Kent and Medway Cancer Collaborative

Colorectal Cancer

A High Level Operational Policy

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1.0 Table of Contents

1.0 Introduction and background

The purpose of this document is to provide the Kent & Medway Cancer Collaborative (KMCC) Operational & Quality Group, Trusts, Clinical Commissioning Groups (CCGs) and all Clinicians engaged in the management of Colorectal Cancers with an overview of the minimum requirements to be addressed in order to achieve Improving Outcomes Guidance (IOG) compliance. The KMCC Colorectal Tumour Site Specific Group (TSSG) will be the KMCC's source of guidance on both the implementation of the Colorectal Cancer IOG as well as Clinical Protocols and Polices.

An important aim of this document is to provide an overview of the recommendations of the KMCC Colorectal TSSG on processes to ensure the delivery of clinically safe, evidenced based, clinically effective and IOG compliant Colorectal Cancer Services.

This document does NOT aim to provide guidance on the clinical aspects of patient management. The clinical guidance recommendations of the KMCC Colorectal TSSG will be found in the locally agreed guidelines.

2.0 Kent & Medway Cancer Collaborative

Kent & Medway has a resident population of about 2 million. Some residents from Sussex flow into Kent for oncological treatments expanding the population to approximately 2.1 million.

Total locality population	**781,376**			**717,470**		**541,444**	
Trusts	**EKHUFT** East Kent Hospitals University NHS Foundation Trust			**MTW** Maidstone & Tunbridge Wells NHS Trust		**DVH** **Darent Valley Hospital** (Dartford, Gravesham & Swanley)	**MFT** Medway NHS Foundation Trust (Medway & Swale)
Hospitals	**K&C** Kent & Canterbury	**QEQM** Queen Elizabeth the Queen Mother	**WHH** William Harvey	**TW** Tunbridge Wells	**MS** Maidstone	**DVH** Darent Valley Hospital	**MMH** Medway Maritime Hospital
Note	Whilst geographically outside K&M, for the purposes of cancer the Queen Victoria Foundation Trust (QVH) at East Grinstead fall under the umbrella of K&M						

3.0 The Colorectal TSSG

The KMCC Colorectal Cancer TSSG was established by the Kent & Medway Cancer Network in 2000.

- The TSSG remains IOG compliant
- The TSSG has multi-disciplinary membership which is drawn from:
  - Each of the acute Trusts providing Local / Specialist level service
  - Each of the acute Trusts providing colorectal cancer multi-disciplinary team (MDT) services
  - Primary Care
  - Patient/Users

Named Leads for the Colorectal TSSG are:

Chair	:	Prof. Henk Wegstapel
KMCC Lead	:	Annette Wiltshire, KMCC
Non-Surgical Oncology Group (NOG) Lead	:	Dr Rakesh Raman, Consultant Clinical Oncologist
Research and Trials Lead	:	Dr Mark Hill, Consultant Medical Oncologist
Users Issues Lead	:	post vacant
Named Admin Support	:	Karen Glass & Colin Chamberlain

A full list of current membership is available from the Colorectal TSSG attendance record – a copy of which is located on the KMCC website:
http://kmcc.nhs.uk/tumour-sites/tumour-site-specific-information/colorectal-tssg/

4.0 Catchments & Populations

It is agreed that configuration of Colorectal services should reflect the description set out in the table below.

As a general principle patients referred under the 2 week wait (2WW) rule should be seen as close to home as possible. However, if the demand at the nearest hospital is such that patients may potentially exceed the limits of the rule they should be offered an urgent appointment at one of the other hospitals operated by the same team the patient was originally referred to.

Similarly, if diagnostic facilities (e.g. for colonoscopy) are overwhelmed (at a given moment in time) at the patients "nearest to home hospital" they should be offered an urgent appointment for diagnostic tests at one of the other diagnostic facilities supported by members of the team to which the patient is originally referred.

Catchment Populations, Trusts, MDT base, Leads

	Trust	Key Hospitals providing diagnostic services	MDT Base	MDT Leads
East Kent CCGs (Patients flows from Swale CCG are mainly into Medway Maritime)	East Kent Hospitals University NHS Foundation Trust (EKHUFT)	K&C (Canterbury)	QEQM	Ayman Hamade
		QEQM (Margate)		
		WHH (Ashford)	WHH	Pradeep Basnyat
North Kent CCGs Medway & Swale, Dartford, Gravesham & Swanley (DGS)	Medway Foundation Trust Hospital (MFT)	MFT (Medway & Swale)	MFT	Henk Wegstapel
	Dartford, Gravesham & Swanley NHS Trust (DVH)	Darent Valley	DVH	Rakesh Bhardwaj
West Kent CCG	Maidstone & Tunbridge Wells NHS Trust (MTW)	Maidstone	Maidstone	Christopher Wright
		Tunbridge-Wells (Pembury)		

Further information on the KMCC referral policy/proforma is available via the following link:
http://kmcc.nhs.uk/tumour-sites/tumour-site-specific-information/colorectal-tssg/

5.0 Designated early rectal, anal, ultrasonography/stenting, clinicians/services

The TSSG agreed, in consultation with the MDTs, a policy of practice of colorectal stenting that should be limited to named personnel agreed as being competent in this practice by the TSSG. The named individuals designated to undertake ultrasonography/stenting, resections for rectal cancer and anal cancer surgery are described in the matrix below:

Catchment Populations, Trusts, MDT base, Leads

	Trust	Key Hospitals & diagnostic services	MDT Base	Designated Clinician	Designations
East Kent CCG (Patients flows from Swale CCG are mainly into Medway Maritime)	EKHUFT	QEQM (Margate)	QEQM	Sudhkar Mangham Jessica Evans	Rectal Surgeon
				G.Giancola[2] F. Muller A. Khushal	CRC Stenting
		WHH K&C (Ashford) (Canterbury)	WHH	P.Basnyat[1]	Rectal Surgeon
				G.Giancola[2] F.Muller[3] A. Khushal	CRC Stenting
North Kent CCGs Medway & Swale, Dartford, Gravesham & Swanley (DGS)	MFT	MFT (Medway & Swale)	MFT	All rectal cancer treated at MFT	
				All stenting patients sent to R.Bhardwaj[1] at DVH	
				H.Wegstapel[1] P.Gandhi[1] W.Garrett[1] S.Chan[1] N.Krukeja[1] A.Pancholi[1]	Rectal Surgeon
	DVH	Darent Valley	DVH	R.Bhardwaj[1] P.Hanek[1] M.Watson[1] J.Adamek[1]	Rectal Surgeon
				R.Bhardwaj[1] P.Holder[2] J.Adamek[1] V.Serafimov[2]	CRC Stenting
West Kent CCG	MTW	Maidstone	Maidstone	C.Bailey[1] S.Bailey[1] C.Wright[1] D.Lawes[1] H.Lloyd[1]	Rectal Surgeons
		Tunbridge-Wells (Pembury)		S.Bailey[1] D.Lawes[1] A.Shaw[2] P.Ignotus[2]	CRC Stenting
				S.Bailey[1] D.Lawes[1] S.Mackay[4]	Anal Cancer Surgeons
				J.Summers R.Raman	Anal Cancer Oncologists

Key:

[1]	Consultant Colorectal Surgeon
[2]	Consultant Radiologist
[3]	Consultant Gastroenterologist/Endoscopist
[4]	Consultant Plastic Surgeon

Notes:
Designated KMCC Anal Cancer Surgeons will be fully compliant members of the KMCC Anal Cancer MDT based at Maidstone and Tunbridge Wells NHS Trust.

The TSSG, in consultation with the MDTs, agreed a policy to ensure that when patients are diagnosed unexpectedly or incidentally with colorectal cancer, or known patents are diagnosed with recurrent or metastatic disease – in any of these cases by Clinicians who are not members of a Colorectal MDT – then they will be referred to a named core member of a relevant Colorectal MDT.

The referral shall be made by the end of the first complete working day following the discovery of the diagnosis. The policy shall include:

- *The methods of communication;*
- *The contact points for relevant core members of Colorectal MDTs in the network;*
- *Whose responsibility it is to contact the MDT;*
- *Whose responsibility it is and what the method is by which the patient is informed of the diagnosis and the referral*

5.1 Specialist Services for CRC

Service provision for delivering TEMs surgery, TAMIS, Ultrasonography, Oncology and the management of Anal Cancer by a single MDT within KMCC are described in the table below.

Note: The details of these services are located in the KMCC Pathway of Care for the Management of Colorectal Cancers which can be accessed by following the link: http://kmcc.nhs.uk/tumour-sites/tumour-site-specific-information/colorectal-tssg/

	Trust	Key Hospitals providing diagnostic services	MDT Base	Service	Location
East Kent CCG (Patients flows from Swale CCG are mainly into Medway Maritime)	East Kent Hospitals University NHS Foundation Trust	QEQM (Margate)	QEQM	TAMIS	QEQM
				Laparoscopic Surgery	QEQM
				Ultrasonography	WHH
				Oncology	Mid Kent Oncology
				Anal Cancer MDT	MTW
				Liver Resection	Kings
		WHH (Ashford)	WHH	TAMIS	WHH
				Ultrasonography	WHH
				Laparoscopic Surgery	WHH
				Oncology	Mid Kent Oncology
				Anal Cancer MDT	MTW
				Liver Resection	Kings
North Kent CCGs Medway & Swale, Dartford, Gravesham & Swanley (DGS)	Medway Foundation Trust Hospital	MFT (Medway & Swale)	MFT	TAMIS	MFT
				Ultrasonography	DVH
				Laparoscopic Surgery	MFT
				Oncology	Mid Kent Oncology
				Anal Cancer MDT	MTW
				Liver Resection	Kings
	Dartford, Gravesham & Swanley NHS Trust	Darent Valley	DVH	TAMIS	DVH
				Ultrasonography	DVH
				Laparoscopic Surgery	DVH
				Oncology	Mid Kent Oncology
				Anal Cancer MDT	MTW
				Liver Resection	Kings
West Kent CCG	Maidstone & Tunbridge Wells NHS Trust	Maidstone	Maidstone	TEMs (For MTW) TEMs (For Pembury)	Chichester
		Tunbridge Wells (Pembury)		Ultrasonography	DVH/WHH
				Laparoscopic Surgery	MTW
				Oncology	Mid Kent Oncology
				Anal Cancer MDT	MTW
				Liver Resection	St Thomas'

5.2 Laparoscopic Surgeons

All Colorectal Surgeons within the Kent & Medway Cancer Collaborative are trained to offer Laparoscopic Surgery. All patients should be primarily offered Laparoscopic surgery if they are suitable.

6.0 Clinical Pathways

The KMCC will delegate the development of Clinical Guidelines to the Colorectal TSSG and its sub groups. The KMCC will expect the TSSG to maintain these, be up to date, and in line with evidenced and current best practice. When developing clinical guidelines the KMCC will expect the TSSG to liaise with (at least) the following groups to ensure that there is a consistent approach to care and that pathways are seamless:

- KMCC Operational & Quality Group
- KMCC Chief Executive Cancer Board
- King's College Hospital HPB Team
- ACP
- Kent & Medway Clinical Commissioning Groups

The KMCC will expect that Clinical Guidelines (Pathways of Care) are developed for the following disease sites and that guidelines are compliant with the Quality Measures associated with them:

- A Pathway of Care for the Management of Colorectal Cancers http://kmcc.nhs.uk/tumour-sites/tumour-site-specific-information/colorectal-tssg/
- Pathology for Cancer in Kent & Medway http://kmcc.nhs.uk/tumour-sites/tumour-site-specific-information/colorectal-tssg/
- Imaging for Cancer in Kent & Medway http://kmcc.nhs.uk/tumour-sites/tumour-site-specific-information/colorectal-tssg/
- Oncology Pathway for Colorectal Cancer http://kmcc.nhs.uk/tumour-sites/tumour-site-specific-information/colorectal-tssg/

6.1 Seamless Care

Because of the IOG structuring of colorectal cancer services into local and specialist levels, it is inevitable that some patients will be managed by more than one team at some point along the patient pathway. The KMCC expects that there are robust procedures in place to ensure that, regardless of residential post code in relation to where the patient is cared for, that the treatment pathway will be seamless.

For patients with anal cancers, curative stage T_1 rectal cancers, liver metastases (defined by the IOG and Quality Measures) Cancer Management Teams will ensure that there are robust mechanisms to ensure that the following are in the right place at the right time:

- The patient
- The patient's notes
- The patient's imaging (for specialist/supranetwork team review)
- The patient's cellular pathology slides (for specialist/supranetwork team review)
- Any other information relevant to the seamless care of the patient – including information on "what the patient has been told to date"

This level of communication is a two way process and specialist/supranetwork teams must ensure that notes, imaging, pathology and up to date information given to the patient is available at the earliest opportunity to the referring team (and the GP) when the patient is returned to the local setting.

7.0 Responsibilities of the Colorectal TSSG

7.1 Functions of the Colorectal TSSG

- A copy of the full Terms of Reference for all Tumour Site Specific Groups (TSSGs) is located on the KMCC website: http://kmcc.nhs.uk/tumour-sites/terms-of-reference/
- A copy of the TSSG Chair Job Description is located on the KMCC website: http://kmcc.nhs.uk/tumour-sites/terms-of-reference/

7.2 Research & Trials

It is the responsibility of the TSSG Chair to ensure that the Clinical Trials Report is discussed at the two TSSG meetings held within the 12 month period.

The national initiative to restructure the Research Networks to 15 Local Research Networks has resulted in a reconfigured structure for delivering clinical research across England:-

- The three local Cancer Research Networks are now part of the NIHR Clinical Research Network: Kent, Surrey and Sussex
- The new organisation coordinates clinical research and facilitates study set up and delivery, through 30 disease specialties, of which Cancer is one
- The transition to the new organisational structure is ongoing and when the Research work plan is formalised, it will be included in the TSSG work plan

Role of Research and Trials

- The Research and Trials discussion at each meeting provides the platform for discussion of cancer clinical studies and acts as a resource for information pertaining to those studies

7.3 Non-Surgical Oncology Group (NOG) / Oncological

The Colorectal NOG was formally established in 2008.

A copy of the NOG full Terms of Reference is available on the KMCC website: http://kmcc.nhs.uk/tumour-sites/terms-of-reference/

A copy of the Oncological Treatment of Colorectal and Anal Cancer is located on the KMCC website: http://kmcc.nhs.uk/tumour-sites/tumour-site-specific-information/colorectal-tssg/

7.4 Surgical emergencies potentially due to CRC

The TSSG agreed policies on the management of emergency referrals:

Within normal working hours
Patients, who present as emergencies within normal working hours, should ideally be managed by designated Bowel Cancer teams.

Outside normal working hours
Patients who present as emergencies outside normal working hours, should if possible be managed by designated Bowel Cancer teams.

Acute colonic pseudo-obstruction should be excluded.

When out of hours cover is provided by a non-colorectal team, patients should, if clinically appropriate, be referred to the designated Bowel Cancer team at the earliest opportunity.

Where the patient's condition dictates that emergency surgery is the only option, this should be carried out by the "on-call" team, who should then refer the patient to the designated colorectal team at the earliest opportunity.

Right sided lesions:
Primary resection & ileo-colic anastomosis is the favoured option.

Obstructing left sided lesions:
Primary resection either as a Hartmann's procedure or a primary resection and anastomosis are recommended. The latter may be after segmental resection and on-table lavage or as a sub-total colectomy and ileo-rectal anastomosis.

Stoma formation:
Should be carried out in the patient's best interest only and not due to the lack of experience of surgical staff.

Except in debilitated patients not fit for major resection, simple defunctioning stoma formation for obstructing left sided lesions is not recommended.

8.0 Data Collection

Collection of data at each stage of the pathway is the responsibility of the team looking after the patient at that time. The minimum dataset agreed by the TSSG will be a combination of those data items that meet national requirements, and additional items as agreed by the TSSG.

National data requirements will include:

- Cancer Waiting Times monitoring, including Going Further on Cancer Waits. The data items required will be as defined in ISB0147 at the time of referral and/or treatment.

  Details of the Cancer Waiting Times dataset are available from: http://www.datadictionary.nhs.uk/data_dictionary/messages/clinical_data_sets/data_sets/national_cancer_waiting_times_monitoring_data_set_fr.asp

  Cancer Waiting Times data will be submitted according to the timetable set out in the National Contract for Acute Services.

- The Cancer Outcomes and Services Dataset. The data items will be as defined in ISB1521, and any subsequent versions, at the time of diagnosis and/or treatment. The requirement will include those fields listed in the "Core" section of the dataset, and any additional tumour site specific sections, as applicable.

Details of the COSD are available from:
http://www.ncin.org.uk/collecting_and_using_data/data_collection/cosd.aspx

Cancer Registration and Cancer Outcomes and Services (COSD) data will be submitted according to the timetable set out by the National Cancer Registration Service.

- Where applicable, teams will also collect additional data items as defined in any corresponding National Clinical Audit Support Programme (NCASP) audit dataset.

  Details of these datasets are available from:
  http://www.ic.nhs.uk/services/national-clinical-audit-support-programme-ncasp/cancer

  Data for NCASP audits will be submitted, where applicable, according to timetables as agreed by the TSSG, and within the overall submission deadlines for each audit.

Submission of data to meet these national requirements will be the responsibility of each individual Trust.

Note that these standards are subject to variation from time to time, and where these requirements change, the data items required to be collected by the team will also change in line with national requirements.

Local data requirements will include any additional data items as agreed by the TSSG. These must be selected to avoid overlap with any existing data items, and where possible must use standard coding as defined in the NHS Data Dictionary.

Where possible and applicable, InfoFlex will be used for the collection and storage of data.

Additional areas of the COSD, relating to pathology, radiotherapy, Systemic Anti-Cancer Therapy (SACT), diagnostic imaging and basic procedure details will feed into the dataset from other nationally mandated sources. It is the responsibility of each team to ensure that the whole of the relevant dataset is collected, and it is acknowledged that this may come from a variety of sources.

9.0 Pathology

All KMCC reporting pathologists follow The Royal College of Pathologists Histopathology Reporting on Cancers guidelines – a copy of which is available through the KMCC website:-
http://kmcc.nhs.uk/tumour-sites/sub-groups-or-cross-cutting-groups/pathology-group/

Core Cell Path members of the MDT should be taking part in a general (but recognised) EQA scheme. It is expected that the Trusts will monitor this and inform the KMCC in the event of any deviation from this. The Trusts should also take responsibility for agreeing and implementing any remedial actions arising from either [a] any non-compliance with this measures and / or [b] matters identified through the EQA process.

Core Cell Path members of the KMCC Colorectal Teams (and any other Cellular Pathologist providing a Colorectal Service) will participate in any Colorectal TSSG agreed cell path related audits.

10.0 Imaging

Imaging guidelines for Colorectal Cancer can be located in the KMCC agreed document located on the KMCC website on the following link: http://kmcc.nhs.uk/tumour-sites/sub-groups-or-cross-cutting-groups/diagnostics-group/

11.0 Children & Young People (CYP) / Teenage & Young Adult (TYA)

11.1 Children & Young People (CYP)

Children and Young People with Colorectal Cancers will be treated in accordance with principles set out in the CYP IOG.

All Children and Young People up to the age of 18 must be referred to the CYP Principal Treatment Centre (PTC) which for KMCC is based at the Royal Marsden.

All Young People between 16 and 24 years of age must be offered a referral to the CYP Treatment Centre.

Referral to a CYP Principal Treatment Centre does not necessarily mean that treatment will be undertaken at that centre; shared care management protocols may allow some treatments to be undertaken locally.

11.2 Teenage & Young Adult (TYA)

The main principles in the Teenage & Young Adult guidance are as follows:

- The 16-18 age group should be seen and treated at the TYA Principal Treatment Centre and have their management plans discussed by the TYA PTC, although shared care can be arranged as part of the pathway
- Young adults aged 19-24 years must be given choice where they would like to be treated either:
  - In the TYA Principal Treatment Centre.
  Or
  - An adult service designated by commissioners to treat young adults 19 to 24 years.

- In both cases all young people must be given access to the services and resources offered by the TYA MDT at the PTC, this may be remotely or through specified clinical services or supportive activities, and each trust will need a mechanism to identify all new TYA patients regardless of which MDT they initially present to.

12.0 Glossary

Acronyms in common usage throughout KMCC documentation

CNB	Cancer Network Board
CYP	Children & Young People (in relation to the IOG)
DCCAG	Diagnostic Cross Cutting Advisory Group
DOG	Disease Orientated Group (NSSG/TWG)
DVH	Darent Valley Hospital
EK	East Kent
EKHUFT	East Kent Hospitals University Foundation Trust
HOP	High Level Operational Policy
IOSC	Improving Outcomes: A Strategy for Cancer
K&C	Kent & Canterbury Hospital, Canterbury, (EKHUFT)
KMCC	Kent & Medway Cancer Collaborative
KMCRN	Kent & Medway Cancer Research Network
LoS	Length of Stay
LSESN	London & South East Sarcoma Network
MFT	Medway Foundation Trust
MTW	Maidstone & Tunbridge Wells NHS Trust
NOG	Non-Surgical Oncology Group *(Permanent oncologist sub group of the TSSGs with a specific responsibility for chemo/rad pathways and advice to the TSSG, KMCC and geographical locations on new drugs)*
PoC	Pathway of Care *(KMCC agreed disease site specific clinical guidelines)*
QEQM	Queen Elizabeth the Queen Mother Hospital, Margate (EKHUFT)
QoL	Quality of life
RAT	Research and Trial Group *(Permanent sub-group of the TSSGs with a specific responsibility for taking forward the clinical trials agenda)*
RMH	Royal Marsden Hospital
RNOH	Royal National Orthopaedic Hospital
SACT	Systemic Anti-Cancer Therapy
TSSG	Tumour Site Specific Group
TYA	Teenage & Young Adult
QVH	Queen Victoria Foundation Trust Hospital East Grinstead
QM	Quality Measure
UCLH	University College Hospital London
WHH	William Harvey Hospital, Ashford (EKHUFT)
WK	West Kent

13.0 Revision History

Document Title	Colorectal – A High Level Operational Policy
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Revision History			
Date of revision	New Version Number	Nature of Revision	Confirmation of Accuracy by
Nov 2009	0.1	Draft - Development of Draft OP	A.Jackson
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March 2011	2.1	Draft - Update Anal Cancer Designations	I.Vousden
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August 2012	2.4	Draft – Data Collection section updated	A.Brittle/I.Vousden/C.Tsatsaklas
September 2012	2.5	Draft – Internal Validation (IV) Panel of 17/9/12 comments/updates to table 4.3	IV Panel/C.Tsatsaklas
October 2012	2.6	Draft – comments/update from the Colorectal DOG meeting 24/10/12 for surgical services table pg 8	Colorectal DOG/C.Tsatsaklas/I.Vousden
June 2013	3.0	FINAL – to be signed off as published by CRC DOG 11/7/13	C.Tsatsaklas/CRC DOG
August 2014	3.1	Draft - Removed text relating to DOGs, PCTs, KMCN – replaced with TSSGs, CCGs, Cancer Team, updated weblinks etc	C.Tsatsaklas
October/November 2014	3.2	Draft – Clinical changes to names of surgeons, removal of K&C as directed by the TSSG and addition of NA Interim Lead, KMCC	N.Aluwalia/ S.Dougan/ B.Tetley
December 2014	4.0	FINAL signed off by TSSG & O&Q Group 28/11/14	N.Aluwalia
July 2016	4.1	Revisions as discussed in the TSSG meeting. HW to amend emergency wording and NA to do admin and catchment information	N.Aluwalia

January 2017	4.2	Revisions following TSSG meeting in September, amendments to service provisions for TEMS and TAMIS. Ratified by HW. This now requires TSSG approval	N.Aluwalia
March 2017	4.3	Amendments following TSSG circulation noted. To be taken to the TSSG meeting.	N.Aluwalia
July 2017	5.0	Final ratified document by O&Q Group, taking into account changes requested	N.Aluwalia
August 2019	6.0	3.0, 4.0, 5.0 & 13.0. Revised amendments by Chair removing Diagnostic to MDT Leads & replacement Clinician from EKHUFT, KMCC Lead & Admin support.	A.Wiltshire