

## **NORTH YORKSHIRE & YORK DERMATOLOGY SERVICE UPDATE:**

NHS North Yorkshire & York were congratulated on the progress being made to establish an IOG skin cancer compliant MDT in Scarborough by September 2010.

## **CANCER DRUGS EXPERT PANEL:**

The Board was informed that SCG had accepted their recommendation for a single process for considering new drugs pre-NICE Guidance with the possibility to extending this to all high cost drugs.

### **GEFITINIB**

The Board was informed that the decision 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 is deferred until the next SCG (March), pending further work by PCTs aligned to North Trent Cancer Network.

### **EVEROLIMUS**

SCG accepted the recommendation from the YCN Board 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.

## **BOARD PERFORMANCE REPORT:**

The Board received the latest Board Performance. Key issues highlighted included:

- Sustained improvements in breast screening round length and cervical screening coverage together with huge increase in performance for screening results within 2 weeks so all localities are now compliant.
- Progress has been made towards seeing all breast symptomatic referrals within 2 weeks and most localities reported confidence in achieving this target for Q4 2009/10.
- Significant improvements have also been made in achieving the 2 week wait for all urgently referred suspected cancers by all Trusts.
- Subsequent treatment targets highlighted service pressures, such as skin and urology although there are signs of improvement.
- The 62-day target continues to be a challenge with both Leeds and Mid Yorkshire not achieving the 85% threshold for at least the last four quarters. The tumour sites highlighted as particular problems include lung, urology, head and neck, colorectal and gynaecology.
- Mandated collection of the cancer registration dataset from April 2011 was highlighted as the next challenge for acute Trusts and it was reported that although some Trusts had plans in place to provide the dataset there had been no actual submission of any data to date.

The improvements in trial accrual across the Network were also noted.

## **LOCALITY GROUPS UPDATE:**

**Supportive & Palliative Care:** The Board was updated on the latest stocktake of the implementation of the Supportive & Palliative Care Guidance. There has been significant progress however there are areas of non-compliance. Local action plans are in place and the monitoring of the implementation will be through the SHA.

**Lung Pathways Action Plans:** Each locality reported on-going work to deliver sustainable lung cancer pathways, but in some areas this will require significant service reconfiguration. It was emphasised the only way to achieve 62-days is to work towards the future state pathway as identified through the Network-wide Lean Project.

**Maximum 2ww for all breast patients by December 2009:** The unvalidated Jan-Feb performance for the breast symptomatic referrals was encouraging.

**Peer Review:** Work continues to prepare for the forthcoming Peer Review visits this month. The recent pre-visits have identified a number of risk areas around compliance with Skin IOG.

**ANY OTHER BUSINESS:** The Board were notified of the retirement of Sandra Frier and Bob Markham. The Chair, on behalf of the Board, extended their appreciation for their contribution to the Board.