

Actions of the meeting held on
Wednesday 07 April 2010, 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
Professor M Baker	Leeds Teaching Hospitals NHS Trust
Ms L Turner	Mid Yorkshire Hospitals NHS Trust
Ms K Pogson	NHS Bradford & Airedale
Mrs J Cawtheray	NHS Calderdale
Mr R Webster (Chair)	
Ms C Foster	NHS Leeds
Mr N Gray	
Mr J Hancock	NHS North Yorkshire and York
Ms L Driver	NHS Wakefield District
Dr P Earnshaw	
Ms M Allinson	User Partnership Group
Mr H Butcher	
Mr M Harvey	York Hospitals NHS Foundation Trust
Miss P Atha	Yorkshire Cancer Network
Mr S Duffy	
Mrs C Ferguson	
Ms F Stephenson	
Mrs J Toovey	

Apologies

Dr F Day, Ms J Feather, Dr G Haslam, Dr D Jackson, Dr B Jindal, Dr C Kay, Ms J Myers

1. Welcome and Apologies			
Log No	Action	Lead(s)	Deadline
1	Rob Webster announced that Dr Fiona Day, Consultant in Public Health will represent the Yorkshire & the Humber Strategic Health Authority on the YCN Board.	N/A	N/A

2. Action Log from the last meeting			
Log No	Action	Lead(s)	Deadline
2	Agreed as a true record.	N/A	N/A

3. Matters arising			
3.1 Single Cancer Drugs Expert Panel			
Log No	Action	Lead(s)	Deadline
3	<p>► Action 204:</p> <p>The Board received an update on the introduction of the single process for considering new drugs pre-NICE Guidance.</p> <p>Rob Webster, announced that he will be Lead Chief Executive for the introduction of this new process. Draft Terms of Reference are due to be signed off at the next SCG.</p> <p>The process will provide an opportunity to discuss how we ensure the use of high cost drugs within NICE Guidance, whilst recognising some drugs are widely used outside NICE recommendations.</p> <p>Once established, this will replace each Network's Gateway Group approach.</p> <p>To keep the Board updated on progress.</p>	P McManus	05/05/2010
3.2 Gefitinib - feedback from WYCOM/SCG			
Log No	Action	Lead(s)	Deadline
4	<p>► Action 205:</p> <p>The Board was informed that SCG supported the recommendation from the YCN Gateway Group for 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>SCG require this to be on a prior approval basis. PCTs will have to confirm the patient fits within the criteria. This is not an IFR.</p> <p>Commissioners to note.</p>	PCT Commissioners	N/A
3.3 Inter-Trust transfers			
Log No	Action	Lead(s)	Deadline
5	<p>► Action 212:</p> <p>Rob Webster asked for feedback from the YCN Commissioning Group on the performance managements of inter-Trust transfers.</p> <p>The commissioners considered this at their last meeting and recommended it as a substantial agenda item at their next joint meeting with Lead Managers.</p> <p>The Chair requested an update at the June Board meeting.</p>	C Ferguson	02/06/2010

4. Peer Review			
4.1 Outcomes from locality & YCN external visits			
Log No	Action	Lead(s)	Deadline
6	<p>Fiona Stephenson, YCN Project Manager, provided an interim update on the outcomes from the external Peer Review visits to MDTs, PCT localities and Network site-specific Groups which took place in March 2010. A board paper and table of immediate risks (IRs) and serious concerns (SCs) supporting this item was outlined.</p> <p>It was noted that the IRs & SCs in the table relating to LTHT and the Network were based on verbal feedback only. Formal notification was imminent.</p> <p>Fiona Stephenson drew attention to the configuration of skin community services into the PCTs; issues around the pathway of patients between BDFT & CHFT; the provision of CNS support and clinical leadership cover at some MDTs in Mid Yorkshire; issues around adherence to skin clinical guidelines and clinical audit in Urology in the Network.</p> <p>The process also highlighted where services and teams were performing well and areas of good practice which will be highlighted in the report. Good user involvement was noted.</p> <p>The draft report is expected in April for comment on factual accuracy. Final report is due by end of May 2010.</p> <p>Zonal team require responses to IRs within 2 weeks and SCs within 4 weeks of receipt of formal letters. Trusts are expected to manage the outcomes through their internal governance arrangements.</p> <p>Mark Baker (in his Peer Review capacity) referred to SCs raised for the Network, indicating some were covered by other organisations action plans or are issues of concern, but not serious in view of Zonal team. This will become clear when final letters are sent.</p> <p>The Board noted the outcomes and acknowledged the process in place to respond to the IRs & SCs and the timescale required in formulating remedial action plans.</p>	Commissioners & Provider representatives	On-going
7	<p>The handling of non-compliance with measures was discussed. It was suggested there may be areas that are difficult to achieve compliance, for example, pathology services in smaller Trusts may struggle to specialise 50% of their time in different tumour sites, which may require Board agreement on non-compliance. However, the Peer Review measures are designed to underpin better quality care, therefore should the Board aspire for 100% compliance.</p> <p>The Board was advised of the national peer review programme to introduce a badge of earned autonomy. Criteria will be applied to achieve this, including consistent compliance threshold of >75% and no IRs/SCs. It is likely there will be measures where the Board will need to make a sensible decision not to comply with a measure.</p> <p>The Board agreed to aspire to achieve 100% compliance. A stratification process would be needed to enable the Board to make an informed decision on where non-compliance may be considered.</p> <p>The Chair requested an assessment of the Network's non-compliance against the measures, with risk rating, be undertaken. To be tested with relevant NSSGs for their clinical and professional view prior to further discussion at a future Board.</p>	YCN Lead Team	30/08/2010

4. Peer Review			
4.1 Outcomes from locality & YCN external visits			
Log No	Action	Lead(s)	Deadline
8	<p>Hugh Butcher asked for a view on a common theme emerging from the peer review process on the CNS workforce issues.</p> <p>June Toovey informed members of current work about to be undertaken using a mathematical modelling tool (PANDORA) across the Network to baseline CNS activity and work practices to help inform CNS workforce development.</p> <p>Sign up by upper GI, colorectal, lung and gynae cancer sites has been secured from all CNSs across the Network. The aim will be to roll-out into as many cancer sites as possible. Cancer Lead Nurses are also signed-up to this project.</p> <p>The key message to those involved is that it is a diagnostic process with the aim of adding value to their role, solutions will be formed jointly, so ensuring existing resources are utilised appropriately and suitable frameworks are in place.</p> <p>Networking solutions may need to be considered for CNSs working single-handed.</p> <p>The Board asked for this work to be linked into Workforce Development and the Deanery at the Y&HSHA.</p> <p>To keep the Board updated on progress and outcomes.</p>	J Toovey	30/09/2010
9	To copy the Zonal letter to Trust Chief Executives (CEOs) to each Locality Group Chair and the CEO of the main Commissioner.	F Stephenson	14/04/2010
4.2 Peer Review 2010/2011			
Log No	Action	Lead(s)	Deadline
10	<p>It was strongly reiterated that the peer review process was now an annual cycle and robust action plans need to be in place with clear timescales to deliver.</p> <p>The 2010-2011 peer review schedule was provided.</p> <p>The Board acknowledged the implications of the peer review annual cycle and to deliver the resulting action plans within a year. Implementation to be performance managed through Locality Groups with quarterly updates to the Board.</p> <p>Trusts reported confidence in managing their action plans with continued support from the Board and the YCN team on request.</p>	Locality Groups	On-going
11	<p>NHS Calderdale commented on the process around the importance of strengthening the evidence supporting the governance arrangements for service specifications and SLAs with providers (including PCT providers) and requested acknowledgement of the workload involved.</p> <p>Additional feedback on the process was requested, to inform the 2010/11 round, be sent to: fiona.stephenson@ycn.nhs.uk or helen.ryan@ycn.nhs.uk.</p>	All	On-going

5. Quality and Productivity Challenge and Cancer			
Log No	Action	Lead(s)	Deadline
12	<p>Rob Webster described the financial challenges facing the NHS today and into the future. It is estimated that the NHS needs to identify £15-20b of efficiency savings by the end of 2013-14 that needs to be reinvested in the service to continue to deliver year on year quality improvements. On average the NHS has an efficiency target of 3% each year. In future, this will be 6%.</p> <p>The Board was presented with a paper from the YCN Medical Director and Service Improvement Lead outlining a number of proposals to support improvements in both quality and productivity. It was proposed that the Board endorse and monitor a co-ordinated programme of key priority areas of work and share best practice across the YCN. These include:</p> <ul style="list-style-type: none"> ■ implementation of consistent, IOG compliant, pathways of care ■ learn share and spread new models of care, i.e. psycho-educational follow up model for low risk breast cancer patients ■ community monitoring of haematological malignancy through HMDS ■ supported self-management/shared care of late effects of child/adolescent cancers. ■ application of NHS Improvements "Winning Principles" ■ enhanced recovery programmes ■ 23hr stay for certain categories of breast cancer surgery <p>Further areas of work were also highlighted in the paper.</p> <p>Rob Webster requested that the Lean work carried out on lung services be a part of this work.</p> <p>Demand for cancer care will increase. Stakeholders will need to be careful how funds are spent. Efficiency savings could be reinvested, for example, in high cost drugs. There was agreement around the need to have clinically led processes which drive quality and productivity.</p> <p>A broad discussion on the prioritisation of activity focused on areas where the greatest gains could be achieved. It was noted that sharing good practice was not always easily replicable into other Trusts/areas and some discussion took place on the different approaches to sharing practice.</p> <p>The YCN Lead Team was asked to undertake a review of current locality priorities to establish a common ground, including benchmarking & trends. The general consensus was to aim for a maximum of 5 common themes across the Network and build on the current proposal. In consideration, the Board will need to take into account issues around workforce planning, processes/pathways and technology. Involving a York Health Economist in forming the economic case for implementation was also suggested.</p> <p>A verbal update was requested at the next meeting. Proposal to be brought to June Board.</p>	YCN Lead Team	05/05/2010
6. Any Other Business			
Log No	Action	Lead(s)	Deadline
13	<p>► SCG Review of HPB services at LTHT:</p> <p>Sean Duffy reported that SCG have given interim designation of HPB specialist services to 3 sites until 2012, during which there will be a full service configuration review. The report came with recommendations to LTHT regarding support to the surgical team. The Board was asked how the implementation of the recommendations will be managed and supported.</p> <p>The Board agreed that there should be Network involvement. Sean Duffy to contact Cathy Edwards to offer support to the implementation process.</p>	S Duffy	05/05/2010

6. Any Other Business			
Log No	Action	Lead(s)	Deadline
14	<p>► WYCOM:</p> <p>Rob Webster outlined the new structure being proposed at the next WYCOM meeting:</p> <ul style="list-style-type: none"> • to strengthen governance arrangements for WYCOM and further consideration for becoming a sub-committee of PCT Boards. • the remit of WYCOM to be widened to ensure it takes responsibility and leadership for West Yorkshire Networks. Networks to report into WYCOM for decisions on Network recommendations. • to be considerably more involved with NHS providers within W Yorks & parts of N Yorks in WYCOM discussions. Part of the meeting will be designated to Provider CEOs. • WYCOM to have support and resource in order to fulfil it's role appropriately • That one day per month, a series of back to back meetings will be held, involving CEOs in a logical sequence: <p>09:00-10:30 YCN Board 10:30-12:00 Chief Executives (Providers & Commissioners) 12:00-14:00 Commissioners only 14:00-15:00 Contracting Consortium</p> <p>This should result in stronger, direct conversations around Cancer issues with CEOs in provider organisations.</p> <p>Rob Webster agreed to update the Board on the decision outcome after today's meeting.</p>	R Webster	16/04/2010

Date of Next Meeting(s)

Wednesday 5th May 2010 9:00am
 Sandal Rugby Club, Milnthorpe Green, Sandal, Wakefield, WF2 7DY

Wednesday 2nd June 2010 9:00am
 Sandal Rugby Club, Milnthorpe Green, Sandal, Wakefield, WF2 7DY

Wednesday 7th July 2010 9:00am
 Sandal Rugby Club, Milnthorpe Green, Sandal, Wakefield, WF2 7DY

Wednesday 4th August 2010 9:00am
 Sandal Rugby Club, Milnthorpe Green, Sandal, Wakefield, WF2 7DY

Wednesday 1st September 2010 9:00am
 Sandal Rugby Club, Milnthorpe Green, Sandal, Wakefield, WF2 7DY

Wednesday 6th October 2010 9:00am
 Sandal Rugby Club, Milnthorpe Green, Sandal, Wakefield, WF2 7DY

Wednesday 3rd November 2010 9:00am
 Sandal Rugby Club, Milnthorpe Green, Sandal, Wakefield, WF2 7DY

Wednesday 1st December 2010 9:00am
 Sandal Rugby Club, Milnthorpe Green, Sandal, Wakefield, WF2 7DY