

TRANSFER OF PANCREATIC WORK TO LEEDS

A verbal update had been received from both the Clinical Director and General Manager from LTHT. Assurances had been provided that the surgical and CNS support will be in place. The follow-up meeting for final sign-off is on 23rd September where all remaining issues will be discussed and resolved.

POLICY FOR MANAGEMENT OF URGENT SUSPECTED CANCER PATIENTS

A policy for the management of urgent suspected cancer patients was discussed and agreed with minor modification. The policy will be distributed shortly to all NHS Trusts.

BOARD PERFORMANCE REPORT

Key issues were identified and discussed.

Smoking Cessation: There is a deterioration in the successful cessation of smoking across the YCN apart from NHS Leeds which is consistently maintained.

Breast Screening: Consistent improvement in screening uptake was reported, but disappointing performance on turnaround of results within 2 weeks.

Bowel screening: As the numbers increase it will impact on access to endoscopy generally.

CWT Standards:

62-day target: Despite concerted effort, there are still too many breaches of the 62-day waiting times target. Localities are encouraged to address this issue.

2 week standard for all breast symptom referrals: The lack of data did not provide the Board with any assurance that this target will be met in 3 months time.

Subsequent treatments (Surgery): Timely surgical treatment appears to be a key area to concentrate on.

Cancer Registration Dataset: It was noted that in 2 Trusts there are no plans as yet developed for either the electronic transfer of clinical or pathological data and in 3 additional Trusts there are no plans developed for the histopathology data transfer alone. The Board were informed of the importance of achieving this will be the ability to have timely and accurate outcome measures.

LOCALITY GROUPS QUARTERLY FEEDBACK

Localities fed back against the 4 main areas requested.

Lung Pathways: Efforts associated with quick wins were noted. The major changes required need to be themes discussed at the October event. It was recognised that some organisations work requires major reorganisation of services.

Maximum 2ww for all breast patients by December 2009: Each locality group described their action plans. The Chair expressed his concern that the data provided did not support the degree of confidence expressed, therefore help and support from the YCN Lead Team was again offered.

Supportive and Palliative Care (SPC) Priorities to be achieved by December 2009: The Nurse Director provided an overview of the YCN SPC implementation key priorities and drew attention to the recently circulated national template for reporting these. Two key risk areas for achievement are bereavement and rehabilitation. The Board had previously agreed that following work of the YCN Palliative Care Group, the availability of 7 day 9-5 assessment would not be achieved at Network level.

Each locality identified successes and challenges. It was agreed that the Nurse Director would take forward a confirm and challenge process outside the meeting.

Peer Review: The locality groups described the process and progress to date. User involvement in the process was highlighted. The Network Team were asked to reinforce guidance on community skin services.

It was noted that NHS Leeds, together with LTHT are reviewing capacity plans for dermatology, general surgery and urology. They were asked to provide an update and its implications for the Network at the October Board.

ANY OTHER BUSINESS

The Yorkshire Cancer Research Network (YCRN) tabled a paper outlining commissioning issues relating to a specific trial for Head & Neck cancer patients. The issue related to excess treatment costs. The Chair agreed to take it to West Yorkshire Commissioning Forum (WYCOM) to discuss and agree an appropriate forum for discussion on excess treatment costs and the clinical lead for YCRN to speak individually with the two commissioners involved.