The Wirral Colorectal MDT is a dynamic and effective MDT comprising of 4 Consultant Colorectal Surgeons, an Associate Specialist in General Surgery, 2 Consultant Clinical Oncologists, 2 Consultant Medical Oncologists, 2 Consultant Histopathologists with specialist interest in colorectal malignancy, 2 Radiologists with specialist interest in Colorectal imaging and interventional radiology, 2 Clinical Nurse Specialists, and an MDT Co-ordinator. There are also clearly defined links to extended members of the MDT such as Specialist Palliative Care, Endoscopy, Liver Surgery and Counselling Services. The Wirral Colorectal MDT is meets weekly and is situated on both the Arrowe Park and Clatterbridge sites of the Wirral University Teaching Hospital NHS Foundation Trust, ensuring equal access for the entire population it serves. Its close proximity to the Clatterbridge Centre for Oncology (a separate NHS trust) facilitates interdisciplinary collaboration and improved patient access to specialised cancer treatments such as chemotherapy and radiotherapy. It deals with those patients who have colon and rectal cancer. The Colorectal MDT Lead Clinician is Mr Liviu Titu, Consultant Colorectal Surgeon, the Chair is Dr David Smith, Consultant Oncologist and the Colorectal Macmillan Nurse Specialists act as Key Workers, both hold BSc (Hons) in Professional health Studies and accredited oncology nursing qualifications. The MDT meets annually to discuss operational matters, audit data and service improvement matters. This meeting is minuted and the minutes circulated to the members following the meeting.

All MDT core members have MDT attendance rates of over 60% and all have attended the Advanced Communication Skills Course within the past 5 years.

The MDT discusses over 200 cases of colorectal cancer per year, of which over 40 are rectal
cancers. The operation rate for cases discussed is 67%, above the national average of 60%. All Colorectal Surgeons part of our MDT operate on more than the recommended minimum of 20 colorectal cancer cases yearly. Unfortunately a significant proportion of patients still present with metastatic disease, namely 29%, one of the highest rates in the North-West of England.

Waiting time compliance for 62 day targets for the year - 89.6% and 98.5% for 31 day targets (April 2010 - March 2011).

**Coordination of care/patient pathways**

Patients referred with suspected colorectal cancer are referred to the Colorectal Team at Arrowe Park and Clatterbridge hospitals. The Wirral Colorectal MDT follows NSSG guidelines on:

- Management of surgical emergencies
- Network list of named personnel competent for colorectal stenting
- Network colorectal clinical guidelines
- Gastroenterology Oncology Guidelines
- Network liver resection clinical guidelines
- Network anal referral guidelines
- Network liver resection referral guidelines

The responsibilities of the Lead Clinician are to to ensure that the objectives of the MDT (as laid out in the Manual of Cancer Standards) are met. Also to:
- Organise and chair annual meeting examining functioning of team and reviewing operational policies, and collate any activities that are required to safeguard optimal functioning of the team (e.g. training for team members)
- Ensure MDT activities are recorded and results documented
- Ensure that the outcomes of the meeting are clearly recorded and clinically validated and that appropriate data collection is supported
- Ensure target of communicating MDT outcomes to primary care is met.

The Colorectal Macmillan Nurse Specialists follow network agreed guidelines on the Key Worker.

The Somerset Database is used at the MDT to record the details of patients discussed and any treatment decisions that are made. This information is printed off and a copy is kept in the patient record, a further copy is sent to the GP. When the patient is given a cancer diagnosis, a Fast Track GP Communication form detailing this is completed by the Colorectal Macmillan Nurse Specialists, this is faxed to the patient's GP to ensure they receive this information by the following working day. This process is audited on an annual basis to ensure compliance, the most recent audit showed that this was achieved in over 90% of cases from February - April 2010. The audit is repeated annually to ensure the standard is maintained.

**Patient experience**

As part of the MDT's commitment to seeking regular feedback from patients, a colorectal cancer
patient satisfaction survey has been undertaken. The survey concentrated on the patient's experience at diagnosis, support received from the Key Worker, the role of the MDT, information and treatment planning, including the area of permanent summary of a consultation where treatment options were discussed. There was a 70% response rate and feedback was generally very positive. The results from the survey were shared with the MDT in June 2010 and changes in practice have been agreed.

As a result of the survey an information leaflet has been designed by the Colorectal Macmillan Nurse Specialists in order to fill the gap identified above in respect of patients who have undergone emergency surgery / treatment for suspected but not histologically proven cancer. Another new patient information leaflet developed by the Colorectal Macmillan Nurse Specialists informs patients about colonic stenting. All leaflets were reviewed by the Trust Reading Group which consists of members of the public to check for readability prior to being agreed by the Clinical Governance Group.

There is a comprehensive range of written information available for patients and is usually offered by the Key Worker. This includes a Patient information diary, Information about the Colorectal Macmillan Nurses and MDT, Copying Letters to Patients and also information on prevention of bowel cancer, symptoms to look out for, surgical and treatment information. This also includes information on Support Groups and additional information. In addition to this, staff at the trust involved with cancer services have recently become involved in the implementation of information prescriptions.

The CNS gives patients an individualised information diary providing specific information for them and their family. The information provided strives to help them to understand each step in their investigation and treatment pathway and summarises their consultation with the doctor. The patients also find it helpful when discussing their diagnosis or treatment with their family, GP and other members of the health care profession. This method of providing a permanent record for patients has received positive feedback from patients when surveyed. A patient information leaflet has also been designed by the CNS which informs patients that they are entitled to receive copies of clinical letters which summarise the consultation with the doctor should they wish to.

Weekly meetings have also been established within the Colorectal Unit, part of the meeting is dedicated to ensuring the continued professional development of all members of the health care team involved in the Enhanced Recovery Programme so that patient care and education can be optimised and issues addressed.

The Colorectal Macmillan nurses designed and manned an information stand during Bowel Cancer Awareness Month. This was situated in the main entrance at Arrowe Park Hospital and included information on the signs and symptoms of bowel cancer with the aim of increasing awareness of the condition among staff, patients and visitors to the hospital. The Colorectal Macmillan nurses were available to answer any questions and actively promote awareness materials.

The MDT has reviewed the results of the national cancer survey. In most areas the trust results were higher than the national results. An action plan will be developed to address any areas which can be improved.
Clinical outcomes/indicators

The Wirral Colorectal MDT treats the largest number of colorectal cancer cases in the entire Merseyside and Cheshire Network; last year 230 cases of colorectal cancer were managed by the Wirral Colorectal MDT, of which 156 underwent a major bowel resection. The Wirral colorectal MDT managed the largest number of rectal cancers in the network, 44.

The observed overall 30-day mortality rate after major bowel resections was 3.2%, same as the adjusted 30-day mortality rate; this compares favorably with the 3.4% 30-day mortality rate recorded last year in England for patients undergoing major colorectal surgery for cancer.

Unfortunately the length of stay and readmission rates after major colorectal resections are at best average when compared to the best performing units nationally; these indicators have in fact worsened compared to previous performance despite the increased use of laparoscopic surgery. An internal audit has been set up to understand the causes underlying this phenomenon so that these could be subsequently addressed and performance improved.

In collaboration with the Clatterbridge Centre for Oncology (CCO) the Wirral colorectal MDT actively enrols patients into the FOXTROT, FOXFIRE, PulMiCC and ARISTOTLE clinical trials. Due to the fact that the vast majority of the patients are enrolled and undergo their treatment at CCO local network documents often fail to recognise patients as originating from the Wirral Colorectal MDT; this problem has been raised by the Clinical Lead at the last Cancer Network Group meeting as is currently being addressed by the CCO and the network.

Analysis of the NBOCAP 2010 report and of local clinical lines of inquiry indicators used to audit the performance of MDTs indicate that the Wirral Colorectal MDT is one of the best performing MDTs in terms of case ascertainment, data completeness following major surgery, percentage of cases discussed at MDT, use of CT and MRI for tumour staging, observed and adjusted 30-day mortality, permanent stoma rate and APER rate for rectal cancers. Average performance was observed in terms of number of lymph nodes retrieved at surgery, use of preoperative radiotherapy for rectal cancer, median length of stay and readmission rates after surgery. The only indicator where the Wirral Colorectal MDT significantly under-performed related to the recorded proportion of colorectal cancer patients seen by a clinical nurse specialist; however, local data demonstrates that this relates to failure of the data management team to capture this indicator rather than patients not actually having been seen.

Similarly, the 2010 National Survey by the National Cancer Patient Experience Programme shows that for the vast majority of questions the Wirral Colorectal MDT performed better or significantly better than the national average.

Good Practice

- Laparoscopic colorectal surgery was commenced in 2006. The proportion of patients undergoing laparoscopic surgery for colorectal cancer has risen to above 25% of patients undergoing surgery with curative intent in the period analysed; this compares favourably with the 23% national average for all colorectal resections (LAPCO Newsletter 2010);
- Adopting the new surgical technique of cylindrical APR for low rectal cancer surgery;
National Cancer Peer Review

- Participation to the Small Rectal Tumour MDT at Royal Liverpool University Hospital with improved access for Wirral patients to the minimally invasive technique of Trans-anal Endoscopic Microsurgery (TEMS);
- Improved access to CT Colonography (virtual colonoscopy);
- Successful continuation and development of the Enhanced Recovery Programme after colorectal surgery; patient length of stay after surgery is lowest in the network;
- Introduction of the Iron Deficiency Anaemia service to improve and standardise the diagnostic pathway;
- Development of dedicated pathway for the investigation and management of patients presenting with overt rectal bleeding;
- Higher completion of data submitted to the National Bowel Cancer Audit (NBOCAP) and Merseyside and Cheshire Cancer Network (MCCN) following appointment of a dedicated Data Manager;
- Standardisation of follow-up protocol after curative surgery for colorectal cancer;
- Re-design of MDT meeting outcome record sheet;
- Re-design of ward referral and secondary care referral forms.

Concerns

Immediate Risks

Serious Concerns

Concerns

No concerns identified.

General Comments

Organisational Statement

I, Ranjit Dasgupta (Lead Clinician) on behalf of WIRRAL UNIVERSITY TEACHING agree this is an honest and accurate assessment of the Colorectal Locality Measures.