

Actions of the meeting held on
Friday 29 January 2010, 10:00

Yorkshire Cancer Network

St Gemma's Hospice, Moortown, Leeds, LS17 6QD

Present:

Ms L Shaw	Airedale NHS Trust
Mr J Ausobsky (Chair)	Bradford Teaching Hospitals NHS Foundation Trust
Ms D Kellet	
Ms J Crossley	Mid Yorkshire Hospitals NHS Trust
Mr I Bradford	York Hospitals NHS Foundation Trust
Mrs C Ferguson	Yorkshire Cancer Network
Mrs M Holland	
Miss L Parish	

Apologies

Dr C Kay

1. Welcome and Apologies			
Log No	Action	Lead(s)	Deadline
1	<p>JA welcomed the group and introductions were made.</p> <p>Again there was limited attendance at the Service Improvement Group (SIG) which initiated discussion on the purpose of the group. As it had been some time since the last meeting the previous action log was tabled as a reminder.</p> <p>JA reminded that the group was originally set up to work on behalf of the NSSG to develop a series of Network agreed colorectal pathways and using the quality criteria identified, determine Network compliance against the agreed pathways. Additionally, the group's remit was to engage commissioners. It was agreed that the SIG needed to have representation from each Trust to in order to be effective and progress the work under the leadership of JA. The SIG raised the following points for discussion:</p> <ul style="list-style-type: none"> • The relationship of SIG with NSSG. • What level of autonomy does the SIG have? • How to re-energise group. • Have an advisory role to the NSSG. • Support the NSSG to audit the agreed pathway. • Respond to the Network Board on progress made. <p>To write to all members of the Group to encourage attendance at the 2010 meetings planned for June and December.</p>	J Ausobsky	26.02.2010
2	To contact each Colorectal MDT Lead to confirm the details of their Service Improvement Lead	L Parish	26.02.2010
3	To clarify work programme and circulate	M Holland/L Parish	26.02.2010
2. Action Log from the last meeting			
Log No	Action	Lead(s)	Deadline
4	Due to the long period of time which had elapsed since the last meeting, the previous action log was tabled as a reminder rather than for agreement.	N/A	N/A

3. Matters arising			
3.1 Pathway audit update			
Log No	Action	Lead(s)	Deadline
5	<p>Example of pathway audit presentation (MJH) A short presentation that reviewed April, May, June 2ww referrals from one Trust. The purpose of the presentation was to show the group how patients travelled through their pathway. The pathways reviewed demonstrated:</p> <ul style="list-style-type: none"> • The number of 2ww referrals • The number of OPA before the first test • 1st test • 2nd test • 3rd / subsequent tests • Number of days between each step • Point of discharge from the cancer pathway • Number of cancers found • Comparison of actual cancer pathways to the Network agreed pathway <p>Those present agreed that this was a useful tool to give a baseline of current service, to monitor patients journey times and give a 'snapshot' to monitor adherence to the Network pathway. It would also show if any local process changes in the pathway delivered benefit as anticipated. Clinicians present recommended that this would be beneficial for each colorectal MDT to participate and enable comparison across the Network.</p> <p>To write to colorectal MDT Leads</p>	J Ausobsky	31.03.2010
6	<p>Carol Ferguson informed those present that there is to be a national recommendation that organisations work toward the 1st test being delivered within 7 days. Ashley Guthrie is a member of this working group. The expectation is that Gynaecology, Lung and Colorectal will be in the first phase progress this recommendation.</p> <p>To follow up with Ashley</p>	M Holland	26.02.2010
4. Costing of pathways			
Log No	Action	Lead(s)	Deadline
7	<p>Colorectal Costing Project A full-time Research Fellow has been appointed to take forward this project in Bradford to commence 01.03.10. The National Cancer Action Team is funding this project and MH will provide additional support.</p>	N/A	N/A
5. Colorectal Early Admission - NAEDI			
Log No	Action	Lead(s)	Deadline
8	<p>National Awareness and Early Diagnosis Initiative (NAEDI) project Funding has been allocated to the YCN to take forward this National Project. There are two main initiatives</p> <p>a) A public awareness measure on the signs and symptoms of cancer. This has been through a tender process to secure the market research company who is currently working in each of the YCN PCTs to complete 2.400 questionnaires.</p> <p>b) Review colorectal emergency admissions (that identify a new colorectal cancer) between January 2009 and December 2009. Please see attached paper for further detail.</p> <p>Marlene and Carol to keep the group informed. JA pledged support from the group.</p> <p>Letter from the project Surgical Lead to be circulated to each colorectal MDT Lead for participation (as discussed at previous NSSGs).</p>	L Parish/All	26.02.2010

6. Management of follow up care and survivorship			
Log No	Action	Lead(s)	Deadline
9	<p>Carol Ferguson explained the involvement of Mr John Griffith in the national survivorship agenda as part of the cancer reform strategy recommendations, particularly follow up. It was stressed that any future change to follow up patterns would include managing the patient expectations of follow up and asked if the holistic assessment would provide more guidance / information for patients on recurrence? Other questions presented for discussion included the following areas:</p> <ul style="list-style-type: none"> • What should happen and why? • Is it possible to stratify risk of recurrence? • Is the pattern of recurrence changing with chemotherapy regimens? • What / when is the progression made to surgery? • What do patients value? • Does everybody need the same intensive follow up to identify recurrence? • What value does the 5 year exit colonoscopy have? <p>To review 1 year and 5 year colonoscopy results to identify recurrence rates and treatment protocols.</p>	J Griffith	26.06.2010
10	Sarah Cuthbertson to be approached for NYCRIS data on recurrence	C Ferguson	26.02.2010
11	<p>Mr Ian Bradford suggested that GP views should be sought on the potential and the GP preparedness to take on some of the follow up tests, such as CEA and CT s (to agreed protocols).</p> <p>To produce a letter / questionnaire for circulation to GPs</p>	I Bradford	26.06.2010
12	<p>Marlene tabled a follow up questionnaire for comment on current follow up patterns across the Network.</p> <p>To make minor changes then circulate a follow up questionnaire to Colorectal Surgeons / Colorectal CNSs / Oncologists that support the Colorectal MDT and Palliative Care Consultants.</p>	M Holland	26.02.2010
7. Any Other Business			
Log No	Action	Lead(s)	Deadline
13	The Colorectal event planned for 26th February, has been cancelled due to poor numbers. IB suggested looking into the root cause and suggested that many trusts are struggling to release people; priority is direct clinical contact and budgets/funding issues.	N/A	N/A

Date of Next Meeting

To be scheduled