

Actions of the meeting held on
Tuesday 20 October 2009, 10:30

Yorkshire Cancer Network

Nidd Room, Pavilions of Harrogate, Great Yorkshire Showground, Harrogate

Present:

Mr M Mathew	Airedale NHS Trust
Dr C Bradley	Bradford Teaching Hospitals NHS Foundation Trust
Mr R Linforth	
Ms C Tait	
Mrs V Allinson	Calderdale and Huddersfield NHS Foundation Trust
Dr J Dent	
Ms L Wright	
Ms J O'Brien	Harrogate and District NHS Foundation Trust
Miss J Piper	
Dr J Adlard	Leeds Teaching Hospitals NHS Trust
Dr B Dall	
Professor D Dodwell	
Mr K Horgan (Chair)	
Dr S Lane	
Mr M Lansdown	
Dr T Perren	
Dr A Shaaban	
Dr E Thomas	
Mr P Turton	
Mr D Ali	Mid Yorkshire Hospitals NHS Trust
Mr Z Kryjak	
Mr J Parmar	
Dr J Farrington	NHS Calderdale
S Keir	User Partnership Group
Mrs J Frazer	York Hospitals NHS Foundation Trust
Mr B Mancey-Jones	
Mr S Nicholson	
Ms L Phipp	
Dr S Reaney	
Dr J Smales	
Mr A Hastings	Yorkshire Cancer Network
Mr G Hughes	
Mr P Melling	

Apologies

Professor D Cameron, Mr B Case, Mr G Dyke, Ms F Halstead, Mr I Hutchinson, Ms S Iqbal, Dr J Joffe, Mr A Nejm, Dr N Sharma

3. Action Log from the last meeting			
Log No	Action	Lead(s)	Deadline
26	The action log from the last meeting was agreed as being an accurate record.	N/A	N/A

4. Matters arising			
4.1 Prophylactic Mastectomy Register			
Log No	Action	Lead(s)	Deadline
27	J Adlard gave an update on the number of patients currently on the register. To continue to send appropriate cases to the Genetics team.	All	Review next meeting
4.2 Radiotherapy leaflets/Hand outs			
Log No	Action	Lead(s)	Deadline
28	No update was available. A Hastings to chase with Jane Archer, Patient Information Lead at the YCN.	A Hastings	09/11/2009
4.3 Metastatic spinal cord compression query update			
Log No	Action	Lead(s)	Deadline
29	K Horgan gave an overview of metastatic spinal cord compression (MSCC). J Dent and C Bradley reported they had attended the recent YCN workshop on MSCC. R Turner, Consultant Clinical Oncologist is the clinical lead for MSCC in Leeds and is leading the work with the YCN. To contact R Turner asking for regular updates and to be kept informed of the MSCC pathway work.	A Hastings	09/11/2009

5. Familial Breast Cancer Screening			
Log No	Action	Lead(s)	Deadline
30	<p>K Horgan explained to the Group that they need a Network-wide policy for family breast cancer screening. He introduced Dr Jill Farrington, Consultant in Public Health from Calderdale PCT and Screening Lead for the SCG.</p> <p>Dr Farrington asked a number of key questions:</p> <ol style="list-style-type: none"> 1) Is it possible to identify what is the current practice across the Network? 2) Can the numbers of patients be estimated? 3) What are the current commissioning arrangements for these pathways? <p>The Group agreed that they currently attempt to determine the level of risk from family history questioning at clinic.</p> <p>There was agreement that the pathway for high risk patients was a referral to clinical genetics who would then verify the history and stratify the risk.</p> <p>Low/No risk patients do not need follow-up.</p> <p>The debate centred on how to manage the moderate risk group.</p> <p>To assist with assessment of risk R Linforth highlighted a free screening program download that can help.</p> <p>Clinical Genetics offered to take all moderate risk patient referrals and assess them using their standard questionnaire. This would identify those patients who required screening and those who didn't.</p> <p>The concern then is those patients not referred to genetics and those patients not returning the standard questionnaire.</p> <p>The group agreed that any patients who have had any form of genetic assessment in the past 4 years, and were assessed as being moderate risk or above they would not need re-assessment.</p> <p>However, if a genetic assessment had been done more than 4 years ago or actually not done at all, then patients should be referred to genetics for formal assessment.</p> <p>M Lansdown informed the Group that he gives all his patients who go to screening, no matter the age, a leaflet to help them understand what is happening. This was suggested as a Network policy.</p> <p>To arrange a sub-group to develop the policy and work with the PCT Screening Leads.</p>	B Mancey-Jones	January 2010
31	To obtain and share the URL of the screening assessment spreadsheet tool.	A Hastings	December 2009
32	To obtain a copy of the screening leaflet from Mr Lansdown and circulate to the group for comments.	A Hastings	December 2009
6. Breast Cancer Workforce & Equity of Access Update			
Log No	Action	Lead(s)	Deadline
33	<p>K Horgan asked each Trust for an update to the workforce and equity reports.</p> <p>To update the breast cancer workforce and equity of access documentation and circulate to the group with the agenda for the next meeting.</p>	A Hastings	Review next meeting

7. Peer Review			
Log No	Action	Lead(s)	Deadline
34	<p>S Kier gave the Group an update on Peer Review from the patient perspective and discussed 'Share', the user support group in Leeds.</p> <p>B Mancey-Jones gave an update to the Group from York about the results they achieved. Other MDT Leads also reported their own experiences.</p> <p>B Mancey-Jones also updated the Group on how the NSSG peer review process went. He reported that the peer review panel liked the fact that the network does seem to be achieving its goal in terms of trying to move things forward and trying to sign things off. Along with other items such as the workforce review and the audit of equity of access.</p> <p>The issue was raised whether it was viable to only have 2 meetings a year instead of 3 like all the other NSSGs. This was discussed by the Group and decided that 2 meeting a year was sufficient as all members have clinical commitments and to get all Trusts represented more than twice a year would be very difficult. It was agreed that this structure would require a functioning Executive Group to direct and support the NSSG.</p> <p>J Dent reminded the Group that they participate in many audits of breast cancer and that these should be fully documented to support peer review. It was agreed that the Group audit for this year would be BCCOM (http://www.wmpho.org.uk/wmciu/BQA10.htm)</p> <p>To develop a BCCOM presentation template and circulate to all MDTs for them to prepare data for presentation at the next NSSG meeting.</p>	P Melling & B Mancey-Jones	December 2009
8. Cancer Waiting Times			
Log No	Action	Lead(s)	Deadline
35	<p>P Melling gave an update on the latest Cancer Waiting Times data. He explained the new standards and highlighted the new performance thresholds of 93% for 14 days, 98% for 31 days and 85% for 62 days.</p> <p>To keep the Group updated.</p>	P Melling	Ongoing

8. Cancer Waiting Times			
8.1 Meeting the Two Week Wait for all Breast Referrals/Cancer Waiting Times			
Log No	Action	Lead(s)	Deadline
36	<p>K Horgan asked each Trust for an update with their progress towards achieving the new two week standard for all breast symptomatic referrals by December 2009.</p> <ul style="list-style-type: none"> •Airedale In the past 3 months a new clinic has been implemented. •Bradford Set up 4th one stop clinic and have a current waiting time of 4 weeks. However, Bradford will be meeting 100% of all patient referrals by the end of October regardless of source. •Calderdale & Huddersfield Going to put a hold on PAS so that anybody who is referred in will not have the ability to book an appointment over 2 weeks. •Harrogate Looking at setting up a Breast care nurse led clinic in addition to their new patients clinic. Still in the implementation phase. Radiology capacity will be an issue. •Leeds Current plans include appointment of a locum Consultant to help with the backlog. •Mid Yorkshire At the moment running at 3 weeks and only have 2 radiologists. Radiology capacity will continue to be an issue. •York For the past 6 months have had an additional imaging led clinic which had helped get the waiting times down. Have a short and long term plan to achieve the standard. <p>To continue progress towards achievement of the 2ww for all breast symptomatic referrals by December 2009.</p>	All	Review next meeting
8.2 Update from each MDT/Survey			
Log No	Action	Lead(s)	Deadline
37	G Hughes gave the Group an update on the MDT Survey that he coordinated.	N/A	N/A
9. Follow up/Supportive Care/Survivorship Network Policy			
Log No	Action	Lead(s)	Deadline
38	<p>The Group agreed that follow up should be an annual mammography for minimum of 5 years or until the age of screening for patients who have had primary breast cancer and has not recurred or metastasised.</p> <p>J Dent gave a brief update on the Calderdale-Huddersfield follow-up pilot study. 94 patients have currently been involved with the study and evaluation is positive so far.</p> <p>To present the follow-up pilot results at the October 2010 education meeting.</p>	J Dent	October 2010

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10. National Mastectomy and Breast Reconstruction Audit			
Log No	Action	Lead(s)	Deadline
39	<p>K Horgan gave the Group an update on the National Mastectomy and Breast Reconstruction Audit.</p> <p>K Horgan asked the surgeons from each Trust to assess the quality of their submitted data and take the opportunity given by national team to clean up their data.</p> <p>The audit ran between the 1st January 2008 and the 31st March 2009.</p> <p>To work with Information Leads from each Trust in checking and validating all submitted data for the audit by the deadline of 18th December 2009.</p>	All	18/12/2009
11. Guidelines Review			
Log No	Action	Lead(s)	Deadline
40	<p>K Horgan updated the Group on the current list of guidelines.</p> <p>The two recently NICE guideline publications - "Early and Locally Advanced Breast Cancer : Diagnosis and Treatment" (CG80) and "Advanced Breast Cancer: Diagnosis and Treatment" (CG81) were discussed and it was agreed to ask each Trust about their compliance with each of these guidelines.</p> <p>To write to each Trust seeking confirmation of their compliance with the NICE CG80 and CG81 guidance.</p>	B Mancey-Jones	December 2009
12. YCRN update			
Log No	Action	Lead(s)	Deadline
41	<p>K Horgan summarised the YCRN Breast Cancer Clinical Trials Portfolio Performance Report circulated to the group prior to the meeting.</p> <p>D Dodwell reported that the future of the Breast Cancer Research Group was under discussion. Due to the functions of the group being undertaken by other means it was likely that the group would formally end.</p> <p>To send comments on the content or format of the report to Mrs Halstead at the YCRN.</p>	All	On-going
13. Any Other Business			
Log No	Action	Lead(s)	Deadline
42	<p>G Hughes talked about how the Nurses initiated a piece of work on secondary breast cancer and a draft secondary cancer pathway has been developed. On the back of this a questionnaire was undertaken to identify where gaps in service were.</p> <p>G Hughes asked the Group for guidance on how to progress the work.</p> <p>J Frazer, G Hughes, V Allinson, L Wright & D Dodwell agreed to form a small sub-group to progress the project.</p> <p>To arrange a sub-group meeting to take the work forward.</p>	G Hughes	Review next meeting

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14. Handover of Chair			
Log No	Action	Lead(s)	Deadline
43	K Horgan informed the Group that this was his last meeting as Chair and asked B Mancey-Jones, Vice-Chair to take over as Chair for the next meeting.	N/A	N/A
15. Date and time of next meeting			
Log No	Action	Lead(s)	Deadline
44	To arrange a Breast Executive Group meeting.	G Hughes	December 2009
45	To arrange the meeting dates for 2010.	A Hastings	December 2009

Date of Next Meeting(s)

Thursday 22nd April 2010 10:00am
Pavilions of Harrogate, Great Yorkshire Showground, Harrogate