

Actions of the meeting held on
Thursday 19 May 2011, 10:00

Yorkshire Cancer Network

Seminar Room 2, Cookridge Suite, Level 7, Bexley Wing, St James's University Hospital

Present:

Dr C Bradley	Bradford Teaching Hospitals NHS Foundation Trust
Dr J Dent	Calderdale and Huddersfield NHS Foundation Trust
Mr J Harrison	Harrogate and District NHS Foundation Trust
Dr G Hall	Leeds Teaching Hospitals NHS Trust
Dr N Spencer	Mid Yorkshire Hospitals NHS Trust
Mrs T Goldsbrough	York Teaching Hospital NHS Foundation Trust
Mr S Duffy (Chair)	Yorkshire Cancer Network

Apologies

Mr D Alexander, Dr D Jackson, Dr S Rehman

4. Advanced Communication Skills			
Log No	Action	Lead(s)	Deadline
1	<p>Short term cancellations have become an issue in the ACST . The group were provided with a list of attendees and those that cancelled from each organisation. As a Peer Review requirement for each cancer MDT this is a mandated course that is currently run by the YCN at no cost to organisations.</p> <p>The group discussed the non-attendances and agreed that short term cancellations on a regular basis was unacceptable. A process to inform the trusts of individuals who do consistently cancel was agreed.</p> <p>Each lead clinician will use the list as a basis for discussion with individuals.</p> <p>SD agreed to inform lead clinicians of a second cancellation and include the MD if there is a third.</p> <p>SD to formulate a letter for distribution.</p>	S Duffy	30/5/2011
5. Clusters / PCT / NHSCB Update			
Log No	Action	Lead(s)	Deadline
2	<p>SD provided an update on PCT Clusters, and the development of the new NHS architecture.</p> <p>In the YCN we have four clusters:</p> <ul style="list-style-type: none"> • Bradford and Airedale; • Leeds; • Calderdale / Kirklees and Wakefield; • North York and York. <p>The YCN has initiated its engagement with the emerging GPC and have met or are planning to meet in the nest month Leeds, Wakefield and Bradford consortia.</p> <p>No action information only.</p>	All	not required

6. PPM Roll Out & Information Management			
Log No	Action	Lead(s)	Deadline
3	<p>SD asked for an update on PPM.</p> <ul style="list-style-type: none"> • Harrogate are developing their plan and PID with LTHT; • Mid Yorks are in the early planning stage but are committed to the roll out; • Airedale are also at the planning / PID stage. <p>The group were encouraged to continue the roll out as plans within LTHT to develop a portal may impact on the capacity to help units with the integration work.</p> <p>All referring organisations to actively pursue implementation.</p>	All	As soon as possible
7. York / Scarborough Update			
Log No	Action	Lead(s)	Deadline
4	<p>TG updated the group on discussions thus far. No absolute decisions have been made on the impact for cancer services. The group noted that the YCN lead team will be having a meeting with York FT in the near future. The YCN team asked to be kept up to date with intelligence on the collaboration and its impact on services.</p> <p>LTHT confirmed its commitment to high quality services for York Patients and ensure its outcomes are available for comparison if required.</p> <p>No action for information only</p>	All	None
8. MY & Leeds Oncology Strategy			
Log No	Action	Lead(s)	Deadline
5	<p>NS provided an update for the group. JDs for three consultant posts had been agreed internally and informally with the deanery rep. Formal sign off and advertisement are imminent.</p> <p>GH reconfirmed commitment to working with Mid York's to establish a local service supported in the medium term by LTHT. However he raised concerns that the ongoing staffing levels for nurses if such that sub-optimal chemotherapy treatments are being undertaken. GH was challenged to provide the evidence underpinning this statement and agreed to work with NS in order to work through this issue.</p> <p>It was felt that once the consultant appointments had been made then the landscape and concerns for Mid York's would be substantially improved</p> <p>The group encouraged the fast tracking of the consultant appointment process.</p> <p>GH and NS to agree a way forward between the two organisations.</p> <p>NS to continue to press for appointments of the consultant posts and to explore the issue of nursing staffing levels.</p>	N Spencer	July 2011

9. Peer Review			
Log No	Action	Lead(s)	Deadline
6	<p>An update of the new measures was tabled and a summary of the action required after the last Peer Review.</p> <p>GH outlined the plans for the Gynaecology MDT in Leeds which were at an early stage of development. He confirmed that it was unlikely that there would be further appointment to an gynae-oncology post and that internal work programme discussions were required.</p> <p>The potential impact on the out-reach services was discussed but plans were not finalised as yet.</p> <p>GH to brief the group on plans as they evolve.</p>	G Hall	July 2011
10. 62 Day Pathway Update			
Log No	Action	Lead(s)	Deadline
7	<p>The "Christie" approach to the 62 target was discussed. In essence the plan was a type of local CQUIN with a heavy fine for non-compliance based on a transfer rule of day 42. The logistics and impact of this in GMCCN have not been fully worked through. A similar approach in YCN could lead to a £3m fine across the patch, considerable work and perhaps little impact.</p> <p>The group felt that the collaborative approach in YCN is far more supportable rather than an adversarial approach.</p> <p>The issue will be discussed at the June Board</p> <p>No action for information only</p>	All	None required
11. Any Other Business			
Log No	Action	Lead(s)	Deadline
8	<p>SD informed the group of two other issues that may impact on resource:</p> <ul style="list-style-type: none"> • Introduction of HPV screening this year for cervical smears. The impact assessment for this new technique is an increase in colposcopy referrals. An estimate for this was provided to each trust for onward dissemination. • NAEDI colorectal symptom awareness initiative. The DH and NCAT are going to proceed with this in Sept / Oct this year. Although full details from the pilot sites is not available the worrying message was that there may be a sharp rise (up to 50% increase) in referrals for endoscopy services. Commissioners will be informed but providers may need to plan quickly for this increase in demand. <p>No action for information only</p>	All	none required

Date of Next Meeting(s)

Friday 14th October 2011 2:00pm
Seminar Room 1, Cookridge Suite, Level 7, Bexley Wing, St James's University Hospital