YORKSHIRE CANCER NETWORK
Lead Clinicians Group

Minutes of the meeting held on
Tuesday 23rd March 2004
Arthington House, Cookridge Hospital

Present:	Dr M Hughes	Airedale NHS Trust
	Dr C Bradley	Bradford Teaching Hospitals NHS Trust
	Mr B MacDonald	Calderdale & Huddersfield NHS Trust
	Mr S K Sundaram	Mid Yorkshire NHS Trust
	Dr A Hunter	York Hospitals NHS Trust
	Professor M Baker Miss L Carroll Mr B Tinkler	Yorkshire Cancer Network

1. Apologies for absence

Apologies were received from Mr J Harrison and Dr M Seymour.

2. Minutes from the last meeting

Prof. Baker brought to the groups attention a letter from Dr Hunter dated 5th January 2004 which highlighted that the last paragraph of the minutes on the Leeds Cancer Centre Update regarding the phased transfer of work for lung surgery from Bradford and later from Hull did not represent the full discussion that took place which included an explanation from Dr Hunter as to why there were no clinical grounds for transferring York's lung surgery from Hull to the Leeds Cancer Centre.

Dr Hunter had also raised queries on the specialist urological teams which was included on the agenda for further discussion.

Other than this the minutes of the last meeting were agreed as been an accurate record.

3. Improving Outcomes Guidance Implementation Update

Thoracic
Dr Hunter informed the group that he had met with Mr Alexander, Prof. Baker and Prof. Selby to discuss the centralisation of lung surgery into the Leeds Cancer Centre and had explained that it was his understanding that they had agreed that at the present time Leeds could not provide the same service that they were getting from Hull. It was noted that if at any stage Leeds could provide the same or an improved Thoracic surgical service that was currently been provided then York would reconsider.

Mr Sundaram explained that it was his understanding was that Mr Chi Wong, Lead Clinician, MYHT had maintained that at present the interaction between Leeds and Wakefield was not to the same level of service that was been received from Hull. Dr Sundaram highlighted that although he felt there was an advantage to bring all the Lung surgery to Leeds there needed to be a greater understanding of the basic issues.

HD Recall
Prof. Baker reported that that the identification and consultation process for the increased risk of breast cancer in patients treated for Hodgkin's disease was near completion. He explained that there had been problems throughout the country as there were some people that had not been identified through registries but were known to the service and there were some people who had moved home.

Prof. Baker noted that there would be other conditions in particular lymphomas that may be followed up in the same way.

Urology
Prof. Baker updated the group on the specialist urological cancer teams and highlighted that work had started in Bradford. Prof Baker explained that the operation of unified local teams required uniformity of the way services were delivered, protocols, MDT's and required a functioning single clinical team. However, it was noted that this did not limit the local surgical activity to a single site. Prof Baker said that it was not sustainable for individual Trusts to not cooperate with the development of unified local teams.

Prof. Baker explained that significant progress had been made in Mid Yorkshire in defining their short-term needs and funding had been agreed.

Prof. Baker informed the group that Leeds had been asked to explore the feasibility of centralising the North Yorkshire work during 2005 and that a job description for an uro-oncologist was being produced. Prof. Baker explained that when Leeds had the capacity to deliver a top class service then the work would be expected to move.

Dr Hunter reported that he had met with Mr David Fox and Mr George Wood to discuss details on the cost implications so this could be fed back to the PCT's. Prof. Baker noted that he was hoping that the infra structure requirement would be covered by SRS funding.

Mr Tinkler explained that the Implementation of the IOG had new costs associated with them and therefore as part of the local delivery plan they were trying to highlight this to the PCT's.

Gynaecology
Prof. Baker reported that the outreach service beginning in York appeared to be working well. Mr Broadhead was attending a weekly clinic and MDT at York. There were still issues that needed to be resolved including the patient pathway however it was noted that this experience would be helpful when implementing IOG for other cancer sites.

Prof. Baker highlighted that Mid Yorkshire were now moving towards an outreach model and were currently transferring the complex surgery to Leeds. Prof. Baker explained that Calderdale & Huddersfield were still waiting for Leeds to offer a contract to Cheng Choy. Airedale and Bradford had agreed to implement an outreach model from November 2004.

Upper GI
Prof. Baker explained that the Bradford MDT was now working towards a guidance-compatible model of local diagnostic teams and noted that there was an agreement with Airedale for all the surgery to be moved to Bradford by the end of 2004. Prof. Baker said that Bradford and Calderdale & Huddersfield were having ongoing discussions about the transfer of the gastric work and explained that the Bradford surgeons were going to offer an in reach model to Brian Dobbins for an interim period. Prof. Baker highlighted that a clinical representative from Mid Yorkshire and from York now attended the Leeds MDT and were working on the centralisation of the surgery by early 2008.

Pancreatic
It was highlighted through the group discussions that Mr Kapadia was the only Airedale surgeon doing pancreatic resections as Leeds did not have the capacity to take on all the work.

Dr Hughes explained that Mr Raj Prasad was going to do some outcome data in terms of survival however Prof. Baker highlighted that not enough surgery was been carried out for this work to be particularly informative.

Haematology
Dr Bradley informed the group that Bradford and Airedale had an agreement in principle for acute lukaemics and complex lymphomas to move across to Bradford when there was the capacity. He highlighted that the Airedale PCT had approved a second Haematologist to be appointed, however funding had not yet been made available.

Dr Hunter explained that the external review that had been carried out had suggested that Harrogate and York should work as an alliance and that a third haematologist at York should be appointed. He noted that

Harrogate may consider a part time haematologist in addition. Dr Hunter explained that the clinicians and Trust managers at Harrogate and York were meeting to discuss the way forward i.e. what work should continue in Harrogate, what should continue to go to Leeds, any MDT issues, on call issues and infra structure and support. This prompted a group discussion on issues surrounding the centralisation of haematological services.

Prof. Baker explained that the Bone Marrow Unit at Hull could not be accredited as part of the West Yorkshire programme under JACIE definitions and also highlighted that under JACIE accreditation one transplant consultant was unlikely to be enough (for current workload) and therefore another consultant would have to be appointed.

Head & Neck
Prof. Baker reported that there had been a Stakeholder consultation for the draft NICE guidance. He explained that there was uncertainty as to whether the surgery would be centralised or not and therefore further clarity needed to be obtained.

Dr Hunter prompted a discussion on concerns raised at the York MDT regarding the transfer of head and neck surgery from Scarborough and highlighted that these issues would have to be resolved at the SHA (NEYNL) level.

Prof. Baker reported that the Service Guidance for Supportive and Palliative Care was due to be published on 24th March 2004 and highlighted that the first draft of the Service Guidance for Cancer affecting children and adolescents was due in August 2004.

4. Specialist cancer services for 2004/05

Prof. Baker highlighted that two meetings had taken place however he had not yet received any feedback. He explained that it was his understanding that there would be about £2.3 million for cancer. Prof Baker gave a summary of how this money would be spent which included £500K would be spent on Gynaecology services, £200K would go into Upper GI services, £100K thousand for each of the Urology teams, £600K for the new LINAC and also some funding for BMT, HMDS support, Leeds CT revenue, the last phase of radiology and pathology investment in Leeds. He noted that they had also agreed to fund the Harrogate costs in-year for the second oncologist.

Dr Hunter highlighted that Selby and York PCT were also expecting some short term interim support for a second oncologist post however no one had approached Prof. Baker regarding this.

ACTION: Mr Tinkler to contact Ms Sarah Barklam and Ms Kerry Wheeler to discuss short term support for a second oncologist post at Selby and York PCT.

5. Leeds Cancer Centre Update

Prof. Baker reported that the full business case had been published which had been presented to the chairs of the PCT's. The revenue costs had been declared at £42 million. Prof. Baker highlighted that although the Trust had announced that there would be £20 million pounds of transitional costs this was not really the case and was in fact £5 million of transitional costs and £15 million of phased recruitment.

6. Zonal Peer Review Programme

Prof. Baker informed the group that the standards (Quality Measures) would be out for consultation the following week. Prof. Baker announced that the first peer review was likely to be taking place at Humber and Yorkshire Coast Cancer Network, followed by Teeside Cancer Network. Prof. Baker explained that there were going to be additional standards published the following year and therefore the peer review in 2005 for the Yorkshire, North Trent and Northern Cancer Networks would cover both sets of standards.

Prof. Baker highlighted that there would be a Nationally organised structured programme to help with the implementation of the additional standards and noted that the whole peer review process would be aligned with the assessment of Trust performance by CHAI (The Health Care Commission).

Mr Tinkler said that a Network wide approach would be taken to implement the additional standards and they had discussed the possibility of having a project group to work across the Network to encourage a uniformed approach.

7. Team to team meetings update

Prof. Baker reported that a Team to Team meeting had now taken place with each Trust. The group felt that that these meetings had been very useful and agreed that it would be beneficial if these meetings took place once or twice a year.

Mr Tinkler highlighted that he felt that it was very helpful when the Primary Care colleagues attended these meetings however it was noted that this may not be practical for Trusts such as Leeds who have 5 PCT's.

Prof. Baker informed the group that at the next Team to Team meetings they planned to include a stocktake of both soft and hard data.

8. Calderdale & Huddersfield Haematology Service Provision update

Mr MacDonald reminded the group that two of the three haematologists at Calderdale & Huddersfield had left in November 2003 which resulted in immense pressure on the remaining consultant. He explained that there had been great difficulty in recruiting further consultants and highlighted that the locums that had been appointed were not staying in post long. Mr MacDonald explained that they currently had one part time haematologist locum and one full time haematologist who were unable to sustain the work for much longer. Mr MacDonald highlighted that this situation had been raised with Prof. Baker and the SHA and noted that Mid Yorkshire NHS Trust may be in a position to help. He announced that on Monday 29th March another locum Consultant Haematologist was starting and emphasised the importance that this locum was supported. Mr MacDonald reported that two Mid Yorkshire NHS Trust Medical Directors and Prof. Baker had agreed go out to a external review to look at the viability of the service between the two Trusts.

Mr MacDonald announced that they had obtained regional assessor approval for a shared Consultant Haematologist between Calderdale & Huddersfield and Mid Yorkshire however noted that they would primarily be based in Calderdale & Huddersfield.

Mr Sundaram asked if an explanation could be given on the progress on the initial proposals that had previously been discussed as there was uncertainty as to what the proposal was now.

Prof. Baker explained that there had been a number of suggested proposals. As an interim measure there were plans to increase the 16 bedded unit at Pinderfields to 24 beds to provide a oncology facility however this model was subsequently abandoned. It was noted that this proposal was still a possibility for the future.

Mr Sundaram raised the issue of where Calderdale & Huddersfield Haemato-oncology service would be provided. Prof. Baker explained that this was going to be one of the agenda items for the external review as was the PFI development.

9. Any other business

There was no other business to report.

10. Date of next meeting

Tuesday 6th July, 10.00am, in the Conference Suite,
Arthington House Cookridge Hospital.