

**Actions of the meeting held on  
Wednesday 03 February 2010, 09:30**

**Yorkshire Cancer Network**

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

**Present:**

Mr P Turner	Airedale NHS Trust
Ms M Neary	Bradford Teaching Hospitals NHS Foundation Trust
Professor M Baker	Leeds Teaching Hospitals NHS Trust
Ms J Myers	
Ms L McDonald	Macmillan Cancer Support
Mr C Barrett	Mid Yorkshire Hospitals NHS Trust
Dr G Haslam	NHS Bradford & Airedale
Mrs J Cawtheray	NHS Calderdale
Mr E Sherwood	
Mr R Webster (Chair)	
Dr B Jindal	NHS Kirklees
Ms L Turner	
Ms A Johnson	NHS North Yorkshire and York
Dr R Markham	
Ms L Driver	NHS Wakefield District
Mr H Butcher	User Partnership Group
Mr M Harvey	York Hospitals NHS Foundation Trust
Mr P McManus	Yorkshire and The Humber SCG
Miss P Atha	Yorkshire Cancer Network
Mr S Duffy	
Mrs C Ferguson	
Mrs M Holland	
Ms F Stephenson	
Mr D Thomson	
Mrs J Toovey	
Dr D Jackson	Yorkshire Cancer Research Network

**Apologies**

Ms M Allinson, Dr J Dent, Dr P Earnshaw, Mrs J Edgeley, Mrs S Frier, Mr N Gray, Mrs A Harwood, Dr C Kay, Mrs A Watson

<b>2. Action Log from the last meeting</b>			
Log No	Action	Lead(s)	Deadline
178	Agreed as a true record.	N/A	N/A
<b>3. Matters arising</b>			
<b>3.1 AHP inc. dietetics support for Head &amp; Neck pathway</b>			
Log No	Action	Lead(s)	Deadline
179	<p>► Action 145 Lorraine McDonald stated that Macmillan's Terms of Agreement to fund 2 WTE Speech &amp; Language Therapists remained outstanding from LTHT.</p> <p>J Myers agreed to follow up and ensure signed agreement was returned and confirmed the recruitment process was moving forward.</p>	J Myers	03/03/2010

<b>3. Matters arising</b>			
<b>3.2 Brain &amp; CNS IOG funding update</b>			
Log No	Action	Lead(s)	Deadline
<b>180</b>	<p>► Action 158/159: A paper providing an update on the funding agreement process for the Brain and CNS IOG implementation was submitted to the Board.</p> <p>Rob Webster emphasized that contracts with LTHT need to be negotiated. These figures will form part of the consideration of any final sums as part of that negotiation.</p> <p>Commissioning representatives were asked to ensure their respective WYCOM representatives are fully briefed in advance of the WYCOM meeting on 3rd March. Failure to reach clear agreement on both principles and process to secure this investment will result in serious risk to implementation of this IOG.</p>	PCT Commissioners	03/03/2010
<b>181</b>	<p>PCT Commissioners requested a breakdown by PCT of the investment requirements 09/10 shown in appendix 2 &amp; 3 of the Board paper.</p> <p>Carol Ferguson agreed to obtain the breakdown from Michele Saffer and circulate to commissioners.</p>	C Ferguson	03/03/2010
<b>3.3 Advanced Communication Skills Programme</b>			
Log No	Action	Lead(s)	Deadline
<b>182</b>	<p>► Action 164: June Toovey presented a paper providing a position statement on the national "Connected" Advanced Communication Skills training (ACST) programme.</p> <p>The key issue with the Connected programme is the long-term sustainability of the programme due to uncertainty around the continuation of national funding and future roll-out to End of Life Care.</p> <p>June Toovey reported a successful tri-Network bid to the SHA education programme for funding (£30k) to support a project to develop and evaluate ACST outcomes to enable sustainable delivery of training through universities in the future.</p> <p>The project will involve: 1] scoping Connected programme against existing ACST provided by Universities within the SHA. 2] developing learning outcomes and minimum deliverables for ACST to be delivered by Universities. 3] evaluating outcomes against Connected to demonstrate a more sustainable approach.</p> <p>The National Cancer Action Team (NCAT) have agreed to take the outcomes and deliverables developed back to the "Connected" Steering Group to evaluate whether it was equitable with the Connected programme and if so, take to the Peer Review team for agreement regarding meeting the ACST Peer Review measure. If not, a decision will need to be taken locally on the way forward. The process is expected to take 12-18 months. The aim is to have equitable ACST programmes delivered by Universities as part of their CPD funding which will also incorporate an assessment (currently not included in Connected model).</p> <p>The Network will continue to deliver as many Connected workshops as possible within the constraints of facilitator availability and national funding.</p>	J Toovey	On-going

<b>4. Skin IOG</b>			
<b>4.1 Bradford &amp; Airedale dermatology service update</b>			
Log No	Action	Lead(s)	Deadline
<b>183</b>	<p>► Action 166: The Board received assurance from Georgina Haslam, Bradford &amp; Airedale Locality Group Chair, that the governance arrangement for the community based dermatology service is in place and have self-assessed as compliant for Peer Review. Only one area, GPwSIs linking into the local MDT, potentially remains non-compliant. Only 4-5 GPwSIs are carrying out this work. The Board received assurance that there were no safety issues.</p> <p>This will now be subject to external review.</p> <p>Outcomes from Peer Review external visits will be reported back to the Board at a future date.</p>	YCN Lead Team	To be scheduled
<b>4.2 North Yorkshire &amp; York dermatology service update</b>			
Log No	Action	Lead(s)	Deadline
<b>184</b>	<p>► Action 170: Annabel Johnson, NHS North Yorkshire &amp; York, reported that a number of meetings have taken place at both service level and senior management level with hospital Trusts in Scarborough and York to resolve the compliance issues reported at the December Board.</p> <p>Each organisation had been asked to declare the service model and resources required to enable an IOG compliant skin cancer service for the population of Scarborough, Whitby and Ryedale.</p> <p>Information has been received from York Trust. Scarborough is due midday 3rd February. If the information is not received by the given deadline, the PCT will look to finding an alternative provider and a clear action plan is in place to ensure compliance.</p>	A Johnson	03/03/2010
<b>4.3 Skin IOG Action Plan Addendum</b>			
Log No	Action	Lead(s)	Deadline
<b>185</b>	<p>The Board received and agreed the addendum confirming the Skin IOG Action Plan.</p> <p>Clive Kay, Medical Director, Bradford Teaching Hospitals NHS Foundation Trust has confirmed in writing their status as a local skin MDT as set out in the updated IOG Action Plan.</p>	N/A	N/A

<b>5. Transfer of YCN hosting arrangements</b>			
Log No	Action	Lead(s)	Deadline
<b>186</b>	<p>Carol Ferguson described the background to the transfer of hosting arrangements for the YCN team. As a result of the Yorkshire &amp; Humber (Y&amp;H) PCT Collaborative review of clinical networks which took place in 2008, it was recommended that the hosting arrangements for the YCN should fall to the Lead PCT for Cancer, historically this is NHS Calderdale.</p> <p>Currently the YCN team is hosted primarily by LTHT, with a further 3 staff hosted by other organisations.</p> <p>Carol Ferguson described current risk sharing arrangements in the event of the Network scaling down or ceasing to operate. The CSC service improvement team risk share is through all PCTs; arrangements for remaining posts, hosted by LTHT, were never clarified, however these are funded operationally through all PCTs.</p> <p>The proposal is to agree future risk sharing arrangements for redundancies proportionately on the same percentage basis in line with PCTs existing contribution to the Network operational costs.</p> <p>Macmillan asked the Board to note that they do not fund redundancies which may have an impact on future short term project posts. It was clarified that financial risk would be borne by PCTs.</p> <p>The Board supported the proposal to transfer the hosting of the YCN team to NHS Calderdale with effect from 1st April 2010 and agreed the collaborative approach to financial risk sharing.</p>	C Ferguson/E Sherwood	31/03/2010
<b>187</b>	<p>As part of the risk sharing arrangements, the proposal requested that staff be eligible for redeployment within any of the statutory organisations within the YCN and provider organisations were asked if they would be willing to share redeployment opportunities with PCTs.</p> <p>Provider organisations requested a written approach which could be taken to their HR departments for agreement.</p> <p>Ed Sherwood, Assistant Director of Human Resources at NHS Calderdale, agreed to action.</p>	C Ferguson/Ed Sherwood	31/03/2010
<b>6. LTHT IOG risk report</b>			
Log No	Action	Lead(s)	Deadline
<b>188</b>	<p>► Action 157 LTHT presented an update on the risks associated with Skin, Sarcoma, Brain &amp; CNS and Teenage and Young Adults IOG implementation.</p> <p>LTHT were offered the support from the YCN and Board members to help moderate the key risks identified within the report. LTHT assured the Board that a significant amount of work has and continued to be undertaken to achieve IOG deadlines.</p> <p>The Board agreed that the resolution of these risks should be led through the Locality Group and that a timescale for resolution should be determined. The Board will receive quarterly updates or by exception.</p>	LTHT	03/03/2010

<b>7. National Cancer awareness and early diagnosis project</b>			
Log No	Action	Lead(s)	Deadline
<b>189</b>	<p>Fiona Stephenson, Project Manager and Marlene Holland, Service Improvement Facilitator for the YCN described the National Cancer Awareness and Early Diagnosis (NAEDI) project work currently being undertaken by the YCN. A Board paper provided greater detail.</p> <p>Following a successful bid to the NCAT, the YCN received funding of £180k to:</p> <p>1] carry out a survey of the public's awareness of cancer 2] to carry out a case history audit of colorectal cancer emergency presentations</p> <p>A steering group has been established, lead by Greg Fell (Public Health Lead) and Dr Bert Jindal (GP Lead).</p> <p>As an audit spanning both primary and secondary care, this is viewed nationally as an exemplar project.</p> <p>The Board discussed the information governance arrangements. The difficulties of ensuring the right people have the right information with each stakeholder organisation were highlighted.</p> <p>Primary Care representatives were confident of GP engagement in process, however a different approach may be necessary between practices involved in training and other practices.</p> <p>PCT representatives were asked to ensure Primary Care Clinical Leads, Public Health and LMCs were signed up and engaged in the project and to advise on the best approach to GP communities.</p>	PCT representatives	03/03/2010
<b>190</b>	<p>The Board were informed that a colorectal surgeon, Mr Ian Botterill, clinical lead for the project, is writing to each MDT requesting an identified lead to take responsibility for this work.</p> <p>Providers to note.</p>	Hospital Trust representatives	03/02/2010
<b>191</b>	<p>The Board received commitment to feedback the findings to inform future strategy around cancer awareness and early diagnosis.</p> <p>The Board requested that the findings from the public awareness surveys go into the joint strategic needs assessments for each PCT.</p>	PCT representatives	02/06/2010
<b>192</b>	<p>The Board requested that details of the project be sent to the Locality Group Chairs and Cancer Lead Managers to decide locally the best approach and to facilitate ownership of the results.</p>	F Stephenson/M Holland	12/02/2010
<b>193</b>	<p>The Board noted and supported the recommendations outlined in the paper.</p>	All	03/02/2010

<b>8. Decision making on Cancer Drug Treatments</b>			
<b>8.1 Cancer Treatments Expert Panel</b>			
Log No	Action	Lead(s)	Deadline
<b>194</b>	<p>Paul McManus, Pharmacist Advisor to Yorkshire &amp; Humber Specialist Commissioning Group (Y&amp;H SCG) presented a proposal to form an Expert Cancer Treatments Advisory Panel to the Y&amp;H SCG that will replace the existing Tri-Network Cancer Drugs Group. The 3 Cancer Networks that make up the Y&amp;H SHA are asked to support the proposal prior to submission to SCG. The aim of the panel will be to provide a consistent collaborative decision-making approach, by ensuring the same appraisal method is used by the 3 Networks.</p> <p>The Board received clarification that the proposal related to drug treatments only.</p> <p>Remove ambiguity from the proposal and make it clear the panel relates to drugs, not treatments.</p>	P McManus	03/03/2010
<b>195</b>	<p>Paul McManus explained that the proposal is an interim solution, however ultimately would aim for one single assessment group.</p> <p>The Board questioned why implement an interim solution and supported the single assessment group approach instead.</p> <p>The Board discussed concerns on length and timeliness of the proposal; the importance of making collaborative decisions on drug treatments to move away from IFRs and questioned whether in year assessments would receive funding based on the economic climate.</p> <p>Feedback from the Board to SCG was as follows:</p> <p>1] The Board supported in year consideration for funding non NICE appraised drugs.                  2] Any process needs to be timely, within a maximum of 3 months.                  3] The Board felt strongly that there should be a single assessment group harnessing clinical engagement and including public health and health economics input.</p> <p>The Board appreciated the quality output from the Gateway Group informing decision-making.</p>	P McManus	03/03/2010

<b>8. Decision making on Cancer Drug Treatments</b>			
<b>8.2 Gefitinib</b>			
Log No	Action	Lead(s)	Deadline
<b>196</b>	<p>David Thomson, YCN Lead Pharmacist, presented a paper and recommendation agreed at the YCN Gateway Group on Wednesday 27th January 2010. The Gateway process consists of independent DTC assessment on the clinical efficacy and safety; budget impact and health economic assessment.</p> <p>The YCN Gateway Group recommends the use of gefitinib for the treatment of adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) with activating mutations of EGFR-TK.</p> <p>It was reported however that on Friday 29 January, NICE published a negative draft of their appraisal (pending further information). Two fundamental flaws have been identified in the NICE Expert Reference Group's work which have been acknowledged. The view was that the final opinion from NICE, which is expected in June 2010, will be closer to that of the Gateway Group's recommendation.</p> <p>A letter from Greg Fell, Chair YCN Gateway Group was read, in which he acknowledged that in the current climate commissioners may wish not to fund new treatments outside the annual prioritisation cycle. However he welcomed clarity on the issue of whether new treatments would be commissioned in year following a robust appraisal by the Gateway Group to ensure continued clinical engagement within the process.</p> <p>The Board debated the options and agreed the principles for supporting the recommendation based on clear cost effectiveness and clinical effectiveness.</p> <p>The Board accepted the recommendation.</p> <p>To take to WYCOM for ratification.</p>	R Webster	03/02/2010
<b>8.3 Trastuzumab (Herceptin)</b>			
Log No	Action	Lead(s)	Deadline
<b>197</b>	<p>David Thomson presented a paper on the use of trastuzumab following disease progression in metastatic breast cancer discussed at the YCN Gateway Group on Wednesday 27th January 2010.</p> <p>Following a review by the Gateway Group, the clinical evidence presented would not normally result in a positive recommendation however the use of trastuzumab in this treatment has been standard practice in the YCN. A brief discussion took place around whether a piece of work needed to be carried out on de-commissioning drugs which are not cost effective.</p> <p>Based on the detail and complexity of this appraisal, the YCN Gateway Group asked the Board to support the continued use of trastuzumab following disease progression in metastatic breast cancer and review following further guidance from NICE.</p> <p>The Board accepted the recommendation.</p> <p>To take to WYCOM for ratification.</p>	R Webster	03/02/2010
<b>198</b>	To raise the issue of de-commissioning drugs which are not cost effective at the next WYCOM meeting.	R Webster	03/02/2010

<b>8. Decision making on Cancer Drug Treatments</b>			
<b>8.4 Everolimus</b>			
Log No	Action	Lead(s)	Deadline
<b>199</b>	<p>David Thomson explained that a second review of everolimus was carried out by the YCN Gateway Group following receipt of the manufacturer's health economic model. A Board paper provided greater detail.</p> <p>The YCN Gateway Group on 27th January 2010 upheld its original decision 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 as a cost effective use of resource prior to any decision by NICE.</p> <p>The Board accepted the recommendation.</p> <p>To take to WYCOM for ratification.</p>	R Webster	03/02/2010
<b>9. Any Other Business</b>			
Log No	Action	Lead(s)	Deadline
<b>200</b>	<p>Lorraine McDonald, Macmillan representative explained that due to a reconfiguration of areas, she will no longer be the Macmillan link with the Board. The new representative will be Steve Edwards.</p> <p>Rob Webster, on behalf of the Board, thanked Lorraine McDonald for her contribution over the years.</p> <p>To update Board membership.</p>	P Atha	12/02/2010

**Date of Next Meeting(s)**

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