

Actions of the meeting held on  
Friday 14 May 2010, 10:00

Yorkshire Cancer Network

Thackray Medical Museum, Leeds

**Present:**

Mr M Busby	Bradford Teaching Hospitals NHS Foundation Trust
Mrs H Hey	
Ms S Oxley	
Ms C Smith	Calderdale and Huddersfield NHS Foundation Trust
Ms K Anderson-Kay	Leeds Teaching Hospitals NHS Trust
Ms A Craig	
Ms H Earle	
Miss N Gibbs	
Mrs A Gullvag	
Dr P Hatfield	
Mrs K Henry	
Mr D Holland	
Ms K Kozłowska	
Dr C Loughrey	
Ms J Moody	
Mr N Phillips (Chair)	
Dr A Al-din	Mid Yorkshire Hospitals NHS Trust
Dr P Duffey	York Hospitals NHS Foundation Trust
Mrs L Cooper	Yorkshire Cancer Network
Mr S Duffy	
Miss D Mallinson	
Mrs J Toovey	

**Apologies**

Professor M Baker, Dr C Bradley, Ms N Byrne, Dr I Fenwick, Mr M Kunc, Ms C Maybury, Dr M Porte, Mrs S Wilson

<b>1. Welcome &amp; apologies</b>			
Log No	Action	Lead(s)	Deadline
1	N Phillips welcomed the group, brief introductions were made and apologies were noted.	N/A	N/A
<b>2. Matters arising</b>			
Log No	Action	Lead(s)	Deadline
2	No comments were made.	N/A	N/A

<b>3. Action Log from the last meeting</b>			
Log No	Action	Lead(s)	Deadline
3	<p>A Al-din informed the group that Wakefield has not yet appointed a trust wide Cancer Lead. It was noted that there would be a meeting towards the end of May to discuss a candidate for the position. Mid Yorkshire believe that once the team has been created, the trust should be up-to-date as the Rehabilitation service is already in place.</p> <p>P Duffey notified attendees that York has come across difficulties with regards to the Cancer Tracker as the post for an administrator has been pushed back from April to the end of May/June. LTHT intend on using the proforma that was used by Hull.</p> <p>Feedback was given on behalf of J Dent (Calderdale and Huddersfield). A Patient Pathway Coordinator has been identified to support the MDT, along with the identification of a radiologist and they are currently working on the Flag &amp; Log system. The trust is currently having problems with PPM and the Radiology feed however this is being looked to resolve the issues.</p>	N/A	N/A
<b>4. Progress Updates</b>			
Log No	Action	Lead(s)	Deadline
4	<p>N Phillips presented to the group the referral process that is currently being used at Leeds.</p> <p>It was agreed that there will be no separate filtering mechanisms for all referrals.</p>	N/A	Update at the Next Meeting

4.1 Flag & Log systems			
Log No	Action	Lead(s)	Deadline
5	<p>There was discussion around the pathway into Neuro-Oncology and the log of cancer patients which is picked up by the Network MDT. Issues arose with regards to the log of patients who do not visit Neuro-Oncology as they do not appear on PPM. It was agreed that a registration process could be put into place; however this would be looked at in Leeds once an MDT Coordinator is in place.</p> <p>The group discussed the level at which Radiologists will use Flag &amp; Log due to the low funding that they are receiving for their time.</p> <p>It was noted that the engagement by Radiologists is required in order to ensure the Flag &amp; Log system works efficiently; however, there was consensus amongst the group with regards to problematic issues which may arise with the system, such as possible tumours vs. actual tumours if the system is not used correctly.</p> <p>Members discussed that Radiologists will not engage with Flag &amp; Log unless there is funding streaming as they count using the system as extra hours work.</p> <p>Members were informed that locality Radiologists have agreed to use the Flag &amp; Log system, however some of the Directors will not allow the time for this as there is no extra funding.</p> <p>N Phillips informed the group that there is a high level of inefficiency in the pathways relating to radiology.</p> <p>It was noted that there would be group interest in how other specialities propose to log registration and look at any parallels that may occur in the methods and implementations used to see if anything can be learnt from their processes.</p> <p>M Busby discussed the need for radiological involvement in order to produce accurate referrals and reports. The group was informed that H Hey circulated a proforma for comment.</p> <p>It was agreed that the next meeting would benefit from the attendance of a Radiologist and MDTs, which shall be nominated by each locality.</p> <p>To contact Radiologists and MDTs within the Network to request attendance at the next meeting.</p>	D Mallinson	02/07/2010

<p><b>6</b> Members were presented with the question of what would be done with the Flag &amp; Log system once a tumour has been flagged. Processes and issues around these were discussed amongst the group.</p> <p>S Duffy raised the topic of gaps in the referral process through Flag &amp; Log and issues were discussed around what is meant when treatment is not given, and what number of patients are not being given support and in the following areas:</p> <ul style="list-style-type: none"> <li>• Self care with the correct use of information (including printed)</li> <li>• Routes of support including what is available in the community and locally and how this support is being used and can be improved.</li> </ul> <p>It was agreed that treatment needs to cater for different levels of care ensuring an easy flow of patients and access to care and treatment as required.</p> <p>It was noted that there are 2 issues with regards to the use of the Flag &amp; Log system; registration and clinical care. The group agreed that sending radiological reports with limited patient clinical information and demographic data does not provide the required amount of information for registration and is separate to a referral.</p> <p>S Duffy suggested the idea of a web based version of PPM for referrals, which would be an alternative to CCP. The group was informed that there is an appetite for a web based version of the referral and registration form which can be dropped into PPM and this is a line that is being followed. It was agreed that this would be looked at again in the future due to large work loads already existing.</p> <p>It was agreed that each unit needs to work towards a local forum for flagged imaging on PPM with administrative support for both write access and read only access. The general consensus was that the use of these local forums of discussion could link to supportive care access for those who are not referred for surgery.</p> <p>Discussions took place around the lack of structure for categorising patients due to no national or Network-wide clarification, and the need for registering patients in a meaningful way so that they can be audited.</p> <p>It was agreed that the primary objective of the NSSG is to ensure that patients are getting the level of care that the NSSG believe they need. The point was raised that auditing this would be difficult, particularly with Liver Mets, as there is no agreed pathway or real ownership on the final decision.</p> <p>The general consensus of the group was that data capture would initially be required in order to ensure the systems are being used to their full potential, however it is yet to be clarified what information would be needed.</p> <p>S Duffy to contact M Neary (Education &amp; Cancer Services, Bradford) and C Kay (Medical Director and Consultant Radiologist, Bradford) regarding radiologists and the use of the Flag &amp; Log system.</p>	<p>S Duffy</p>	<p>02/07/2010</p>
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<b>4.2 Registration</b>			
Log No	Action	Lead(s)	Deadline
7	<p>The group discussed the early stages of registration. Supportive issues were also discussed around areas of:</p> <ul style="list-style-type: none"> <li>• Referral proformas and access to information</li> <li>• Referral guidelines</li> <li>• Clinical guidelines</li> </ul> <p>There were discussions around the inefficiency in the pathway relating to radiology and it was agreed that Neuro-surgeons are being seen as a route to Neuro MDTs. There was general consensus around the need for a defined pathway with guidelines around radiology specifications.</p> <p>The group was informed that the feedback on communication mechanisms was poor. It was agreed that potentially PPM could resolve a lot of the issues that resulted in negative feedback, and work is in progress to create a piece of web-based software for the acute problems to log and audit messages.</p> <p>N Phillips notified the group that a mechanisms need to be set up which facilitates audits, trials and research.</p> <p>Members to notify L Cooper of anyone who they feel may be able to help construct guidelines around radiology specifications and L Cooper to contact J Straiton to identify people around the Network group who could help in developing the guidelines.</p>	L Cooper	02/07/2010
<b>4.3 Access to PPM</b>			
Log No	Action	Lead(s)	Deadline
8	<p>The group discussed access to PPM and it was noted that everyone has read access, however only Bradford at present has full access and Calderdale is almost fully established. Harrogate will be the next trust to go live with PPM.</p> <p>It was established that Mid Yorkshire are keen to use PPM, however A Al-din will take this issue to the trust to find out the extent of the interest and whether PPM will be put into place there.</p> <p>York does not have PPM and use their own system which PPM can interact with on some levels however this is limited and may cause some information issues across the Network. Seizure Management was also discussed and P Duffey pointed out it would be useful to share this information with other neurologists.</p> <p>S Duffy informed the group that due to the small development team on PPM, the implementation, progress and development does have time constraints. It was agreed that PPM does need to be pushed in to localities as this would help to make all cross-Network information more accessible.</p> <p>N Phillips informed the group that a PACS image sharing service has been developed around the region. It was noted that there has been some problems with the service as it occasionally falters, however this is due to technical problems which are down to computer and networking issues.</p> <p>There was discussion around the Cancer Network MDT currently being embryonic and more support is required for low grade clinics.</p> <p>A Al-Din to feedback Mid Yorkshire's comments on the use of PPM in their trust at the next meeting.</p>	A Al-din	09/07/2010
9	P Duffey to share information on Seizure Management to Neurologists.	P Duffey	06/07/2010

<b>5. Work Programme – progress update</b>			
Log No	Action	Lead(s)	Deadline
10	<p>L Cooper informed the group that the work on mapping Clinical pathways, Nursing and Rehabilitation pathways is underway, but further detail is required along with a number of pathways that have yet to be started.</p> <p>To update the group at the next meeting.</p>	L Cooper	09/07/2010
<b>5.1 Clinical Guidelines</b>			
Log No	Action	Lead(s)	Deadline
11	<p>The group was notified that work is now in progress on the structure of the Clinical Guidelines along with allocation of parts of the document to individuals for completion.</p> <p>Areas which are currently being worked or will be allocated to group members for completion are:</p> <ul style="list-style-type: none"> <li>• Radiotherapy – the need for a network consensus</li> <li>• Chemotherapy</li> <li>• Standard operating procedures</li> <li>• Elements of surgery</li> <li>• Standards of care</li> <li>• Providing more support to low grade clinics.</li> </ul> <p>P Hatfield discussed the progress that has been made towards Peer Review and the justification of service.</p> <p>The group was also informed that Allied Health professionals have begun sending information regarding their role within the Network.</p> <p>It was agreed that the role of the Neuro-Sciences MDTs needs to be looked at in detail as there are issues around who should be completing referrals and how/through who these referrals are to be submitted from and information relayed back to.</p> <p>It was agreed that a Radiographer representative should attend the next meeting.</p> <p>Group members to notify L Cooper/D Mallinson of any Radiographer representative whose attendance may be beneficial to the group at the next meeting.</p>	All Members	02/07/2010

5.2 IOG CNS model of care			
Log No	Action	Lead(s)	Deadline
12	<p>K Kozłowska informed the group of the progress that has been made in constructing the Pathways. It was noted that Low Grade and Spinal Pathways are still under construction, however giving that the beginning of most of the Pathways will be the same; it should not be too long until all are complete.</p> <p>P Duffey explained that there are issues around Pathways being hospital orientated, yet most patients are in primary care after diagnosis. It was agreed that this issue needs to be looked at in further detail.</p> <p>There was general consensus that it is essential to identify which patients need support and level of support that is required.</p> <p>The group was informed of a proposal which has been put forward. Members were made aware of the 3 CNS posts which are to be interviewed for on the 6th June. It is proposed that the newly appointed CNSs will be working in 3 different geographical areas;</p> <p>1) Leeds, York &amp; Harrogate 2) Bradford, Airedale &amp; Calderdale 3) Mid Yorkshire</p> <p>The group agreed that the CNSs should be expected to attend Neurosciences MDT meetings, network MDT meetings and also a weekly presence will be expected in each of their acute hospitals.</p> <p>The possibility of introducing a bleep system due to the logistics of CNSs work patterns was discussed. The main focus was placed upon the up-skilling of staff, triage, assessment and level of care. It was agreed that in order for the CNS roles to be effective, there needs to be relationship development and understanding amongst team members within the locality/area.</p> <p>The group was informed that the Pathway will become more detailed once the posts have been filled.</p> <p>H Hey offered help with the new CNS roles as she has experience in both the role and localities.</p> <p>To review at the next meeting.</p>	All members	09/07/2010

<b>5.3 Specialist Rehab Support Model</b>		
Log No	Action	Lead(s) Deadline
13	<p>L cooper informed the group on the progress of the Specialist Rehab Support Model. It was noted that an outline job plan has been created by each profession to show how they will provide support.</p> <p>K Anderson updated members on OT's progress with the Model. It was noted that OT's have looked at trying to model points of access to specialist services, resulting in the creation of a system which is as open as possible for access.</p> <p>Access to OTs services will be via a telephone clinic essentially, the aim of which is to respond the same working day if contacted before 3pm, and also taking referrals through the Network MDT.</p> <p>K Anderson informed the group further on multi-professional AHP Clinics that are to run 2-half days per week, where patients with multiple needs will seen in a multidisciplinary clinic which will reduce travelling costs to Leeds and back. Members noted that access to these clinics will be through a process of triage via the Network MDT.</p> <p>It was noted that the Pathways are not fully establish in all districts yet.</p> <p>S Duffy discussed the group's aspirations around the Support Model and stated that a specification would be needed to ensure the Pathway and Guidelines can be used Network-wide.</p> <p>It was agreed that it is essential for each trust to establish a key AHP link to enable the necessary work to be carried out such as educational training.</p> <p>L Cooper informed the group that S McKiniry has been appointed as AHP Lead in the Network and is shared with Yorkshire and Humber Coast Cancer Network and will be looking at the strategy work around rehabilitation in general.</p> <p>The group discussed an audit on the services available for Brain and CNS. L Cooper notified members that interviews for this post has already been scheduled for next week. Once the post has been appointed, suggestions from the group will be requested for inclusion in the audit.</p> <p>To update at the next meeting.</p>	<p>All members</p> <p>09/07/2010</p>

**Brain & CNS IOG Implementation : Actions of the meeting held on Friday 14th May 2010 10:00am**

<p><b>14</b> D Holland informed the group that two SLTs have been appointed. Members were notified that other SLT teams are being audited in order to find where any shortfalls are.</p> <p>Concerns were also raised around the shortfall of Outpatients in Leeds. D Holland has put a bid in with the PCT to ensure there is an SLT post that will see the patients as they go home.</p> <p>The group was notified that there has been a Yorkshire and Teeside Brain and CNS SLTC set up.</p> <p>The group was updated on the developments with Physiotherapists and Dieticians. Members were notified that the Therapy teams have been looking into a Hub and Spoke style of working in order to ensure that community teams are kept in the loop.</p> <p>Audit work is currently being carried out within Physiotherapist teams. The group was notified that this should provide results on what services are currently being offered, which services are lacking and which could be offered in the future. It was noted that a service directory is currently under construction for the Therapy teams, which will help develop links of communication.</p> <p>The use of Patient Information booklets was discussed and comments were made with regards to what self-care is available for patients. The possibility of a patient information 'package' was discussed for across the Network, however it was noted that members felt this could cause complications as to how to record what information a patient has received, whether this be on PPM or elsewhere and how the information should be given also, such as electronically or in print form.</p> <p>To update at the next meeting.</p>	All members	09/07/2010
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<b>6. Work Programme – next steps</b>			
Log No	Action	Lead(s)	Deadline
15	<p>The group was informed that there will be a full day Brain and CNS Educational Event taking place on the 24th September at the Pavilions of Harrogate. The event will cover Metastatic disease, low grade tumours, rehabilitation support and acoustic Neuromas.</p> <p>N Phillips clarified to the group that J Straiton is the nominated contact in radiology for the group.</p> <p>N Phillips informed the group there has been no clear decision on the Flag and Log system therefore will need to be looked at more closely and discussed again at the next meeting. There was general consensus amongst the group that by July 2011 the Flag &amp; Log system should be fully functioning amongst trusts.</p> <p>It was agreed that a register cannot be created until the Flag &amp; Log system is up and running and a central repository is in place, however consensus will be required on how this can be done so that it is rolled out smoothly across the network.</p> <p>N Phillips to contact J Straiton with regards to Radiologists and the Clinical Guidelines and use of PPM.</p>	N Phillips	Ongoing
16	S Duffy to contact Bradford and Airedale with regards to Radiologists and additional duties for Peer Review.	S Duffy	09/07/2010
17	N Phillips to contact his local radiologist with regards to network dialogue for the Flag & Log system.	N Phillips	09/07/2010
18	A Craig to report back on the Registration Process as it develops	A Craig	09/07/2010
19	A Craig to circulate the referral proforma to the group to discuss at the next meeting.	A Craig	02/07/2010
20	L Cooper to invite Radiographer and Endocrinologist representatives to the group and the next meeting.	L Cooper	02/07/2010

**Date of Next Meeting(s)**

Friday 9th July 2010 10:00am  
Thackray Medical Museum, Leeds

Friday 24th September 2010 9:00am  
Pavilions of Harrogate, Great Yorkshire Showground, Harrogate [Educational Event]

Friday 3rd December 2010 10:00am  
Lecture Room, Cookridge Suite, Level 7, Bexley Wing, St James's University Hospital