

Actions of the meeting held on
Wednesday 02 November 2011, 09:00

Yorkshire Cancer Network

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

Present:

Mrs J Livesey	Airedale NHS Foundation Trust
Dr D Johnson	Bradford Teaching Hospitals NHS Foundation Trust
Dr J Dent	Calderdale and Huddersfield NHS Foundation Trust
Mrs A Harwood	
Dr B Jindal	Greater Huddersfield CCG
Mr P Nicholas	Harrogate and District NHS Foundation Trust
Ms A Craig	Leeds Teaching Hospitals NHS Trust
Dr N Spencer	Mid Yorkshire Hospitals NHS Trust
Ms L Turner	
Ms K Pogson	NHS Bradford & Airedale
Ms C Foster	NHS Leeds
Mr J Hancock	NHS North Yorkshire and York
Mr P Harding	NHS Wakefield District
Mrs J Thorpe	
Ms M Allinson	User Partnership Group
Mr H Butcher	
Ms A Stanford	York Teaching Hospital NHS Foundation Trust
Miss P Atha	Yorkshire Cancer Network
Mr S Duffy (Chair)	
Mrs C Ferguson	
Mr T Fielding	
Ms F Stephenson	
Mrs J Toovey	

Apologies

Mr S Edwards, Mr N Gray, Dr G Hall

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

3. Matters arising			
3.1 Head & Neck quality and performance issues - LTHT update			
Log No	Action	Lead(s)	Deadline
108	<p>▶ Action 92:</p> <p>LTHT reported that the meeting with Heads of SALT and dietetic services and representatives from the NSSG has taken place. A scoping exercise will be undertaken by the team so that by December they will have reviewed current service provision, identified gaps and funding implications and agreed models of care. In addition horizon scanning and contingency measures will be put in place.</p> <p>Due to the different models of AHP support in the Leeds community, it was agreed that discussions would need to take place with Leeds Community Healthcare NHS Trust to resolve the issues around the gaps in their service.</p> <p>Next update: January 2012</p>	LTHT	04/01/2012
3.2 YCN survivorship programme & commissioning new models of care			
Log No	Action	Lead(s)	Deadline
109	<p>▶ Action 97:</p> <p>Carol Ferguson thanked those commissioners who had put themselves forward as advisors for the survivorship programme and reiterated the need to identify finance/contracting colleagues with experience of PbR and tariff development to act as expert advisors.</p> <p>NHS Leeds confirmed that Makeda Wood is prepared to give advice by email.</p> <p>To send details of what will be required from contracting to Bert Jindal.</p>	C Ferguson	11/11/2011
110	To ask contracting colleagues in NHS North Yorkshire & York	J Hancock	11/11/2011
111	To follow-up on previous discussion with Matt England to identify a lead within the emerging contracting structures in Calderdale, Kirklees & Wakefield cluster.	J Thorpe	11/11/2011

4. Mid Yorkshire Oncology Plans			
Log No	Action	Lead(s)	Deadline
112	<p>Dr Nick Spencer, Cancer Lead Clinician for Mid Yorkshire Hospitals NHS Trust (MYHT), presented an update paper on the plans for development of an integrated oncology service. Dr Nick Spencer extended his gratitude to LTHT and commissioners for their support in this work.</p> <p>He outlined a 2 Phase plan which the Trust Board have supported. Phase I has been completed, which comprised of:</p> <ul style="list-style-type: none"> • Procurement of an electronic Chemotherapy prescribing system which will be operational within 3 months • Recruitment of 3 Medical Oncologists to support breast, lung and colorectal and to commence partial local delivery of an Acute Oncology service (AOS). All post-holders will be in place by March 2012 • A review of local Chemotherapy service provision across the 3 sites, to be integrated into one team including service leadership re-structuring • Development of new teams to deliver services for tumour site-specific groups subject to peer review (inc. Brain & CNS, Sarcoma, TYA & Chemotherapy). • Re-define SLA with LTHT for medical oncology and development of a repatriation plan for chemotherapy delivery for some Wakefield and North Kirklees patients closer to home at one of MYHT's 3 Chemotherapy units. <p>Phase II, subject to further investment and still requiring full support includes:</p> <ul style="list-style-type: none"> • Full deployment of PPM • recruitment of 3 further Medical Oncologists for Upper GI, Urology & Gynae • Creation of an in-patient oncology unit • Delivery of a local full AOS, integrated with LTHT for MSCC, RT and complex trial based Chemotherapy regimes. <p>Dr Nick Spencer hoped that repatriation of chemotherapy treatments could commence from March 2012.</p> <p>In terms of securing further investment to complete Phase II, 2012/13 would prove the business case; 2013/14 would see the appointment 3 further Oncologists; by end of 2013/14 - full service in place, including capacity to deliver.</p> <p>The Board congratulated the MYHT Cancer Lead team on the significant progress so far and reaffirmed its support to the full implementation and completion of Phase II of the plan, without which there would be a significant risk to MYHT having a sustainable oncology service.</p>	N/A	N/A
113	<p>On behalf of the Board, to write to MYHT Chief Executive to formally acknowledge progress to date and note potential milestones (Acute Oncology Peer Review and Foundation Trust status).</p>	S Duffy	11/11/2011
114	<p>The Board advised MYHT to engage with Yorkshire Deanery early to be considered for the SpR rotation programme and ensure training and support is in place going forward.</p>	N Spencer/L Turner	ASAP

5. Local Awareness & Early Diagnosis Campaign - Progress report			
Log No	Action	Lead(s)	Deadline
115	<p>Tim Fielding, YCN Public Health Lead gave a presentation on progress so far on the local and national AEDI Programme as part of the national strategy to improve outcomes through earlier diagnosis and save 5000 lives by 2014/15.</p> <p>Phase I comprises:</p> <ul style="list-style-type: none"> • Public Health & GP engagement to provide practice support • Public Awareness - targeted bowel cancer social marketing campaigns • Screening - improving uptake, pending appointment of a Programme Manager. <p>Phase II comprises:</p> <ul style="list-style-type: none"> • Continuation of GP engagement - aim of 40% practices visited by March 2012 • Improving practice systems in primary care and 2 Project Support Managers will be appointed for 12 months • Integrated events for lung, bowel & ovarian to identify challenges across the patient pathway & explore system improvement and discussions are taking place with the NSSGs to agree focus and approach. <p>Tim Fielding outlined the proposed governance arrangements. The current AEDI Steering Group would evolve into an AEDI Programme Group with a remit for all emerging work streams, with representation from all PCTs, a GP lead, commissioning and communication leads. Two workstream groups comprising of the existing Public Health & Primary Care Group and a Screening Group would report into the Programme Group, which ultimately would report directly to the YCN Board.</p> <p>The Board approved the proposed governance arrangements in the YCN AEDI Programme Group and to provide regular updates on progress to the Board.</p>	T Fielding / F Stephenson	On-going
116	<p>It was iterated that the work to be undertaken on improving screening uptake would be to add value to what is currently happening.</p> <p>Tim Fielding agreed to contact John Hancock outside the meeting regarding links to existing screening structures.</p>	T Fielding	07/12/2011

5. Local Awareness & Early Diagnosis Campaign - Progress report			
Log No	Action	Lead(s)	Deadline
117	<p>Tim Fielding outlined the national and local bowel cancer campaigns which will see an increase in referrals and demand on diagnostic services as the campaign progresses. Primary Care need to be aware and adhere to NICE guidance. It was anticipated this would require an extra 2-4 sessions per week. Funding is provided within PCT baseline figures.</p> <p>Concerns were raised by Providers on the impact on diagnostic testing, including CT colonography and the limited skills within the workforce to do this work. Other national pilots likely to be rolled out will further impact on services.</p> <p>Hospital Trusts and Commissioners confirmed the steps being taken to respond to the increase in referral and demand for diagnostics, particularly endoscopy, resulting from the forthcoming national bowel cancer symptom awareness campaign.</p> <ul style="list-style-type: none"> • Airedale reported at 14% increase already. This is a high risk for the Trust which is already working at 100% capacity including Saturday lists • Bradford confirmed they have capacity to manage increased demand • Calderdale, Kirklees & Wakefield have assumed capacity impact of 50% and have capacity available. • Harrogate have concerns and are looking at introducing Saturday lists. • Leeds confirmed that plans were on track to deliver. • York also reported concerns. Endoscopy lists will be increased by 3 per week. A rapid access clinic has been converted into a fast-track and adding another clinic until March 2012. An endoscopist is due to be appointed. <p>Bradford offered capacity to Trusts unable to meet demand.</p> <p>PCT representatives confirmed that they will be the conduit to ensure that GPs and key stakeholders in their locality receive information about the campaign.</p>	Providers & Commissioners	31/03/2012
118	The YCN lead team will ensure a communication mechanism is in place to support management of capacity issues as they arise.	YCN Lead Team	31/12/2012
119	Circulate presentation with the Action Log.	P Atha	11/11/2011

6. Performance management of 62-day waiting times standard			
Log No	Action	Lead(s)	Deadline
120	<p>Carol Ferguson provided an update on the 62-day performance delivery strategy.</p> <p>A letter from Richard Barker, Chief Operating Officer has been issued on 31st October 2011 to all Provider & PCT Chief Executives outlining the governance arrangements and summarising the key actions being taken.</p> <p>Bi-lateral meetings focused on Inter Provider Transfers are underway and these have highlighted particular problems around urology and lung pathways, and pathways where patients flow through three provider organisations. Further pathway mapping work will need to be carried out with NSSGs.</p> <p>Trust action plans have been discussed and any strengthening required has been agreed.</p> <p>The final version of the weekly monitoring report (PTL) has been agreed and subject to completion by all providers this week the Chief Executives' Dashboard will be circulated this Friday. Subject to performance on the weekly monitoring, the YCN lead team will liaise with Lead Managers and Commissioners in each organisation as required to agree any remedial action. This will be supplemented by a more detailed progress report at the December Board meeting.</p> <p>The single electronic referral form is due to be tested in MYHT and will be rolled out as soon as possible.</p> <p>Trusts were asked to ensure that outstanding PTLs were completed as a priority to enable the dashboard to be circulated by Friday 4th November.</p> <p>Next update: December 2011</p>	Provider representatives	04/11/2011
121	Circulate a copy of the letter with the Action Log.	P Atha	11/11/2011
7. PET CT provision - commissioning beyond April 2013			
Log No	Action	Lead(s)	Deadline
122	<p>Sean Duffy gave a brief outline of the PET/CT paper. The national contract provided by the Independent Sector for 5 years is due to run until April 2013. The DH contract is administered for the whole of the north of England by the SHA. In preparation of the contract expiring, an option appraisal for the interim management of the contract, during the transitional period, was presented for consideration by the Board.</p> <p>The consensus view was a contract extension of either 1 or 2 years subject to renegotiation of the price and maintenance of the governance arrangements around contract delivery. The quality standards for this contract will also need to be reviewed to ensure equality of access to be a priority and equally agreed timescales for scans and reporting.</p> <p>Commissioners were assured that the DH will renegotiate the price and will review the specification and quality measures within the specification, including a stakeholder consultation in November. The Board were also assured that the contract had delivered on all its key performance indicators.</p> <p>To provide consensus view of the Board to PET CT Contract Manager at the SHA by 11th November.</p>	S Duffy	11/11/2011

8. Peer Review - update			
Log No	Action	Lead(s)	Deadline
123	<p>Fiona Stephenson, YCN Programme Manager provided an update on the interim assessment of the 2011/12 Peer Review self assessment (SA) and internal validation (IV) which took place in September 2011. A Board paper provided greater detail including a summary of the serious concerns/concerns identified.</p> <p>The emerging themes from the assessment so far relate to oncology support at MDTs, lack of psychological support available in the MDTs and cover for clinical nurse specialists.</p> <p>An interim analysis indicates that the more established services and teams have continued to report high levels (over 85%) compliance. Teams validated against recently published measures, e.g. acute oncology, have reported lower compliance levels.</p> <p>All risks, serious concerns and concerns will require appropriate remedial action plans. A further update on compliance with the measures will be provided at the December Board.</p> <p>The Board noted the outcomes from the SA & IV and that remedial action has been agreed and will be monitored via the appropriate locality governance and risk assurance mechanisms.</p>	Locality Groups	31/03/2012
124	<p>The Board were appraised on the Teenage & Young Adult (TYA) hospital designation process.</p> <p>A letter will be sent out in 24-48 hrs to Provider Trust Chief Executives asking them to indicate if they:</p> <ul style="list-style-type: none"> a] wish to be a designated hospital for TYA b] do not wish to be a designated hospital for TYA c] wish to become a designated hospital in the near future. <p>The Board endorsed the TYA hospital designation process described and noted the deadline for responses to the YCN by 21st November.</p>	F Stephenson	21/11/2011
125	<p>Preparation for the internal validation (IV) of Chemotherapy, TYA, Sarcoma and Brain & CNS Groups in November/December is underway. External visits in March 2012 (colorectal, head & neck and CYP) will complete the cycle for 2011/12.</p> <p>The IV schedule and external visits were noted by the Board.</p> <p>The Chair congratulated Board members on the governance and due diligence shown in the peer review process.</p>	YCN/Provider representatives	31/03/2012
126	<p>An update on compliance/non-compliance to be provided at the December Board.</p>	F Stephenson	07/12/2011

9. Any Other Business			
Log No	Action	Lead(s)	Deadline
127	<p>► Service Profiles</p> <p>Sean Duffy referred members to his recent correspondence regarding the launch of service profiles due to be uploaded to the commissioning toolkit by 31st October.</p> <p>The first profiles related to Breast and Colorectal. A consultation period will allow a "sense check" of the data by 30th November, before being made available in the public domain on 9th December.</p> <p>In order to facilitate this process, the YCN would download the data and circulate it directly to the relevant MDTs.</p> <p>Provider organisations to feedback to relevant colleagues.</p> <p>[ADDENDUM: Service Profile data delayed until Wednesday 9th November. Consultation deadline moved to Tuesday 6th December].</p>	Provider representatives	06/12/2011
128	<p>► Robotic surgery for radical prostate surgery:</p> <p>HDFT reported delays in treatment for robotic surgery for radical prostate surgery at LTHT. LTHT reported that the delays were experienced due to all equipment not being fully in place as expected. Extra sessions have been organised and it is expected that they will be fully operational by the end of November.</p> <p>The Board agreed that there was no evidence to support that robotic surgery had better outcomes in comparison with laparoscopic surgery and the demand was due to patient choice.</p> <p>The Board advised HDFT to contact their patients to discuss their options. BTHFT and MYHT offered laparoscopic surgery capacity.</p>	HDFT representative	04/11/2011
129	<p>► EBUS:</p> <p>Marion Allinson enquired whether AHFT planned to include the small tranche of patients from East Lancashire and North Yorkshire in commissioning arrangements.</p> <p>It was confirmed that EBUS would be available from April 2012.</p> <p>John Hancock agreed to look into this and report back.</p>	J Hancock	11/11/2011

Date of Next Meeting(s)

Wednesday 7th December 2011 9:00am
Sandal Rugby Club, Milnthorpe Green, Standbridge Lane, Sandal, Wakefield, WF2 7DY

Wednesday 4th January 2012 9:00am
Sandal Rugby Club, Milnthorpe Green, Standbridge Lane, Sandal, Wakefield, WF2 7DY

Wednesday 1st February 2012 9:00am
Sandal Rugby Club, Milnthorpe Green, Standbridge Lane, Sandal, Wakefield, WF2 7DY

Wednesday 7th March 2012 9:00am
Sandal Rugby Club, Milnthorpe Green, Standbridge Lane, Sandal, Wakefield, WF2 7DY

Wednesday 4th April 2012 9:00am
Sandal Rugby Club, Milnthorpe Green, Standbridge Lane, Sandal, Wakefield, WF2 7DY

Wednesday 2nd May 2012 9:00am
Sandal Rugby Club, Milnthorpe Green, Standbridge Lane, Sandal, Wakefield, WF2 7DY

Wednesday 6th June 2012 9:00am
Sandal Rugby Club, Milnthorpe Green, Standbridge Lane, Sandal, Wakefield, WF2 7DY

Wednesday 4th July 2012 9:00am
Sandal Rugby Club, Milnthorpe Green, Standbridge Lane, Sandal, Wakefield, WF2 7DY