

YORKSHIRE CANCER NETWORK

Joint Lead Managers and Commissioners Group

Minutes of the meeting held on
Wednesday 23rd November 2005, 1.30pm
YCRN Room 1, Ida Nurses Home, Cookridge Hospital

Present:	Ms D Gulliford	Airedale NHS Trust
	Ms G Hollingsworth	Bradford teaching hospitals NHS Trust
	Ms B Kelsey	Calderdale PCT
	Mr J Hancock	Craven, Harrogate and Rural District PCT
	Ms Sarah Crossley	Huddersfield Central PCT
	Ms P Middlebrook	Harrogate & District NHS Foundation Trust
	Ms J Bewley Ms S McGonigle	Leeds North East PCT
	Mr D Fox	Leeds Teaching Hospitals NHS Trust
	Ms J Thorpe	Mid Yorkshire Hospitals NHS Trust
	Mr R Longbottom	North Bradford PCT
	Mrs J Cawtheray	North Kirklees PCT
	Ms K Wheeler	Selby & York PCT
	Ms L Driver	Wakefield West PCT
	Ms E Jeffers	York Hospitals NHS Trust
	Mr P Melling Ms F Stephenson Mr B Tinkler	Yorkshire Cancer Network

1. Apologies for absence

Apologies were received from Ms L Booth, Ms K Evans, Mr B Redlin and Ms L Williams.

2. Minutes from the last meeting

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

3. Matters arising

No matters arising.

4. Local Delivery Plan update

Mr Tinkler informed the group that a round of LDP refresh was imminent but actual timescales had yet to be announced. He asked localities to discuss local priorities but also to be aware of the wider Network issues as well.

A number of issues need addressing:

IOG action plans (including Children and Younger Adults and Skin which have yet to have a signed off action plan)

Actions arising from the peer review action plans

New drugs

Screening

Implementaton of LBC

Mr Fox informed the group of a recent meeting with the DH about PET scanning. There will be a mobile PET scanner available in Leeds from Summer 2006. This will be replaced with a fixed scanner when the new oncology wing opens. PET is being provided for cancer patients and it is anticipated there will be between 700 – 1000 scans in year one.

Mr Fox also reported that Cookridge was treating more patients than stated in current SLAs (Service Lead Agreements) PCT Commissioners asked if he could provide some future estimates of demand and expected workloads. Mr Fox agreed to provide some modelling data to PCTs.

ACTION: Mr Fox to provide models to PCTs

5. IOG

HEAD AND NECK

The action plan was agreed last month and circulated to all and the DH.

Support areas for the specialist MDTs will need investment discussions as part of the LDP refresh.

3 specialist MDTs at Bradford, Leeds and York (awaiting final DH approval).

Mr Tinkler reminded all Lead Managers to obtain the necessary signatures from their localities for the action plan and return them to the Network office.

ACTION: Lead Managers to submit signed forms by 1st December 2005

CHILDREN AND YOUNGER ADULTS CANCERS

The same action plan process is in place.

The Network Group contains members from YCN/HYCCN and CCA. All Trusts should be represented.

There will be an intra-Network action plan, it is anticipated that it will be led by the YCN

The national steering group has 3 members from Leeds.

The Network is awaiting clarity from the national Cancer Action Team on the approach to developing the Action plan.

SKIN

The key issues for the skin cancer guidance is the requirement of a 200,000 population for a local diagnostic MDT and 750,000 for a specialist MDT.

The local diagnostic team MDT also, for the first time, requires membership of the GPs with a specialist interest in skin cancer.

Mr Tinkler will keep everyone informed of the process once it becomes clearer.

6. Transition process for Commissioning 2006

The group discussed the ongoing changes within the commissioning process. Colleagues are continuing as normal until the new arrangements become clear. It was agreed to revisit this item at a future meeting.

Due to the ongoing changes it was highlighted that the LDP refresh needed to be as accurate and comprehensive as possible.

Cancer is still one of the 7 top priorities for the Department of Health and NHS.

Continuity is important and essential in this period of change.

Mr Tinkler reported on the proposal from WY SHA for all clinical networks to come together into an Agency type arrangement. There is a similar proposal for NEYNL SHA. This is a similar setup to South Yorkshire who have an organisation called NORCOM.

Mr Tinkler thanked the Commissioners for their excellent and ongoing commitment to supporting cancer services and their development in the Network.

7. Anticipated role of PbR on cancer and palliative care services

A discussion around the role of Payment by Results for palliative care services. Mr Tinkler reported that the piloting of PbR in palliative care was behind schedule. Peter Tebbitt from the National Council for Hospices and Specialist Palliative Care was leading the work. Mr Tinkler agreed to contact Mr Tebbitt to ask for an update on current progress.

The link to the DH publication for the palliative care sector:

http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Cancer/CancerGeneralInfo/fs/en?CONTENT_ID=4001753&chk=wIuTIC

Healthcare resource groups, Payment by Results; HM Treasury; cross cutting review (full cost recovery's was subsequently circulated.

ACTION: Mr Tinkler to ask Mr Tebbitt for an update on PbR in Palliative Care.

8. Bowel Screening Programme

Mr Tinkler gave an update on the recent developments concerning the bowel screening programme.

Airedale/Bradford and Mid Yorkshire have both submitted a bid to become local screening centres in the 1st wave. Hull have applied for the NEYNL SHA region.

On a national level there have been a large number of applications and funding is limited.

It is understood that successful centres will be notified after Christmas.

WY SHA has approached NEYNL SHA to form a single steering group for the region.

The decision on where the national hubs for distribution and co-ordination of the programme has yet to be made.

National funding is available for years 1 and 2 and should be included in PCT baselines from year 3 onwards.

9. Cancer Waiting Times

Mr Melling presented the latest CWT data to the group. Trust and PCT level information was presented.

Mr Tinkler and Ms Ferguson are meeting with all Lead Managers to discuss CWT.

One key area of work that requires agreement across the Network concerns intra-trust transfers.

Ms Bewley explained the current situation around intra-trust transfers to Leeds.

A proposal was made to introduce a generic form for referrals to Leeds and other specialist centres.

Agreement that the MDT would act as the point for transfer between diagnostic and specialist centres.

Discussion on how to send (fax or email) took place. Needs to be sent within 24hrs of the MDT decision to refer.

Patients should be referred by day 31 of the 62 day pathway.

A list of all fax/contact numbers for each MDT in each Trust is required.

Leeds will send a confirmation back to the sending Trust to acknowledge receipt of the referral.

Need to remember the group of patients who are referred to the specialist centre but end up not receiving treatment and are then referred back to the diagnostic MDT for actual first treatment.

ACTION: Produce protocols to support intra MDT referrals (actioned)

10. Herceptin

Mr Tinkler reported that the draft paper that was circulated with the agenda had been presented to the Network board and accepted. Martyn Pritchard (Chair of the Board) had also taken the paper to WYPCO for their approval. A request to clarify a few points had been received and these changes would be carried out.

Mr Tinkler also reported that the topic had been discussed at the YCN Breast NSSG a few hours ago and a position regarding the prescription of Herceptin in the YCN had been agreed.

The Network is now undertaking prospective Her2 testing for all breast cancers. A discussion followed around the practicalities of the testing process.

The guidance would be finalised and circulated to all.

Mr Tinkler suggested re-evaluation of the process in March to assess the impact of the policy.

11. Any Other Business

Wakefield raised the issue identifying the actual GP practice in the anonymous PCT cancer download. Mr Melling explained that a Change Request had been submitted to the national CWT user group. Unfortunately this request had been rejected as a change to the national database. This means local providers will have to continue providing details to PCTs of patients breaching the referral being received within 24hrs target.

Mr Melling presented a demonstration of the new YCN Cancer Event Server. He explained the background to the project and asked for assistance from the Trust Lead Cancer Managers in helping to organise locality launch events.

Mr Fox raised the issue of the recent demo of a patient information web portal by Tribal Healthcare.

12. Date/Time of Next Meeting

The date of the next meeting(s) will be circulated later.