

YORKSHIRE CANCER NETWORK

Cancer Lead Managers

Minutes of the meeting held on
Wednesday 29th June 2005, 2.00pm
Room 1, YCRN Conference Suite, Cookridge Hospital

Present:	Gillian Hollingsworth	Bradford Teaching Hospitals NHS Foundation Trust
	Lisa Williams	Calderdale and Huddersfield NHS Trust
	Liz Booth	Harrogate and District NHS Foundation Trust
	Jo Bewley	Leeds Teaching Hospitals NHS Trust
	Elaine Jeffers	York Hospitals NHS Trust
	Mark Baker Philip Melling Helen Ryan Fiona Stephenson Barry Tinkler	Yorkshire Cancer Network
	Carol Ferguson	Yorkshire Cancer Network Service Improvement Team

1. Apologies

Christopher Button, Dawn Gulliford and Julie Thorpe.

2. Minutes of the Last Meeting

Were agreed as being an accurate record.

3. Matters Arising

None.

4. Peer Review Update

The group shared their experiences of the Peer Review evidence validation meetings and the pre-visits. It was noted that there were a number of compliance issues identified including the design of CQuINS, clarity on the evidence validation check and inconsistency of audit of GP notification within 24 hours.

It was noted that organisations were unable to link to evidence on CQuINS which had been uploaded by the YCN. It was agreed that CQuINS should be amended so that work is not duplicated. Fiona Stephenson and Philip Melling agreed to raise this issue nationally.

Fiona Stephenson informed members of the Peer Review Zonal Meeting on 14th August 2005, which would be an opportunity to raise any queries or areas of concern with the Zonal Team.

Fiona Stephenson tabled a paper outlining the progress of the Network clinical and referral guidelines. Once the guidelines have been signed off by the Network Group Chair and the Chair of the Management Board they will be circulated to the Lead Managers for local sign off.

Fiona Stephenson explained that she has asked the Zonal Team for clarification on the minimum dataset for Palliative Care as there is discrepancy between the locality and the Network measures.

Barry Tinkler explained that the Peer Review process provides an opportunity for organisations to promote good practice. The reviewers are encouraged to ask teams for examples and the final reports contain a summary of good practice within the Network and its localities.

Action: All to inform Helen Ryan of any further compliance issues to feed back to zonal team.

Mark Baker to take forward compliance issues identified.

Fiona Stephenson to amend guidelines table and re-circulate to the group.

Fiona Stephenson and Philip Melling to take forward issue regarding the design of CQuINS for localities to link to YCN evidence.

5. NSSGs and Clinical Governance

Fiona Stephenson explained several discussions have taken place regarding the linkages between the NSSG's clinical guidelines and local MDT clinical governance arrangements.

It was agreed that Network clinical guidelines should be taken through the clinical governance committees in the localities.

6. Locality Feedback

Each Lead Manager gave a feedback on Peer Review progress.

7. NICE IOG Head and Neck Action Plan

Barry Tinkler explained that he attended a Cancer Services Collaborative 'Improvement Partnership' meeting on 8th June 2005 to discuss the implications of the guidance and the completion of the Action Plans.

Barry Tinkler had circulated the first draft of the Head and Neck Action Plan to the YCN Lead Managers. The group was asked to comment and provide specific items of information that are required for inclusion in the action plan by 1st August 2005. Members were asked to ensure that the Head and Neck Action Plan are discussed at locality group meetings.

Barry Tinkler explained that Catherine Coyle, Chair of YCN Head and Neck attended the YCN Haematology Group meeting to discuss the coordination and consistency of rapid access to neck lump clinics.

Action: All to comment and provide information on Head and Neck Action Plan by 1st August.

8. Cancer Waiting Times

Philip Melling circulated a presentation to members on cancer waiting times information for the full year for urgent referral to first seen (14 days), decision to treat to treatment (31 days) and urgent referral to treatment (62 days). Mr Melling explained the data to the group.

It was noted that breaches of the target will be the responsibility of the PCT, referring hospital and treating hospital.

It was agreed that work is required on transferring patients for care across Trusts.

Philip Melling highlighted that he is arranging a meeting of the YCN Information Leads to discuss weekly monitoring. Philip Melling agreed to inform the Lead Managers of the date once the meeting had been arranged.

Action: Mr Melling to inform Lead Managers of meeting date.

9. Any Other Business

None.

10. Date of Next Meeting

**Wednesday 23rd November 2005, 1.30pm
at Room 1, YCRN Conference Suite, Ida Nurses Home, Cookridge Hospital.**