

**Actions of the meeting held on
Friday 09 October 2009, 10:00**

Yorkshire Cancer Network

Weetwood Hall Conference Centre & Hotel, Leeds, LS16 5PS

Present:

Ms D Gulliford	Airedale NHS Trust
Mr M Kunc	
Dr C Bradley	Bradford Teaching Hospitals NHS Foundation Trust
Mr M Busby	
Mrs H Hey	
Dr M Bertoni	Calderdale and Huddersfield NHS Foundation Trust
Ms N Byrne	
Dr J Dent	
Dr B Henderson	Harrogate and District NHS Foundation Trust
Ms K Anderson	Leeds Teaching Hospitals NHS Trust
Ms A Craig	
Ms K Evans	
Mrs A Gullvag	
Dr P Hatfield	
Mrs K Henry	
Mr D Holland	
Dr C Loughrey	
Ms K Thompson	
Ms K Warner	
Mrs S Wilson	
Mrs C Claughton	Marie Curie Centre Bradford
Dr B Rath	Mid Yorkshire Hospitals NHS Trust
Dr I Fenwick	NHS Bradford & Airedale
Ms L Turner	NHS Kirklees
Ms L Johnson	NHS North Yorkshire and York
Mrs E Vickerstaff	
Dr P Duffey	York Hospitals NHS Foundation Trust
Dr M Porte	
Mrs L Cooper	Yorkshire Cancer Network
Mr S Duffy	
Mrs C Ferguson	
Mrs J Toovey	

1. Introduction & Welcome			
Log No	Action	Lead(s)	Deadline
1	Sean Duffy welcomed the attendees and gave an outline of the meetings purpose. Sean Duffy proposed that in order for the IOG to be implemented across the Network the meeting needs to be formalised with an agreed set of objectives and terms of reference. The proposed YCN IOG Implementation Group will then go on to form part of a Tri-Network NSSG.	N/A	N/A

2. Pathway Progress Update			
Log No	Action	Lead(s)	Deadline
2	<p>Mark Busby, Consultant Neurologist from Bradford Teaching Hospitals NHS Foundation Trust gave an update on progress to date and discussed BTHT's proposed CNS tumour pathway.</p> <p>Mark Busby highlighted that for their proposed pathway to be implemented an MDT Coordinator needs to be in post or designated to an existing resource. And for PPM to be rolled out across the Network.</p> <p>Sue Oxley, Neuro Physiotherapist was identified as the AHP link at BTHT.</p> <p>Samantha Wilson, CNS Neuro-Oncology at LTHT proposed that the key worker be a CNS who links to the Neuroscience MDT's across the Network.</p> <p>Copy of Mark Busby's presentation to be sent with the action log for information.</p>	S Thornborow	30/10/2009
3. Progress Updates			
Log No	Action	Lead(s)	Deadline
3	<p>Leeds; Carmel Loughrey, Consultant Clinical Oncologist gave the progress update.</p> <p>Carmel Loughrey informed the meeting of new posts that will be appointed from 1st December 2009. The YCN highlighted that these posts are a resource for the Network to utilise. Sean Duffy asked for suggestions of how these posts can be modelled for maximum patient care across the Network.</p> <p>It was highlighted that each organisation needs to establish what can be delivered locally prior to requesting the central resource.</p> <p>Calderdale & Huddersfield; Miguel Bertoni, Consultant Radiologist gave the progress update.</p> <p>C&H have implemented an neurosciences and endocrine MDT. Currently don't have an out of hours service. No MDT coordinator as yet. The return of information from Leeds is sometimes an issue.</p> <p>Airedale; Marek Kunc, Consultant Neurologist gave a brief progress update.</p> <p>Midyorks; Amir Al-din has been nominated as the designated lead but the process for flag and log has not yet been established.</p> <p>York; Phil Duffey, Consultant Neurologist highlighted that as York services are split across York and Hull there could be issues geographically. Concerns were expressed that the resources available at LTHT may not benefit the services at York. It was raised that services should be making it a priority to implement what is possible locally.</p> <p>Harrogate; Bruce Henderson, Consultant Neurologist highlighted that services are currently in the early stages so no progress to update at this time. Clarity needed of whom is the lead. Sean Duffy to contact Jon Harrison.</p> <p>Sean Duffy identified the following work-streams from the unit updates:</p> <ul style="list-style-type: none"> - Pathways for model of care - Local resolution of the coordination of implementing registrations electronically (PPM). <p>Presentations presented electronically to be circulated with the action log.</p>	All Unit Leads	Update at the Next Meeting

4. Brief Network Update			
Log No	Action	Lead(s)	Deadline
4	<p>Lorraine Cooper presented a draft Network pathway which will be available on www.ycn.nhs.uk when completed and agreed with the NSSG.</p> <p>Macmillan have agreed to fund a Network AHP Lead post who will support all rehabilitation workstreams.</p> <p>It is also anticipated that a role will be funded by the YCN and appointed for 6-12 months to audit the rehabilitation facilities available to brain/CNS tumour patients to establish the service gaps across the Network .</p> <p>There is still a lot of work to be completed including:</p> <ul style="list-style-type: none"> - Establishment of IOG compliant MDT meetings. - Establish 'flag & log' radiology systems in all units. - Agreed protocols for referral of patients to the MDTs and image/information transfer. - Agreed registration and data collection systems. - Agreement of IOG compliant communication framework. - Clear transfer of care and follow up arrangements. - Agreement of key worker roles and hand-over at each stage of pathway. - Agreement of Clinical Nurse Specialist input. - Agreement of IOG compliant rehabilitation and support pathways. - Agreement of audit and pathway quality criteria. - Patient information - Service user involvement <p>It is anticipated that this will form the basis of the NSSG work programme.</p>	N/A	N/A
5. Designated Lead Role			
Log No	Action	Lead(s)	Deadline
5	<p>Sean Duffy discussed the designated lead role. Nominations from each Trust have been received with the exception of LTHT which is under discussion.</p> <p>2 fundamental roles of the designated lead is to coordinate cases of patients with a suspected primary CNS tumour for discussion at the neurosciences MDTs and to make the decision whether a case needs discussing via a neurosciences MDT.</p> <p>This coordinating role requires medical knowledge and would preferably sit with an existing CNS or Medical Oncologist. The role will require significant support within their organisations.</p> <p>The final element of the role would be their involvement in auditing patient care via the NSSG.</p> <p>Sean Duffy proposed that each Trust draft an operating framework to identify how they will deliver on this aspect of the guidance.</p>	All Unit Leads	Update at the Next Meeting
6. Formalisation of Implementation Group & ToR			
Log No	Action	Lead(s)	Deadline
6	<p>Sean Duffy highlighted that to form an NSSG to implement the brain and CNS IOG the membership would require key members such as Neurologists, Radiologists, AHP's, CNS's and commissioning representation from each Trust/PCT.</p> <p>All Trust representatives to send membership nominations to sophie.thornborow@ycn.nhs.uk</p>	All Unit Leads	30/10/2009

7. Next steps			
Log No	Action	Lead(s)	Deadline
7	YCN to communicate the specifics to all Trust Chief Executives and Medical Directors.	S Duffy	06/11/2009

Date of Next Meeting(s)

Friday 15th January 2010 10:00am
Board Room, Ground Floor, Trust HQ, St James's University Hospital

Friday 14th May 2010 10:00am
Board Room, Ground Floor, Trust HQ, St James's University Hospital

Friday 24th September 2010 10:00am
Board Room, Ground Floor, Trust HQ, St James's University Hospital

Friday 3rd December 2010 10:00am
Board Room, Ground Floor, Trust HQ, St James's University Hospital