

YORKSHIRE CANCER NETWORK

Head & Neck Group Meeting

Minutes of the meeting held on
Monday 27th September 2004, 1.30pm
Arthington House Conference Suite, Cookridge Hospital

Present:	Mr S Worrall	Bradford Teaching Hospitals NHS Trust
	Mr D Sutton	
		Calderdale & Huddersfield NHS Trust
	Mr D Martin-Hirsch	
		Leeds Teaching Hospitals NHS Trust
	Ms S Cameron	
	Dr C Coyle (Chair)	
	Mr M Liddington	
	Dr K MacLennan	
	Mr Z Makura	
	Mr TK Ong	
	Mr M Waugh	
	Mr CJ Woodhead	
	Mid Yorkshire NHS Trust	
Ms H Cruickshank		
Ms J Hoole		
Mr D Mitchell		
	York Health Services NHS Trust	
Mr P Whitfield		
	Yorkshire Cancer Network	
Mr P Melling		
Mrs H Ryan		
	Yorkshire Cancer Research Network	
Ms C Sleigh		

1. Apologies for absence

Professor M Baker, Dr M Sen and Mr B Tinkler.

2. Minutes of the last meeting

Were agreed as being an accurate record.

3. Matters arising

None.

4. Peer Review Update and Meeting of Cancer Network Leads

Mr Ong explained that he attended the Yorkshire Cancer Network Quality Measures for Cancer Peer Review Chairs meeting on 8th September 2004 on behalf of Dr Coyle. The purpose of the meeting was to discuss the Quality Measures, the responsibilities of Network Chairs and the Peer Review Programme process. There was a short presentation by Professor Mark Baker and then a main presentation from Mr Mike Pinkerton, Quality Director for the North Zone Cancer Peer Review Team on the Peer Review process.

Mr Ong highlighted that the YCN is expected to receive notification of Phase I and II Measures in March 2005, followed by self assessment (by June), pre visits and training of reviewers, with the visits taking place in September and October 2005.

It was noted that Head and Neck Cancer would not be reviewed in phase I of Peer Review. Phase II will be a rolling programme in that as guidance is published, the production of quality measures begin. In approximately 9 months, the revised Head & Neck measures could possibly be produced– some of which may be covered in the revisit in 2006.

Mr Melling highlighted that CQuINS, the Cancer Quality Information Network System will be used for data management of the National Cancer Peer Review Programme 2004-2007.

Dr Coyle tabled a copy of the Quality Measures for Head and Neck Cancer for information.

Dr Coyle highlighted that the likely two issues to be addressed are:

1. York does not currently see 100 cases per year and does not cover 1 million population. The group would be very supportive of the current service set up at York.
2. There is continued discrepancy about whether Calderdale and Huddersfield Maxillofacial and ENT patients go to the Leeds or Bradford MDT. Leeds has made efforts to address this issue. It was noted that discussions have been left with Calderdale and Huddersfield and Bradford Management Teams for some time without any action.

Dr Coyle asked Ms Cruickshank if Dewsbury ENT will continue with Leeds or Mid Yorkshire Trust. Ms Cruickshank highlighted that no decision has been made.

Action: A copy of the minutes to be sent to Kath Nuttall, Operations Director, Bradford Teaching Hospitals NHS Trust.

5. NICE Guidance

Dr Coyle confirmed that the NICE Guidance is due out in November 2004. There are no major challenges to the medical aspect of the MDT's. There may be an opportunity to significantly improve the pre-treatment assessment and post treatment rehabilitation particularly in Mid Yorkshire and Calderdale and Huddersfield sites. The AHP Group has been asked to start to produce business cases for nurse specialists, nurse practitioners, speech and language therapists and dietitians. Their first meeting is due in November.

6. Feedback from MDT's

• Leeds

Leeds is already seeing approximately 250 new patients for 2004, a 10% increase on last year.

From January to August 2004 there have been 75 major surgical procedures which is a major workload.

With an amalgamation of the two departments in Leeds the Leeds MDT is currently well provided for in terms of histopathological expertise. However it was noted that the workload within the department was extremely high and intensive.

Dr Coyle informed the group that Maria Harvey, Speech and Language Therapist has left Leeds Teaching Hospitals Trust. Interviews will take place on 19th October. It is hoped that two speech therapists will be appointed to improve cross cover arrangements.

Dr Coyle highlighted that Ms T Feber has been running survivorship meetings at St James's University Hospital which are going well.

There has been no response from Dr M Kellett regarding the business case for dental extractions and reconstruction. It was confirmed that Mr B Naptress will do an extra session a week.

- **Bradford**

A paper from Mr S Worrall was tabled.

Mr Worrall informed the group that Mr David Sutton, Consultant Oral & Maxillofacial Surgeon would be appointed in October 2004 and Mr David Watts, Consultant Plastic Surgeon had just been appointed at Bradford.

Ms Sarah Cost, Macmillan Head and Neck CNS has been in post for over a year and has carried out much work on patient information and patient liaison and support groups which are going well.

Macmillan Funding has been approved for a Specialist Head and Neck Dietitian.

There are plans to move the Head and Neck Cancer MDT from a bi-monthly to weekly.

- **York**

Mr Whitfield highlighted that Dr M Sen has started a clinic at York which has allowed the number of MDT's to increase to every 1st, 3rd and 5th Thursday of the month.

Mr Whitfield gave a presentation to the group regarding the York MDT including staging, first treatment type, neck dissections and audit activity.

Mr Whitfield explained that until the beginning of 2004 two restorative consultants were visiting York. A locum is in now in post that attends all day on a Friday once a month and does consultations only. A meeting took place in early summer with the PCT. York are hoping to put forward a business case for a new full time restorative consultant split between York and Leeds, with two all day sessions at York and the rest of the time in Leeds.

Mr Whitfield confirmed that York will carry out an audit on shoulder function following neck dissection.

7. Feedback from Regional Nurse and AHP Group

Ms Hoole tabled an update paper.

Ms Hoole explained that there has been an ongoing debate regarding funding of patient information. As a Network Group patient information has been produced for Head and Neck Cancer Patients. The first run will be funded through the Yorkshire Cancer Network and then each Trust will pick up the costs thereafter.

There have been problems in producing the patient information, mainly due to different Trust formats, therefore the group have decided that individuals would share and disseminate any future patient information with the Regional Nurses Group for feedback to local teams.

Ms Hoole informed the group of the Communicating Head and Neck Cancer in Yorkshire (CHANCY) Conference on 27th May 2005. A conference for patients to share their experience with professionals.

Ms Hoole confirmed that Mouth Cancer Awareness Week is from 7th-12th November 2004. Bradford, Leeds, York and Mid Yorkshire would be doing local activities and next year it is hoped to co-ordinate something as a Regional Group.

Dr Coyle explained that the patients are running a conference in May, several members of the group have been invited speak at the conference and are delighted to be so.

8. Clinical Questionnaire from Pat Bradley and Approach from Amgen

Dr Coyle updated the group on ongoing Network Clinical trials including the NCRN CHARTWEL Trial, NCRN Sentinal Node Trial, EASTER Trial and PARSPORT Trial

Mr Liddington informed the group of the hypopharyngeal cancer audit, which Ms Cameron and two plastic registrars are also involved in.

Dr Coyle highlighted that there has been an approach from Amgen to join a global study looking at keratinocyte growth factor in post operative Chemoradiotherapy. Five patients are required. The aim of the study is to look at efficacy in reducing mucositis. Leeds is one of the four centres in the UK to take part in the study.

In Leeds the Westmoreland Nurses are leading a Quality of Life audit mentored by Ms Feber and supported by Dr Velikova.

It is anticipated that the Bone Marrow Study of post-operative patients will extend to look at patients on chemo-radiotherapy.

Dr Coyle tabled a questionnaire on the Management of the N0 Neck from Pat Bradley. The group reached a consensus at the meeting and Dr Coyle agreed to return the completed form to Pat Bradley on behalf of the Network Group.

Action: Dr Coyle to return the form to Pat Bradley.

9. Presentation on DAHNO and Database

Mr Melling highlighted that DAHNO is now rolling out across the whole country. In the YCN Leeds, York and Bradford Trusts are inputting data into DAHNO; the remaining Trusts will feed information to the three Trusts on the patients they refer for treatment.

There have been issues with the DAHNO team regarding the software and implementation of the whole programme. There are still concerns regarding Lotus Notes as the National System for DAHNO.

Mr Melling highlighted that the DAHNO team had not produced a document on how to upload data from Trusts existing systems into DAHNO. Mr Melling confirmed that this document has only just been received in the past week.

Mr Waugh informed the group that he has tested uploading data from PPM (the Leeds cancer data system) into the DAHNO database and the system has worked successfully. Discussions are ongoing to determine access rights for DAHNO across the Network.

Ms Hoole asked how units can access DAHNO. Mr Melling explained that the remaining Trusts can get a copy of DAHNO which will allow them to view the full pathway on their patients. Those who are interested should contact Mr Melling.

Mr Melling confirmed that there is a project within the YCN Information Group to look at getting information from each Trust into a Network server which would then be visible to every NHS organisation in the Network to view data on their patients.

Dr Coyle informed the group that Mr Waugh would be talking about DAHNO for Leeds to those interested after the meeting.

10. Cancer Waiting Times

Mr Melling tabled Head and Neck cancer waiting times information for urgent referral to first seen (21 days), decision to treat to treatment (31 days) and urgent referral to treatment (62 days) for the last quarter of 2003/04 and the first quarter of 2004/05.

Mr Melling confirmed that the data is allocated to the Trust of treatment.

It was noted that the reasons for long delays at Leeds are due to radiotherapy waiting times.

11. Staging/ Prognostic Information

A letter from Dr Mike Leahy, Chair of YCN Information Group was circulated with the agenda.

Dr Coyle highlighted that the letter encourages Network Groups to consider ways to improve the recording of staging information in a way that the Cancer Registry can pick up, for example in case notes or MDT records and to ask groups if there were other prognostic indicators which Network Groups would be interested in developing.

Mr Melling explained that the DAHNO project would address this.

12. Any Other Business

- **Network Audit**

Dr Coyle highlighted that the group need to decide and carry out Network Audit. Dr MacLennan highlighted that Leeds pathology has carried out an audit regarding histological review of thyroid cancer across the Network looking at the percentage of change of diagnosis and change in management. This could be considered as a Network audit.

Mr Ong explained that one of his registrars is carrying out an audit on extraction pre-radiotherapy and chemotherapy.

Mr Melling highlighted that DAHNO would also be counted as a Network audit.

13. Date of Next Meeting

Monday 21st February 2005, 1.30pm
Arthington House Conference Suite, Cookridge Hospital