

HEAD & NECK

Compliance with the Head & Neck IOG has not been resolved and the issue will be escalated to the Chief Executive at Bradford Teaching Hospitals NHS Foundation Trust by the Board Chair.

YCN LUNG CANCER GROUP

The Board recognised that lung cancer in the YCN is of the highest priority and welcomed the presentation from Mr Kostas Papagiannopoulos, Consultant Cardiothoracic Surgeon and former Chair of the YCN Thoracic Group and Dr Paul Plant, Consultant Chest Physician, LTHT. The presentation identified the complexity of the lung pathway and the range of issues which contribute to the difficulty in achieving current and future access standards.

The presentation gave some detailed information on service delivery constraints. The presentation was supplemented by a Board paper which facilitated a full discussion on the issues and solutions. The recommendations from the Board are:

- 1.1** The Board encourages and supports LTHT to rapidly develop the ability to use SPC to measure all key steps of both the Respiratory and Thoracic Surgery pathways.
- 1.2** The Board supports an in-depth system-wide service improvement project currently underway at Leeds in regard to thoracic surgery and acknowledges the time required to undertake this in a meaningful sense.
- 1.3** The Board requests each Locality Group work collaboratively with their diagnostic units to jointly understand, identify and address reasons for non-compliance with the agreed YCN Thoracic Pathway.
- 1.4** The Board formally reviews the progress of all Locality Groups in achieving sustainable lung cancer pathways in June 2009.

BOARD PERFORMANCE REPORT

The report was tabled. Success in Pennine Breast Cancer Screening was noted and the Board thanked those involved. The Board recognised the improvement in mortality rates. Further impacts will require a formal strategy on prevention and early diagnosis which will be taken forward by the Network team.

CO-PAYMENT

A paper outlined the current position on the DoH Policy and consultation documents. The SCG position was reported in the following statement: "Patients who have private treatment and who have subsequent complications will not themselves be charged for treatment of the complication. We felt this was in line with other similar situations eg. complications following private surgery. The only exception to this would be inevitable, predicted complications not requiring emergency treatment".

Following discussion of the tabled paper, it was felt that a simpler and clearer statement of advice would be required from the Network. This updated advice statement will follow.

NRAG STEERING GROUP UPDATE

The NRAG Steering Group response to the report was tabled for discussion. The increase in capacity and population analysis was discussed, identifying the anticipated need for access to radiotherapy services to the east and west of the Network. Four options for the provision of these facilities were identified and the Board members asked to reflect on these and provide feedback to the Network Lead Team.

It was confirmed that the procurement of any new facilities and radiotherapy fractions would be undertaken through the SCG. At the next Board meeting, clarity on the whole procurement process will be provided by SCG.