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# **Recommendations from the South West Clinical Senate Council on the South West Colorectal Cancer Peer Review Project**

**11 February 2021**

# Background

In November 2017, the Colorectal Cancer Clinical Expert Group updated Commissioning Guidance for provider organisations and clinical commissioning groups / accountable care organisations on appropriate standards of care for patients being investigated with potential symptoms of bowel cancer and for patients with identified bowel cancer.

In 2019/20, the South West Clinical Senate and Somerset, Wiltshire, Avon & Gloucestershire (SWAG) and Peninsular Cancer Alliances collaborated to undertake a Peer Review project. The project analysed the processes Trusts used to deliver the key steps of the Colorectal Cancer (CRC) pathway and identified areas of best practice that can be used to redesign services. Site visits were completed in February 2020 just prior to changes brought about in response to COVID19 pandemic.

The Peer Review project audited the ability of services to deliver specified components and metrics of a pathway and the quality, integration and patient-centred aspects of care.

# The Question

The project sought to explore the following questions regarding colorectal cancer services across the South West of England:

* To what extent are providers in the South West able to deliver the national commissioning pathways for colorectal cancer patients
* What are the key areas for pathway redesign and provision of service that will improve the quality of experience and timeliness of treatment for patients across the region?

The COVID19 pandemic had a significant impact on the healthcare landscape with the introduction of remote patient access solutions, staff redeployment, the interruption of diagnostic and treatment pathways and impact on capacity. The Peer Review project is timely in that it seeks to provide a resource to inform the process of establishing cancer services in a COVID19 endemic system. As a result, the project considered an additional question:

* How can the Peer Review Project help us rebuild services following COVID changes?

# The Advice

The South West Clinical Senate Council met on 11 February 2021 to consider the implications of the learnings and recommendations of the South West Colorectal Cancer Peer Review Project undertaken as a collaboration between the South West Clinical Senate, Peninsula and SWAG Cancer Alliances.

The Council is entirely supportive of the main thrust of the project outputs, namely:

1. Improve engagement of all stakeholders in the SW colorectal cancer service and focus attention on successful system transformation at local and network level.
2. Share good practice: Identify gaps which could be filled by adopting solutions already worked up and successfully implemented elsewhere in the region.
3. Highlight gaps which can only be filled by increasing resource to clinical services.
4. Identify areas where network collaboration could improve local services.
5. Identify priorities for Cancer Alliance support that can support rapid implementation of the ‘faster diagnosis’ agenda and equity of access to treatment across the region

# Observations

The Council made several observations:

1. The National Institute for Health and Care Excellence (NICE) updated its guidance NG12[[1]](#footnote-1) in January 2021 which covers identifying children, young people and adults with symptoms that could be caused by cancer. The guidance also outlines investigations in primary care and the people to refer for a specialist opinion. NICE is also developing other guidance[[2]](#footnote-2) on the quantitative faecal immunochemical tests to guide colorectal cancer pathway referral for people with a change in bowel habit or abdominal pain.
2. Organisations that have participated in the project are encouraged to share good practice and showcase innovation with NICE as a Shared Learning Case Study[[3]](#footnote-3) to raise the profile of these activities.
3. The use of e-referrals and e-test results is encouraged as there are benefits such as supporting joined-up IT across primary and secondary care and improved efficiency and accessibility to test results.
4. A study shows that frailty assessments predict post-operative complications in elderly patients and as such, the Council considered having a protocol to undertake these assessments regarding “pre” and “peri” operative considerations for vulnerable and frail patient cohorts[[4]](#footnote-4) would be useful.
5. The Quantitative Faecal Immunochemical Test (QFIT) is a simple and quick screening tool that is being used to stratify risk however, there are some patient cohorts where the tool is less effective.
6. It is important to note that screening only detects circa 10% of colorectal cancer cases, as it is only undertaken by part of the target age group. Other cases will come via other routes.
7. National guidance states that screening should be limited to patients over 50 years old however there is an increased incidence of colorectal cancers in young adults[[5]](#footnote-5). The Council discussed this misalignment between the national guidance and clinical evidence and whether consideration should be given to screening any adult over 20 years old with worrying colorectal symptoms.
8. Current guidance suggests that emergency services should be provided by colorectal surgeons however this is not mandated. The Project makes several recommendations on this. It is important that whatever is implemented should not be to the detriment of other disease areas.

# The Recommendations

The South West Clinical Senate makes the following recommendations:

1. A Health Equity Audit[[6]](#footnote-6) should be undertaken to examine how health determinants, access to relevant health services and outcomes are distributed across the population and whether the treatments provided address population needs.
2. Health Education England, working in partnership with Primary Care Networks and Primary Care in Gloucestershire, have developed a Programme which establishes a Public Health Fellow in each of its Primary Care Training Hubs. The Public Health Fellow is delivering a project to improve the uptake of bowel cancer screening by deprived populations. This work links to the Health Inequality Early Death targets. These projects should be examined to understand the potential benefit of delivering similar projects in other parts of the region
3. Geneticists should be engaged in the treatment and care of certain patient cohorts as this has been found to be beneficial.
4. A patient’s frailty score should be included in the referral form as part of the referral process.
5. The Clinical Frailty Scale [CFS] (Dalhousie University)[[7]](#footnote-7) [NICE guidance] should be readily available for primary care settings so that a “score” is allocated from the beginning of the patient’s journey.
6. Advice and guidance support should be made available alongside the QFIT screening as this is beneficial for cases of symptomatic patients with a negative screening result.
7. An analysis of workforce requirements across the region would be beneficial to sustain current needs and respond to projected demand. It would also help to understand the lead time to getting the required workforce levels and whether there are any issues in the region.
8. The project findings should be shared at national and regional levels such as, national agendas such as “Get it Right First Time” (GIRFT) and gastroesophageal reflux disease (GERD) regional and national activities at both national and regional level.
9. The Senate recommends that the learning and experience from the Peer Review Project should be promoted to Commissioners and Providers particularly considering the third question which focuses on how services will be rebuilt following the pandemic.

A key consideration is the target audience for these recommendations to ensure that the work is promoted and externalized within the Cancer Alliances.

Date created: 17 March 2021

Last updated: 28 April 2021

Version: Draft v 0.2

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1. <https://www.nice.org.uk/guidance/ng12> [↑](#footnote-ref-1)
2. <https://www.nice.org.uk/guidance/indevelopment/gid-dg10036> [↑](#footnote-ref-2)
3. <https://www.nice.org.uk/about/what-we-do/into-practice/shared-learning-case-studies> [↑](#footnote-ref-3)
4. <https://bmcanesthesiol.biomedcentral.com/articles/10.1186/s12871-019-0880-x> [↑](#footnote-ref-4)
5. <https://academic.oup.com/bjs/article/107/5/595/609363> [↑](#footnote-ref-5)
6. <https://www.gov.uk/government/publications/nhs-population-screening-a-health-equity-audit-guide/health-equity-audit-guide-for-screening-providers-and-commissioners> [↑](#footnote-ref-6)
7. <https://www.nice.org.uk/guidance/ng159/resources/clinical-frailty-scale-pdf-8712262765> [↑](#footnote-ref-7)