

**YORKSHIRE CANCER NETWORK  
Lead Clinicians Group**

Minutes of the meeting held on  
**Thursday 19<sup>th</sup> April 2005, 10.00am**  
Arthington House, Cookridge Hospital

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<b>Present:</b>	Dr M Hughes	Airedale NHS Trust
	Dr C Bradley	Bradford Teaching Hospitals NHS Foundation Trust
	Mr B MacDonald	Calderdale & Huddersfield NHS Trust
	Dr A Crellin	Leeds Teaching Hospitals NHS Trust
	Professor M Baker	Yorkshire Cancer Network
	Miss L Carroll	
	Mr B Tinkler	

**1. Apologies for absence**

Apologies were received from Mr J Harrison, Dr A Hunter, Prof M Seymour and Mr R Sundaram.

**2. Minutes from the last meeting**

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

Prof Baker ensured members were aware of his departure from the network in December 2005, to concentrate on national cancer programmes and SHA work, together with major challenges arising from the New Oncology Wing and system reform, and that this provides the opportunity to reshape the leadership structure of the cancer network. He explained that the SHA has agreed to separate the roles of Director and Lead Clinician in the new arrangements.

**3. Improving Outcomes Guidance Implementation update**

? **Urology**

Work is expected to begin to transfer from Airedale and Calderdale & Huddersfield to Bradford once the second surgeon is appointed in Bradford. It is anticipated that this post will be filled in September 2005. A group discussion took place on how the MDTs will be structured.

Harrogate and York are aiming to move their work to Leeds in 2007 and useful work has been done on future pathways.

? **Gynaecology**

Bradford has now centralised their surgery in Leeds and Airedale had begun to transfer their work. Calderdale & Huddersfield are aiming to centralise their service to Leeds in June 2005 which will be established with the locum pending a permanent appointment.

? **Upper GI**

Prof Baker highlighted that some stomach surgery is still taking place in Calderdale and Huddersfield and advised this service to be transferred before September 2005.

Airedale is not willing to proceed with their Upper GI CNS appointment because Bradford is not able to guarantee the funding due to the transfer of income from levies to tariff. Prof Baker explained that he was looking into this issue. Mr Tinkler suggested that Dr Hughes, Miss Lane and Ms Dawn Gulliford meet to discuss this further.

**ACTION: Dr Hughes, Miss Lane and Ms Gulliford to meet to discuss the Upper GI CNS role at Airedale**

## ? **Pancreatic**

Prof Baker reported that there are links with the Leeds MDT and the Bradford Team.

Mr Tinkler explained that for Pancreatic and Specialist urology the YCN needs to meet with the H&YCCN to agree referral models into these specialist teams.

Prof Baker explained that some pancreatic surgery is still being undertaken in Airedale and York. Mr Raj Prasad is concerned that Leeds does not have the capacity at present to take on the additional work.

Members were informed that a YCN Pancreatic meeting will be taking place on Tuesday 26<sup>th</sup> April 2005.

## ? **Haematology**

Prof Baker reported that the haematology action plan had been revised to include Calderdale & Huddersfield as a potential level 2 unit. Harrogate & York have now been approved as a single MDT.

Airedale and Bradford are going to recruit a further consultant. It is anticipated that the integrated service will involve the consultants at Airedale and Bradford linking together for their MDT, complex cases and the on call service.

## ? **Head & Neck**

Prof Baker explained that to be designated as a specialist team within the definition in the IOG, York will need to demonstrate that they treat 100 cases per year.

Prof Baker explained that some cases from Calderdale & Huddersfield are been carried out locally or are referred to Leeds instead of Bradford. Mr Tinkler suggested that Mr MacDonald meets with Dr Coyle, Chair of the YCN Head & Neck Group to discuss this further.

**ACTION: Mr MacDonald to meet with Dr Coyle, Chair of the YCN Head & Neck Group to discuss the transfer of Head & Neck surgery**

## ? **Thoracic**

Bradford work will be transferred to Leeds General Infirmary on 23<sup>rd</sup> May 2005. The Bradford MDT will continue as a surgical MDT. The transfer to St James's University Hospital is dependent on theatre and bed capacity availability.

## **4. Specialist cancer Services**

Prof Baker reported that the SRS programme has been cut by £1million. Commissioners did not accept funding for PET, Head & Neck or for the cancers for which guidance is still to be published. The agreed £0.5million for NOW pre recruitment costs has had to be absorbed into the previously agreed SRS programme (at £2.755m) as a result of an increase in WYMAS costs due to Agenda for Change. The revised programme has been signed off.

## **5. Leeds Cancer Centre Update**

Dr Crellin explained that the first commissioning of the eight new LINAC machines in the NOW will commence in 2006 and by 14<sup>th</sup> December 2007 there must be 8 working LINAC's with an integrated clinical treatment system so that the 2 new (currently being installed) Cookridge machines can be transferred.

## **6. Peer Review**

Members discussed their progress with Peer Review. Mr Tinkler reported that meetings are currently being set up with Mr Martyn Pritchard, Chair, YCN Management Board and the Chairs of the locality groups.

## **7. Feedback on local issues**

Mr MacDonald expressed his concerns over the maintenance of the Breast service at Calderdale & Huddersfield noting that there was a lack of radiologists.

## **8. Airedale oncology**

Dr Hughes explained that although the Oncology service at Airedale was considered locally to be good, it is recognised that it is not sustainable for a single handed oncologist and is not sub specialised. The SHA had asked for a review of this service and a model has been suggested. After an in depth discussion it was agreed that a wider stakeholder meeting involving Dr Crellin, Dr Hughes, Dr Bradley, the SHA (Prof Baker) and Chief executives (once appointed) from each Trust to resolve this issue.

**ACTION: Dr Hughes to organise a stakeholder meeting to resolve the Airedale oncology issue**

## **9. Cancer Waiting Times (CWT)**

Mr Tinkler ensured members had received the CWT paper which shows the number of cases of Urgent Referral-First Seen (14 days); Decision to Treat-Treatment (31 Day) and Urgent Referral-Treatment (61 days) for each Trust for Q1 (April-June 2004/05) and Q2 (July-Sept) 2004/05.

Mr Tinkler emphasised the national importance of the 31 and 62 day target noting that each PCT and acute Trust had identified a CWT Lead Director. Mr Tinkler and Ms Ferguson, Service Improvement programme Director are meeting with all the hospital teams to discuss how they are progressing with the CWT targets. Each acute Trust or community must produce a CWT action plan by 27<sup>th</sup> April 2005. Mr Tinkler said he would circulate a template for the action plan that day.

Mr Tinkler encouraged colleagues to discuss Urgent referrals at their MDT meetings.

Mr MacDonald reported that three of the six histopathologists at Calderdale & Huddersfield NHS Trust are leaving (two are retiring and one relocating).

Mr Tinkler reported that Mid Yorkshire has been nominated to become the demonstrator site for the implementation of CWT (95% by June 2005).

**ACTION: Mr Tinkler to circulate a template for the CWT action plan**

## **10. Any other business**

It is anticipated that 15 radiographers will commence employment at LTHT in June/July 2005. Dr Crellin explained due to the length of the waiting list it will take time to reduce waiting times significantly. He acknowledged that the increase of radiographers will consequently increase pressure on Medical Physics capacity and therefore it is important for them to keep their patient and treatment selection process tight and it is not feasible for patients to participate in trial work during this time.

Dr Crellin highlighted that a significant number of 62 day breaches for brachytherapy are from outside the network noting that if necessary they may only accept patients from within the network for this treatment. Work is being undertaken to look at expanding capacity of brachytherapy.

## **11. Date of next meeting**

**Tuesday 19<sup>th</sup> July 2005, 10.00am, YCRN Conference Suite,  
Ida Nurses Home, Cookridge Hospital.**

### **Dates for 2005**

Tuesday 25<sup>th</sup> October 2005 (**Rescheduled to Tuesday 1<sup>st</sup> November**) 10.00am, YCRN Conference Suite, Ida Nurses Home, Cookridge Hospital