

SINGLE CANCER DRUGS EXPERT PANEL:

SCG reported that the inaugural meeting of the Regional Policy Group took place on 6th July. A workshop is scheduled early September between the three Cancer Networks to agree the single process for horizon scanning, prioritisation and agreement of the criteria which will be reported back to the next RPG on 29th September.

QIPP - BREAST FOLLOW-UP IN CALDERDALE & HUDDERSFIELD

A presentation was given by Dr Jo Dent, Consultant Medical Oncologist and Lead Clinician for Cancer at Calderdale & Huddersfield NHS Foundation Trust, on the interim findings of the research on breast cancer follow-up for low and intermediate risk patients. The model is based on an alternative to the standard follow-up involving taught sessions and patient open access. The key findings were that the alternative model is feasible, scores well with patient satisfaction with no adverse impact on quality of life, but an apparent improvement in social and sexual function.

The Board gave unanimous support to the roll-out of this new model of care as part of the breast cancer pathway. This will form a central element of the Network's QIPP strategy.

The Board noted the potential for similar approaches in other tumour sites.

PEER REVIEW NON COMPLIANCE AND EARNED AUTONOMY

A summary of the measures for Network site specific Groups (NSSGs) and Multi-disciplinary Teams (MDTs) which were assessed as non compliant following the 2009/10 Peer Review round were presented. The key themes highlighted were:

- MDT attendance and cover arrangements for core members. This applies to all MDT's (Breast, Lung, Gynaecology, Upper GI, Pancreatic, Urology and Skin) and includes Clinical Oncology, Radiology, Pathology and Clinical Nurse Specialist although MDT site and missing core members vary.
- Attendance on the National Advanced Communication Skills Training (ACST) programme. This applies to all MDT's (Breast, Lung, Gynaecology, Upper GI, Pancreatic, Urology and Skin).
- A number of nursing and/or patient experience issues were identified across a variety of MDT's; e.g. completion of specialist study, patient experience exercise, patient consultation record.
- Establishing a robust NSSG audit programme incorporating timely annual presentation of results.
- Breast MDT - Core MDT Clinical consultants spends 50% time on breast cancer

The Board supported the following recommendations:

- 1] Agree that current and future areas of non compliance, concerns and risks from Peer Review are integrated into a Network Governance Framework.
- 2] Agree that NSSG's provide clinical advice to the Network Board on the concerns and risks associated with non-compliant measures.

A first draft response in terms of feedback from NSSGs on risks and non-compliance is expected within 3 months.

The Board were also made aware of the policy of earned autonomy and the Network teams interpretation of this in relation to provider and commissioner organisations. It was acknowledged that this policy would require working through to ensure that there is no loss of assurance as part of earned autonomy. The Board would continue to rely on established mechanisms which would provide intelligence in assessing eligibility for earned autonomy.

The Board agreed to start implementation of earned autonomy for those MDTs who are eligible in the current peer review round 2010/11.

GOVERNANCE & RISK MANAGEMENT

The Board were provided with a paper outlining a draft framework for managing risk, developed by the HYCCN, adapted by the YCN.

The structure outlined the stratification of risk and the escalation triggers that would be used in the event that risks would be identified. The Board excepted that this strengthened, rather than replaced current approaches to managing risk. It provided greater clarity for lines of communication and escalation.

The circulated draft will be amended in line with comments received and will be brought back to the Board for final ratification.