

TRANSFER OF PANCREATIC WORK TO LEEDS

An update on the centralisation of the transfer of pancreatic surgical cases to LTHT from BTHFT was provided. The meeting on 23rd September between BTHFT, LTHT, Pancreatic NSSG and MDT representatives provided the framework and principles that would lead to the centralisation of surgery to LTHT by the 1st December 2009. The NSSG Chair will take a lead on ensuring that the principles are translated into operational policy.

REVISED POLICY FOR MANAGEMENT OF URGENT SUSPECTED CANCER PATIENTS

The revised policy for the management of urgent suspected cancer patients (2 week waits) where patients are not willing, able or fit to attend their first appointment within 14 days was agreed subject to one further minor clarification of the definitions. Policy to be circulated once finalised.

EXCESS TREATMENT COSTS FOR THE HOPON TRIAL

The excess treatment costs associated with the HOPON trial was supported by the commissioners on the Board. This will allow the trial to re-open in the YCN. The general issue of excess treatment costs will be the subject of an SCG review.

GATEWAY GROUP – BEVACIZUMAB RECOMMENDATION

The Board accepted the recommendation from the Gateway Group not to support the routine funding of bevacizumab in combination with taxane-based chemotherapy for the 1st line treatment of metastatic breast cancer. To go to SCG for ratification.

GATEWAY GROUP – EVEROLIMUS RECOMMENDATION

The Board accepted the recommendation from the Gateway Group not to support the routine funding of everolimus in the second-line treatment of patients with metastatic renal cell cancer (mRCC) who are intolerant of or whose disease has progressed despite any prior VEGF receptor tyrosine kinase inhibitor therapy. To go to SCG for ratification.

REVIEW OF DERMATOLOGY, GENERAL SURGERY & UROLOGY AT LTHT

NHS Leeds reported the continued work with LTHT on capacity required to deliver all national access targets (including cancer services) and the processes for reviewing and reporting the commissioning implications. Any wider implications for other organisations would be notified via PCT Boards and the West Yorkshire Commissioning Forum (WYCOM). The Network Board requested to be updated of the implications for cancer services prior to submission to WYCOM.

TOPOTECAN FOR THE 2ND LINE TREATMENT OF SMALL CELL LUNG CANCER – UPDATE

The Board were informed of the SCG decision not to routinely fund topotecan for the 2nd line treatment of small cell lung cancer. SCG will await the outcome from NICE expected in November 2009.

The Board recommended that commissioners use the valuable evidence produced by the Gateway Group to assess individual funding requests.

LESSONS LEARNT

The Network team undertook a reflective process in relation to issues previously escalated to the Board. The paper described how these issues were handled historically and identified where improvements could be made for the future. Further work is required in order to provide the detail underpinning the main recommendations, which were broadly supported.

PEER REVIEW

The self assessment (SA) and internal validation (IV) process is now complete and the valuable commitment and contribution from across the network was acknowledged.

Discussion focused on the local mechanisms to ensure that any risks or concerns identified were promptly acted upon. It was agreed that the process for remedial action would apply had an external review taken place; if identified through SA and IV this will be addressed through the organisations risk management process. Immediate risks to be escalated to Chief Executive and a written response to the issue expected within 2 weeks. A serious concern same as above, with a written response to the issue expected within 4 weeks. Concerns addressed through work programmes.

The feedback from our first experience of this new process has been that it was of value and constructive. The Board were reminded that the next phase will be external visits in March 2010 and that localities were encouraged to maintain the momentum of preparation for these visits.

YORKSHIRE CANCER RESEARCH UPDATE AND ANNUAL REPORT

The YCRN annual report for 2008-09 was presented. YCRN was congratulated on the improvements in recruitment into clinical trials. The Board were appraised that further work would be required to make substantial improvements in recruitment into randomised controlled trials. The YCRN retains its high profile in the national league tables.

It was noted that further work would be required to ensure that the forward programme of research activity is taken into account in the Network's broader commissioning strategy.