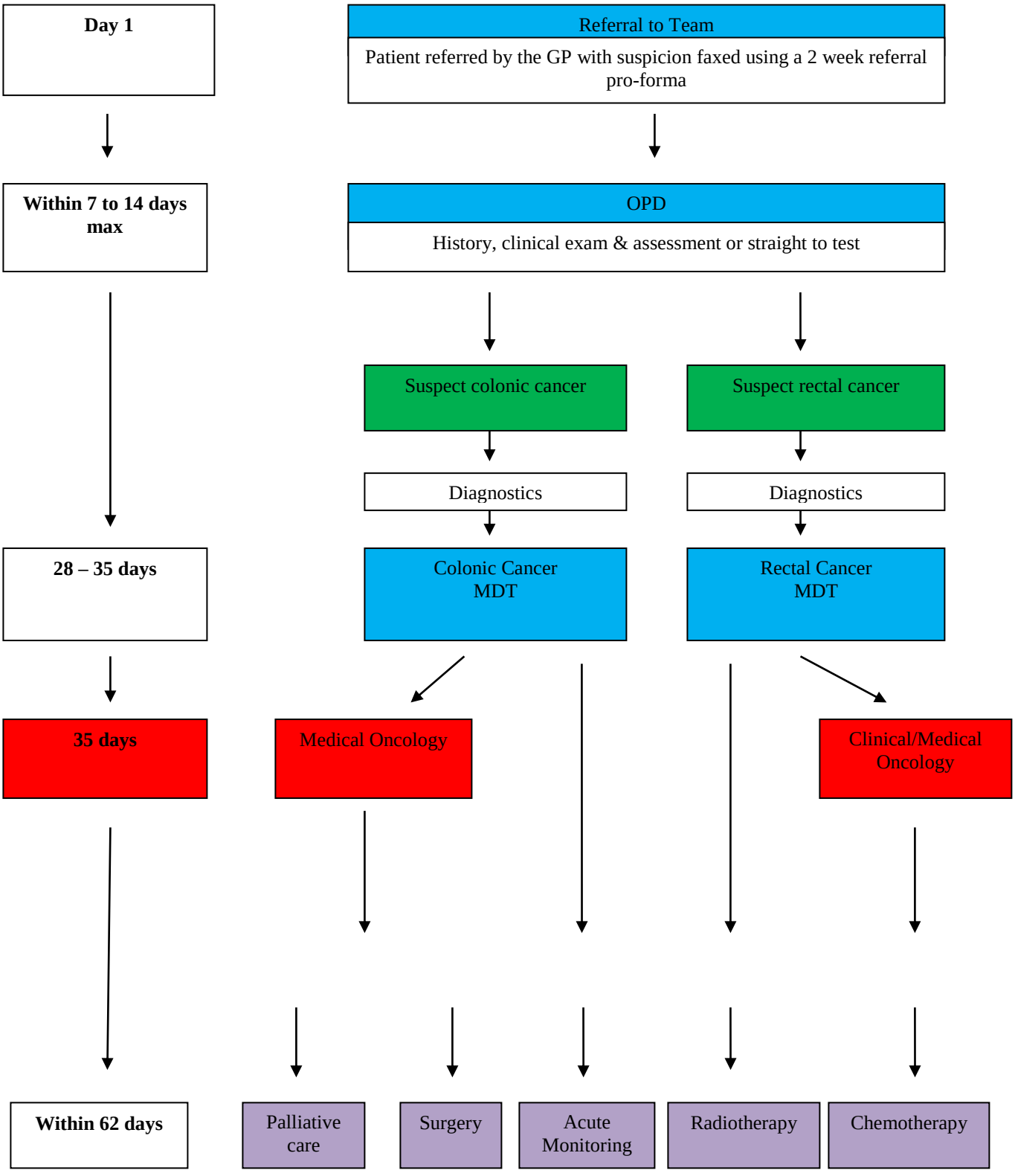
3.4 Chemotherapy Treatment Algorithms (Measure 14-1C-109d)

ChemotherapyTreatmentAlgorithms-Appe

3.5 Patient Pathways for Colorectal Cancer (Measure 14-1C-110d)

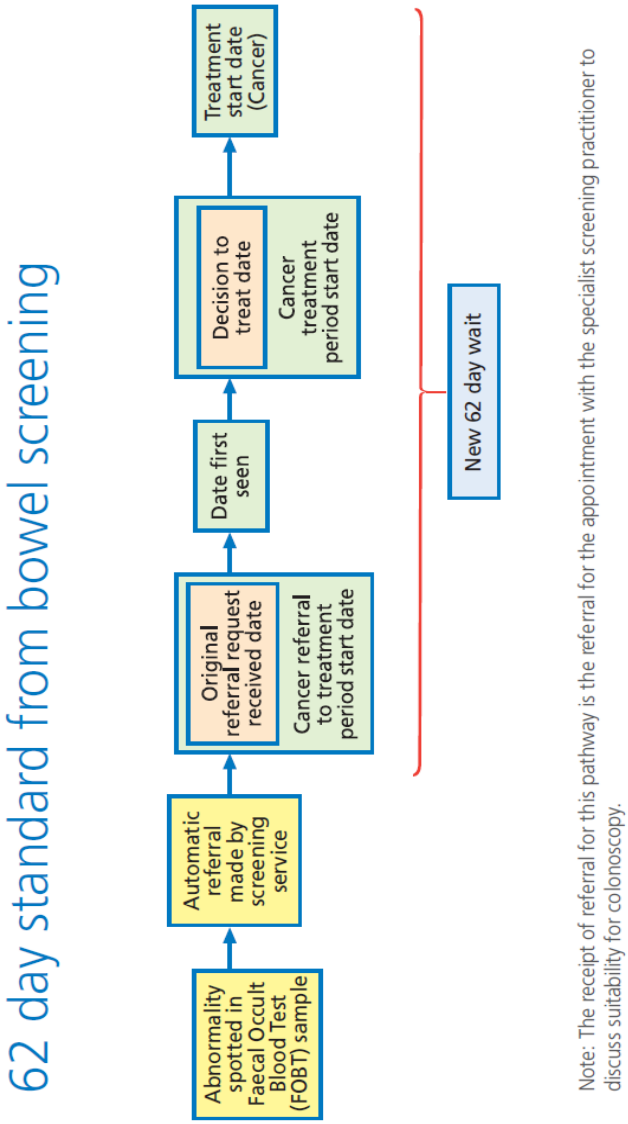
Colorectal Cancer Pathway - 62 day target for patients referred as suspected cancer

This pathway applies to all patients referred as suspected cancer by their GP, and any patients diagnosed with cancer after routine referral.



Colorectal Cancer Pathway
Patients with Screen Detected Colorectal Cancer

This pathway applies to all patients with colorectal cancer diagnosed from the NHS Bowel Screening Programme



Note: The receipt of referral for this pathway is the referral for the appointment with the specialist screening practitioner to discuss suitability for colonoscopy.

3.6 Patient Pathways for Anal Cancer (Measure 14-1C-111d)

PathwayforSkinCanc
erofAnalandPerianalA

3.7 Referral to Diagnostic Services and Onward Referral (Measure 14-1C-112d)

NetworkAgreedOnw
ardReferralPolicy-App

3.8 Network Policy on Named Medical Practitioner with Clinical Responsibility (Measure 14-1C-113d)

NetworkPolicyonNam
edMedicalPractitioner

3.9 Network Guidelines for the Management of Surgical Emergencies (Measure 14-1C-114d)

NetworkAgreedGuide
linesforSurgicalEmerg