SCAN Colorectal Group
Friday 7th September 2012

14.15 – 16.15pm
Oncology Seminar Room, WGH with videolink to VHK

MINUTES

Present
Ibrahim Amin Consultant Surgeon, NHS Fife
Angie Balfour ERAS Nurse Practitioner, NHS Lothian
Mohammad Hosny Consultant General & Colorectal Surgeon, NHS Borders
Sheena Mackenzie SCAN Groups and Communications Co-ordinator
James Mander (Chair) Consultant Colorectal Surgeon, NHS Lothian
Maureen Morgan CNS, NHS Fife
Peigi Muir SCAN Audit Facilitator
Hugh Paterson Consultant Colorectal Surgeon, NHS Lothian
Hamish Phillips Clinical Oncologist, ECC
Graeme Wilson Consultant Colorectal Surgeon, NHS Lothian
Satheesh Yalamarthi Consultant Surgeon, NHS Fife

Apologies
Alison Allen SCAN Audit Manager
Lesley Dawson Consultant Oncologist, ECC
Stephen Glancy Consultant Radiologist, NHS Lothian
Dermot Gorman Public Health Consultant, NHS Lothian
Rachel Haigh CNS, NHS Lothian
Martin Keith Senior Cancer Information Officer, NHS D&G
Maureen Lamb Cancer Audit Facilitator, NHS Fife
Joyce Livingston CNS, NHS Lothian
Kate Macdonald Network Manager, SCAN
Lynn Smith Cancer Audit Facilitator, NHS Borders
Ali Stewart CNS, NHS Lothian
Stuart Whitelaw Consultant Colorectal Surgeon, NHS D&G

A full membership list is available on [www.scan.scot.nhs.uk](http://www.scan.scot.nhs.uk)

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<td>Introductions, apologies, minutes</td>
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The notes of the meeting on 1st June 2012 were approved.

**Matters arising**

Quality Improvement Indicators (QPIs) – As requested at the June meeting, Peigi Muir had provided data on patients with Dukes B or C cancer receiving adjuvant chemotherapy. It was agreed that feedback should be given to the Colorectal QPI Development Group that the target levels for the draft adjuvant chemotherapy standards were unrealistic. It was agreed that the MDM sheet review which Ali Stewart and Joyce Livingston had offered to do would not be required.
Action: James Mander to feed back to the Colorectal QPI Development Group that the target levels for the draft adjuvant chemotherapy standards are unrealistic.

2 SCAN Issues

Sheena Mackenzie gave an update on regional and national developments, including:

**Cancer modernisation funding** – The Lothian Cancer Planning and Implementation Group will be considering bids against the 2013/14 funding allocation (for radiotherapy, surgical oncology and acute oncology projects) at its meeting on 5th October. Other SCAN boards have their own funding allocations and application procedures.

**Chemotherapy CEL** – The process for reviewing compliance with the CEL will be co-ordinated by Health Improvement Scotland (HIS) but the details of the process have not yet been finalised. Auditing will be carried out at a board and regional level.

**Chemotherapy Prescribing and Administration System (CEPAS)** – Electronic prescribing is scheduled to be rolled out for all tumour types by the end of the year.

3 Workplan

- **Equity of Access to Treatment for Colorectal Patients in SCAN**
  
  Hugh Paterson presented the findings of a study of deprivation and access to treatment for colorectal cancer in South East Scotland 2003-2009. He said that the study had found:

  - no association between deprivation and age, gender, tumour site or stage at diagnosis.
  - differences in the deprivation distributions in the SCAN boards
  - an association between deprivation and resection (resection was more likely in the most affluent quintile than in the least affluent). This association disappeared when board area was included in the analysis.
  - an association between deprivation and chemotherapy treatment (chemotherapy treatment was more likely in the most affluent quintile than in the least affluent) which remained when board area was included in the analysis.
  - no association between deprivation and permanent stoma formation.

  The Group noted that co-morbidities might be responsible for differences in treatment rates but that the impact of co-morbidities was difficult to assess. It was suggested that one way of addressing this might be to document the reasons for patients not being offered treatments at the MDM.

  Group members confirmed that they were happy for Hugh Paterson to continue to use and analyse the data and asked him to report back to the Group on his findings.
Detect Cancer Early (DCE) – Update
It was noted that each board now had a DCE group and that the Scottish bowel cancer media campaign in 2013 would focus on increasing the uptake of screening.

Bowel Screening
Board representatives gave updates on bowel screening in their boards. Hamish Phillips highlighted the clear survival benefits for those participating in screening. It was agreed that James Mander should circulate a table to the Lead Colorectal Clinicians to collect key summary data, that the Colorectal Group should review bowel screening data on an annual basis and that data on screening should be included in future comparative audit reports.

Action: James Mander to circulate a table to the Lead Colorectal Clinicians to collect key summary data on bowel screening.

Protocols
Group members reviewed the regional protocol for colorectal cancer follow up for patients having potentially curative resection. It was noted that practices in relation to CEA checks, CT scans and completion colonoscopy were similar in all areas but that the overall duration of follow up varied across boards:

Lothian: Colon (3 years) / Rectal (4 years)
Borders: Colon (4 years) / Rectal (5 years)
Fife: Colon (5 years) / Rectal (5 years)

James Mander highlighted an anomaly in the frequency of surveillance colonoscopies, whereby patients with polyps were having colonoscopies every 3 years compared to every 5 years for patients who had diagnosed cancers.

Action: James Mander to amend the section on surveillance colonoscopy in the regional colorectal follow up protocol.

Audit
Action from 2010 comparative report – It was agreed that James Mander should write a comment to explain that there were appropriate reasons why not all patients would see a colorectal CNS.

2011 comparative report – Peigi Muir reported that the Colorectal Lead Clinicians had met on 31st August to discuss the draft audit report for 2011 and that an amended version would be circulated to the whole Group when Fife data and the Chair’s comments had been added. James Mander said that the report showed that standards of care and morbidity/mortality figures were very good but there were still some access issues relating to surgery and oncology.

McKinsey Colorectal Cancer Improvement Network
James Mander reported that NHS Lothian was one of a number of disparate organisations involved in a 2-year project being coordinated by McKinsey. He said that the initial focus had been on collecting a wide range of data and that he would feed back to the Group when there was anything concrete to report.
• **Colonoscopy Short-Life Working Group Output Report**
  James Mander said that the national colonoscopy short-life working group had set out to examine current and future demand and capacity but that the data on which the output report had been based was not robust.

• **Study Day on Rectal Disease**
  James Mander advised the Group that a study day on rectal disease would be held in March 2013. Suggested topics included a report on a study on short-course radiotherapy (Hamish Phillips), the deprivation study (Hugh Paterson), TEMS (Chinna Reddy/David Anderson), recurrent rectal cancer (Mike Duff), liver mets (James Powell) and a blind discussion of anonymised cases.

• **Multidisciplinary Operating for Complex Cases**
  James Mander said that the situation in Lothian had improved slightly but needed to be kept under review.

• **Laparoscopic Surgery**
  Mohammad Hosny and Satheesh Yalamarthi reported that the use of laparoscopic surgery in Borders and Fife was increasing. James Mander reminded them that support was available from Lothian colleagues if required.

4 Any other business

• **NICE quality standard for colorectal cancer** – It was noted that NICE had published a quality standard for colorectal cancer in August 

5 Dates of future meetings

Fri 23rd Nov 2012

All meetings 2.15-4.15pm: Oncology Seminar Room, Western General Hospital, Edinburgh, with videolinks available from Dumfries, VHK and St John’s.