

ADVANCED COMMUNICATIONS SKILLS PROGRAMME (ACST)

The Board were updated on the "Connected" ACST programme and a successful tri-Network bid to the SHA for funding to support a project to develop and evaluate ACST outcomes to enable sustainable delivery of training by universities in the future. The Network will continue to deliver as many Connected workshops as possible within the constraints of facilitator availability and national funding.

SKIN IOG:

BRADFORD & AIREDALE DERMATOLOGY SERVICE UPDATE

The Board received assurance from the Bradford & Airedale Locality Group Chair that the governance arrangement for the community based dermatology service is in place and have self-assessed as compliant for Peer Review. This will now be subject to external review.

NORTH YORKSHIRE & YORK DERMATOLOGY SERVICE UPDATE

NHS North Yorkshire & York confirmed that both Scarborough and York Trusts had been asked to declare the service model and resources required to enable an IOG compliant skin cancer service for the population of Scarborough, Whitby and Ryedale.

SKIN IOG ACTION PLAN

The Board received and agreed the addendum confirming the Skin IOG Action Plan. Bradford Teaching Hospitals NHS Foundation Trust have confirmed their status as a local skin MDT as set out in the updated IOG Action Plan.

TRANSFER OF YCN HOSTING ARRANGEMENTS

As a result of the Yorkshire & Humber (Y&H) PCT Collaborative review of clinical networks which took place in 2008, it was recommended that the hosting arrangements for the YCN should fall to the Lead PCT for Cancer. The Board supported the proposal to transfer the hosting of the YCN team from Leeds Teaching Hospitals NHS Trust (LTHT) to NHS Calderdale with effect from 1st April 2010. The Board approved the transfer and agreed the collaborative approach to financial risk sharing.

LTHT IOG RISK REPORT

LTHT presented an update on the risks associated with Skin, Sarcoma, Brain & CNS and Teenage and Young Adults IOG implementation. The Board agreed that the resolution of these risks should be led through the Locality Group and that a timescale for resolution should be determined. The Board will receive quarterly updates or by exception.

NATIONAL CANCER AWARENESS AND EARLY DIAGNOSIS PROJECT (NAEDI)

As part of the NAEDI project the YCN received funding for a programme of work to survey public awareness of cancer symptoms and a case history audit of colorectal cancer emergency presentations. As an audit spanning both primary and secondary care, this is viewed nationally as an exemplar project. The Board agreed that this was a priority workstream for each locality group to facilitate. Details of the project will be circulated to each Locality Group and Cancer Lead managers.

There is commitment to feedback the findings to inform future strategy around cancer awareness and early diagnosis and to feed into local joint strategic needs assessments.

DECISION-MAKING ON CANCER DRUGS TREATMENTS:

CANCER TREATMENTS EXPERT PANEL

The Board received a paper on a proposal to form a Y&H Expert Advisory Panel on cancer treatments. The Board received clarification that the proposal related to drug treatments only. Feedback from the Board to SCG was as follows:

- 1] The Board supported in year consideration for funding non NICE appraised drugs.
- 2] Any process needs to be timely, within a maximum of 3 months.
- 3] The Board felt strongly that there should be a single assessment group harnessing clinical engagement and including public health and health economics input.

The Board appreciated the quality output from the Gateway Group informing decision-making.

GEFITINIB

The Board accepted the recommendation from the YCN Gateway Group to support the use of gefitinib for the treatment of adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) with activating mutations of EGFR-TK.

TRASTUZUMAB

The Board accepted the recommendation from the YCN Gateway Group for the continued use of trastuzumab following disease progression in metastatic breast cancer and to review following further guidance from NICE.

EVEROLIMUS

A second review of everolimus was carried out by the YCN Gateway Group following receipt of the manufacturer's health economic model. The YCN Gateway Group upheld its original decision 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. The Board accepted the recommendation.

The YCN recommendations were to be taken to the sub regional commissioning group (WYCOM) immediately following this Board.