

Colorectal Tumour Site Specific Group meeting
Thursday 8th October 2026
Microsoft Teams
09:30-11:30

Final Meeting Notes

Present	Initials	Title	Organisation
Chris Wright (Chair for today's meeting)	CW	Consultant Colorectal & General Surgeon	MTW
Ruby Einosas	RE	Faster Diagnosis Nurse Specialist	MTW
Aura Astirbadi	AA	Faster Diagnostic Service (FDS) Unit Manager	MTW
Katherine Pidwell	KP	FDS STT Colorectal Nurse	MTW
Janine Ramilo	JR	FDS STT Colorectal Nurse	MTW
Rakesh Raman	RR	Consultant Clinical Oncologist	MTW
Monika Verma	MV	Consultant Histopathologist	MTW
Victoria Buzza	VB	CTC Lead Radiographer	MTW
Raza Moosvi	RM	Consultant General, Laparoscopic and Colorectal Surgeon	MTW
Elaine Ellis	EE	Colorectal Oncology CNS	MTW
Meeta Durve	MD	Consultant Clinical Oncologist	MTW
Samantha Seker	SSe	Oncology CNS - Colorectal	MTW
Sukanya Ghosh	SGh	Consultant Radiologist	MTW
Charmaine Adeyemi-Walker	CAW	Cancer Services Ops Manager	DGT
Victoria Lynn	VL		DGT
Rebecca Steele	RS	Endoscopy Service Manager	DGT
Dawn Stewart	DS	Cancer Pathway Lead	DGT
Charli Selvage-Owen	CSO	Bowel Cancer Screening Manager - West Kent & Medway	DGT
Sue Stubbs	SSt	Macmillan Colorectal & Early Diagnosis CNS	DGT
Lawrence Ribero-Moreno	LRM	Nurse - Endoscopy	DGT
Helena Price	HP	Colorectal Early Diagnosis CNS	DGT
Laura Horton	LH	Lead SSP - Bowel Cancer Screening	DGT
Jaime-Leigh Shadwell	JLS	Bowel Cancer Screening Admin Supervisor	EKHUFT
Sarah McMurdo	SM	Operations Manager – Endoscopy Unit\	EKHUFT

Michelle White	MiW	Endoscopy Operations Manager	EKHUFT
Jade Pilcher	JP	Programme Manager for Bowel Cancer Screening	EKHUFT
Molly White	MoW	Metastatic Colorectal Cancer CNS	EKHUFT
Catherine Flannelly-Kemp	CFK	Lead Specialist Screening Practitioner	EKHUFT
Jenni Tutt	JT	Colorectal Cancer Clinical Nurse Specialist	EKHUFT
Chris Fox	CF	Consultant Gastroenterologist	EKHUFT
Deniece Merrall	DM	Macmillan Colorectal CNS	EKHUFT
Kate Lynes	KL	Consultant General & Colorectal Surgeon	EKHUFT
Stella Grey	SGr	General Manager - General Surgery & Colorectal	EKHUFT
Joseph Sebastian	JS	Consultant General Surgeon / MDT Lead	EKHUFT
Ruth Burns	RB	Macmillan Lead Colorectal CNS	EKHUFT
Emma Lloyd	EL	Cancer Pathways Improvement Project Manager	KMCA
Jonathan Bryant	JB	Primary Care Cancer Clinical Lead	KMCA
Sarah-Jane Taylor-Seres	SJTS	Associate Director - Endoscopy Programme	KMCA
Laura Alton	LA	Senior Programme Manager – KMCA Commissioning	KMCA
Ann Courtness	AC	Macmillan Primary Care Nurse Facilitator	KMCA
Karen Glass	KG	PA/Business Support Manager	KMCA/KMCC
Samantha Williams	SW	Administration & Support Officer	KMCC
Colin Chamberlain (Notes)	CC	Administration & Support Officer	KMCC
Mandeep Badyal	MB	Faster Diagnosis Lower GI CNS	MFT
Rosalind Coppard	RC	Macmillan Metastatic Colorectal CSW	MFT
Amy Whale	AWH	Macmillan Colorectal & Generic Oncology CNS	MFT
Karen Hills	KarH	Macmillan Metastatic Colorectal CNS	MFT
Charlotte Higgins	CH	Faster Diagnosis Lower GI CNS	MFT
Andy Langford	AL	Patient Partner	
Apologies			
Pradeep Basnyat (Chair)	PB	Consultant General & Colorectal Surgeon	EKHUFT
Katherine Hills	KatH	Consultant Gastroenterologist	EKHUFT
Jann Yee Colledge	JYC	Consultant Radiologist	EKHUFT
Gemma Luff	GL	Colorectal CNS	MTW
Mark Hill	MH	Consultant Medical Oncologist	MTW
Adenike Williams	AWi	Consultant Clinical Oncologist	MTW

Item	Discussion	Action
1 TSSG Meeting	<p><u>Apologies</u></p> <ul style="list-style-type: none"> The apologies are listed above. <p><u>Introductions</u></p> <ul style="list-style-type: none"> CW, who kindly volunteered to chair today's meeting in PB's absence, welcomed the members to the meeting and asked them to introduce themselves. <p><u>Action log review</u></p> <ul style="list-style-type: none"> The action log was reviewed, updated and will be circulated to the group with the final minutes from today's meeting. <p><u>Review previous minutes</u></p> <ul style="list-style-type: none"> The final minutes from the previous meeting were reviewed and agreed as a true and accurate record. 	
2 Colorectal Workplan	<ul style="list-style-type: none"> LA introduced the colorectal workplan developed through the Colorectal CRG. Members were asked to review the proposed workstreams and identify areas where they would be interested in contributing or providing leadership. Members were not expected to commit during the meeting but were asked to review the material and provide feedback. The group identified apparent overlap between some workstreams, particularly those relating to variation between centres and sharing good practice. It was agreed that the workplan could be refined following feedback, with the intention of keeping the programme as simple and focused as possible. It was confirmed that there were no restrictions on who could lead individual workstreams; members with an interest were encouraged to become involved. CC will circulate the Colorectal TSSG workplan to the group. Expressions of interest can be sent to CC in the first instance. 	
3 GIRFT Lower GI Cancer Review: Kent and	<ul style="list-style-type: none"> It was confirmed that the review meeting will take place virtually on 18.11.2026 (09:00–11:30). The group considered it important that there should be broad representation across all four Trusts. 	

	Medway Cancer Alliance	<ul style="list-style-type: none"> CW emphasised the need for representation from colorectal surgery, oncology, CNS and management, with clinical leads asked to attend or nominate appropriate representatives. It was noted that the invitation appeared to have been sent to generic Trust inboxes associated with the GIRFT programme and may therefore not have reached individual clinical leads. Action: KG to confirm arrangements with Ian Vousden and ensure the GIRFT information is appropriately disseminated. Action: Trust colorectal clinical leads to be contacted directly and asked to ensure appropriate representation at the meeting on 18.11.2026 (09:00-11:30). 	KG All Trusts
4	Colorectal MDT Streamlining @ Service Improvement	<ul style="list-style-type: none"> The group considered a Surrey and Sussex Cancer Alliance document describing approaches to streamlining colorectal MDT meetings. The proposed approach generated discussion, particularly around whether all cases should be discussed at the main MDT and the proposal for a pre-MDT meeting. Members expressed differing views based on local practice. MFT described a pre-MDM involving a small number of staff which was reported to reduce the workload of the main MDT. MTW described a less formal process whereby the colorectal office and pathway coordinator prepare cases throughout the week. The group agreed that there was insufficient understanding of how MDTs currently operate across the four Trusts to determine a single approach. There was support for sharing local practice and identifying variation before considering any standardised model. LA suggested inviting a clinician from Surrey and Sussex Cancer Alliance to explain the implementation, benefits and impact of their approach. This was supported as potentially useful to inform the discussion. Action: Surrey and Sussex Cancer Alliance MDT streamlining material to be circulated with the meeting papers. Action: LA to explore whether a Surrey and Sussex Cancer Alliance clinician could attend and present their experience of MDT streamlining. 	CC LA
5	Performance,	<ul style="list-style-type: none"> The group reviewed data presented by David Osborne (Data Analyst – KMCA) and discussed 	

	Data and Improvement Opportunities	<p>overall workload, referral conversion and pathway performance.</p> <ul style="list-style-type: none"> The following points were highlighted: <ul style="list-style-type: none"> Overall workload across the system remains high. Rapid access pathway conversion rates remain relatively low, as expected. Conversion rates for patients under 40 were particularly low, reflecting the high number of referrals in this age group without cancer. Repeat referrals have a lower conversion rate, although cancers continue to be identified within this group. Performance against the FDS was identified as an area in need of improvement. The 62d standard was comparatively stronger. The 28d standard was identified as a potential area for further consideration. Variation between Trusts remains evident. <p><u>Virtual colonoscopy capacity and waiting times</u></p> <ul style="list-style-type: none"> The group discussed variation in waiting times for virtual colonoscopy, particularly at EKHUFT and MFT. It was noted that patients requiring a virtual colonoscopy may experience substantially longer waits than those undergoing colonoscopy. The group discussed whether this reflected capacity constraints, including the number of slots available to MFT at MTW. CW suggested that MFT should review the number of patients being referred for a virtual colonoscopy and consider whether additional MTW capacity, alternative arrangements or greater use of colonoscopy could improve waiting times. It was noted that MFT did not have representatives from the MDT team present to provide an immediate response. In view of this, CW confirmed he would contact Suzanne Bodkin (Cancer Service Manager – MFT) and request a review of the VC pathway, including demand and waiting times, and then report back to the group in due course. <u>Action:</u> CW to contact Suzanne Bodkin and ask MFT to review the VC pathway, demand and waiting times and report back. 	
6	Trust and Clinical Nurse	<p><u>DGT</u></p> <ul style="list-style-type: none"> DGT reported staffing pressures within both the STT and colorectal CNS services. 	CW

	<p>Specialist Updates</p>	<ul style="list-style-type: none"> Challenges included inappropriate referrals and delays in registrar review of results, which were affecting the STT pathway. A vacant Band 7 Colorectal CNS post has been unfilled for approximately 18 months due to long-term sickness, and there is also long-term sickness affecting the Support Worker service. The recruitment position and staffing pressures will continue to be monitored. <p><u>EKHUFT</u></p> <ul style="list-style-type: none"> EKHUFT reported high volumes of 2ww referrals and concerns regarding the quality and completeness of referral information. A support worker has been appointed at William Harvey Hospital and HNAs are now being undertaken more consistently. SFU was reported to be progressing, with more than 700 patients across the patch. The service identified STT pathways as an area requiring further improvement and efficiency work. A review of specialist nursing services across EKHUFT is also underway. <p><u>MFT</u></p> <ul style="list-style-type: none"> MFT reported significant staffing pressures during the year, including long-term sickness. Staffing levels had begun to improve, although the service remained under considerable pressure. The colorectal CNS team is reviewing the boundaries of the CNS role and seeking to ensure that activity undertaken by CNS staff is appropriate to their remit. The metastatic colorectal CNS service reported an increase in caseload from approximately 100 patients when the service began to almost 170 patients currently. Increasing patient complexity and a younger patient population were also noted. High referral volumes were reported within the FDS service, with associated pressure on colonoscopy capacity. KMCA offered support to MFT to undertake work to improve patient pathways. MFT confirmed that staffing pressures had previously limited engagement but that this could now be revisited. LA and EL confirmed they would be happy to work with MFT to provide support for pathway improvement if they feel this would be helpful. <p><u>MTW</u></p>	
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