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Gateway Approval Ref:12954 Information/Good Practice London SE1 7EH

Letter to: NHS Chief Executives  
NHS FD Trust/Trust Medical Directors

Dear Colleague,

**Re: Laparoscopic Colorectal Cancer Surgery –Supporting NICE Technology Appraisal (2006) recommendations for laparoscopic resection for colorectal cancer – continuation of the 3-month funding direction waiver.**

We wrote to you in January 2009 to let you know that as part of the Cancer Reform Strategy, the Department of Health and National Cancer Action Team had developed and funded a programme to train colorectal surgeons in laparoscopic surgery. This meets NICE's 2006 recommendation that laparoscopic resection is used as an alternative to open surgery for people with colorectal cancer in whom both procedures were suitable. NICE estimated that the surgery would result in shorter bed stays and significantly improve the patient experience. The Department of Health had waived the 3-month funding direction to implement this appraisal, as it was recognised that there were insufficient surgeons trained in the procedure. The waiver has been reviewed by the Department, and it has been decided to continue the waiver until October 2010.

At the end of the period of the waiver, all colorectal MDTs will need to ensure that every patient suitable for laparoscopic resection is given this choice of treatment. If laparoscopic surgery is not available suitable onward referral arrangements will need to be in place.

In July 2009 a baseline assessment was undertaken across England to determine the demand on the National Training Programme (NTP) for training surgeons in laparoscopic colorectal surgery. The baseline survey identified over 100 additional consultants who are interested in joining the NTP as trainees. In addition, the NTP already has 87 trainees and a further 23 consultants that are in the process of being registered. In total there are around 600 consultant colorectal surgeons in England and this shows that a significant proportion of them still require training in this procedure.

Although many of the colorectal MDTs around the country have either established or are establishing laparoscopic colorectal practice we estimate there are 22 of 164 colorectal MDTs with little laparoscopic activity. A further

year before the waiver ends would allow those MDTs with little or no expertise to support a trainee through the NTP programme and start to establish a suitable practice.

Clearly there is a need to continue the national training programme in order to support the current and additional trainees, in particular to support the MDTs that we know that do not yet have established colorectal laparoscopic surgery.

The NTP (Lapco) was established during 2008 to accelerate the adoption of laparoscopic surgery amongst experienced consultant surgeons with the aim of training sufficient surgeons in this technique to allow access to this treatment for all colorectal cancer patients across the country. There are 10 training centres around the country, based in 16 trusts. We again would urge you to support all your colorectal surgeons and their teams already in training or those who wish to start training, to enrol in the national programme.

If you have further questions please contact the National Clinical Lead, Mark Coleman c/o "COLEMAN Mr M, Consultant Surgeon" [Mark.Coleman@phnt.swest.nhs.uk](mailto:Mark.Coleman@phnt.swest.nhs.uk) or for further details of the training programme see <http://www.lapco.nhs.uk/>

Yours faithfully,



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National Clinical Lead – NTP

Cc:  
Colorectal Cancer Networks  
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