

Actions of the meeting held on
Friday 30 November 2007, 09:00

Yorkshire Cancer Network

YCRN Conference Room 1, Ida Nurses Home, Cookridge Hospital

Present:

Mr J Ausobsky	Bradford Teaching Hospitals NHS Foundation Trust
Ms D Kellet	
Mr D Leinhardt	Harrogate and District NHS Foundation Trust
Ms J Reeves	Leeds PCT
Dr A Guthrie	Leeds Teaching Hospitals NHS Trust
Mr C Macklin	Mid Yorkshire Hospitals NHS Trust
Mrs E Vickerstaff	North Yorkshire and York PCT
Dr S Feldman	The Fountain Medical Centre
Ms C Holman	User Partnership Group
Mr I Bradford	York Hospitals NHS Foundation Trust
Mrs C Ferguson	Yorkshire Cancer Network
Mrs M Holland	

Apologies

Mr S Ambrose

1. Welcome, Introduction & Apologies			
Log No	Action	Lead(s)	Deadline
1	The group will continue to work towards a Straight to Test (STT) policy of flexible-sigmoidoscopy, across the Network, for the colorectal 2ww referrals. The challenge of how to consider the pathways for the non 2ww referrals was high-lighted. The potential for multiple service providers raises the importance of the governance agenda and the need to define how the pathway can be quality assured. Consideration needs to be given to the validity of the pathway and the audit mechanisms that would demonstrate that the agreed pathway is being delivered	Mr Ausobsky	
2. Outstanding issues from last meeting			
Log No	Action	Lead(s)	Deadline
2	Referral to Oncology - Some variation from decision to refer to oncology / Decision to Treat and 1st treatment. A handout was given for further information. 'Costed Pathway' A first attempt to add costs to the colorectal pathway using the 2007 / 2008 Tariff. A handout was given for further study - it was agreed that further work was necessary to include further detail to more closely reflect the actual pathway		

3. The York Model to Manage Colorectal Referrals

Log No	Action	Lead(s)	Deadline
3	<p>Presented by Mr Ian Bradford. Access to the colorectal service indicated a number of different routes that the patient could follow, the intention being to manage all referrals within 62 days. Following discussion and questions from the group the following key points were made -</p> <ul style="list-style-type: none"> •Clinical discussion suggested that the continued use of rigid sigmoidoscopy as a first test was no longer indicated •The York Model was at variance with the agreed Network recommendation for STT •Commissioner concerns from North Yorkshire that service delivery is different between York and Harrogate <p>Chair and Service Improvement Lead to note for further discussion when the Colorectal NSSG present their work programme and progress to the Network Board (date to be arranged).</p>		

4. Timed Pathways

Log No	Action	Lead(s)	Deadline
4	<p>The steps in the high-level colorectal pathway were agreed. Some adjustments required to the timings. The Cancer Reform Strategy requires that the pathway should reflect further treatments - relapse, supportive and palliative care. When further treatment is agreed with the patient it is to be delivered within 31 days. Commissioners present expressed a need for consistency across the network and clarity of definitions to support the commissioning / contracting process.</p> <p>Adjustments to be made to the pathway and then the pathway will be presented to the next Colorectal NSSG for 'sign-off'. SIF to review pathway presentation style and agree basic template style.</p>	Mr Ausobsky	
5	<p>Examples of the non-2ww were circulated. It is difficult to capture patient data to audit the non-2ww pathway. The 18 week template was discussed as a presentation style, both GP, PCT and clinicians felt it was overly complicated and difficult to interpret. It was suggested that the way forward was to concentrate on sets of symptoms as well as to review the referral documentation, suggestions made included compulsory form completion and blood tests before referral. Electronic referral was thought to be crucial to improve the quality of referral.</p> <p>The pathway will need to be circulated to primary care clinical leads as well as secondary care leads to be ratified to support implementation</p> <p>Explore the patient data captured by Units for the 18 week pathway</p>	Marlene Holland	
6	<p>Mr Ausobsky explained a study that is in progress at Bradford. It aims to identify the diagnostics that would provide the clearest result for the minimum number of tests. The tests are planned to occur in parallel rather than sequentially, thus reducing waits for the patient.</p> <p>This study is to be reported in the spring 2008.</p>	Mr Ausobsky	

5. Quality - What does it mean for the Network Colorectal Pathway

Log No	Action	Lead(s)	Deadline
7	<p>A number of questions were posed to assist the discussion on the quality of the pathway</p> <p>What are appropriate measures? Who assures the pathway? What issues are the most important? What differences are there for Network and Unit measures? Pragmatically - what is possible?</p> <p>PCT use the Standards for Better Health as a framework for quality assurance which will need further consideration. Areas identified included access, timing, outcomes and the patient experience.</p> <p>Meeting to be arranged - Carol Ferguson, Mr Ausobsky & Marlene Holland to clarify what to present to the NSSG to register the quality agenda.</p>	Mr Ausobsky	

Date of Next Meeting

To be scheduled