

Present:

Dr J Hornsey	Bradford and Airedale Teaching PCT
Mr J Ausobsky (Chair)	Bradford Teaching Hospitals NHS Foundation Trust
Mr J Griffith	
Ms K Lancaster	Calderdale and Huddersfield NHS Foundation Trust
Mr D Leinhardt	Harrogate and District NHS Foundation Trust
Ms J Reeves	Leeds PCT
Ms J Crossley	Mid Yorkshire Hospitals NHS Trust
Mr P Lyndon	
Mr C Macklin	
Mrs E Vickerstaff	North Yorkshire and York PCT
Mr I Bradford	York Hospitals NHS Foundation Trust
Mrs C Ferguson	Yorkshire Cancer Network
Mrs M Holland	

Apologies

Ms K Aldous, Mr S Ambrose, Dr L Gracey-Whitman, Dr A Guthrie, Ms M Jennings, Ms D Kellet, Ms S Moore, Ms P Pickersgill, Ms K Pogson, Ms N Ryan, Ms L Shaw, Ms J Thompson, Mr N Womack

2.1. Membership/Attendance/Circulation of minutes/Contribution from members			
Log No	Action	Lead(s)	Deadline
1	Attendance at the meetings is unpredictable and inconsistent which compromises the groups decision making function. It was recommended that all Unit Service Improvement Leads should attend (or a nominated deputy) and a reliable process be established to involve and enable PCT / Primary Care contribution A list of nominated Unit Service Improvement Leads (SILs) attendance to be collated and Mr Ausobsky to contact for future engagement.	J Ausobsky	Review 28/11/2008
2	A letter to PCTs for nominated contacts has been sent from the YCN in April, responses to be forwarded to Lucy Carroll for future contacts	All	Review 28/11/2008
2.2. STT monitoring			
Log No	Action	Lead(s)	Deadline
3	All Units have a STT model, some variance occurs as flexible sigmoidoscopy is not the first test in all Units. Further discussion explored the wish to progress the STT model for all colorectal referrals thus providing a universal access for all patients with colorectal symptoms. The group acknowledged the need to understand the capacity and demand issues to deliver this approach. Mr Griffiths (BRI) manages all his new referrals by having a separate new patient flexi-sig clinic. Patients are seen, assessed, discharged or entered to non urgent or a fast-track pathway. Further detail to be presented at the next SIG meeting. Harrogate has adopted the Leicester model - all referrals are triaged according to set criteria to the most appropriate test Marlene Holland to contact Mr Griffiths to offer support for this work	M Holland	Review 28/11/2008

2.2. STT monitoring			
Log No	Action	Lead(s)	Deadline
4	Marlene Holland to contact Mr Leinhardt to further understand the Harrogate management of colorectal referrals.	M Holland	Review 28/11/2008
5	In order to support the progression of 'all symptomatic colorectal patients being seen within 2 weeks' a clearer understanding would be required of the capacity & demand issues Capacity and Demand to be an agenda item at the next Service Improvement Group meeting in November	L Carroll	28/11/2008
3. Timed Pathways			
Log No	Action	Lead(s)	Deadline
6	Mr Jon Harrison re-enforced the importance for the NSSG membership to contribute to the development of the Network Colorectal Pathways at the NSSG on the 8th May and a final date to submit comments was given as 19/05/08. There was further comment on the time given to achieve some of the stages and the difficulties to achieve the number of days. Pathway timings to be audited to inform any changes required. Further work is required to agree and establish what criteria is required to demonstrate that the pathway is working effectively	NSSG	
7	Marlene Holland to co-ordinate a 'gap' analysis across Units in the YCN and compare to the agreed Network pathways	M Holland	Review 28/11/2008
3.2. Final Comments			
Log No	Action	Lead(s)	Deadline
8	Marlene Holland to produce a list of comments made and actions taken made to maintain a record of others involvement.	M Holland	Review 28/11/2008
9	Final comments on the timed pathways were discussed and decided upon. Responses have been received from Primary Care - Dr Welford, Calderdale & Huddersfield, LTHT oncology and Bradford Carol Ferguson to draft a letter for Mr Ausobsky to thank Dr J Welford for his comments and suggestions, Marlene Holland to respond to secondary care comments.	C Ferguson	27/06/2008
3.3. Next steps			
Log No	Action	Lead(s)	Deadline
10	An alternative presentation style was shown to the group which enabled further text to be added as a supporting document. The group requested that all the colorectal pathways be presented in this style as it gave a clear overview and allowed the text to include more detail and guidelines. Audit trail to be available to evidence contributions to develop the timed pathway from key stakeholders Marlene Holland & Lucy Carroll to convert the pathways to the new format.	M Holland & L Carroll	Review 28/11/2008
11	Marlene Holland / Lucy Carroll to produce the audit trail of the pathway development process	M holland & L Carroll	Review 28/11/2008

4. Quality - What does it mean for the Network Colorectal Pathway			
Log No	Action	Lead(s)	Deadline
12	<p>Mr Ausobsky explained the concept of the pathway quality criteria being a mechanism that would demonstrate an effective service delivery in an appropriate setting and assure the pathway.</p> <p>Cancer waiting time monitoring would continue but consideration should also be given to</p> <ul style="list-style-type: none"> • the pathway process (timings, access, steps & follow up) • clinical outcomes (length of stay, surgical complications, emergency admissions) • patient experience (CNS / key worker input) • patient information • supportive care (key discussion points, holistic assessment) <p>Examples of quality criteria are on the pathways which the group did not disagree with, however further debate raised concerns about the audit process which will need careful consideration.</p> <p>YCN Officers to explore audit issues.</p>	YCN Officers	Review 28/11/2008
13	<p>It was suggested to use Harrogate as a pilot to test the availability of data to support the audit of the quality criteria</p> <p>Marlene Holland and Lucy Carroll to seek advice from Philip Melling and approach Mr Leinhardt / Liz Booth for data access.</p>	M Holland/ L Carroll	Review 28/11/2008
4.1. Areas to consider			
Log No	Action	Lead(s)	Deadline
14	<p>The value of a specific colorectal education event for GPs was discussed. Content or approach was not clarified</p> <p>Lucy Carroll to contact Mr Ausobsky for further clarification.</p>	J ausobsky/L Carroll	Review 28/11/2008
15	<p>Commissioner representatives were interested in 'hard' outcomes - deaths, leak rates, infections. Clinicians suggested more information was required about TEMS referral numbers, procedures and complications following surgery compared to complications following TEMs procedures. This would provide a valuable insight to the development of the TEMs service across the YCN. Appendix 12 - Management of Early Rectal Cancer in the YCN Colorectal Guidelines may need a review to ensure they are sufficient to support appropriate referral</p> <p>GP representative suggested that Access /'patient entry' to services was a topic that could be presented at the Primary Care NSSG possibly as a joint exercise to include GP responsibilities prior to referral both in preparing the patient for referral and performing any specific examinations.</p> <p>Marlene Holland to contact Dr Jane Hornsey regarding presentation at the primary Care NSSG</p>	M Holland	Review 28/11/2008
16	<p>Other discussion include the need to understand the 'cost' of pathways.</p> <p>YCN Officers to have further discussion with commissioner representatives and feed back to the group.</p>	YCN Officers	Review 28/11/2008

5. Cancer Reform Strategy			
Log No	Action	Lead(s)	Deadline
17	Carol Ferguson gave a short overview on the implication of the Cancer Reform Strategy on the Colorectal Service. The patient pathway work is to extend beyond first treatment. Subsequent treatments will also have a target of 31 days once a decision to treat has been agreed with the patient. The Supportive and Palliative Care agenda will need to be applied to all pathways.		
5.1. In patient			
Log No	Action	Lead(s)	Deadline
18	In-patient care audits will evaluate types of treatments and lengths of stay and review the benefits of the enhanced recovery programme (ERP) how universally this is applied within the YCN is unknown. Marlene Holland / Lucy Carroll to discuss with Colorectal Teams across the YCN	M Holland/L Carroll	Review 28/11/2008
19	Access to Hospital Episode Statistics data to be available in the near future - usefulness to be assessed by YCN Officers	YCN Officers	Review 28/11/2008
5.2. Follow up / Survivorship			
Log No	Action	Lead(s)	Deadline
20	Colorectal Follow-Up was considered as an important area to clarify because of the implications to commissioning and primary care. It was suggested that this be a discrete piece of work for another group within the NSSG To add 'colorectal follow-up' to the next NSSG agenda for further discussion. York are reviewing their approach to follow up and may be in a position to give feedback at the next meeting	L Carroll	28/11/2008
6. Next Meeting (Preferred venue)			
Log No	Action	Lead(s)	Deadline
21	Date to be confirmed for November 2008 St Gemma's accepted as a central venue for attendees	L Carroll	

Date of Next Meeting(s)

Friday 28th November 2008 9:30 am
St Gemma's Hospice