

Actions of the meeting held on  
Friday 17 June 2011, 10:00

Yorkshire Cancer Network

Lecture Room, Cookridge Suite, Level 7, Bexley Wing, St James's University Hospital

**Present:**

Mr M Busby	Bradford Teaching Hospitals NHS Foundation Trust
Ms S Oxley	
Mrs A Harwood	Calderdale and Huddersfield NHS Foundation Trust
Ms A Craig	Leeds Teaching Hospitals NHS Trust
Mrs R Darley	
Miss N Gibbs	
Dr P Hatfield	
Mrs K Henry	
Ms K Kozłowska	
Dr C Loughrey	
Mr S Thomson	
Mrs S Wilson	
Mr S Duffy	Yorkshire Cancer Network
Mrs M Holland	

**Apologies**

Mrs A Bagnall, Mr C Croden, Ms H Earle, Dr I Fenwick, Mrs A Gullvag, Mr N Phillips, Dr N Spencer, Mrs C White

<b>1. Welcome and Apologies</b>			
Log No	Action	Lead(s)	Deadline
1	S Duffy welcomed the group and apologies were noted. S Duffy asked group members to nominate a Vice-Chairman.  Addendum; M Busby agreed to be Vice-Chair of the group.  S Thornborow to amend membership details.	S Thornborow	ASAP
<b>2. Action Log from the last meeting</b>			
Log No	Action	Lead(s)	Deadline
2	The action log from the last meeting was agreed as an accurate record.	N/A	N/A
<b>3. Matters arising</b>			
Log No	Action	Lead(s)	Deadline
3	S Duffy informed the group that N Philips is required to be available for theatre occasionally on Friday's, therefore the day of the meetings will be changed to suit the Chair of the group.  Re-scheduled meeting dates will be circulated shortly.	N/A	N/A

<b>4. Progress Update - All Units</b>			
Log No	Action	Lead(s)	Deadline
4	<p>S Duffy asked the group for unit updates on MDT development, flag and log systems, referral and registration processes, PPM, guidelines and CNS model of care:</p> <p>S Wilson informed the group that the feedback she has received from the Network Brain &amp; CNS CNSs some units have an established MDT and have started working towards a flag and log system.</p> <p>S Wilson asked for further clarity on the role of the MDTs for patient registration - when should patients be registered and what is the process for registration for incidental findings from other clinical teams and meningioma patients?</p> <p>The view was that PPM would resolve any issues with registering patients across the Network. P Hatfield discussed how he will explore options to expand the diagnosis field as a drop-down menu on PPM, however it was noted that few clinicians were currently not routinely using the three options that were currently available making it difficult to accurately capture the point of suspicion and actual diagnosis. For Airedale, Harrogate and York who do not have a Brain and CNS MDT yet, patients details will need to be forwarded to LTHT for registration. Organisations who have full access to PPM will register their patients locally.</p> <p>M Busby highlighted that individual cases at BTHT are registered onto the National Database. BTHT are planning to run a 6 month flag and log audit at the end of June to identify areas for service improvement.</p> <p>A Harwood informed the group that they have an identified lead for the MDT and are reviewing how they flag and log via radiology or PPM.</p> <p>S Duffy to contact those organisations currently without local Brain and CNS MDTs for further information.</p>	S Duffy	Update at the Next Meeting
<b>4.3 Registration &amp; Referral</b>			
Log No	Action	Lead(s)	Deadline
5	S Duffy asked the group for units to volunteer to piloting the registration form. Midyorks at the previous meeting agreed to test the form. M Holland to discuss with N Spencer and L Turner.	M Holland	ASAP
6	<p>M Busby from BTHT agreed to test the registration/referral form as they were an organisation with full access to PPM. MYHT would also test the process as a unit who has 'Read Only' access to PPM.</p> <p>A Craig agreed to discuss with M Waugh, Cancer Information Manager at LTHT.</p>	A Craig	ASAP
<b>4.4 PPM</b>			
Log No	Action	Lead(s)	Deadline
7	P Hatfield agreed to contact M Waugh regarding adding a drop down field on PPM for radiological diagnosed brain and CNS patients.	P Hatfield	ASAP

<b>4. Progress Update - All Units</b>			
<b>4.5 Guidelines - imaging, referral and clinical</b>			
Log No	Action	Lead(s)	Deadline
8	<p>S Duffy asked for clarity regarding the Neurosciences and Head &amp; Neck MDTs. S Thomson and A Craig agreed that they haven't encountered any problems between the communication between the 2 MDTs.</p> <p>M Holland to clarify with the Head &amp; Neck MDT Lead.</p> <p>A Craig agreed to forward details of the Pituitary MDT Leads to M Holland when the new clinical lead for pituitary services had been agreed.</p>	A Craig & M Holland	ASAP
9	S Thornborow to send guidelines document to S Thomson for surgical input.	S Thomson	ASAP
10	All members have the opportunity to send any comments, additions or amendments on the pathways. S Thornborow to re-circulate to the group.	All Members	ASAP
<b>4.6 CNS model of care</b>			
Log No	Action	Lead(s)	Deadline
11	<p>S Wilson highlighted that patients are being picked up earlier on the pathway and therefore ideal for patient care and support. S Duffy asked the CNSs to ensure a record is being kept.</p> <p>The CNSs are working towards being involved with the acoustic patients. Mr Van Hilla is involved in those discussions.</p> <p>Metastatic patients are being support by CNSs across the Network locally, however S Wilson highlighted that they are meeting with local teams regularly to unsure they are aware that for specific Brain and CNS patients they are available to provide support.</p> <p>Pituitary MDT; S Wilson informed the group that they are available to support patients via this MDT.</p> <p>S Duffy asked for the CNSs to continue to collect data on their activity, patient numbers, tumour sites managed and level of interventions. This would support the Peer Review process as well as demonstrating the increased numbers of patients being identified and supported through their care.</p>	S Wilson & Colleagues	ASAP
<b>5. Work Programme, Annual Report &amp; Constitution</b>			
Log No	Action	Lead(s)	Deadline
12	<p>M Holland informed the group that the final measures are anticipated to be published soon, all of the key documents will be produced at this point.</p> <p>The view is that the Acute Oncology final measures were considerably different from the draft version and could be the same case for the Brain and CNS measures.</p>	N/A	N/A

<b>6. AOB</b>			
Log No	Action	Lead(s)	Deadline
<b>13</b>	<p>S Duffy highlighted that Peer Review require evidence of how units are monitoring outcomes measures.</p> <p>G Hall reminded the group that PPM could produce a series of reports to support the MDTs to assist with audit of their services.</p> <p>S Thomson suggested 'Length of Stay' could be captured through PPM.</p> <p>PROMS would demonstrate the patient experience and Nikki Gibbs offered to share an example of a questionnaire the Rehabilitation Group have produced for patients post rehabilitation.</p> <p>P Melling, YCN Data Manager is available to help units on request.</p>	Nikki Gibbs & S McKiniry	ASAP
<b>14</b>	<p>S McKiniry had provided an update regarding the rehab pathway, still required for sign off by the group;</p> <p>'The pathway is currently being reviewed to ensure only the specialist elements of the rehab are identified within the brain pathway and all other more general rehab interventions will be placed in the universal rehab pathway.'</p>	N/A	N/A

**Date of Next Meeting(s)**

Friday 7th October 2011 10:00am  
 Lecture Room, Cookridge Suite, Level 7, Bexley Wing, St James's University Hospital