

**Actions of the meeting held on
Friday 04 November 2011, 10:00**

Yorkshire Cancer Network

Lecture Room, Cookridge Suite, Level 7, Bexley Wing, St James's University Hospital

Present:

Mrs P Dyminski	Airedale NHS Foundation Trust
Dr C Bradley	Bradford Teaching Hospitals NHS Foundation Trust
Dr U Hofmann	Calderdale and Huddersfield NHS Foundation Trust
Ms L Fileccia	Leeds Teaching Hospitals NHS Trust
Dr F Hicks	
Dr R Turner (Chair)	
Dr M Hughes	Manorlands Hospice
Mr P Harding	NHS Calderdale, Kirklees and Wakefield District PCT Cluster
Mrs T Goldsbrough	York Teaching Hospital NHS Foundation Trust
Dr D King	
Mrs M Holland	Yorkshire Cancer Network

Apologies

Dr C Coyle, Dr C Hall, Dr D Scullion

1. Welcome and Apologies			
Log No	Action	Lead(s)	Deadline
14	R Turner welcomed the group and apologies were noted.	N/A	N/A
2. Action Log from the last meeting			
Log No	Action	Lead(s)	Deadline
15	<p>The action log from the last meeting was agreed as an accurate record.</p> <p>Update from log no. 4; Agreement of pathway monitoring/audit; R Turner informed the group that N Spencer had circulated 2 new risk codes (for routine whole spine and urgent MSCC spine) for flagging MSCC patients on the radiology information system such as 'CRIS'. The view was that the codes would act as a flag at the beginning of the diagnostic pathway.</p> <p>C Bradley suggested the date of receipt of the radiology test request could be a surrogate for recording the date of the diagnostic test.</p> <p>R Turner agreed to contact N Spencer to discuss the radiology datasets. LTHT have needed to produce some groupings for the 2 categories of patients. R Turner agreed to share LTHTs solution when available.</p> <p>When the group agree a common electronic dataset to capture the data. R Turner highlighted that he would be prepared to collate data from each Trust to monitor the link along the pathway between the radiology data and LTHTs radiotherapy data. The group agreed to identify the patients with 3 identifiable pieces of information; NHS number, date of birth and individual Trusts case note number. M Holland agreed to contact P Melling to enquire regarding creating an access database to capture the data.</p> <p>D King from YDFT view was that their radiology department could collect the timings.</p> <p>The analysis will be presented in a standard report to the Acute Oncology Leads and MSCC Leads.</p>	R Turner & M Holland	Update at the Next Meeting

3. Matters arising			
Log No	Action	Lead(s)	Deadline
16	<p>Agreement of pathway monitoring and audit - continued.</p> <p>The group agreed that the dominators for the audit need to be clarified and to make clear which categories of patients are not included in the audit. It was agreed that Trusts would take responsibility for ensuring departments understand the MRI booking process and that local operational policies should be in place.</p> <p>Functional outcome data:</p> <ul style="list-style-type: none"> - 30 day mortality - 3 months survival - 2 year outcome information with a consideration to record patient experience where available. <p>R Turner to define functional measures with the view to record on PPM.</p> <p>The role of primary care and Macmillan teams to be explored.</p> <p>R Turner asked that in this first iteration the following datasets should be collected:</p> <ul style="list-style-type: none"> - Date and time of when the radiologist has agreed to do the scan. - Date and time of the scan. <p>Trusts agreed to ensure that their MDT Co-ordinators are aware of the audit and to commence recording the above dominators as soon as possible.</p> <p>R Turner agreed to draft guidance notes to accompany the audit and to produce a report to understand patient numbers.</p>	R Turner & All Trust Representatives	Update at the Next Meeting
4. MSCC Patient Information Leaflet - update			
Log No	Action	Lead(s)	Deadline
17	<p>R Turner asked the group if they have encountered any problems after distributing the leaflet.</p> <p>R Turner informed the group that he had discussed the patient information leaflet at the YCN Lead Nurses meeting held on 12th October. It was agreed that educating MDTs is integral to the successful roll out of the pathway. It was discussed that this leaflet should only be given to the identified 'high risk' group of patients, and should always be given as part of a discussion with a Clinician or CNS.</p> <p>It was agreed at the Lead Nurses Group that R Turner would write to all NSSGs highlighting the Pathways, Patient Information Leaflet and which patients have been agreed as 'high risk'.</p> <p>R Turner has produced 3 presentations to help train appropriate staff in the delivery of the MSCC pathway accordingly. These presentations are available to download from the YCN website. M Holland highlighted that Macmillan have produced an interactive DVD.</p>	N/A	N/A

5. Access to MRI - Progress Update & Plans			
Log No	Action	Lead(s)	Deadline
18	<p>R Turner asked the group for updates:</p> <p>All Trusts are operational and have a 24 hour MRI service in place, however no change for HDFT and no plans are in place.</p> <p>R Turner informed the group that there is a MRI back up system. If a Trusts MRI service breakdown due to equipment failure or staff sickness, the requirement is that there needs to be agreement between the referring team and radiologist to carry out the MRI on their behalf.</p> <p>R Turner informed the group that due to the condition of some of the patients who have been referred, LTHT have a dedicated treatment area for scans. R Turner informed the group that the new guidelines for MSCC which LTHT are now working to state that patients with confirmed MSCC should receive an MRI within 24 hours, non compression MSCC should be scanned within 7 days and boney mets without any evidence of compression should be scanned between 7 - 14 days. If there is evidence to support that patients are not at risk treatment can take place between 7 and 14 days.</p>	N/A	N/A
6. Pathways and Documentation - any issues arising			
Log No	Action	Lead(s)	Deadline
19	<p>R Turner agreed to circulate the pathway and nursing documentation to the group for use.</p> <p>C Bradley asked if the documentation could be simplified as the flow charts currently are quite high level. P Dyminski informed the group that at ADFT they have simple to follow algorithm on one page. The group agreed that this would be useful to share.</p>	R Turner & P Dyminski	ASAP
7. Training Sessions - Update			
Log No	Action	Lead(s)	Deadline
20	<p>GP Engagement and Commissioning Input;</p> <p>R Turner informed the group that GPs hold training days approximately every 3 months. Up to 150 GPs attend these training days and the view is that at the session in April 2012 R Turner could present and raise awareness of MSCC.</p> <p>T Goldsbrough highlighted that they are meeting with interested GPs next week.</p> <p>U Hofmann agreed to discuss with their local GPs.</p>	N/A	N/A

8. MSCC referrals to LTHT - any issues			
Log No	Action	Lead(s)	Deadline
21	<p>R Turner asked the group if they have encountered any problems with MSCC referrals to LTHT. ADFT informed the group that they are having problems with transport, patients are waiting for hours to be taken back to ADFT after scans at LTHT.</p> <p>L Fileccia highlighted that EMS Transport are very prompt, P Dyminski agreed to explore for their patients.</p> <p>The group agreed that information needs to be clear on how urgent these patients need to be scanned on the transfer document. It was noted that inter hospital transfer process is not applicable to MSCC patients.</p> <p>R Turner agreed to explore why those patients were waiting longer than necessary.</p>	R Turner	ASAP
9. Video conferencing - any progress			
Log No	Action	Lead(s)	Deadline
22	R Turner informed the group that the non compressive surgical access clinic will be implemented shortly and will be held on a Friday morning. Access to the spinal surgeons for surgical opinion will be via video conferencing.	R Turner	Update When Available
10. AOB			
Log No	Action	Lead(s)	Deadline
23	R Turner asked the group their views regarding the groups future purpose. It was discussed that the group will be the forum to discuss the audits and MSCC pathway. Any current issues can be brought to the Acute Oncology Group.	N/A	N/A
11. Date of Next Meeting(s)			
Log No	Action	Lead(s)	Deadline
24	The group agreed to meet in approximately 6 months time. This meeting will be to discuss the data capture and to monitor the MSCC pathway.	N/A	N/A

Date of Next Meeting(s)

Friday 29th June 2012 10:00am
Seminar Room, First Floor, Paul Sykes Centre, SJUH