

HEAD & NECK

Bradford announced a further delay on the transfer of Head & Neck surgery from Calderdale which would not take place by December 2008. The service remains non IOG compliant. This will be resolved with advice and support from the Network team.

CLL6a & MYELOMA XI EXCESS TREATMENT COSTS

The Board received confirmation from SCG that both CLL6a and Myeloma XI excess treatment costs would be commissioned.

SUNITINIB

SCG endorsed the YCN position on the commissioning of Sunitinib. Routine funding will apply when the clinical criteria are met and audit of compliance will be undertaken. Approach to be agreed at the Urology NSSG.

YCN CHEMOTHERAPY GROUP

The Board were alerted to two national policy drivers due to be published in the next month which will significantly impact on chemotherapy services across the Network. The Board were asked to support the appropriate representation on the Chemotherapy Group to enable the implementation of the required changes.

YCRN TERMS OF REFERENCE - were agreed

FERTILITY SERVICES FOR CANCER PATIENTS

David Morroll, Consultant Embryologist, LTHT presented the current fertility service for cancer patients and outlined the key issues:

- current inequity of access to services and possible unmet need
- lack of consistency on a network service model, including storage and appropriate patient follow-up
- improved patient information and staff training to ensure informed patient decision-making
- ensuring funding arrangements support the agreed model of care

The Board agreed the following recommendations:

- To undertake more detailed work with the main referring NSSGs to identify the size of any current shortfall in referral to the RMU
- To develop options to address identified areas of service inequity, including how the females eligible for tissue storage can gain access to appropriate fertility services
- To develop the current service/pathway as outlined in section 5 above

The Board noted that SCG would take forward the formalisation of appropriate and equitable funding arrangements.

PROGRESS ON DEVELOPING NETWORK PATIENT PATHWAYS

The objective of the NSSG pathway work is to quality assure services across the Network by describing what a good service would look like in such a way that it can be audited against key patient experience, clinical and national performance criteria. There are around 40 individual draft pathways awaiting discussion at the Board. The original plan was for individual NSSG Chairs to present their pathways to the Board for approval. In light of the busy Board agendas it may take 18+ months and risks losing both momentum and credibility of the revised governance arrangements amongst the Group members and delayed implementation of pathway improvements.

The Board agreed to adopt the following recommendations on the understanding that a robust process would be developed:

- Where pathways reflect current practice they are approved in principle through the YCN Lead Commissioners Group and disseminated to locality groups for implementation planning
- YCN Lead Commissioners Group to meet monthly
- Pathways implying significant change/reconfiguration would be brought directly to the Board prior to any local dissemination
- To support Network-wide co-ordinated work to implement the approved pathways for Colorectal Cancer and Soft Tissue Sarcoma.
- To improve non-NSSG engagement

YCN BOARD TIME-OUT - agreed to hold a half day Time-Out in January for reflection and review of priorities and planning.

ANY OTHER BUSINESS – DARZI NHS REVIEW: END OF LIFE WORKSTREAM

The Board were informed that agreement has been reached for the Cancer Network Palliative Care Group to expand to become the Sub-regional End of Life Care Group. The Group will support the implementation of the end of life recommendations in the SHA Healthy Ambitions report.