

**Actions of the meeting held on
Wednesday 02 September 2009, 09:30**

Yorkshire Cancer Network

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

Present:

Ms D Gulliford	Airedale NHS Trust
Dr J Dent	Calderdale and Huddersfield NHS Foundation Trust
Mr J Harrison	Harrogate and District NHS Foundation Trust
Ms L McDonald	Macmillan Cancer Support
Mr S Nahk	Mid Yorkshire Hospitals NHS Trust
Mr M Neligan	NHS Bradford & Airedale
Mr R Webster (Chair)	NHS Calderdale
Dr B Jindal	NHS Kirklees
Ms L Turner	
Mrs S Frier	NHS Leeds
Mr N Gray	
Mr J Hancock	NHS North Yorkshire and York
Dr R Markham	
Mrs J Thorpe	NHS Wakefield District
Mr H Butcher	User Partnership Group
Mr M Harvey	York Hospitals NHS Foundation Trust
Ms L Marriott	Yorkshire and The Humber SCG
Miss P Atha	Yorkshire Cancer Network
Mr S Duffy	
Mrs C Ferguson	
Mr P Melling	
Mr B Tinkler	
Mrs J Toovey	
Dr D Jackson	Yorkshire Cancer Research Network

Apologies

Ms M Allinson, Professor M Baker, Ms A Ballarini, Ms L Driver, Mrs J Edgeley, Ms A Johnson, Dr C Kay, Ms E Latimer, Ms J Myers, Ms M Neary, Dr P Selby

2. Action Log from the last meeting			
Log No	Action	Lead(s)	Deadline
82	Agreed as a true record.	N/A	N/A
83	<p>► Action 74:</p> <p>June Toovey reported that a training workshop was held for service users on the peer review self assessment and validation process in July. Nine service users have agreed to be involved and are taking part on Network and Trust panels. Feedback from participating users will be sought to help inform the next round in 2010.</p>	N/A	N/A

2. Action Log from the last meeting			
2.1 Transfer of pancreatic work to Leeds - update			
Log No	Action	Lead(s)	Deadline
84	<p>► Action 68:</p> <p>Sean Duffy reported that a verbal update had been received from both the Clinical Director and General Manager from LTHT. Assurances had been provided that the surgical and CNS support will be in place. The follow-up meeting for final sign-off is on 23rd September where all remaining issues will be discussed and resolved.</p> <p>Outcome of the meeting to be reported back at the October Board.</p>	S Duffy	07/10/2009
3. Policy for Management of Urgent Suspected Cancer Patients			
Log No	Action	Lead(s)	Deadline
85	<p>Philip Melling, YCN Information Manager presented a "Policy for the management of urgent suspected cancer patients where patients are not willing, able or fit to attend their first appointment within 14 days" for discussion and agreement. The national guidance advises local policy to agree the detail and the purpose of the paper is to agree a Network position.</p> <p>The national guidance removed the patient choice adjustment and the operational tolerance lowered to 93% to reflect the change.</p> <p>The rules for DNA (did not attend) are clear; rules for cancellations need Network agreement for consistency.</p> <p>The Board discussed the appropriateness of when to refer, the impact on the target and communication to GPs. The policy was agreed with some amendments:</p> <p>1] That it is the responsibility of the GP to make a 2ww referral when the patient would be available to attend.</p> <p>2] To include a recommendation whereby Trusts notify GPs when their patients either DNA or cancel 2ww appointments.</p>	P Melling	11/09/2009
86	To consider the best method of communicating the policy and what support is needed in terms of implementation.	YCN Lead Team	11/09/2009

4. Board Performance Report			
Log No	Action	Lead(s)	Deadline
87	<p>Sean Duffy highlighted the salient points within the Board Performance Report to the Board:</p> <ul style="list-style-type: none"> ■ Smoking Cessation: There is a deterioration in the successful cessation of smoking across the YCN apart from NHS Leeds which is consistently maintained. ■ Breast Screening: Consistent improvement in screening uptake was reported, but disappointing performance on turnaround of results within 2 weeks. ■ Bowel screening: As the numbers increase it will impact on access to endoscopy generally. <p>CWT Standards:</p> <ul style="list-style-type: none"> ■ 62-day target: Despite concerted effort, there are still too many breaches of the 62-day waiting times target. Localities are encouraged to address this issue. ■ 2 week standard for all breast symptom referrals: The lack of data did not provide the Board with any assurance that this target will be met in 3 months time. ■ Subsequent treatments (Surgery): Timely surgical treatment appears to be a key area to concentrate on. <p>The availability of support on delivery of CWT standards from the YCN team was reiterated.</p> <ul style="list-style-type: none"> ■ Cancer Registration Dataset: It was noted that in 2 Trusts there are no plans as yet developed for either the electronic transfer of clinical or pathological data and in 3 additional Trusts there are no plans developed for the histopathology data transfer alone. The Board were informed of the importance of achieving this will be the ability to have timely and accurate outcome measures. <p>Rob Webster highlighted the performance of cervical screening for women to get results within 2 weeks as an area requiring significant improvement.</p> <p>Locality Groups to incorporate into their action plans where relevant.</p>	Locality Groups	02/12/2009
88	<p>Sandra Frier reported that the radiotherapy target at LTHT was not a capacity issue, but a problem with reporting and steps have been put in place to rectify this which would be reflected in the next report.</p>	LTHT	Review 02/12/2009
89	<p>In terms of endoscopy breaches in York, Mike Harvey reported serious difficulties with acute staff sickness, but fully expected to back on track by the end of the month.</p>	York Trust	Review 02/12/2009
90	<p>YCN to liaise with Dr Graham Wardman as Network Public Health Lead to follow up the smoking cessation success of NHS Leeds with the Public Health Network.</p>	YCN Lead Team/G Wardman	Review 02/12/2009

5. Locality Groups quarterly feedback			
Log No	Action	Lead(s)	Deadline
91	<p>► Supportive & Palliative Care (SPC)</p> <p>June Toovey provided an overview of the YCN SPC implementation key priorities and drew attention to the recently circulated revised national template for reporting these. She alerted members to further changes within the template which SPC Leads will need to be aware of that will impact on the actions to complete.</p> <p>The SHA Cancer Pathway Delivery Board are supporting the 3 Networks in terms of seeking clarity around what needs to be demonstrated to show compliance and are holding an event in October to share good practice.</p> <p>By December 2009, the Network position will be 7/10 key priorities will be in place. Two key risk areas for achievement are bereavement and rehabilitation. The Board had previously agreed that following work of the YCN Palliative Care Group, the availability of 7-day 9-5 assessment would not be achieved at Network level (Ref. March Log 236).</p> <p>June Toovey announced good news in that Macmillan have agreed to fund a full-time AHP Lead for 3 years across the YCN & HYCCN (Ref. Feb Log 208). Funding has been provided by the SHA to support an End of Life Care Lead. However the posts will not be in place in time to help drive forward the rehab and bereavement work by the implementation deadline. For psychology and rehab, work is underway producing a Network service specification which will require commissioning support.</p> <p>The national deadline for reporting on the implementation has been extended to 14th September.</p> <p>It was agreed that the Nurse Director would take forward a confirm and challenge process outside the meeting and recirculate it with the action log and provide any additional support where appropriate.</p>	J Toovey	14/09/2009
92	To report back on the gaps in the Bradford & Airedale SPC stock take to June Toovey before national deadline.	M Neligan	14/09/2009
5.1 Airedale and Bradford			
Log No	Action	Lead(s)	Deadline
93	<p>Matt Neligan and Dawn Gulliford reported:</p> <ul style="list-style-type: none"> ■ Lung Pathways: Signed-off action plan with nominated leads. Achieved all quick wins. Dashboard and protocols in place to help identify CT capacity and demand - will be shared at October event. Working with PCTs on fast-track referrals. Challenges are CT, IT and changing job plans. ■ Maximum 2ww for all breast patients by Dec 2009 Looking at capacity and demand analysis. Additional capacity in place with extra clinics, started August. Reporting data issues to be resolved. ■ SPC Priorities SPC lead meeting with June Toovey to update their position. ■ Peer Review Internal validation panels taking place in September. Service users involved. Skin - Model 1 - currently undertaking a gap analysis against the peer review measures. <p>Matt Neligan confirmed that no additional support from the YCN team is required at this time.</p>	Airedale & Bradford Locality Group	02/12/2009

5. Locality Groups quarterly feedback			
5.2 Calderdale and Huddersfield			
Log No	Action	Lead(s)	Deadline
94	<p>Jo Dent reported:</p> <ul style="list-style-type: none"> ■ Lung Pathways: Electronic transfer of images to Leeds now happening. Working on short term wins, however most of work identified by Lean significantly impacts on job plans. Plans to update further at October event. Leeds Thoracic surgeon due to retire in September - requested commitment from LTHT for surgical attendance at Lung MDT. ■ Maximum 2ww for all breast patients by Dec 2009 Will investigate data reporting issue. Reported confidence in achieving target by December. ■ SPC Priorities New Cancer Lead Nurse is SPC Lead. Risk identified in meeting psychology needs in both acute Trusts. Commissioners to be advised. To support data collection - requested roll-out of PPM and System One to the Hospice. ■ Peer Review No outstanding issues from previous round of peer review. Outline of self assessment provided. Gaps relate to clinical oncology into Breast MDT and thoracic surgeons attending Lung MDT. Internal validation panels taking place in September. Service users involved. <p>Jo Dent confirmed that no additional support from the YCN team is required at this time.</p>	Calderdale & Huddersfield Locality Group	02/12/2009
95	NHS Leeds to make enquiries with LTHT regarding surgical input at C&H Lung MDT from September.	NHS Leeds	07/10/2009

5. Locality Groups quarterly feedback			
5.3 Harrogate and York			
Log No	Action	Lead(s)	Deadline
96	<p>Bob Markham reported:</p> <p>HARROGATE:</p> <ul style="list-style-type: none"> ■ Lung Pathways: Trust MDT arrangements adjusted to accommodate surgeon and clinical oncology input (weekly tele-conference and fortnightly MDT). ■ Maximum 2ww for all breast patients by Dec 2009 Achieving urgent GP referrals. Breast CNS is now 1WTE. Confident on achieving target. ■ SPC Priorities Key priorities have been built into work plan for Harrogate & York. Trust due to appoint 0.25WTE post for Psychology, rehab and advanced care planning remains medium risk. ■ Peer Review Internal validation panels taking place in September. Service users involved. Anticipate issues around urology regarding surgeon & clinical oncology input into MDT. Skin model - still coming to agreement on model. <p>YORK:</p> <ul style="list-style-type: none"> ■ Lung Pathways: Improved communication links with Hull. Working through complex pathways between York, Hull and Leeds. ■ Maximum 2ww for all breast patients by Dec 2009 Work underway which will form basis of a robust action plan and confident to deliver target. Reporting data issues to be resolved. ■ SPC Priorities SPC remains a risk. Lack of SPC lead now addressed through appointment of Cancer Lead Nurse. ■ Peer Review Internal validation panels taking place in September. Had some difficulties sourcing user representation on the panels. Liaising with YCN. Skin model - still coming to agreement on model (also see Log 97) <p>The Board were reminded that this NHS North Yorkshire & York link with 5 other locality groups and 3 networks and therefore meet less frequently than other locality groups.</p> <p>Bob Markham confirmed that no additional support from the YCN team is required at this time.</p>	Harrogate & York Locality Group	02/12/2009
97	<p>Members briefly discussed the national issue of GPs removing lesions suspected as cancer. Its incumbent on PCTs to carry out audits on this.</p> <p>The Board were advised that the quality standards are detailed in the Skin IOG. The NSSG has agreed advice for primary care and NHS Leeds have issued advice to primary care, supported by monthly pathology reporting from LTHT for monitoring purposes.</p> <p>Rob Webster requested a clear statement from the Network on the guidance for the management of small lesions.</p>	YCN Lead Team	07/10/2009

5. Locality Groups quarterly feedback			
5.4 Leeds			
Log No	Action	Lead(s)	Deadline
98	<p>Nigel Gray and Sandra Frier reported.</p> <p>It was noted that NHS Leeds, together with LTHT are reviewing their escalation policies, along with capacity plans for dermatology, general surgery and urology to meet 18 weeks through service redesign.</p> <p>■ Lung Pathways: Clear action plan with timescales, monitored through monthly locality group. Inter-Trust transfers improved through Mid Yorkshire's access to PPM Images through PACs had positive impact. Outpatient access times down to 1 week. Referral form in development been delayed, which is now being escalated. Surgical capacity for lung has been escalated to CE.</p> <p>■ Maximum 2ww for all breast patients by Dec 2009 Clear action plan and trajectory in place, closely monitored by locality group. Data recording issues have been corrected which will be reflected in the next report. New locum consultant with extra clinics will be in place in October. Reasonably confident in achieving target by deadline.</p> <p>■ SPC Priorities SPC Group meets 6-weekly. Areas to focus are bereavement, SPC and some of the amendments to the priorities will impact on the currently reported status.</p> <p>■ Peer Review Internal validation panels taking place with service user involvement. Skin service strategy group will take forward gap analysis.</p> <p>Nigel Gray confirmed that no additional support from the YCN team is required at this time.</p>	Leeds Locality Group	02/12/2009
99	NHS Leeds were asked to provide an update and its implications on their review for the Network at the October Board.	N Gray	07/10/2009
100	Rob Webster requested the LTHT Breast 2ww symptom referral figures be further investigated.	Leeds Locality Group	02/12/2009

5. Locality Groups quarterly feedback			
5.5 Mid Yorkshire			
Log No	Action	Lead(s)	Deadline
101	<p>Simon Nahk and Julie Thorpe provided feedback:</p> <ul style="list-style-type: none"> ■ Lung Pathways: Dedicated capacity for CT identified. PET scans now available on PACS. Discussions taking place to agree proforma for referral to LTHT. Training & education taking place with consultant secretaries on understanding MDT process. ■ Maximum 2ww for all breast patients by Dec 2009 Action plan in place. Confident in achieving target by the deadline. ■ SPC Priorities Associate Director of Nursing has been appointed as SPC Lead in Trust. Stocktake carried out. Needs to verify SPC and holistic assessment position on YCN Stocktake. Working on plans to link to System One and issues around informed consent and confidentiality. Commissioners are developing a service specification around End of Life care. ■ Peer Review Internal validation panels taking place in September. Service users involved. Skin - Model 1 (2 GPwSIs) in Wakefield. Some issues with Upper GI, non compliant local diagnostic MDT. Working with LTHT. <p>Simon Nahk confirmed that no additional support from the YCN team is required at this time.</p>	Mid Yorkshire Locality Group	02/12/2009
102	<p>Mr Nahk reported on the work undertaken with SHA Connected for Health team around informed consent.</p> <p>Rob Webster requested this be shared with all localities.</p>	S Nahk	02/12/2009
103	<p>Locality Feedback summary:</p> <p>Rob Webster stated it was critical for the Lung event in October to be themed around the significant change and impact on services.</p>	C Ferguson/Provider Trusts	08/10/2009
104	<p>The Chair raised concerns around achieving the 2ww for all breast patients based on the data provided and particularly where no data was available and asked the YCN team to provide further support in this area.</p>	YCN Lead Team	02/12/2009

6. Any Other Business			
Log No	Action	Lead(s)	Deadline
105	<p>▶ Excess treatment costs for Hyperbaric Oxygen for the prevention of Osteoradionecrosis (HOPON) and other clinical trials.</p> <p>David Jackson, as Yorkshire Cancer Research Network (YCRN) Clinical Lead tabled a paper outlining commissioning issues relating to a specific trial for Head & Neck cancer patients. The issue related to excess treatment costs.</p> <p>The Board was presented with three recommendations;</p> <p>1] to provide clarity regarding funding for HBO for individual patients randomised.</p> <p>2] to provide a consensus view regarding commissioning of excess treatment costs for the HOPON study.</p> <p>3] To consider an appropriate forum regarding commissioning of excess treatment costs for clinical trials.</p> <p>The Board agreed the importance of getting a robust process in place.</p> <p>Rob Webster agreed to take it to West Yorkshire Commissioning Forum (WYCOM) to discuss and agree the principles and appropriate forum for discussion on excess treatment costs.</p>	R Webster	02/09/2009
106	David Jackson to speak individually with the two commissioners involved.	D Jackson	07/10/2009

Date of Next Meeting(s)

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