SCAN Colorectal Group  
Friday 1st June 2012  
14.15 – 16.15pm  
Oncology Seminar Room, WGH with videolink to Dumfries  

**MINUTES**

**Present**
- Alison Allen  SCAN Audit Manager
- Angie Balfour  ERAS Nurse Practitioner, NHS Lothian
- Paul Fineron  Consultant Histopathologist, NHS Lothian
- Stephen Glancy  Consultant Radiologist, NHS Lothian
- Mohammad Hosny  Consultant General & Colorectal Surgeon, NHS Borders
- Martin Keith  Senior Cancer Information Officer, NHS D&G
- Maureen Lamb  Cancer Audit Facilitator, NHS Fife
- Joyce Livingston  CNS, NHS Lothian
- Sheena Mackenzie  SCAN Groups and Communications Co-ordinator
- James Mander  Consultant Colorectal Surgeon, NHS Lothian
- Peigi Muir  SCAN Audit Facilitator
- Hamish Phillips  Clinical Oncologist, ECC
- Ali Stewart  Colorectal Cancer Nurse Specialist, NHS Lothian
- Mary Urquhart  Colorectal Nurse Specialist, NHS Fife

**Apologies**
- Dermot Gorman  Public Health Consultant, NHS Lothian
- Kate Macdonald  Network Manager, SCAN
- Graeme Wilson  Consultant Colorectal Surgeon, NHS Lothian
- Satheesh Yalamarthi  Consultant Surgeon, NHS Fife

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

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<th>Item</th>
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<td>1</td>
<td><strong>Introductions, apologies, minutes</strong></td>
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<td>The notes of the meeting on 25th November 2011 were approved.</td>
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<td><strong>SCAN Issues</strong></td>
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<td>Sheena Mackenzie gave an update on regional and national developments:</td>
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<td><strong>Chemotherapy CEL</strong> – Due to be published in August.</td>
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<td><strong>Radiotherapy Capacity</strong> – The scoping project undertaken by WOSCAN and SCAN recommended that WOSCAN should develop a business case for a West of Scotland satellite radiotherapy centre at Monklands Hospital. The Scottish Government has agreed that work on radiotherapy capacity in SE Scotland will be undertaken in conjunction with the new Radiotherapy Programme Board.</td>
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Chemotherapy Electronic Prescribing and Administration System (CEPAS) – Lucy Wall has replaced Sally Clive as the Clinical Lead for the project. Concerns have been raised about delays in accessing blood test results and this issue is being investigated.

Transforming Care After Treatment (TCAT) – The details of this new national programme, which is being supported by Macmillan, have not been finalised but areas of interest include survivorship and models of follow up. James Mander said that colorectal follow up protocols would be reviewed at the September meeting.

SCAN Website - Sheena Mackenzie gave a demonstration of the refreshed SCAN website (www.scan.scot.nhs.uk) which had been launched on 8th May. She said that, with the advent of NHS Inform, the focus on local content – information about hospitals and travel, sources of support and money advice – had been increased. Initial feedback from patients and health professionals had been very positive, with users saying they found the revised site attractive and easy to use.

Sheena said that further feedback would be sought, to inform fine-tuning of the site, and encouraged Group members to visit the site and let her have their comments.

3 Workplan

- Colorectal Cancer QPI Development
Colorectal Group members discussed the draft colorectal QPIs. James Mander said that the brief for the QPI development group had been to develop around 10 standards. He said that the group had been keen for the standards to be clinically relevant, to cover the whole patient pathway and to be challenging enough to drive service improvement.

There were queries about the target level for patients receiving adjuvant chemotherapy. It was agreed that Peigi Muir should provide data on the surrogate measure - proportion of patients with Dukes B or C cancer receiving adjuvant chemotherapy. Ali Stewart and Joyce Livingston offered to review MDM sheets from the past three years.

James Mander asked Group members to send him any comments on the draft QPIs.

Alison Allen said that CEL 06 (2012) – National Cancer Quality Programme placed a duty on health boards to ensure they had resource in place to collect the necessary audit data. She confirmed that at present the SCAN boards had audit staff in place to collect the data required for QPIs.

Actions:
Peigi Muir to provide data on the proportion of patients with Dukes B or C cancer receiving adjuvant chemotherapy.

Ali Stewart and Joyce Livingston to review MDM sheets for the past three years to provide information on the percentage of patients with stage III and high-risk stage II colorectal cancer offered adjuvant chemotherapy.

Peigi Muir
Ali Stewart
Joyce Livingston
Group members to send James Mander comments on the draft colorectal QPIs.

- Detect Cancer Early (DCE) / Colonoscopy Short-Life Working Group
  The Scottish Government has set a target to increase the proportion of those diagnosed and treated in the first stage of cancer (for the three types combined: breast, colorectal and lung) by 25% by the end of December 2015.

  Alison Allen said that the Scottish Government had requested returns of baseline data by the end of July.

  James Mander said that the three Scottish colorectal cancer networks were concerned that DCE would increase referrals of ‘the worried well’ and were trying to persuade the Scottish Government to focus on increasing the uptake of screening.

  Stephen Glancy highlighted the potential impact of DCE on radiology, citing anecdotal evidence from D&G of a 15% increase in workload.

  James Mander said that the Scottish Government had provided funding to boards to support DCE and that in Lothian a significant amount was being spent on diagnostics.

  James Mander advised the Group that the Colonoscopy Short-Life Working Group which he and Stephen Glancy attended had been renamed the Colonic Imaging Group and that it was likely that CT colonography would be increasingly utilised in the investigation of patients with colorectal symptoms.

- Study Afternoons
  James Mander said that the national polyp meeting in March had been a great success and that a consensus document was being developed. He proposed that education events might be organised on an annual basis and invited ideas about topics for the next meeting. It was suggested that the 2013 meeting might focus on rectal cancer, with possible presentations on rectal TEMS, function post anterior resection and the results of a study on short-course radiotherapy. It was agreed that James Mander and Hamish Phillips should lead on developing plans for the education day in 2013.

  Action: James Mander and Hamish Phillips to plan colorectal education day for 2013.

- Multidisciplinary Operating for Complex Cases
  James Mander said that there were issues in Lothian in relation to joint operating with gynae or urological surgeons. Group members confirmed that this was not a problem in other boards.

- Audit
  Submission of SCAN data to the UK Bowel Cancer Audit
  The Group noted the report on the submission of SCAN data to the UK Bowel Cancer Audit, which had been circulated with the meeting papers. James Mander said that SCAN was the first region in Scotland to submit data to the UK audit. He highlighted the
importance of the UK audit for benchmarking and commended Peigi Muir and Mark Potter for co-ordinating the SCAN submission.

Mr Mander said that the three Scottish colorectal cancer leads were all keen to provide data for future UK Bowel Cancer Audits. Martin Keith said that audit resource issues in Dumfries & Galloway might prevent D&G from contributing. Alison Allen said that she hoped future UK Bowel Cancer Audit reports might include more commentary on the Scottish data.

**Progress on actions from 2010 comparative audit**
Lack of robust data from stoma nurses – It was noted that the problem related to the lack of databases for stoma nurses in Lothian and D&G but that that David Lawson had now set up a database for Lothian.

Referrals to CNS service – It was agreed that a comment should be included in the 2011 report to explain that it may not be appropriate to refer patients with polyp cancers to CNSs. Colorectal Leads should discuss this matter further at the next audit meeting.

- **Guidelines**
  It was noted that the revised SIGN guideline on colorectal cancer which was been published in November 2011 contained no changes in relation to Oncology and few changes in relation to surgery.

### 4 Any other business

**Manpower**
Martin Keith reported that interviews had not yet taken place but interest had been shown in the post.

Paul Fineron said that, in Pathology, funding had been secured to replace Alastair Lessells. He queried whether the chronic staffing shortages in D&G pathology staffing had been resolved.

**Enhanced recovery after surgery (ERAS)** – Angie Balfour said that enhanced recovery after colorectal surgery, which NHS Lothian had been practising for some years, was now part of a national programme.

**Bowel screening** – James Mander asked boards to provide an update on bowel screening at the September meeting.

**Action:** Boards to provide an update on bowel screening at the September meeting.

### 5 Dates of future meetings

Fri 7th Sept 2012
Fri 23rd Nov 2012

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