

YORKSHIRE CANCER NETWORK

Pancreatic Group

Minutes of the meeting held on
Tuesday 4th October 2005, 2.00pm
YCRN Meeting Room 1, Ida Nurses Home, Cookridge Hospital

Present:	Dr D Clements	Airedale NHS Trust
	Dr C Beckett	Bradford Teaching Hospitals NHS Foundation Trust
	Ms H Hey	
	Dr C Kay	
	Ms T Wilcox	Calderdale and Huddersfield NHS Trust
	Ms W Driver	
	Dr A Anthony (Chair)	Leeds Teaching Hospitals NHS Trust
	Dr M Denyer	
	Prof M McMahan	
	Mr R Prasad	
	Dr C Verbeke	Yorkshire Cancer Network
	Miss L Carroll	
	Mr P Melling	
	Ms F Stephenson	

1. Apologies for absence, welcome and introductions

Apologies were received from Mr J Ausobsky, Prof M Baker, Dr S Cheeseman, Prof M Seymour, Mr B Tinkler, Mr C White and Mr W Wong.

2. Terms of Reference

Miss Carroll tabled the draft ToR for the YCN Pancreatic Group. Dr Anthony explained that the IOG for pancreatic cancers (published 2001) recommends any Network with a population of 2 million (YCN has a population of 2.6 million) should have one specialist service for treating pancreatic cancer. From 2007 it is therefore anticipated that pancreatic specialist surgery will be centralised to the NOW. Dr Anthony emphasised the importance the group has clear objectives and suggested they concentrate on ensuring diagnostic, treatment and support pathways run smoothly. He acknowledged that some surgeons have concerns regarding the service for non-cancer pancreatic surgery.

3. Membership

The group agreed to meet three times a year and form sub-groups when necessary. Dr Anthony acknowledged the gaps in the membership noting that specific individuals may have to be approached to join the group as they concentrate on specific areas of work.

Prof Baker will attend this meeting in his capacity as the Lead Clinician for LTHT and Mr Sean Duffy who has been appointed as Lead Clinician for the YCN and commences his post on Monday 24th October 2005 will also attend.

4. Pancreatic cancer Service Development update

• Leeds HPB Team

The Leeds HPB team have been preparing for their Peer Review visit taking place on 10th, 11th and 12th October 2005. Ms Noreen Hawkshaw, Upper GI CNS commenced her post at the start of October 2005. Leeds and York have undertaken a video linked MDT conference for the first time. Mr Prasad said Mr Wong

would like someone from the Network to formally attend the MDT at York and also highlighted the need for IT support at York. Mr Melling agreed to look into this. Concerns were raised that the equipment in the pathology seminar room at St James University Hospital often does not work and the quality of the projection is very poor. Mr Melling agreed to look into this.

Dr Anthoney and Dr Prasad met with Louise Anderson, Service Improvement Facilitator to discuss undertaking work on process mapping. Dr Prasad highlighted that discussions on improving the referral of patients into hospital must take place between GPs and PCTs. He noted that currently 80% of pancreatic cancers are referred through A&E. An in-depth group discussion regarding the referral of cases to the specialist units followed. Mr Prasad emphasised the importance they ensure the patient referral pathway is streamlined.

Ms Stephenson highlighted that once the YCN pancreatic surgical work is transferred discussions with the H&YCCN regarding the transfer of their pancreatic cancer cases will then take place.

Although it is anticipated that all LTHT benign & malignant pancreatic work will be referred to the NOW, concerns were raised that not all the network benign work will be referred. A group discussion took place regarding the future structure of the specialist MDT and how PbR may impact on this area of work. Ms Stephenson suggested this is discussed further with Prof Baker in his role as Lead Clinician for LTHT.

Representatives from the YCN agreed to clarify if stent work is being undertaken at Harrogate & District NHS Foundation Trust. Mr Prasad informed the group that he has written to Harrogate regarding streamlining/formalising the referral of patients between Harrogate and Leeds. Ms Hey said it would be helpful if the case presentation order for the Leeds MDT could be clarified so colleagues could attend the part of the meeting relevant to them.

The group discussed the benefit (particularly for radiologists) of images being sent electronically prior to the MDT. Mr Melling reported that work is being undertaken by the Pathology Modernisation to look at the digital imaging of pathology slides.

ACTION: Mr Melling to look into IT support being provided at York and to give feedback to the relevant person regarding the quality of the equipment in pathology seminar room.

YCN representative to clarify if stent work is being undertaken at Harrogate & District NHS Trust

• West Yorkshire Upper GI & HPB MDT

Ms Hey announced that three Upper GI Nurse Specialists have been appointed in the West of West Yorkshire.

Mr Melling informed members of the YCN Cancer Server Project. He explained this is an interim solution pending the National Programme for IT (NPfIT). This server will enable health professionals involved in the care of a patient to view the patient's records regardless of geographical location. It is anticipated this will be launched by the end 2005.

An in depth discussion took place on the appropriate referral process for jaundice patients. It was highlighted that GPs in particular areas are not using the Upper GI fast track form and instead are sending these patients to A&E. Ms Stephenson suggested this is fed back to the PCT Clinical Leads.

Dr Kay highlighted that from end 2007 there will be a PACS installed at every organisation within West Yorkshire.

5. Clinical Guidelines

Miss Carroll agreed to re circulate the draft clinical guidelines.

ACTION: Miss Carroll to circulate the draft clinical guidelines

6. Diagnostic Process & referral pathways

The YCN meeting to discuss the development of upper GI referral guidelines for pancreatic, oesophageal and gastric cancers is taking place on Tuesday 18th October 2005 at The Holiday Inn, Bramhope.

7. Cancer Waiting Times

Mr Melling presented the latest CWT data noting that Trusts are now submitting Priority Tracking Lists (PTL) to the SHA on a weekly basis. Members discussed the work that is being undertaken within their organisation on the tracking of patient cases to ensure breaches are kept to a minimum. Mr Melling highlighted that a recent change in the way breaches are allocated would apply to 62 day patients beginning for patients treated in September. Where patients are seen in one Trust and treated in a different Trust the new report will share responsibility for meeting the target. If these patients breach the target then this will also be shared between the two organisations.

8. Peer Review

Ms Stephenson reported that the YCN Peer Review visit is taking place on the 20th and 21st October 2005. Pancreatic issues will be raised at the Upper GI section of the visit. The formal report will be circulated within six weeks of this visit for comments on factual errors prior to publication of the final report (two months after the visit). Dr Clements confirmed his apologies for this visit and suggested the YCN invite Mr Jon May.

ACTION: Miss Carroll to invite Mr May to the YCN Peer Review Visit.

9. Date and time of next meeting:

**Tuesday 7th February 2006, 2.30pm, YCRN Conference Suite, Ida Nurses Home,
Cookridge Hospital**