

**YORKSHIRE CANCER NETWORK AND
YORKSHIRE & HUMBER COAST CANCER NETWORK**
Haematology Group
Minutes of the meeting held on
Friday 17th December 2004, 2.00pm
Conference Suite, Arthington House, Cookridge Hospital

Present:

Ms L Newton	Bradford Teaching Hospitals NHS Trust
Dr A Bynoe	Harrogate Health Care NHS Trust
Dr R Patmore (Chair)	Humber & Yorkshire Coast Cancer Network
Prof J Child Miss R Copland Dr D Gilson Dr A Jack (HMDS) Dr G Smith	Leeds Teaching Hospitals NHS Trust
Ms D Barker Dr P Hillmen Dr K Patil	Mid Yorkshire Hospitals NHS Trust
Dr A Zaheer	Scarborough and North East Yorkshire NHS Trust
Dr G Dublon	Wakefield West PCT
Prof M Baker Miss L Carroll Mr B Tinkler Mr P Melling	Yorkshire Cancer Network
Mrs A Nowell Mr K Nowell	Patient Involvement Group Representatives

1. Apologies

Apologies were received from Dr S Ali, Dr L Bond, Dr C Carter, Mrs J Chapman, Mr P Chapman, Dr M Chappel, Dr A Cuthbert, Dr C Hall, Dr R Johnson, Dr L Parapia, Dr M Shields, Dr A Steed, Dr A Williams, Dr D Wright and Ms S Wooley.

2. Minutes from the last meeting

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

3. Matters arising

- **Haematology provision at Calderdale & Huddersfield NHS Trust**

Mr Tinkler informed the group of the meeting held on Friday 19th November 2004 to discuss the current and future provision in context of the Improving Outcomes Guidance for the Haematology Service at Calderdale and Huddersfield NHS Trust. Mr Tinkler summarised the agreed action points from this meeting (please see supporting paper).

Prof Baker explained the IOG recommends patients to be commissioned around populations of 500,000 or more and noted although the population served by Harrogate Health Care NHS Trust and York Hospitals NHS Trust is below the 500,000 recommendation the number of patients treated is above the

minimum recommended. He explained that although Calderdale and Huddersfield NHS Trust had a similar population the number of cases recorded is significantly less.

Prof Baker said that he felt that Calderdale & Huddersfield NHS Trust is a big enough community to provide a level 2 service in the future however the arrangements with Leeds (which includes some medium/long term plans) would protect patient care in the interim.

An in depth group discussion took place on the future haematology provision at Calderdale & Huddersfield NHS Trust.

Concerns were raised regarding the difficulty in planning for the capacity of patients in Leeds if there were future plans to change this service again.

The appropriateness of assessing patients and giving treatment advice over the phone was discussed.

Prof Child suggested the provision is reviewed 6 monthly.

Dr Gilson said the agreement made with consultants and managers at Huddersfield to comply with the minimum requirements needed for the referral of a patient was not being adhered to. She noted that Leeds would only provide advice if a Consultant had attended the MDT or if the patient had attended their clinic.

Mr Nowell felt it was important to address this issue immediately.

Prof Child summarised the group's discussion. He explained that the immediate short term plan was to work together to prioritise patient treatment. The medium term plan is to recruit more consultants in Huddersfield noting that further discussions needed to take place regarding the job descriptions. A decision regarding the long term plan still needed to be decided.

ACTION: Calderdale & Huddersfield NHS Trust and Leeds Teaching Hospitals NHS Trust to work together as agreed

Dr Patmore informed the group that the haematology provision at Scunthorpe and Grimsby was beginning to become an issue as one consultant had already left and another was leaving in January 2005. Discussions on how this service could be reorganised are taking place.

- **Patient Information Project**

Mr Nowell announced that the Macmillan bid to fund an Information Manager at the Network had been successful. He noted that this will have significant positive impact on the Network on projects such as the Information for patients with Follicular Lymphoma.

Dr Gilson reported that the LRF had also expressed an interest in working with the Network on patient information and said that she would meet with Miss Lane to discuss this further.

ACTION: Dr Gilson to speak to Miss Lane regarding the LRF working with the Network on patient information

- **Network audit update**

Mr Patmore said he would contact the Network audit group to reschedule the next meeting as it clashed with the Lymphoma meeting taking place on 14th January 2005, 3.00pm (followed by a meeting on erythropoietin).

Dr Jack reported that he was receiving copies of MDT proformas (post MDT) from Leeds, Hull, Mid Yorkshire and Harrogate. Ms Newton said she would ensure the Bradford ones are submitted. As York do not have secretarial support it was agreed that they could submit a simple proforma.

- **Adolescent cancer**

Dr Gilson reported that the final draft of the discussion document (produced using the NSF and draft IOG for teenagers and young adults) will be circulated prior to their next meeting in January 2005.

4. Haematology Action Plan (previously circulated)

Mr Tinkler stated that they were still awaiting a response from the DH.

5. Cancer Waiting Times

Mr Tinkler highlighted that Chief executives at WYSHA and Hospital Trusts would be receiving a letter emphasising the importance of the 31 day and 62 day cancer waiting times target in 2005.

Mr Melling presented to the group the Haematology CWT data, Urgent Referral – First Seen; Decision to Treat – Treatment and Urgent Referral – Treatment (Q1/2 2004/5) extracted from the National Cancer Waiting Times Database.

6. Minimum dataset

The group agreed with Dr Patmore's proposal for the data collected by the LRF group to be the Network minimum dataset.

7. Service Improvement Lead

Dr Patmore informed the group that the Network Group needed to have a Service Improvement Lead. Dr Patmore was elected and agreed to undertake this role.

8. Regional Guidelines

Dr Patmore reported that the Guidelines for the Management of Haematological Malignancies were now available on the YCN website and suggested that Guidelines became a standing agenda item for the meetings to provide the opportunity to discuss any updates or changes that may be required. Mr Nowell asked if a comments page could be made available on the website.

Dr Patmore said he would organise a meeting in 2005 to review the guidelines.

Dr Smith felt that further discussions needed to take place on CNS Prophylaxis and Lymphoma. It was felt that there needed to be a uniformed policy on this for the Network.

Prof Child prompted a discussion on when new agents should be included within the guidelines noting that he felt there should be a network approach. Dr Patmore suggested that the group could produce a position paper on new agents and incorporate them into the guidance as they become more robust. Mr Tinkler mentioned that the YCN Drug & Therapeutics group has discussed this and are undertaking work to produce proposals.

ACTION: Mr Melling to add a comments page on the Management of Haematological Malignancies section of the website

Mr Tinkler to ensure Mr Thomson works with the groups to co-ordinate the YCN Drug & Therapeutics group approach to new drugs and guidelines

9. Peer Review update

Mr Tinkler reported that the dates for the Trusts to be reviewed had been confirmed (please see supporting document). He confirmed that members had received the Northern Zone Action Team Newsletter.

Mr Tinkler announced that the Network is holding a Peer Review Sharing Practice Event on Friday 18th February 2005 and said further details will be circulated shortly.

10. Any other business

- Dr Jack gave an update to the group on five diagnostic tests that needed to be introduced and explained that although they had funding for additional staff a discussion needed to take place on how funding can be provided for the agents/consumable items. Dr Jack explained that over the last three years there had been a major reduction in cytogenetics which has provided some savings and questioned if these savings could be used. A group discussion took place.

Dr Patmore suggested samples be sent directly to HMDS and then HMDS pass them onto cytogenetics if appropriate.

- Dr Gilson reported that the Radiotherapy waiting times now had a prioritisation list and noted the current waiting time is eight weeks.

Date & time of 2005 meetings

Friday 11th March, 2.00pm

Friday 24th June, 2.00pm

Friday 30th September, 2.00pm

Friday 16th December, 2.00pm

Date of next meeting

Friday 11th March 2004, 2.00pm
YCRN Conference Suite, Ida Nurses Home, Cookridge Hospital
(Lunch will be provided from 1.30pm)