

YORKSHIRE CANCER NETWORK

Pathology Group

Minutes of the meeting held on
Wednesday 30th June 2004, 9.30am
Arthington House, Cookridge Hospital

Present:	Dr P DaCosta (Chair)	Airedale NHS Trust
	Dr G Thomas	Calderdale & Huddersfield NHS Trust
	Dr P Harnden Dr S Lane	Leeds Teaching Hospitals NHS Trust
	Dr A Anathhanam	Mid Yorkshire NHS Trust
	Dr A Andrew	York Hospitals NHS Trust
	Professor M Baker Miss H Lamb Mr B Tinkler	Yorkshire Cancer Network

1. Apologies

None received.

2. Minutes of the last meeting

These were agreed as being an accurate record.

3. Matters arising

- **Impact of Improving Outcomes Guidance on Histopathology**

Gynaecology

Professor Baker informed the group that he has reopened discussions on the future provision of specialist gynaecological oncology for the population served by Airedale, Bradford and Calderdale and Huddersfield Trusts.

Trusts were invited to submit expressions of interest by 26th June. Three proposals have been received from Bradford, Calderdale and Huddersfield and Leeds. Formal full proposals are expected by August (**revised date 30th September**). Presentations to a review panel, made up of Network representatives and external assessors will take place in September (**revised date 16th November**).

Professor Baker informed the group that all the investment in histopathology has gone to Leeds. If the surgery for Airedale, Bradford and Calderdale and Huddersfield goes outside Leeds the funding that has been committed to Leeds histopathology will not be removed. Therefore there are two options, to double invest or develop a network wide gynaecology pathology service.

Dr Harnden highlighted that there is still a vacant Leeds gynaecology post in pathology. Professor Baker explained that this is currently frozen pending the outcome of the process.

Colorectal

Professor Baker informed the group that the NICE colorectal revision guidance was published on 23rd June. There is no measurable impact for the Network.

Dr DaCosta highlighted that an inevitable impact is the need to collect good data and audit.

Upper GI

Professor Baker explained that there is funding in the current year for an upper GI histopathology post for the Bradford, Airedale and Calderdale and Huddersfield specialist team.

Head and Neck

The NICE guidance is currently out for first consultation. Professor Baker confirmed that thyroid cancer will not be centralised in Leeds. There is guidance about thyroid cancer being managed by a specialist thyroid MDT.

Professor Baker explained that the rare cancers will be included in the next series of guidance including child and adolescent (out for consultation in January), skin, brain and CNS and sarcoma.

• **Peer Review Update**

Professor Baker highlighted that the final version of the Manual of Cancer Quality Assessment expected in August.

The Network Group standards have heightened aspects such as the role of the chair, relationship with the board and production of guidelines.

Professor Baker confirmed that the Yorkshire Cancer Network (YCN) will be Peer Reviewed in September 2005. The Network will be reviewed on the measures to be published up until June 2005, including haematology and possibly the colorectal revision.

The first review, which will take place in January 2005, will be of the Yorkshire and Humber Coast Cancer Network and followed by the Cancer Care Alliance between March and May 2005.

A letter from Mike Richards will begin the formal process of the National Cancer Peer Review Programme 2004-2007. It will introduce the process and seek support from Chief Executives for reviewer recruitment.

Mr Tinkler explained that it has been agreed nationally that CQuINS, the Cancer Quality Information Network System will be used for the data management of Peer Review, which should be available in January 2005.

Mr Tinkler highlighted that the Chairs and Vice Chairs of the YCN site-specific groups have been invited to a meeting in July or September. The purpose of the meeting is to discuss the Quality Measures, the responsibilities of Network Chairs and the Peer Review Programme process.

Dr DaCosta tabled a summary of the draft quality measures relating to pathology, a group discussion followed.

Dr DaCosta was concerned about how to agree the Network wide standards for pathology guidelines for the diagnosis and assessment of cancer site addressing laboratory and histopathology/ histochemical assessment and their specific indications. A discussion followed and the group agreed that a broad framework for all the cancer sites would be sufficient, possibly using a generic template.

4. Liquid Based Cytology

Mr Tinkler informed the group that the Regional Government Office, with the support from Dr Keith Faulkner, Quality Assurance Reference Centre, have set up a group to support the introduction of Liquid Based Cytology (LBC). Each Strategic Health Authority has established an implementation group for LBC.

Mr Tinkler explained that he is the West Yorkshire SHA Lead for LBC.

A meeting of key stakeholders took place in March to discuss representation on the West Yorkshire LBC Implementation Group. The membership of the Implementation Group was agreed and they met on 2nd June 2004. There were two key decisions made at that group:

1. to provide representatives on the Zonal Group for the assessment of technology for LBC.
2. to support the view of introducing the age range change as soon as soon as feasibly possible.

The screening co-ordinators are meeting in mid July to decide the date of the age change range.

Mr Tinkler highlighted that he attended a meeting of the Zonal Group at which a paper was tabled for three of the SHA areas. The paper outlines the savings for PCT's based on the NICE Guidance and the implications and options of where the processes could be placed.

Mr Tinkler explained that the West Yorkshire Implementation Group will meet again on 12th July at which the above paper will be tabled.

Mr Tinkler has written a paper for the West Yorkshire Chief Executives Forum which outlines the background and progress of LBC to date.

Mr Tinkler explained that four of the five SHA's have agreed that the same equipment will be used across the four SHA's to ensure consistency of approach.

Action: Mr Tinkler to circulate the LBC paper to the group (paper to follow)

5. Pathology Modernisation

Mr Tinkler informed the group that he is the West Yorkshire SHA Pathology Modernisation Lead.

Mr Tinkler has produced a paper for the Chief Executives regarding Pathology Modernisation outlining the background, the key drivers and asking for support for the introduction of a project group to take forward Pathology Modernisation across WYSHA.

Mr Tinkler informed the group that he has had discussions with Dr Ian Barnes, National Lead for Pathology Modernisation.

Dr DaCosta asked what the effect of limited pathology capacity is having on cancer waiting times data. A discussion followed and Mr Tinkler suggested sharing the cancer waiting times data for 2003/2004 at the next meeting.

Mr Tinkler highlighted that as a Network the YCN are submitting the most data to the national database. Mr Tinkler congratulated all the teams for their hard work in obtaining the data.

**Action: Mr Tinkler to circulate the Pathology Modernisation paper to the group (paper to follow)
Cancer Waiting Times data 2003/2004 to be presented at the next meeting.**

6. Specialist Histopathology Networking

Professor Baker highlighted that specialist pathology networking is one of the areas in the Quality Measures which requires early attention. There is a need to increasingly systematise the flow of specimens across the network and be clear about purpose and reporting back and have a robust audit trail.

Dr Harnden confirmed that urology requires a lot of work.

Dr DaCosta explained that work is required to enable a smoother exchange process in the transfer of specimens across the Network. He informed the group that the Royal College of Pathologists have recently produced guidance regarding 'inter-departmental dispatch of samples from patients seen to another hospital or centre for assessment and/or treatment'. Dr DaCosta suggested bringing together the network and the college guidance and to agree the predication of cases.

7. Any Other Business

- **Funding of consultant posts**

Professor Baker explained that issues have arisen with Leeds Trust regarding cost improvement programmes and freezing of consultant and support posts, which in a number of cases have been funded through the specialist services levy. Professor Baker highlighted that there will be a clash of cultures regarding the funding of the posts.

A discussion followed.

- **Extended role of Specialist Biomedical Scientists**

Dr Harnden informed the group that there is much support for project work to take place on extended role specialist biomedical scientists in Leeds. Dr Harnden referred to the IBMS website which allows the individual to do distant learning in a module form. The individual would develop roles and modules to gain a qualification. The proposal being discussed locally was related specifically to urology.

A job description has been produced which has to be translated into the national competency framework, Ms A Watkins is taking this work forward.

Mr Tinkler explained that once Ms Watkins has completed this work a meeting will be arranged of the three specialist MDT representatives to discuss the different issues.

- **Gefitinib (Iressa) for non-small cell lung cancer**

Professor Baker highlighted that a small group of patients (5-10%) with non small cell lung cancer, have responded extraordinarily to the Gefitinib. A test is currently being trailed which reports to be able to identify this sub-group of patients. Professor Baker explained that Professor Quirke is obtaining the primers for the test; it may be helpful to have specimens from around the network.

Professor Baker highlighted that the drug is not licensed yet however there is a compassionate access scheme.

- **Membership of the group**

Professor Baker highlighted that there is currently no representative from Bradford and no attendance from the Harrogate representative.

Action: Dr DaCosta agreed to write to Harrogate and Bradford.

- **Sloane Project**

A summary of the Sloane Project was circulated with the agenda.

Dr Lane explained that roll-out is very slow this is in part due to the complexity of the forms and in part due to lack of a strategic lead by the screening units. Dr Lane explained that individuals could contact the trial co-ordinators at the Midlands address either to report individual cases or to obtain the relevant forms.

Date of next meeting

Wednesday 20th October 2004, 9.30am
Arthington House Conference Suite, Cookridge Hospital