

**Actions of the meeting held on  
Wednesday 07 October 2009, 09:30**

**Yorkshire Cancer Network**

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

**Present:**

Ms D Gulliford	Airedale NHS Trust
Ms M Neary	Bradford Teaching Hospitals NHS Foundation Trust
Dr J Dent	Calderdale and Huddersfield NHS Foundation Trust
Ms A Craig	Leeds Teaching Hospitals NHS Trust
Ms K Pogson	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 D Cockayne	NHS North Yorkshire and York
Dr R Markham	
Ms L Driver	NHS Wakefield District
Dr P Earnshaw	
Ms J Feather	Overgate Hospice
Ms M Allinson	User Partnership Group
Mr H Butcher	
Mr N Wilson	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	
Mrs H Ryan	
Ms F Stephenson	
Dr D Jackson	Yorkshire Cancer Research Network

**Apologies**

Mrs J Edgeley, Mr M Harvey, Dr G Haslam, Dr C Kay, Ms E Latimer, Ms J Myers, Mr S Nahk, Dr P Selby, Mr B Tinkler, Mrs J Toovey, Dr G Wardman

<b>2. Action Log from the last meeting</b>			
Log No	Action	Lead(s)	Deadline
107	Agreed as a true record.	N/A	N/A
108	<p>▶ Action 95:</p> <p>LTHT reassured C&amp;HFT that plans are in place to replace the thoracic surgeon who would provide surgical input at the C&amp;HFT Lung MDT. The original job plan included fortnightly attendance. Jo Dent reported weekly attendance had been provided previously.</p> <p>It was noted that outreach models were strongly supported and crucial for lung cancer.</p> <p>LTHT and C&amp;HFT agreed to discuss the way forward to provide weekly attendance outside the Board.</p>	J Myers/J Dent	02/12/2009

<b>2. Action Log from the last meeting</b>			
<b>2.1 Transfer of pancreatic work to Leeds - update</b>			
Log No	Action	Lead(s)	Deadline
<b>109</b>	<p>► Action 84:</p> <p>Sean Duffy provided an update on the centralisation of the transfer of pancreatic surgical cases to LTHT from BTHFT.</p> <p>The meeting on 23rd September between BTHFT, LTHT, Pancreatic NSSG and MDT representatives provided the framework and principles that would lead to the centralisation of surgery to LTHT by the 1st December 2009.</p> <p>The NSSG Chair will take a lead on ensuring that the principles are translated into operational policy for the SMDT and West West Yorkshire MDT.</p> <p>Rob Webster requested ratification at the December Board. Should any further issues be raised in advance of that at Locality Groups to escalate back to the Board.</p>	Leeds/Bradford representatives	02/12/2009
<b>2.2 Revised Policy for Management of Urgent Suspected Cancer Patients</b>			
Log No	Action	Lead(s)	Deadline
<b>110</b>	<p>► Action 85:</p> <p>Carol Ferguson informed the Board that subsequent to the original policy being presented at the September Board, comments were received from Trust Cancer Lead Managers indicating that the policy differed from their own local Trust attendance policies for 18 week referrals. As a consequence, the policy has been revised further; the key change to the policy is the standardisation of 2 DNAs or 2 cancellations, patients can be referred back to GP. The Board was asked to agree the updated policy.</p> <p>Hugh Butcher referred to the second definition and asked why "if a patient turns up late or turns up in a condition where you cannot carry out what procedure was planned" is defined as a DNA. It was agreed to refer back to the national definitions.</p> <p>The policy was agreed subject to one further minor clarification of the definitions. Policy to be re-circulated once finalised.</p>	C Ferguson/P Melling	16/10/2009
<b>111</b>	PCT organisations were asked to reinforce the message to GP practices requesting that GPs inform the patient they are being fast tracked and where practically possible ensure availability of the patient.	PCT representatives	23/10/2009

<b>2. Action Log from the last meeting</b>			
<b>2.3 Excess Treatment Costs - HOPON trial</b>			
Log No	Action	Lead(s)	Deadline
112	<p>► Action 105:</p> <p>David Jackson, as Yorkshire Cancer Research Network (YCRN) Clinical Lead, tabled a further paper and recommendation requesting a consensus view regarding commissioning of excess treatment costs within the HOPON trial. Following discussion at the September Board, recruitment into the study had been suspended.</p> <p>He reiterated the importance of this national study for this rare but debilitating condition for Head &amp; Neck patients The results will be vital in informing future practice to determine whether HBO is clinically effective and cost effective in Osteoradionecrosis.</p> <p>He highlighted the excess treatment costs of £30k-£40k over 4 years.</p> <p>The Board was reminded of the 1996 Concordat and NHS operating frameworks for supporting research.</p> <p>He explained research costs are divided into 3 areas:                      1] Direct research costs (administering the trial; developing protocol; analysis) funding by CRUK.                      2] Service support costs (clinicians, nurses approaching patients) funding by local Research Networks.                      3] Treatment costs - ARCO defines to be commissioned through local commissioning routes.</p> <p>Members were advised that an exit strategy for clinical trials is being developed by Kevin Smith / David Jackson.</p> <p>The principles around agreeing to support different trials was discussed and the need to have a programme of up and coming trials to help inform future decisions. A discussion was also needed to agree the right forum for these decisions. The Board were informed that the SCG were in the process of carrying out a scoping exercise to identify how many trials may incur excess treatment costs for future consideration.</p> <p>The Board agreed to support the trial on the understanding that it will not set a precedent and with the knowledge that the general issue of excess treatment costs is the subject of an SCG review.</p> <p>This will allow the trial to re-open in the YCN.</p>	SCG/PCT Commissioners	TBC
<b>2.4 Excess Treatment Costs - Bevacizumab</b>			
Log No	Action	Lead(s)	Deadline
113	<p>David Jackson, as vice-chair of the YCN Gateway Group, presented a paper and recommendation agreed at the YCN Gateway Group on Wednesday 30th September.</p> <p>The Gateway Group recommendation not to support the routine funding of bevacizumab in combination with taxane-based chemotherapy for the 1st line treatment of metastatic breast cancer was outlined.</p> <p>The Gateway process consists of independent DTC assessment on the clinical efficacy and safety; budget impact and health economic assessment.</p> <p>The Board accepted the recommendation.</p> <p>To go to SCG for ratification.</p>	L Marriott	16/10/2009

<b>2. Action Log from the last meeting</b>			
<b>2.5 Excess Treatment Costs - Everolimus</b>			
Log No	Action	Lead(s)	Deadline
114	<p>David Jackson, as vice-chair of the YCN Gateway Group, presented a paper and recommendation agreed at the YCN Gateway Group on Wednesday 30th September.</p> <p>The Gateway Group recommendation not to support the routine funding of everolimus in the second-line treatment of patients with metastatic renal cell cancer (mRCC) who are intolerant of or whose disease has progressed despite any prior VEGF receptor tyrosine kinase inhibitor therapy was outlined.</p> <p>The Board accepted the recommendation.</p> <p>To go to SCG for ratification.</p>	L Marriott	16/10/2009
115	<p>The Board acknowledged the high quality work and evidence based approach presented to inform the decisions and make recommendations.</p> <p>Members asked how this decision impacted on individual funding requests (IFRs) and exceptional case applications.</p> <p>Agreement at Board level not to routinely fund a drug is to avoid IFRs. However, the process provides more evidence for individual clinicians and for exceptional case committees about the use of these treatments and does not preclude individual clinicians from raising exceptional cases with their commissioners.</p> <p>Providers and commissioners to note.</p>	Providers/ Commissioners	Ongoing
116	<p>SCG to develop information to support clinicians inform patients of the centralised decision and provide patient information with alternative options.</p> <p>It was agreed to make clinicians aware and advice that support is available through SCG in handling issues that may arise following policy decisions.</p>	L Marriott	TBC
117	<p>The Board were advised that policy decisions are available on the SCG website: <a href="http://www.yhscg.nhs.uk/">http://www.yhscg.nhs.uk/</a></p> <p>It was agreed to circulate the SCG commissioning statement with the action log.</p>	P Atha	16/10/2009
118	Feedback from SCG to YCN Board needs to be strengthened.	L Marriott	04/11/2009
<b>2.6 Review of dermatology, general surgery &amp; urology at LTHT</b>			
Log No	Action	Lead(s)	Deadline
119	<p>Nigel Gray reported the continued work with LTHT on capacity required to deliver all national access targets (including cancer services) and the processes for reviewing and reporting the commissioning implications.</p> <p>A commissioning contracting group has been set up, jointly chaired by Brian Steven, Director of Business Development and Performance Delivery and Phil Corrigan, Exec Director of Commissioning for NHS Leeds to take this work forward.</p> <p>Any wider implications for other organisations would be notified via PCT Boards and/or the West Yorkshire Commissioning Forum (WYCOM).</p> <p>The Network Board requested to be kept updated on the implications for cancer services prior to submission to WYCOM.</p>	NHS Leeds	Ongoing

<b>3. Matters arising from previous meetings</b>			
<b>3.1 Topotecan for the 2nd line treatment of small cell lung cancer - update</b>			
Log No	Action	Lead(s)	Deadline
120	<p>Lisa Marriott reported on the decision by SCG not to approve the routine funding of Topotecan for the 2nd line treatment of small cell lung cancer. Taking into account that NICE was due to publish its report in November 2009 it was agreed to continue with the current position and not to approve a routine commissioning policy in advance of the imminent NICE Guidance. It was reported that there was not a consensus view from the 3 Networks which contributed to the decision by SCG. Having a consistent view is essential.</p> <p>Members of the Board were disappointed in the decision, bearing in mind the strong evidence to support the recommendation.</p> <p>The Board acknowledged that there are lessons to be learnt around the process and timing to Board and SCG for decision-making.</p> <p>The evidence however provides a strong case of IFRs for commissioners.</p> <p>It was acknowledged at the SCG that further work is required to develop a more streamlined process around the work of the Tri-Network Group.</p>	D Jackson/ Commissioners/ SCG representative	Ongoing
121	<p>It was agreed to circulate information to each PCT on estimated number of patients eligible for treatment with oral Topotecan along with the original recommendation to use as evidence for funding IFRs.</p> <p>(Addendum: 60 patients; 2 per 100,000 population).</p>	P Atha	16/10/2009
122	To inform Lung clinicians of the outcome.	D Jackson	16/10/2009
<b>3.2 Laparoscopic surgery update</b>			
Log No	Action	Lead(s)	Deadline
123	<p>► Action 77 Carol Ferguson provided a brief update on the baseline assessment for laparoscopic surgery. Following the August Board, the YCN Colorectal Group were asked to provide guidance on what % patients would benefit from this surgery. The NSSG have established a working group to take forward this work.</p>	N/A	N/A

<b>4. Lessons Learnt</b>			
Log No	Action	Lead(s)	Deadline
124	<p>Carol Ferguson presented a paper summarising a review of previous issues escalated to the Board, outlining the lessons learnt from the process. To date, issues escalated are IOG related due to the complex nature of the implementation requirements which are not easy to resolve.</p> <p>The Board was asked to consider the process from ratification of a strategic approach to implementing national or local policy and the performance management of the process. The Board were presented with 4 recommendations:</p> <ul style="list-style-type: none"> <li>• clear designation of lead responsible for performance management of agreed action plan at early stage of implementation</li> <li>• encourage more robust and transparent approach to the development of local operational plans</li> <li>• explore mechanisms for improved briefing/updates for statutory Boards</li> <li>• confirm and endorse the role of NSSGs/CCGs as a forum for progress monitoring of action plans and restate provision to Chairs to escalate issues to the Board or submit position statement.</li> </ul> <p>It was agreed that further work was required in order to provide the detail underpinning the main recommendations, which were broadly supported. The work to be progressed through the joint Lead Managers and Commissioners meeting in November, involving other Board members as necessary.</p> <p>To be brought back for agreement in December.</p>	C Ferguson	02/12/2009
<b>5. Peer Review - internal validation outcomes</b>			
Log No	Action	Lead(s)	Deadline
125	<p>Fiona Stephenson, Project Manager updated the Board on the outcomes of the Peer Review self assessment and internal validation of the NSSGs and MDTs. The feedback from our first experience of this new process was positive, with commitment and contribution from across the Network, including service users.</p> <p>The national reporting deadline was 30th September and at the time of writing not all reports had been uploaded. The Board were advised that across 22 MDTs and 7 NSSGs, the following outcomes were reported:</p> <ul style="list-style-type: none"> <li>• 38 concerns [definition: affects delivery or quality of the service that does not require immediate action]</li> <li>• 9 serious concerns [definition: could seriously compromise the quality or outcome of patient care]</li> <li>• 2 immediate risks [definition: likely to result in harm to patients].</li> </ul> <p>The Board was asked to confirm what processes were in place in localities for ensuring that these were promptly acted upon and remedial action taken.</p> <p>Each locality reported they were aware of the outcomes which will be performance managed through Locality Groups. Remedial action plans to be clear in terms of Lead and timescales. Members agreed an open and transparent process.</p> <p>It was recommended to adopt the process for remedial action, had an external review taken place:</p> <p>The Board agreed that immediate risks be escalated to Chief Executive and a written response to the issue expected within 2 weeks. A serious concern same as above, with a written response to the issue expected within 4 weeks. Concerns to be addressed through work programme.</p> <p>Board Chair to write to relevant Chief Executives and Board representatives requesting assurance that they have been resolved.</p>	R Webster	14/10/2009

<b>5. Peer Review - internal validation outcomes</b>			
Log No	Action	Lead(s)	Deadline
126	<p>The Board were reminded this was the beginning of the process and the next phase will be external visits in March 2010.</p> <p>Localities were encouraged to maintain the momentum in preparation of these visits.</p>	Provider Trusts/Locality Groups	Ongoing
127	Outcomes to be checked for accuracy and consistency with Trust Cancer Lead Managers prior to circulation to the Board and Locality Group Chairs.	F Stephenson	13/11/2009
128	The Board agreed for cross Network issues to be taken to the YCN Commissioning Group for resolving and to escalate to the YCN Board where these issues cannot be resolved.	YCN Commissioning Group	Ongoing
<b>6. YCRN update and Annual Report</b>			
Log No	Action	Lead(s)	Deadline
129	<p>David Jackson, as Clinical Lead for YCRN, outlined their annual report for 2008-09 which showed raw recruitment of 1558 patients were recruited into clinical trials, which equates to 13% of incident cancer population, exceeding target of 10%. Figures showed an increase of 25% compared to 2007-08. Recruitment into randomised controlled trials also increased from 566 to 656 patients. This has been across a number of organisations and disease sites.</p> <p>The overall performance has improved as a result of implementing a robust strategy, including successful bids allowing the funding of new posts.</p> <p>YCRN was congratulated on the improvements in recruitment into clinical trials. The Board were appraised that further work would be required to make substantial improvements in recruitment into randomised controlled trials. The YCRN retains its high profile in the national league tables.</p> <p>It was noted that further work would be required to ensure that the forward programme of research activity is taken into account in the Network's broader commissioning strategy.</p> <p>Rob Webster and David Jackson to discuss how to take this forward for 2010-11.</p>	R Webster/D Jackson	02/12/2009
<b>7. Any Other Business</b>			
Log No	Action	Lead(s)	Deadline
130	Phil Earnshaw requested an opportunity to feedback on the outcomes from the 2-day Cancer Commissioning Accelerated Learning Event in September. It was reported that John Hancock, Chair YCN Commissioning Group also attended and aims to feedback at this forum.	P Atha	21/10/2009

**Date of Next Meeting(s)**

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

Wednesday 6th January 2010 9:30am  
Sandal Rugby Club, Milnthorpe Green, Sandal, Wakefield, WF2 7DY

Wednesday 3rd February 2010 9:30am  
Sandal Rugby Club, Milnthorpe Green, Sandal, Wakefield, WF2 7DY

Wednesday 3rd March 2010 9:30am  
Sandal Rugby Club, Milnthorpe Green, Sandal, Wakefield, WF2 7DY

Wednesday 7th April 2010 9:30am  
Sandal Rugby Club, Milnthorpe Green, Sandal, Wakefield, WF2 7DY

Wednesday 5th May 2010 9:30am  
Sandal Rugby Club, Milnthorpe Green, Sandal, Wakefield, WF2 7DY

Wednesday 2nd June 2010 9:30am  
Sandal Rugby Club, Milnthorpe Green, Sandal, Wakefield, WF2 7DY

Wednesday 7th July 2010 9:30am  
Sandal Rugby Club, Milnthorpe Green, Sandal, Wakefield, WF2 7DY

Wednesday 4th August 2010 9:30am  
Sandal Rugby Club, Milnthorpe Green, Sandal, Wakefield, WF2 7DY

Wednesday 1st September 2010 9:30am  
Sandal Rugby Club, Milnthorpe Green, Sandal, Wakefield, WF2 7DY

Wednesday 6th October 2010 9:30am  
Sandal Rugby Club, Milnthorpe Green, Sandal, Wakefield, WF2 7DY

Wednesday 3rd November 2010 9:30am  
Sandal Rugby Club, Milnthorpe Green, Sandal, Wakefield, WF2 7DY

Wednesday 1st December 2010 9:30am  
Sandal Rugby Club, Milnthorpe Green, Sandal, Wakefield, WF2 7DY