

YORKSHIRE CANCER NETWORK

Head & Neck Group Meeting

Minutes of the meeting held on
Monday 18th April 2005, 1.30pm
YCRN Conference Suite, Ida Nurses Home, Cookridge Hospital

Present:	Ms S Cost Dr D Sutton Mr S Worrall	Bradford Teaching Hospitals NHS Trust
	Ms S Cameron Dr C Coyle (Chair) Dr K MacLennan Mr Z Makura Prof M Sen Ms J Trend	Leeds Teaching Hospitals NHS Trust
	Ms J Hoole Mr D Mitchell	Mid Yorkshire NHS Trust
	Ms S Fisher	University of Leeds
	Prof M Baker Mr P Melling Mr B Tinkler Miss P Atha	Yorkshire Cancer Network

1. Welcome and apologies for absence

Introductions were made for the benefit of two new members. Dr Coyle welcomed Sarah Cost, Macmillan CNS taking over from Ms Hoole as Chair of the regional nurses group and Joolie Trend, Senior Radiographer at Cookridge.

Apologies were received from Mr M Liddington; Mr T K Ong; Mr S Sood; Mr P Whitfield.

2. Minutes from the last meeting

The minutes were agreed as being an accurate record.

3. Matters arising

There were no matters arising.

4. Management of Head & Neck Sarcomas

Dr Coyle referred to the paper circulated in February and sent with the agenda entitled "Proposal for Management of Head and Neck Sarcomas" and which has also been taken to the sarcoma team through Mike Leahy (nb. Dr Leahy is leaving the Trust and his post is likely to be filled as a Medical Oncologist with an interest in sarcoma).

She proceeded to explain the background and purpose of the proposal. Information received from the sarcoma MDT is late and retrospective. Leeds have access to the sarcoma MDT through the PPM database, but York and Bradford are unable to do this at present until the new Network Server is available. Mr Melling added that the Network aim for the Server to be online early Autumn which can be accessed through a web-browser. This will enable the Trust to view patient treatment records and is reliant on the data being uploaded by the Trust to the Server. The first phase has been demonstrated to MDT co-ordinators today, 18th April.

Dr Coyle reported on the comments and feedback received from members on the proposal and a brief discussion followed. She agreed to amend the proposal accordingly and re-circulate.

Dr Coyle asked the group if a similar proposal be written for Head & Neck cutaneous melanoma, involving all the relevant parties. This was agreed.

Ms Fisher asked if there were formal links with Haematology. Dr Coyle confirmed that these links were in place but agreed to clarify these.

Action: **Dr Coyle to amend the proposal and re-circulate.**
 Dr Coyle to clarify formal links with Haematology.
 Dr Coyle to approach Prof Newton-Bishop regarding the management of cutaneous melanoma.

5. NICE Guidance

Dr Coyle reported that Mr Whitfield had suggested producing an Action Plan on how to approach the NICE Guidance and thought that it would be useful to feedback into the Network Group meeting. It has previously been suggested that each organisation should look at identifying their own needs, which are mainly in diagnostic and supportive services. This work is currently underway.

Ms Hoole updated the group on the work that had been carried out outlining the gaps in service. In Mid Yorkshire, York, Leeds and Bradford, the main areas are in speech therapy and nurse practitioner roles. In Bradford, they want to look at patient information, hand-held patient records and a pathway of services with Calderdale. Lead Nurses for each Unit are linking with the leads of AHP's to pull a business case together which should be available in June. In Calderdale & Huddersfield funding has been identified by Macmillan for a Head & Neck clinical nurse specialist, but the PCT's have not signed off agreement to pick-up the costs once the funding ends. A meeting has been set up with the Lead Nurse to discuss this further. Calderdale is still in discussion with Bradford around the specialist nursing service delivery.

Dr Coyle explained that Calderdale and Huddersfield access is fragmented into two anatomical units; Bradford and Leeds. It is unsatisfactory for a number of reasons and she has been trying to work on this for 2 years and welcomed any help on resolving this. Verbal agreement has been received, but no action taken to date. All histopathology and imaging has been taken out of their hands because of the quality. Prof. Baker suggested billing the Trust for the work undertaken. Mr Worrall suggested a letter from the Network may help.

Dr Coyle agreed to draft a letter and run it by Mr Worrall and Mr Martin-Hirsch in the first instance.

Dr Coyle said she would document the Group's concerns re. the continued problem with radiotherapy waiting lists at Cookridge Hospital. Specifically Drs Sen, Coyle and Ash are concerned about the increased use of neo adjuvant chemotherapy and the increased toxicity. The use of neo adjuvant chemotherapy artificially improves the cancer waiting times.

Mr Tinkler mentioned that all Trusts have identified a Lead Director responsible for achieving waiting times and he is meeting with David Fox and Angie Craig to discuss the action plan for achieving radiotherapy waiting times.

Mr Tinkler explained that once instruction is received he would produce the Action Plan for submission to the group for agreement and sign-off would be obtained by all the Chief Executives from the Acute Trusts and Lead PCT. He asked Dr Coyle to forward all relevant material to him for this purpose.

Action: **Dr Coyle to draft a letter regarding concerns to Bradford, Calderdale & Huddersfield.**
 Dr Coyle to document concerns to Dr Crellin regarding radiotherapy waiting times.
 Dr Coyle to forward all information for inclusion in the Action Plan to Mr Tinkler.

6. Peer Review

Prof. Baker briefly referred to NICE guidance and explained that the development of an Action Plan will be produced once the instruction has been received from the DH. In general, the Network are signed up to the existing configuration of specialist teams, and the North Yorkshire team has been signed-off by the HYCCN

& NEYNL Strategic Health Authority. Investment will be required in diagnostics and supportive care in particular.

Prof. Baker explained that the Peer Review taking place in September/October 2005 will be based on the Manual of Cancer Services published in 2004. The expectation is that Head & Neck should form part of the Phase II Peer Review due to take place in September 2006, which will be based on Guidance and Quality Measures published up until March 2006.

Prof. Baker said it is difficult to define how much work is involved in preparation of the review until the Measures are published, but it is likely to be challenging.

Dr Coyle enquired as to available funding to support a business plan. Prof. Baker said that it is difficult to know the exact cost impact on the service. Mr Tinkler explained that once instruction has been received on the content of the Action Plan, the investments would be included and put to Specialist Commissioning.

7. Feedback from AHP/CNS Group

Members enquired of the "Key-worker role". Ms Hoole announced that that several pieces of work have been carried out at Network level on the key-worker role and there is now an operational policy which still needs sign-off by the Lead Clinicians prior to being adopted across the Network.

She explained that a meeting is taking place on Friday 22 April to discuss the guidance issued from the Network on the key-worker. A brief discussion took place including how the key-worker would be identified and the process within each Trust. Dr Coyle proposed a sticker be put on the patient notes.

Ms Hoole announced that the Chancey Conference is going ahead and is being well received.

Miss Hoole explained that discussions have taken place about the appropriateness of representation of CNS/ AHP at the Head & Neck group meeting and proposed that it would be valuable to include other leads from Trusts not currently represented. Dr Coyle agreed and requested that details of the new members be forwarded to Helen Ryan at the Network office.

Action: Miss Hoole to forward details of new members to Miss Ryan.

8. Cancer Waiting Times (CWT)

Mr Melling referred to the CWT report circulated with the agenda for "urgent referral - first seen" and "decision to treat - treatment" for Quarters 1, 2 & 3 2004/5. The group evaluated and discussed the data and the reasons for breaches in achieving targets.

Mr Tinkler said that the Service Improvement Team is currently looking at referrals from York to Cookridge for all cancer sites and findings would be shared with the group.

Dr Coyle put forward Mrs Fisher's proposal to carry out an audit, mapping where patients are referred from.

Mr Melling informed members of an audit currently taking place on all cancers and cancer waiting times, mapping them against cancer registry notifications to try and see if we are capturing all the patients, which is highlighting about 75% being recorded for the network (2nd highest in the country). This audit and the reporting back of results to the group would count with regard to peer review measures.

Ms Fisher explained the origination of this proposal, indicating there is not enough known about the referral process. There followed discussion on the appropriateness of the referral process used and the variation across the Primary Care Trusts. The group considered the proposal and how it could be achieved and agreed it would be a worthwhile audit.

Dr Coyle suggested Ms Fisher discusses her proposal with an ENT colleague and someone from outside Leeds and work it out as a viable project.

Action: Ms Fisher to work her proposal into a viable project to take forward.

9. SEND Trial

Dr Coyle explained that Ian Hutchinson had suggested a trial looking at "elective nodal treatment" versus a "watch and wait" approach in oral cavity cancers. Dr Coyle stated that she had not seen a protocol for the trial but had discussed it with Mr Ong. There seemed to be a general consensus that clinicians were unhappy to enter the trial because thickness of tumour wasn't part of the prognostics, it was stage only. Dr Sutton indicated that he had not seen the protocol but was in agreement

Dr Coyle felt that nationally Head & Neck was poor in relation to other cancers in entering patients into clinical trials and the group needed to discuss the trial in the network forum. Members discussed the issues surrounding the SEND trial and concluded that the network would not enter patients into this trial for the following reasons: (i) they were unhappy with the set up of the trial (ii) the indemnity, that it has not gone through the national base and (iii) they had practical clinical concerns based on own clinical judgement.

Mr Mitchell pointed out that Ian Hutchinson is holding a meeting on 25th May to discuss (a) prospective clinical trials and (b) stem cell research with Ian Kennedy, which he is planning to attend.

Action: Dr Coyle to discuss with Mr Ong who would formally feed back the views of the group to Ian Hutchinson.

10. Service Improvement Plan

Dr Coyle referred the group to the draft work plan for 2005 previously circulated and proceeded to discuss the plan and ask for further comments. Firstly she pointed out that the Research section was aimed at network level, rather than local level. Brief discussions took place on each section of the work-plan. Dr Coyle made manual amendments to the plan based on comments received and would re-circulate.

Dr Coyle commented that after numerous requests the group still lacked GP and user representation. Mr Tinkler pointed out that discussions had taken place with the YCN user partnership group, who felt that due to time commitments and volume of meetings, they could not support all groups. He added that the Head & Neck group will need to nominate a member of the group to be the User Involvement Lead and this person would become the key link with the user group and can attend the user meetings as necessary.

Dr Coyle suggested inviting a GP, who also happens to be a patient, to join the group and asked members for their views. It was pointed out that the patient needs to be representative of service users (and a member of the YCN user partnership group). The group agreed on the grounds that it was understood that this person was not wholly representative of head and neck patients.

Mr Tinkler informed the group of the successful bid to Macmillan to fund a 3-year Patient Information project involving a remit to look at access and equity of information for patients, carers and staff across the network, including web-based information.

Action: Dr Coyle to update the work plan based on today's comments and recirculate.

11. Any other business

Dr Coyle mentioned that she had received correspondence from NYCRIS offering their services and data. The latest statistics they could provide related to 2002 and on comparing this with MDT records in Leeds the data does not match. Dr Coyle raised her concerns with NYCRIS data and suggested gaining a view from the Collaborative on process mapping. She added that the group will need to nominate a service improvement lead for the purpose of peer review. Dr Coyle agreed to carry out this role.

The Head and Neck guidelines are due to be reviewed. Prof M Sen will lead on the review and Dr Coyle proposed that sections be delegated to members. It was agreed to submit amendments to Prof Sen prior to the date of the next meeting, Monday 7th November.

12. Date of next & future meetings

***Friday 23rd September, 10 – 12.00pm, Room 1, YCRN Conference Suite, Ida Nurse Home, Cookridge (Note: This is an additional meeting date - details to follow).**

Monday 7th November at 1.30 – 3.30pm

Mr Ong had agreed to take on the organisation of the next education meeting. Provisionally the date is the 11.11.05 but Mr Ong who was not present had already agreed to confirm with the network administration and circulate the information well in advance.