

**YORKSHIRE CANCER NETWORK
Lead Clinicians Group**

Minutes of the meeting held on
Thursday 14th October 2004, 10.00am
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 J Harrison	Harrogate Health Care NHS Trust
	Dr A Crellin Mr S K Sundaram	Leeds Teaching Hospitals 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 Dr M Seymour.

2. Minutes from the last meeting

The minutes of the last meeting were agreed as an accurate record.

3. Improving Outcomes Guidance Implementation update

• **Urology**

Prof Baker reported that the DH fully supported the action plan submitted for urological cancers. The DH had raised issues on penile and testicular cancers. Prof Baker explained that the IOG requires a service model per 4m population (30-40 cases per year). The DH have asked the YCN to work with neighbouring Networks to formally confirm flows for testicular services and to work with neighbouring Networks/Specialist Commissioning Groups (including Northern Network) on the delivery of services for penile cancers.

Mr Tinkler reported that meetings will be taking place with the three specialist teams to discuss progress to date on the implementation of the IOG.

• **Gynaecology**

Formal proposals for the provision of the gynaecology service for West Yorkshire (Airedale, Bradford and Calderdale and Huddersfield) had been received from Bradford, Calderdale and Huddersfield and Leeds. Presentations to a review panel, made up of Network representatives and external assessors will take place on 16th November. The outcome of the panel discussions and recommendations will be submitted to the YCN Board on 22nd November.

Dr Bradley questioned if the three proposals could be circulated. Prof Baker said he would contact the three Trusts to seek permission.

**ACTION: Prof Baker to contact the three Trust regarding the circulation of the proposals
(in the absence of agreement the proposals were subsequently not circulated)**

- **Upper GI**

Prof Baker reported that although the DH fully supported the action plan that had been submitted for Upper GI cancer they asked if the completion date could be brought forward.

Dr Hunter felt that it was important to primarily concentrate on team building and making the MDT more established rather than introducing the change now. Prof Baker agreed that it was easier to manage the team dynamics prior to the physical move.

Prof Baker explained that a Pancreatic Sub Group had been established. The original plan to transfer all pancreatic surgery to the NOW was no longer taking place. The revised proposal is to move all the benign pancreatic work within Leeds to the NOW. It was envisaged that benign pancreatic surgical management outside Leeds will be consolidated to 3/4 sites.

Prof Baker reported that EUS was working in Bradford. Although there were diagnostic and interventional lists in Leeds there were problems recruiting additional nursing staff.

Prof Baker reported that the DH had produced a document on PET scanning which was out for consultation, comments to be received by 21st October. PET scanning costs about £800-£1000 per scan. It was hope that this could be a priority within the SRS funding plans for 2005. Leeds are currently working on a business case which will include the options available.

- **Haematology**

Prof Baker reported that Bradford & Airedale and Harrogate & York MDT's have joined to try and meet as far as possible, the population criteria of the IOG (i.e. serve population of 500,000). As there is not enough cases at Calderdale & Huddersfield to justify a single MDT they will have a joint MDT with Leeds.

- **Head & Neck**

Prof Baker announced that the NICE Service Guidance for Head & Neck Cancer is due to be published at the end of November 2004.

- **Lung**

The Network plan is to centralise all Lung surgery to Leeds at the start of 2008. Work from Bradford may be transferred to Leeds prior to 2008 (possibly in 2005).

4. Specialist cancer services 2004/05 & 2005/06

Prof Baker explained that PCTs only agreed to pre commitments for the funding of specialist cancer services. He explained that there was up to £0.5m additional pressure that was not included in the current programme. This included pancreatic issues and the extension of non surgical gynaecology for Mid Yorkshire. Prof Baker explained this process will change when payment by results is operational.

Mr Tinkler explained that the PCTs were under pressure as they felt the more pre commitment there is to specialist commissioning the less funding there is for local funding and developing.

The 'Specialist Cancer Services Investment Programme 2005-2009' will be presented to the YCN Management board at the meeting taking place on 22nd November 2004.

5. Leeds Cancer Centre update

Prof Baker reported that the contract was due to be signed that day.

Work was being undertaken to look at the working practices and pathways within Leeds and the referring units.

Dr Hunter mentioned PCTs concerns that no correspondence has been received regarding transitional costs etc since April/May.

Mr Tinkler reported that Martyn Pritchard was Chairing a group with representatives for each of the PCT communities noting that he had been informed and was addressing this issue.

6. Zonal Peer Review Programme

Prof Baker circulated the time table for Peer Review noting that PCTs will be assessed through their locality and the Network groups.

Prof Baker reported that training for reviewers was taking place on 1st November 2005. Further training days will take place for the trainers reviewing other Networks.

Prof Baker announced the order that Trusts will be reviewed;

Trust 1 York
Trust 2 Harrogate
Trust 3 Airedale
Trust 4 Bradford
Trust 5 Calderdale & Huddersfield
Trust 6 Mid Yorkshire
Trust 7 Leeds

Prof Baker explained that they were planning to bring the YCN notification forward by two weeks to allow four weeks before the pre visit.

Mr Tinkler informed the group that the YCN are planning to hold a learning event after the Humber & Yorkshire Cancer Network review had taken place.

Prof Baker will be meeting with Chairs and Vice Chairs and the Network Groups over the next few months to discuss the self assessments.

7. Calderdale & Huddersfield Haematology Service Provision update

Mr MacDonald updated the group on the haematology service at Calderdale and Huddersfield NHS Trust. There is currently one full time consultant, one full time locum and one part time locum. The Trust supported the idea of progressing joint appointments with Leeds and discussions were taking place regarding job descriptions. It was hoped that 4 full time consultants could be placed. It was planned that in the interim an internal MDT should be established in January 2005.

8. Cancer Waiting Times

Mr Tinkler, Mr Melling and the local Service Improvement Lead are visiting each Trust to go through an information pack on CWT.

Mr Harrison said they needed to know what the target was for the 62 day Waiting Times.

Mr Hunter explained that looking at their projected figures it was clear that those people going to Leeds for specialist treatment and radiotherapy were omitted and asked if the Network could continue to put pressure on the PCTs to include this information.

Cancer Waiting Times will be discussed further at the next meeting.

9. Haematology Action Plan

No further discussion took place.

10. Sentinel Node Biopsy

Mr Tinkler explained that the YCN Breast Group had reported further work is being undertaken on the development of the training scheme.

Mr Tinkler explained that there is both a cost and patient benefit implementing this technique. He had highlighted to the West Yorkshire and North and East Yorkshire and North Lincolnshire WDC the need to set aside funding in the next financial year.

Colorectal Screening

Prof Baker reported that a review had been undertaken on the cost effectiveness of various methods (either faecal occult blood or flexible sigmoidoscopy). The approach that was likely to be taken was a combination i.e. faecal occult blood introduced at ~60 years and flexible sigmoidoscopy introduced once the trial data is published. The total national estimation of cost for this combined model is around 60m.

11. Date for 2005 meetings

Tuesday 1st February, 10.00am

Tuesday 19th April, 10.00am

Tuesday 19th July, 10.00am

Tuesday 25th October, 10.00am

Next Meeting

**Tuesday 1st February , 10.00am, in the Conference Suite,
Arthington House Cookridge Hospital.**