

**Actions of the meeting held on  
Wednesday 05 August 2009, 09:30**

**Yorkshire Cancer Network**

**Sandal Rugby Club, Milnthorpe Green, Sandal, Wakefield, WF2 7DY**

**Present:**

Ms D Gulliford	Airedale NHS Trust
Dr C Kay	Bradford Teaching Hospitals NHS Foundation Trust
Ms M Neary	
Dr G Haslam	NHS Bradford & Airedale
Mrs J Cawtheray	NHS Calderdale
Mr R Webster (Chair)	
Dr B Jindal	NHS Kirklees
Ms L Turner	
Mrs S Frier	NHS Leeds
Mr N Gray	
Mr J Hancock	NHS North Yorkshire and York
Ms A Johnson	
Ms L Driver	NHS Wakefield District
Dr P Earnshaw	
Ms J Feather	Overgate Hospice
Mr H Butcher	User Partnership Group
Ms L Marriott	Yorkshire and The Humber PCT Collaborative
Mr S Duffy	Yorkshire Cancer Network
Mr P Melling	
Ms F Stephenson	
Mr B Tinkler	
Mrs J Toovey	

**Apologies**

Ms M Allinson, Miss P Atha, Professor M Baker, Ms A Ballarini, Dr J Dent, Mrs J Edgeley, Mrs C Ferguson, Mr J Harrison, Dr D Jackson, Ms E Latimer, Dr R Markham, Ms J Myers, Mr S Nahk, Dr P Selby, Dr M Walsh, Dr G Wardman

<b>2. Action Log from the last meeting</b>			
Log No	Action	Lead(s)	Deadline
67	<p>► Action 50</p> <p>Hugh Butcher raised his concern that the deadline to complete action 50 in the July Action log has deferred from 31st July to October.</p> <p>► Action 55</p> <p>Hugh Butcher asked if action log 55 could be amended as follows;</p> <p>Locality Groups were asked to feedback on a quarterly basis on their action plans, commencing September. They should feedback on their quick wins and also include detail on the methods and outcomes used for ensuring patient viewpoints are considered in service redesign.</p> <p>With exception to the above the action log was agreed as a true record.</p> <p>To amend action log 55.</p>	P Atha	14/08/2009

<b>2. Action Log from the last meeting</b>			
Log No	Action	Lead(s)	Deadline
68	<p>► Action 49 - Transfer of pancreatic work to Leeds</p> <p>Sean Duffy reported that a meeting took place on 15th July between Airedale NHS Trust, Leeds Teaching Hospitals NHS Trust, Bradford Teaching Hospitals NHS Foundation Trust and NSSG representation. Key issues to be resolved prior to the final transfer of patients for pancreatic cancer surgery were identified. Work is to be completed by the 23rd September 2009 when the group will reconvene to confirm appropriate arrangements for the transfer of the remaining patients for pancreatic surgery.</p> <p>Rob Webster wrote to the Chief Executive at LTHT on behalf of the Board to reinforce the importance of resolving the issues.</p> <p>To update the Board at the September meeting.</p>	S Duffy	02/09/2009
69	<p>► Action 52: Topotecan for the 2nd line treatment of small cell lung cancer recommendation</p> <p>This has been discussed and agreed by the SCG.</p> <p>(ADDENDUM: Topotecan is due to go to the SCG in September for final agreement; Humber &amp; Yorkshire Coast are supportive of the proposal; North Trent still considering).</p> <p>Feedback from SCG to be provided at October meeting.</p>	SCG Representative	07/10/2009
70	<p>► YCN Lung Cancer Group - Project outcomes</p> <p>Barry Tinkler reported that they are awaiting clinical confirmation prior to finalising and circulating the agreed minimum dataset.</p> <p>Members should now be in receipt of their Lean Programme results and should they have any queries are to contact geraint.hughes@ycn.nhs.uk</p> <p>A review event is being held on 8th October where localities and teams will report progress, share good practice and agree those pathway elements which by necessity are common to all.</p> <p>To keep members updated on this work stream.</p>	C Ferguson	Ongoing
<b>2.1 Locality Groups feedback mechanism to the Board</b>			
Log No	Action	Lead(s)	Deadline
71	<p>Barry Tinkler had sent a letter to the Locality Group Chairs on Friday 31st July outlining the key issues to be addressed in the verbal update as part of the Quarterly Board Performance meetings. They are;</p> <ul style="list-style-type: none"> <li>• Lung Pathways</li> <li>• Maximum two week wait for all breast patients by December 2009</li> <li>• Supportive and Palliative Care to be achieved by December 2009</li> <li>• Peer Review (in particular configuration for community skin cancer service)</li> </ul> <p>Barry Tinkler asked if representatives could also provide an exception report on the previous Peer Review action plans.</p> <p>Each locality Group Chair (or nominated representative) to provide a verbal update at the Board meeting on 2nd September.</p>	Locality Group Chair/ representative	02/09/2009

<b>3. Peer Review - Sign-off procedures</b>			
Log No	Action	Lead(s)	Deadline
72	<p>Fiona Stephenson summarised the proposed YCN Peer Review Board agreement process paper.</p> <p>The Board supported the following recommendations;</p> <ul style="list-style-type: none"> <li>• To take chairs privilege to agree that the evidence produced by the NSSG, on behalf of Board members and their constituent organisations, meets peer review requirements and has followed due process. The YCN Medical Director will provide input and support if required.</li> <li>• To support the continued implementation of the new peer review process through internal quality assurance and support the focus on improving clinical outcomes and patient experience of cancer service.</li> </ul> <p>A group discussion followed regarding the process for reporting back risks and concerns to the Board. It was agreed that the Board will receive a full report on any immediate risks identified through the validation process and subsequently when the Peer Review visit reports are received. Immediate risks identified will be notified by the YCN to the Chief Executive of the Trust, copied to the Board Chair and relevant colleagues involved. The importance that commissioners are made aware was also emphasised.</p> <p>Rob Webster sought clarification from the Network on the role of patient partnerships and the third sector in the self assessment process and governance arrangements. Although patients are represented on the validation panel, there is currently no involvement from the third sector.</p> <p>YCN Team to discuss the involvement from the third sector in the Peer Review validation process.</p>	YCN Lead Team	07/10/2009
73	<p>A group discussion followed regarding the involvement from the private sector. Although private patients may be discussed at NHS MDTs the private sector is not involved in the Peer Review process.</p> <p>A scoping exercise to establish issues about advice to private patients and private organisations about cancer treatment was discussed.</p> <p>Georgina Haslam to discuss with Sean Duffy, Cathy Edwards and Kevin Smith a way forward.</p>	G Haslam/S Duffy	02/12/2009
74	<p>To consider how the patient experience/quality element can be incorporated into the risk assessment matrix.</p>	F Stephenson	07/10/2009

<b>4. Cancer Landscape - Incidence, Mortality and Survival</b>			
Log No	Action	Lead(s)	Deadline
75	<p>Philip Melling presented a range of information on cancer incidence, mortality and survival. The data included comparisons across England and European centres. The Board agreed this was valuable to inform joint strategic needs assessments and the NSSG Work Plan.</p> <p>A group discussion followed. It was acknowledged that the overall YCN incidence for most cancers was significantly higher than the national average whilst for most sites the 1 year and 5 year survival rates were better than the national average.</p> <p>Whilst the 1 year survival rate for cervical cancer and bladder cancer was reasonable, this wasn't as good for the 5 year survival.</p> <p>It was felt that further focus on Brain and CNS, Cervical, Bladder and Hodgkin's needed to take place.</p> <p>It was acknowledged that when taking work forward further consideration on some of the measures, programme budgeting, bench marking (buddy Networks) and patient experience measures is required.</p> <p>The task and finish group who are looking at inequalities were due to meet to respond to the draft but this has been cancelled due to work pressures. The work is being carried out through email correspondence on 10th August 2009.</p> <p>The Board supported the following recommendations:</p> <ul style="list-style-type: none"> <li>• That network partners should be ambitious and move the position of the YCN to having the best outcomes in England and some of the best outcomes in the world.</li> <li>• To work in collaboration to understand the capacity requirements to meet the predicted cancer patient needs to ensure a high quality cancer service</li> <li>• That each NSSG should use the available baseline data to prioritise work streams to improve quality outcomes for cancer patients (for example, awareness and earlier presentation, or end of life care)</li> </ul> <p>It was recognised that this was one stream of information to support the overall Board strategy to deliver high quality patient focused services.</p>	All	Ongoing
76	To circulate the presentation with the Action Log and ensure that the Directors of Public Health receive this information.	P Atha	14/08/2009
<b>5. Any Other Business</b>			
Log No	Action	Lead(s)	Deadline
77	<p>► Laparoscopic</p> <p>The completed YCN Laparoscopic baseline assessment was submitted in July. A response from the national team is being awaited.</p> <p>Laparoscopic surgery and the ERP will be the main focus at the YCN Colorectal Educational Event taking place on 26th February 2010.</p> <p>To ask the NSSG to provide guidance on what percentage of patients with colorectal cancer would benefit from Laparoscopic surgery.</p>	P Atha	15/09/2009
78	<p>The consultation on Mid Yorkshire Hospitals NHS Trust strategy has commenced.</p> <p>Linda Driver to inform Pauline Atha who is leading on this strategy and how colleagues can get involved.</p>	L Driver/P Atha	30/10/2009

<b>5. Any Other Business</b>			
Log No	Action	Lead(s)	Deadline
79	Bert Jindal, primary care representative on the Commissioning Group said it was difficult to attend the meetings at Harrogate and asked if they could be moved to Leeds.  Sophie Holland, Support Officer for the YCN Commissioning Group to look at moving the venue to Leeds.	P Atha	12/08/2009
80	In light of the swine flu pandemic it was proposed that Barry Tinkler prioritises the Network Board Programme.	B Tinkler	Review 02/09/2009
81	The first meeting of the SHA Cancer Pathway Delivery Board is taking place on 11th August 2009.  To circulate the ToR and membership with the Action Log.	P Atha	N/A

**Date of Next Meeting(s)**

Wednesday 2nd September 2009 9:30am  
Sandal Rugby Club, Milnthorpe Green, Sandal, Wakefield, WF2 7DY

Wednesday 7th October 2009 9:30am  
Sandal Rugby Club, Milnthorpe Green, Sandal, Wakefield, WF2 7DY

Wednesday 4th November 2009 9:30am  
Sandal Rugby Club, Milnthorpe Green, Sandal, Wakefield, WF2 7DY

Wednesday 2nd December 2009 9:30am  
Sandal Rugby Club, Milnthorpe Green, Sandal, Wakefield, WF2 7DY