

Present:

Dr M Crawford	Airedale NHS Trust
Dr L Newton	Bradford Teaching Hospitals NHS Foundation Trust
Ms P Daynes	Calderdale & Huddersfield NHS Foundation Trust
Dr J Dent	
Mr A Alldred	Harrogate and District NHS Foundation Trust
Mrs C Hedges	
Dr D Dodwell	Leeds Teaching Hospitals NHS Trust
Professor L Kay	
Ms K Kozłowska	
Dr S Picton	
Mr J Hancock	North Yorkshire and York PCT
Prof C Twelves	University Of Leeds
Ms E Jeffers	York Hospitals NHS Trust
Miss L Carroll	Yorkshire Cancer Network
Mr P Melling	
Mr D Thomson	

1. Apologies

Mr I Hammond, Dr G Haslam, Mr P Howard, Dr D Jackson, Mr R Longbottom, Ms S McGonigle, Mrs C Miller, Dr T Perren, Ms C Sleigh, Professor P Taylor

2. Minutes

The minutes were agreed as an accurate record.

3. Matters arising

3.1. Community based chemotherapy

Mr Thomson summarised the paper on the YCN Pilot Project on Community Based Chemotherapy that was circulated with the agenda. Prof Twelves and Dr Crawford volunteered to be members of this project group. Mr Thomson requested other volunteers to inform him. The importance that the PCT Prescriber Advisors are represented on this project was emphasised. Following a group discussion Mr Thomson agreed to produce a draft specification for chemotherapy for consultation in January 2007.

**Action: Volunteers to become members of the project group to inform Mr Thomson.
To produce a draft specification for chemotherapy for consultation in January 2007.**

3.2. Taxanes in Adjuvant breast cancer

Dr Dodwell summarised the discussion had on taxanes at the YCN Breast Non-surgical Oncology Forum that took place on 18th October 2006. The group had initially felt that docetaxel was the taxane of choice due to familiarity and better results in the metastatic setting but the costs were high and some Trusts across the YCN argued for the cheaper paclitaxel to be used. In late 2005 at San Antonio the 5,000 patient intergroup study showed no significant difference between the two agents and therefore at the end of 2005 the group felt it was reasonable to advise that either taxane could be used – the YCN Policy was that the preferred approach was EC followed by paclitaxel.

NICE, via the STA process, recently recommended that docetaxel should be used and that paclitaxel should not, based on the BCIRG study which the group felt had a narrow scope. NICE also recommended using docetaxel in combination with chemotherapy as part of the TAC regimen, which the group noted is a highly toxic regimen which has traditionally not been used in the UK.

This group did not come to an agreed consensus on which taxane should be used. Mr Thomson noted that the current Network position is using paclitaxel with the option of docetaxel (capacity permitting).

The group agreed it would be beneficial if they could have a response from the commissioners. It was agreed that Dr Dodwell will produce a paper summarising the NICE position and detailing the options available to help facilitate discussion at the next YCN Commissioners Group meeting.

Action: To produce a letter summarising the NICE position and detailing the options available for discussion at the next YCN Commissioners Group meeting.

4. Feedback from local Chemotherapy Groups

Mr Thomson agreed to circulate the draft proforma for completing prior to each YCN Chemotherapy Group meeting and requested members to inform Miss Carroll of the nominated Lead for each locality (as agreed in the ToR) who will be responsible for providing feedback from the meetings to their locality. Mr Hancock Agreed to circulate the proforma to each of the PCT commissioners

**Action: To circulate draft return proforma.
To inform Miss Carroll of nominated lead by 19th February 2007.
To send Mr J Hancock the proforma for circulation to the PCT commissioners**

4.1. Airedale

No update.

4.2. Bradford

No update.

4.3. Calderdale-Huddersfield

Ms Daynes prompted a group discussion regarding whether both the Network Herceptin Proforma forms and the exceptional case committee forms must be completed. It was agreed there should be a consistent approach across the Network. It was agreed that Mr Thomson and Mr Alldred agreed to write to the West Yorkshire Commissioning Group and North Yorkshire High Cost drug Commissioning for clarification.

Action: To clarify with the West Yorkshire Commissioning Group and North Yorkshir High Cost Drug Commissioning Group whether the return forms still need to be completed.

4.4. Mid Yorkshire

No update.

4.5. Harrogate

No update.

4.6. Leeds

No update.

4.7. York

Ms Jeffers reported that York were holding meetings to discuss the issue of their excessive overspend on their chemotherapy budget.

5. Chemotherapy HRG's

Mr Thomson said it is important the group consider how they can assist the coders with the collection of reference and shadow costs. Following a group discussion it was agreed that an information section should be added to the regime list. Mr Thomson and Dr Howard will produce a discussion paper to share with the YCN Chemotherapy and YCN Commissioning Groups.

**Action: Information section to be added to the regime list.
To produce discussion paper.**

6. YCN Guidelines

The Extravasation guidelines have been updated to include a patient information leaflet. This leaflet will be taken through the YCN Editorial panel for formal agreement. The YCN Pharmacy group are looking at hepatic, immune dysfunction and dose adjustment guidelines. A discussion on the consultation process for the paediatric policies took place. It was agreed that the paediatric representatives should advise them on the best approach for each guidance.

A discussion regarding the consultation process for the YCN Paediatric Education Programme took place. It was agreed that Ms Kozłowska will write a short summary highlighting the changes that have been made and the consultation process that has taken place. These guidelines were approved by the group.

Action: To write a summary highlighting the changes made to the YCN Paediatric Education Programme and the consultation process it has undergone.

7. Process for new drugs in YCN

Mr Thomson summarised the YCN Chemotherapy Group Non-NICE Cancer Medicine Approval Process Paper circulated with the agenda. A group discussion followed. Dr Crawford questioned if it was necessary for a LTHT decision to be made prior to local D&T committees. A group discussion followed regarding the Appraisal Phase. Mr Thomson agreed to produce a paper for discussion at the next group meeting in February 2007.

Action: Mr Alldred and Mr Thomson to present paper at the next meeting

8. Capacity Planning - update

The National Capacity Tool is now available. Discussions on how this data will be collected need to take place. Mr Alldred and Mr Thomson agreed to discuss the possibility of implementing the Harrogate scheduling tool across the Network. Mr Alldred reported that Harrogate are holding meetings in January 2007 and hope to be clear on their position for rolling out this scheduling system.

Action: Mr Thomson and Mr Alldred to discuss the possibility of implementing the Harrogate scheduling system across the Network.

9. Computerised Prescribing - update

The Harrogate and Airedale bids submitted for electronic e-prescribing have been successful. Discussions regarding the SHA helping those Trusts not successful in the first wave to fund the implementation of an e-prescribing solution are taking place. Mr Thomson tabled the SHA/YCN Patient Pathway Management Proposal. Mr Thomson agreed to organise another meeting of the e-prescribing project group.

Action: To arrange a meeting of the e-prescribing project group.

10. Horizon scanning - update

Mr Thomson is currently populating the Horizon scanning database and it is hoped this can be shared with the clinical oncologists shortly. Mr Hancock emphasised the requirement for timescales and said it would be beneficial if the Network could meet with the PCT to undertake an individual analysis of costs. Mr Thomson agreed to discuss this further with Mr Hancock.

**Action: To send any comments on the Horizon scanning paper to Mr Thomson.
Mr Thomson to discuss Horizon scanning further with Mr Hancock.**

11. Education and Training

No further update.

12. Status of Guidance from NICE in Cancer Network - update

Mr Thomson will send a letter and supporting documents regarding the NICE approval process for localities.

Action: To send letter and supporting documents regarding NICE approval process for localities.

13. YCN Approved Regimens - update

The Breast, Colorectal, Gynaecology and Lung regimes are now in draft and will be circulated to the NSSG shortly.

Action: To circulate the remaining approved regime lists.

14. Any Other Business

Dr Jackson received a letter from Mr Duffy, YCN Medical Director on 24th October inviting expressions of interest to participate in early work on the further development of network groups. Dr Jackson has volunteered the YCN Chemotherapy Group.

Since this meeting the Network's Organisational Development Facilitator, David Walton has welcomed the opportunity to organise further exploratory discussions with Dr Jackson and other lead members of the Group (Vice Chair, Nursing, Service Improvement, User Involvement/Patient Information Lead as appropriate) to discuss the project and agree the level of additional support the Network team can offer to support your development needs.

Action: To take forward work with the Network Lead Team to develop the group.

15. Date of Next Meeting

Date of Next Meeting(s)

Tuesday 20th February 2007 2:30 pm
YCRN Conference Room 1, Ida Nurses Home, Cookridge Hospital

Thursday 26th April 2007 2:30 pm
YCRN Conference Room 1, Ida Nurses Home, Cookridge Hospital

Thursday 14th June 2007 2:30 pm
YCRN Conference Room 1, Ida Nurses Home, Cookridge Hospital

Wednesday 15th August 2007 2:30 pm
YCRN Conference Room 1, Ida Nurses Home, Cookridge Hospital