

**YORKSHIRE CANCER NETWORK AND  
YORKSHIRE & HUMBER COAST CANCER NETWORK  
Haematology Group**  
Minutes of the meeting held on  
**Friday 11<sup>th</sup> March 2005, 2.00pm**  
Conference Suite, Arthington House, Cookridge Hospital

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<b>Present:</b>	Dr A Cuthbert	Airedale NHS Trust
	Dr L Newton	Bradford Teaching Hospitals NHS Foundation Trust
	Dr T Czyz Dr A Steed	Calderdale & Huddersfield NHS Trust
	Dr C Hall	Harrogate and District NHS Foundation Trust
	Dr R Patmore (Chair) Dr M Shields	Humber & Yorkshire Coast Cancer Network
	Dr A Jack (HMDS) Dr R Johnson Dr S Kinsey Sister S Morgan	Leeds Teaching Hospitals NHS Trust
	Ms D Barker Dr K Patil Dr D Wright	Mid Yorkshire Hospitals NHS Trust
	Dr A Zaheer	Scarborough and North East Yorkshire NHS Trust
	Dr G Dublon	Wakefield West PCT
	Dr L Bond	York Hospitals NHS Trust
	Miss L Carroll Mr B Tinkler Mr D Thomson	Yorkshire Cancer Network

### **1. Apologies**

Apologies were received from Dr S Ali, Dr D Alsop, Prof M Baker, Dr A Bynoe, Dr C Carter, Mrs J Chapman, Mr P Chapman, Dr G Cook, Dr D Gilson, Ms M Keeting, Dr L Parapia, Dr A O'Shaughnessy, Dr M Shields, Dr G Smith, Dr A Williams and Ms S Wooley.

Dr Patmore introduced and welcomed Dr T Czyz to the group.

### **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**

Dr Steed reported that one full time consultant had been appointed and although there is no administration support they have started to hold a local MDT.

Dr Patmore gave an update on the haematological position at Scunthorpe & Grimsby. The consultant at Grimsby now attends the MDT at Hull and job descriptions for new consultants have been produced.

As no applicants have applied for the post at Airedale this will be re advertised.

- **Patient Information Project**

No discussion took place.

- **Network audit update**

Dr Patmore gave feedback from the audit meeting that he had attended on Friday 18<sup>th</sup> February. 'MDT performance' work is continuing to be sent through to HMDS and therefore the audit programme on patients going through the MDT can progress.

It was agreed that the audit on compliance of the MDT decision with the guidelines should commence when the data collection by the LRF is more established.

#### **4. Haematology Action Plan (previously circulated)**

Mr Tinkler and Dr Patmore had attended the DOH National Haematology Meeting on Tuesday 22<sup>nd</sup> February where they were given feedback on the LDP Action Plans submitted. Out of 34 Networks 8 Haematology Action Plans have been accepted (Humber & Yorkshire Coast Cancer Network is one of them). Four action plans have queries, the Yorkshire Cancer Network Haematology Action Plan is one of them.

The DOH response to the YCN asks if the proposal for the Haematology MDT in Harrogate could be reviewed.

Although the Harrogate and York MDT would serve populations in excess of 400,000 and would not meet the 500,000 recommendation the Network felt that the Action Plan would be accepted because they treat the required number of patients. Mr Tinkler reported that the Cancer Action Team (CAT) had highlighted that through enquires to their Lead Clinicians it had been suggested that the population should be a minimum of 800,000 and they had reduced this requirement to 500,000. Mr Tinkler felt that if the Network provides an audit on the outcomes of the MDT the DOH will then accept this specialist MDT.

A group discussion took place on the possibility of redefining the catchment areas.

Mr Tinkler said he will meet with Dr Bond and representatives from Harrogate to discuss this further and will respond to the CAT at the DOH by 21<sup>st</sup> March 2005.

**ACTION: Mr Tinkler to liase with York and Harrogate representatives regarding the Action Plan**

#### **5. Cancer Waiting Times (CWT)**

Mr Tinkler ensured that members had received the CWT papers circulated with the agenda.

Mr Tinkler gave an update on the national CWT event that he had attended on Monday 7<sup>th</sup> February in London.

At this event Prof Mike Richards had highlighted the national importance of CWT. Mr Tinkler reminded the group that the 31 day and 62 day targets for CWT are to be delivered by December 2005. He explained that each SHA has identified a demonstrator site (hospital Trust). North and East Yorkshire & North Lincolnshire (NEYNL) SHA has nominated York Hospitals NHS Trust and West Yorkshire SHA (WYSHA) has nominated Mid Yorkshire NHS Trust.

Dr Cuthbert asked if the data collection will be refined so patients delayed through other routes will be identified. Mr Tinkler said it is recommended that patients who have spent significant time in the system are reviewed at the MDT to identify any process issues.

Mr Tinkler explained that it is anticipated that at least 80% of new cases of cancer (incidence) are recorded on the CWT database each month. To achieve 80% all provider trusts are expected to collect data in line with quarterly benchmarks of 150/200/400 cases per quarter for small/medium/large trusts. For North and East Yorkshire and Northern Lincolnshire SHA and West Yorkshire SHA there is currently 75% of new cases of cancer (incidence) recorded (second highest in England).

Mr Tinkler noted that the Health Care Commission will be incorporating CWT targets into their future assessment for star ratings.

## **6. Regional Guidelines**

Dr Patmore informed the group that a 'Review Day' of the haematology guidelines has been scheduled to take place on Friday 1<sup>st</sup> July 2005 at Oulton Hall and said as per the last review day it would be useful if colleagues could cancel other commitments so they can attend.

Dr Patmore highlighted that the dermatology section of the guidance has been removed from the guidance. Dr Gilson is currently editing the latest draft version of the dermatology guidance.

Dr Patmore raised the issue of the mechanism for the introduction of new drugs (*see Pharmacist update under AOB*)

## **7. Data Collection Programme**

Dr Patmore reported that the HMDS database is now closed.

Dr Jack gave an update on the data collection programme noting that an Information Manager will be appointed to progress with this work. Dr Patmore explained that members need to decide how they want to see the data for the data collection programme presented for e.g. as an individual or team bases; monthly or annually noting that he will be writing to colleagues for feedback on this.

**ACTION: Dr Patmore to write to the group to ask how they would like to see the data presented**

## **8. Peer Review**

Dr Patmore reported that the H&YCCN had completed their Peer Review assessment and had received their formal report.

Dr Patmore highlighted lessons learned from their Peer Review process in particular in relation to their Commissioning Group. Mr Tinkler reported that although there is an YCN Commissioning Group it is not constituted in the way in which the Quality Measures requires. He explained that there is a West Yorkshire Commissioning Group (used for Specialist Commissioning Services) and highlighted that each locality has links with their PCTs. Mr Tinkler noted that he links into each PCT to ensure that the cancer agenda is on the local delivery plans.

Mr Tinkler informed members that the draft haematology Quality Measures are now available on the CQUINS website for comment. He explained that there is a six month lead time from the publication of the final measures and the conduct of Peer Review noting that although they would not be formally assessed the group could decide to undergo the Peer Review process in preparation for round 2 of the Peer Review when they will undergo the formal assessment. The group discussed this in detail and decided to not put themselves forward for review at this stage.

Dr Patmore said it was an error that MDTs can only use one level 2 centre.

Mr Thomson summarised work that the YCN Chemotherapy and Pharmacy group had undertaken in preparation for the Peer Review Process (*see Pharmacist update*)

## **9. Adolescent Cancer**

Sister Morgan ensured that members had received the 'Teenagers & Young Adults Referral Pathways' document and discussed this paper in detail with the group.

Dr Dublon felt that Primary Care had not been involved in the process and planning stages of this document it was agreed that Primary Care must be included in this document.

## **10. Any other business**

- **Network Pharmacist update**

Mr Thomson reported that the Drug & Therapeutic group has changed its name to the YCN Chemotherapy group and noted that he was the Chair of the newly established YCN Pharmacy sub group.

Mr Thomson informed members that he was producing a discussion paper on a Network wide process for the approval of new cancer and supportive therapies. It is envisaged that there will be a Network process that links into the WY Medicine Commissioning group (to be established). Dr Patmore felt that they needed to produce evidence based position papers on new agents that should be passed to the Network Chemotherapy group for approval. Mr Thomson explained that as the YCN Pharmacy group becomes more established they could liaise with the named Leads from the Haematology group to produce new drug submissions.

Mr Thomson reported that the Chemotherapy group are undertaking work on approving regimes across the network as well as identifying a process for each locality for the use of regimes that are not approved. Once agreed by the group the policies will be circulated throughout the Network.

The Pharmacy group have agreed to extract regimes from the Chemocare electronic prescribing system. Mrs Evans and Mr Thomson are going to review the agreed proforma for the haematology regimes. These regimes will be sent to the Chairs of the site specific groups for sign off.

Mr Thomson said that the 24/7 telephone advise line policy will also discussed at the next Chemotherapy group meeting prior to wider circulation.

- **CHOP 14 Trial**

Dr Jack reported that the NCRI were undergoing major reorganisation as they have been successful in their bid to run the UK Clinical Research Network (UKCRN). He reported that the CHOP 14 trial opens on Monday 14<sup>th</sup> March noting that the 'watch & wait' trial may be closing for legal reasons.

- **Coding**

Dr Patmore stressed the importance that coding detail submitted is precise and asked members if they were happy if their colleagues who extract coding information have access to the HILIS database.

## **11. Date of next meeting**

**Friday 24<sup>th</sup> June 2005, 2.00pm**  
**YCRN Meeting Room 1, Ida Nurses Home, Cookridge Hospital**  
**(Lunch will be provided from 1.30pm)**