

Actions of the meeting held on
Wednesday 17 December 2008, 13:30

Yorkshire Cancer Network

Meeting Room, 50 Lancaster Park Road, Harrogate District Hospital

Present:

Ms D Gulliford	Airedale NHS Trust
Ms G Hollingsworth	Bradford Teaching Hospitals NHS Foundation Trust
Ms A Walton	Calderdale and Huddersfield NHS Foundation Trust
Sister C Ross	Harrogate and District NHS Foundation Trust
Dr D Stark	Leeds Teaching Hospitals NHS Trust
Ms M Hayes	Mid Yorkshire Hospitals NHS Trust
Ms L Turner	NHS Kirklees
Mrs S Frier	NHS Leeds
Mr J Hancock (Chair)	NHS North Yorkshire and York
Ms J Thorpe	NHS Wakefield District
Mrs C Ferguson	Yorkshire Cancer Network
Mr P Melling	
Ms F Stephenson	
Mr B Tinkler	

Apologies

Mrs J Cawtheray, Mr D Fox, Ms K Pogson

1. Welcome and Apologies			
Log No	Action	Lead(s)	Deadline
29	John Hancock chaired the meeting for the first time and introductions were made around the table.	N/A	N/A
2. Action Log from the last meeting			
Log No	Action	Lead(s)	Deadline
30	The action log from the last Commissioning Group was discussed and agreed as being an accurate record.	N/A	N/A
3. Matters arising			
3.1 Review Terms of Reference			
Log No	Action	Lead(s)	Deadline
31	John Hancock discussed the implications of the Board meeting monthly for the Commissioning Group and its future role in relation to the Board and recent PCT re-organisation. Barry Tinkler outlined the purpose for future meetings. The Commissioning Group will meet monthly with contractor and finance representation invited in as appropriate. Julie Thorpe, John Hancock and Lorraine Turner volunteered to be a core group. The core group will discuss work plans for the coming year.	S, Thornborow	31/01/2009
32	Cancer Lead Managers to feedback to local Trusts and agree frequency of combined Commissioning and Lead Managers Meeting.	S, Thornborow	31/01/2009

3. Matters arising			
3.2 Pathways			
Log No	Action	Lead(s)	Deadline
33	<p>Carol Ferguson informed the group that there are now around 40 draft pathways that need signing off via the Board and Commissioning Group. Board agreed in principle that Commissioning Leads Group could sign off 'straight forward' pathways, however if any significant change required Board approval is needed.</p> <p>Group in agreement as process will help against work duplication within Trusts.</p> <p>Carol Ferguson to feedback to Board how pathway sign off process will work. And produce a document detailing key rationale and process. The group had difficulty identifying clear criteria for escalating to Board level for decision.</p> <p>It was therefore suggested a trial of 10 pathways will be brought to the group to establish timescales of signing off a pathway from start to finish and to identify which pathways can be implemented locally or escalated to the Board.</p>	C, Ferguson	31/01/2009
3.3 Co-payment			
Log No	Action	Lead(s)	Deadline
34	<p>John Hancock reported that guidance from the Cancer Action Team on Improving access to medicines for NHS patients and Guidance on NHS patients who wish to pay for additional private care for commissioners and providers of services was issued in November 08.</p> <p>The Network Management Board has discussed the implications of this.</p> <p>For review.</p>	N/A	31/03/2009
3.4 Survivorship Projects			
Log No	Action	Lead(s)	Deadline
35	<p>Carol Ferguson informed the group her intention to call for expressions of interest inviting Trusts to put forward proposals for non-recurrent funding in association with the CRS, between £5,000 - £20,000, however larger projects would be considered.</p> <p>Carol Ferguson to circulate Network wide email with details of the process for making proposals before Christmas 2008.</p> <p>Deadline for proposals end of January. Trusts will be informed of decisions by mid February for action before the end of financial year.</p>	C, Ferguson	19/12/2008

4. Peer Review			
Log No	Action	Lead(s)	Deadline
36	<p>Fiona Stephenson informed the group that the new peer review process will place the emphasis on ongoing quality assurance of cancer services. The programme will focus on self assessment with internal validation, supported by targeted visits. The visit timetable for YCN is March 2010.</p> <p>Locality representatives have attended training sessions and a peer review handbook and evidence guides are available on CQUiNS.</p> <p>Fiona asked the group for support on two areas</p> <p>To agree to produce a Network validation process and;</p> <p>To support a Network Peer Review training sessions that will be held in Feb/March 2009.</p> <p>Managers present agreed to both points.</p> <p>Trust Lead Managers to contribute to development of validation process.</p> <p>Trust Lead Managers to ensure relevant staff contribute and attend training sessions.</p>	All Trust Lead Managers	31/03/2009
5. Specialist MDT's			
Log No	Action	Lead(s)	Deadline
37	<p>John Hancock outlined the discussion held with the Network Board and SCG.</p> <p>Issue funding new SMDT's, principles that;</p> <ul style="list-style-type: none"> - Funding for activity - Not paying twice - How to fund SMDT organisation does not see the patient. <p>Unresolved tension between Commissioners and providers as appropriate income not been generated to cover cases needing to be discussed.</p> <p>HRG4 suggested to resolve the issue and proposes there will be a tariff for Specialist MDT's, to be reviewed in January 2009 when HRG4 published.</p>	N/A	N/A

6. Operational Plan 2009/2010 Process for Specialist Commissioning (information previously circulated)			
Log No	Action	Lead(s)	Deadline
38	<p>The information previously sent to SCG regarding Implementation Plans for IOGs had been circulated prior to the meeting. Barry Tinkler outlined the process for specialist and local commissioning and the objective was to agree proposals to respond to the SCG meeting on 7th January.</p> <p>Although the principles to meet the IOGs had been agreed through the Board, due to different business system timescales of the organisations in the network it had not been possible to identify the sum total additional funding for 2009/2010 within the SCG timescale. Those activities within or out of tariff, requiring pass through payment and Value for Money challenge were required. The principle associated with funding of new Specialist Multi Disciplinary Teams had been agreed as:</p> <ul style="list-style-type: none"> - Not paying twice for a service - Funding through Activity - Where no activity for the host organisation of the SMDT then the HRG4 tariff to be identified nationally in January 2009 to be used. <p>For the IOGs funding impacts these we summarised as follows:</p> <p>Brain and CNS No local aspects in 2009/2010 until the diagnostic requirements identified. SCG funding of SMDT and identification of non-tariff services.</p> <p>Children's SCG funding of PTC Nursing lead</p> <p>Local PCT to address and agree any Shared Care implications with local providers</p> <p>Young People SCG funding of SMDT and identification of non-tariff services</p> <p>Local PCT to address and agree any Shared Care implications with local providers</p> <p>Sarcoma SCG funding of SMDT and identification of non-tariff services</p> <p>Local ultra sound testing for diagnostic services through tariff, scale of any increase in volume of tests not identified, local PCT and provider issue.</p> <p>Skin SCG funding of SMDT and identification of non-tariff services</p> <p>Local PCT and Provider agreement on primary care model of delivery</p> <p>It was agreed that commissioners, when they responded to Barry Tinkler, would copy their replies to the whole group.</p> <p>Can commissioners confirm support of the funding and approach for each of the IOGs in 2009/2010 for SCG level shared approach and their local approach to services outlined above.</p>	All Commissioners	05/01/2009

7. Going Further on Cancer Waiting Times			
Log No	Action	Lead(s)	Deadline
39	<p>Philip Melling discussed the latest cancer waiting times to the group and gave an update of the new cancer standards.</p> <p>Julie Thorpe suggested that the Information Group would benefit from a Commissioning and PCT representative.</p> <p>The group discussed the implementation of the new going further standards. Philip highlighted that PCT's are now responsible for reporting waiting times data on patients they treat as providers. A suggested way forward was to get a small group together to get a consistent approach across the Network.</p> <p>To arrange a meeting with the volunteered core group and suggest inviting PCT information staff.</p>	Commissioning Leads & Philip Melling	31/01/2009
40	Commissioning Leads to send nominations to Philip Melling.	P, Melling	14 January 2009
8. National Chemotherapy Advisory Group			
Log No	Action	Lead(s)	Deadline
41	<p>John Hancock informed the group that National Guidance on Chemotherapy Services (National Chemotherapy Advisory Group Report) was issued in November and contains recommendations to improve the commissioning and delivery of chemotherapy services.</p> <p>The Chemotherapy group have agreed to undertake a self assessment against the current quality measures and to confirm which level of service they provide.</p> <p>The group discussed the need for links to the Chemotherapy Group to understand the implications for Commissioners.</p> <p>To circulate action log from the last Chemotherapy Group for information.</p>	S, Thornborow	N/A

9. Teenage & Young Adults IOG			
Log No	Action	Lead(s)	Deadline
42	<p>Dan Stark outlined the key messages from the Children and Young Peoples Improving Outcomes Guidance, the Teenage and Young Adult (TYA) Principal Treatment Centre (PTC) services and the current pathways of care for teenagers and Young Adults.</p> <p>All children aged 0-16 must have their care in the PTC</p> <p>Up to 18 years must have treatment initiated in the PTC (may then be shared care)</p> <p>TYA aged 19-24 may chose where to have their treatment, and must be given unhindered access to age appropriate care and services</p> <p>All patients aged 16-24 within the network to be discussed at the TYA MDT and a site specific MDT</p> <p>Members of the TYA PTC were happy to come and meet with locality clinical teams to discuss this further should they wish.</p> <p>The Trust Lead Managers were asked to ensure that their Site Specific MDTs were aware of this and that these patients are referred to the TYA Service from 3 February 2009.</p> <p>The Trust Lead Managers to ensure that their Site Specific MDTs were aware of this and that these patients are referred to the TYA Service from 3 February 2009.</p>	F, Stephenson	N/A

Date of Next Meeting(s)

Wednesday 21st January 2009 2:00 pm
Kingswood House Surgery, 14 Wetherby Road, Harrogate, HG2 7SA

Wednesday 18th February 2009 2:00 pm
Kingswood House Surgery, 14 Wetherby Road, Harrogate, HG2 7SA

Wednesday 18th March 2009 2:00 pm
Kingswood House Surgery, 14 Wetherby Road, Harrogate, HG2 7SA

Wednesday 22nd April 2009 2:00 pm
Kingswood House Surgery, 14 Wetherby Road, Harrogate, HG2 7SA

Wednesday 20th May 2009 2:00 pm
Kingswood House Surgery, 14 Wetherby Road, Harrogate, HG2 7SA

Wednesday 17th June 2009 2:00 pm
Kingswood House Surgery, 14 Wetherby Road, Harrogate, HG2 7SA

Wednesday 22nd July 2009 2:00 pm
The Board Room, 3rd Floor, Trust Head Quarters, Harrogate District Hospital

Wednesday 19th August 2009 2:00 pm
Kingswood House Surgery, 14 Wetherby Road, Harrogate, HG2 7SA

Wednesday 23rd September 2009 2:00 pm
The Board Room, 3rd Floor, Trust Head Quarters, Harrogate District Hospital

Wednesday 21st October 2009 2:00 pm
Kingswood House Surgery, 14 Wetherby Road, Harrogate, HG2 7SA

Wednesday 18th November 2009 2:00 pm
Kingswood House Surgery, 14 Wetherby Road, Harrogate, HG2 7SA

Wednesday 16th December 2009 2:00 pm
Kingswood House Surgery, 14 Wetherby Road, Harrogate, HG2 7SA