

**YORKSHIRE CANCER NETWORK
Lead Clinicians Group**

Minutes of the meeting held on
Thursday 1st February 2005, 10.00am
Arthington House, Cookridge Hospital

Present:	Dr M Hughes	Airedale NHS Trust
	Mr J Harrison	Harrogate Health Care NHS Trust
	Dr A Crellin	Leeds Teaching Hospitals NHS Trust
	Mr S K Sundaram	Mid Yorkshire NHS
	Dr A Hunter	York Hospitals NHS Trust
	Professor M Baker Miss L Carroll Mr P Melling	Yorkshire Cancer Network

1. Apologies for absence

Apologies were received from Dr C Bradley, Mr B MacDonald, Prof P Selby, Dr M Seymour and Mr B Tinkler.

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 highlighted that Mid Yorkshire's specialist team did not have sufficient medical oncology support and were having bed capacity issues.

Leeds, Harrogate & York have agreed to move their work in 2007.

A Urology progress meeting with Bradford and Mid Yorkshire is taking place on Thursday 17th February 2005.

Mr Sundaram prompted a discussion on laparoscopic surgery. He questioned if units that do not perform laparoscopic surgery should be referring patients to one that does. Prof Baker said individual cases should be discussed at the specialist MDT.

- **Gynaecology**

Prof Baker explained the proposals for the provision of the gynaecology services in West Yorkshire were not circulated because not all the Trusts felt this would be appropriate.

At the Board meeting that took place on Monday 22nd November it was decided that based on minimising risk and existing service infrastructure already in place, there would be a single centralised gynaecological service in Leeds.

Arrangements have been made with Airedale and Bradford for the transfer of work and out reach clinics are to be established at both hospitals.

Discussions will be taking place with Calderdale on Huddersfield regarding moving towards a centralised service. The out reach service at Harrogate and York is working very effectively.

Prof Baker reported the YCN Management Board had agreed to appoint a Network Clinical Lead for Gynaecology Oncology.

- **Upper GI**

Prof Baker noted that some gastric work was still being undertaken in Huddersfield. York and Mid Yorkshire are still operating locally. Prof Baker encouraged York to engage more in the Leeds MDT. Dr Crellin said he would discuss this further with David Jackson.

Dr Hunter acknowledged the amount of work that David Jackson is currently undertaking noting that this work pressure will be relieved when the third non surgical oncologist is appointed in September/October.

ACTION: Dr Crellin to discuss York representation at the Leeds MDT with David Jackson

Mr Sundaram had received a letter for Clive White saying that he intends to continue Upper GI surgery until he retires. Prof Baker said it was his understanding that Clive White will operate in Leeds. Prof Baker said this will have to be discussed further.

Dr Hunter questioned if the centre will provide an out reach service for York noting that the York surgeons had discussed withdrawing completely from the MDT when the centralisation takes place. He said he needed guidance from the centres on the future function of the MDTs.

- **Thoracic**

Dr Crellin said he had previously questioned if there was going to be an out reach service for thoracic surgery in Bradford. This prompted an in depth group discussion. Prof Baker said it is his understanding that the Bradford MDT arrangements will not change. Due to the retirement of a Thoracic surgeon in Bradford and the slippage in the oncology wing, the centralisation of the service will now take place in May 2005 however there needs to be further clarity on the arrangements for this.

- **Pancreatic**

Prof Baker reported that the surgical attendance at the Leeds pancreatic MDT was variable. Prof Baker felt that the transfer of work will have taken place by 2008.

- **Haematology**

Prof Baker reported that the Haematology action plan had been amended to restore Calderdale & Huddersfield as potential level 2 unit. It is envisaged that the full time consultants for Calderdale & Huddersfield will be recruited shortly.

York is interviewing for a third Consultant next week.

Harrogate is hoping to appoint a third Consultant haematologist later this year.

Airedale and Bradford have an agreement in principle to appoint a further consultant.

- **Head & Neck**

Prof Baker announced that the service guidance for head and neck cancer was published on 24th November 2004.

Prof Baker gave an update on the publication dates of other Nice clinical guidelines. Prof Baker informed the group that he had been asked to Chair the prostate cancer guidelines group.

- **Lung**

The lung cancer, diagnosis and treatment guidelines are expected to be published in February 2005 and recommend Positron Emission Tomography (PET) and Continuous Hyperfractionated Accelerated Radiotherapy (CHART). It is anticipated that mobile PET scanners will be made available later this year.

4. Specialist Cancer Services for 2004/05 & 2005/06

Prof Baker reported that the Specialist Cancer Services Investment paper 2005-2009 was tabled and agreed at the YCN Management Board meeting that took place on 22nd November 2004.

ACTION: Miss Carroll to circulate the Specialist Cancer Services Investment paper 2005-2009 with the minutes

5. Leeds Cancer Centre Update

Prof Baker said it is anticipated that the transfer of services will take place in January 2008. Work is being undertaken on the service models within Leeds and referrers and on the cost base for these services with the intention of reducing the use of hospital beds. National work is being undertaken on the management of PFI costs in the new funding system.

6. Peer Review

Prof Baker reported that he was meeting with the Chairs of each Network group to discuss their annual report, work programme and measures for Peer Review.

Prof Baker reported that the date for the Leeds Peer Review visit had been changed to 10th, 11th and 12th October.

Prof Baker shared his experience of the Peer Review at the Humber and Yorkshire Coast Cancer Network.

ACTION: Miss Carroll to circulate the Peer review timetable with the minutes

7. Feedback on local issues

York

Dr Hunter highlighted issues that York are having with their alliance and asked if Prof Baker could write to Penny Jones explaining that the third non surgical oncologist is a critical appointment for York and Harrogate.

Dr Hunter reported that York had carried out a pilot on the electronic referrals and were hoping to launch this soon.

Prof Baker gave an update on the funding of posts noting that he had agreed to fund the surgical oncologist post at York until April 2006.

ACTION: Prof Baker to write to Penny Jones

Harrogate

Mr Harrison said his Trust are finding the CWT 62 day target for Colorectal and Urology very difficult.

Airedale

Dr Hughes said their main issue was the configuration of haematology and oncology.

Leeds

Dr Crellin had no major issues to report. Dr Hughes asked if they should be considering sending patients requiring radiotherapy to other areas whilst the Leeds waiting list is high. Dr Crellin reported that they had

contacted other local areas who had said they were not able to accept additional patients. It is anticipated that this issue will be resolved later this year when more radiographers are appointed in June-Sept 05.

Mid Yorkshire

Mr Sundaram reported that there are several reorganisations taking place within the Trust. There are concerns regarding the access times for in-patients as 16 beds had recently been lost and they still do not have a ring fenced facility.

A document had been submitted to the EDG suggesting various ways that services can be reconfigured taking into consideration the NOW. If this is agreed a locum will be based in Dewsbury. Mr Sundaram reported that two MDTs take place however these are not fully represented. This prompted an in-depth discussion on the preparations for Peer Review.

Prof Baker advised Mid Yorkshire to demonstrate to the Peer Review team that they have a vision that will be compliant and are in the process of moving towards this vision.

8. Cancer Waiting Times

Mr Melling confirmed that members had received the Cancer Waiting Times paper circulated with the agenda.

Mr Melling tabled CWT data relevant for each organisation.

Mr Melling reported that there was a national meeting taking place on 7th February to raise the profile of CWT, representatives from every Trust will be attending.

Mr Melling said he will circulate Q3 data when it is made available.

ACTION: Mr Melling to circulate the Q3 data

9. Any other business

There was no other business to report.

10. Date of next meeting

**Tuesday 19th April 2005, 10.00am, YCRN Conference Suite,
Ida Nurses Home, Cookridge Hospital.**