

YORKSHIRE CANCER NETWORK

Pathology Group

Minutes of the meeting held on
Wednesday 20th October 2004, 9.30am
Arthington House, Cookridge Hospital

Present:	Dr P DaCosta (Chair)	Airedale NHS Trust
	Dr D Gouldesbrough	Bradford Teaching Hospitals NHS Trust
	Dr G Thomas	Calderdale & Huddersfield NHS Trust
	Dr C Gray	Harrogate Health Care NHS Trust
	Dr S Lane	Leeds Teaching Hospitals NHS Trust
	Dr A Anathanam	Mid Yorkshire NHS Trust
	Dr A Andrew	York Hospitals NHS Trust
	Mr P Melling Mrs H Ryan	Yorkshire Cancer Network

1. Apologies

Professor M Baker and Mr B Tinkler.

2. Minutes of the last meeting

These were agreed as being an accurate record.

Dr Gray queried if kidney and bladder cases would be concentrated in the cancer centre. Dr DaCosta highlighted that if the NICE Guidance is implemented high risk kidney cases and radical surgery for bladder cancer will be centralised.

Dr Gouldesbrough referred to the Impact of Improving Outcomes Guidance on Histopathology for Gynaecology and queried if the funding for the gynaecology pathology post would be made available to the Trust at which the Gynaecology service is centralised. Dr DaCosta highlighted that this was agreed at the time but he was unsure if progress had been made.

Dr Gouldesbrough asked if there was still funding at Bradford for whole time equivalent histopathologist and radiologist for Upper GI Cancer. Dr DaCosta explained that clarification would be required from Professor Baker.

Matters arising

• Membership of the Group

Dr DaCosta explained that the Quality Measures for Cancer Peer Review require a named individual to act as a pathology lead for each cancer site. Dr DaCosta had circulated a Network Lead Pathologist Form electronically to the group for completion.

Dr DaCosta explained that he would continue as Chair of the group to see through Cancer Peer Review; however a Vice Chair should be elected to share some of the work. The group was unclear if the Vice Chair would automatically become the next Chair.

Dr DaCosta explained that to meet the Quality Measures the membership of the group would have to expand to include a User representative and a Hospital Manager.

Obtaining User representation on all YCN groups would be difficult and the group agreed that any user issues discussed by the pathology group could be sent to the YCN User Partnership group for ratification.

Action: All to send completed lead pathologist forms to Dr DaCosta and include email addresses.

Dr DaCosta to write to the group requesting nominations for Vice Chair.

3. Liquid Based Cytology (LBC)

Mr Melling informed the group that the Regional Government Office has carried out site visits to Edinburgh and Newcastle to look at the technology for LBC. A Sheffield economic group are currently looking at the financial criteria for both technologies.

A project manager for LBC will start in November; they will work with stakeholders to look at LBC implementation once a decision has been made regarding the technology. Implementation will occur after the teaching schools have completed the induction and training.

Dr DaCosta reminded the group that Mr Tinkler has highlighted to PCT's the financial implications of introducing LBC.

Dr Lane explained that there has been discussion at the college regarding the examination system and training required.

4. Peer Review Update

Mr Melling tabled the schedules for Peer Review and explained the order of Trusts in the Network to be Peer Reviewed.

Dr DaCosta confirmed that the Network is expected to receive notification of Phase I and II Measures in March 2005, followed by self assessment (by June), pre visits and training of reviewers, with the visits taking place in September and October 2005.

Mr Melling highlighted that CQuINS, the Cancer Quality Information Network System will be used for data management of the National Cancer Peer Review Programme 2004-2007 to avoid the huge amount of paper work that was generated in the last round of Peer Review.

The Quality Measures relating to Pathology was circulated to the group with the agenda. Dr DaCosta explained the Measures to the group.

Dr DaCosta referred to measure 1A-323 which requires the group to produce terms of reference. Dr DaCosta proposed that draft terms of reference should be produced to reflect the Quality Measures. It was agreed that discussion is required regarding the wording of clinical governance in the terms of reference.

Dr DaCosta explained that there are a number of Quality Measures that relate to the functions and working of the Network Pathology Group including the production of a work programme and annual report, updating or producing Pathology guidelines linked to clinical and follow-up guidelines and carrying out Network audit.

Mr Melling highlighted that the work programme and annual report are common measures for all the Network groups and work is ongoing to produce standardised templates.

Dr DaCosta had produced a template for Network pathology guidelines for the diagnosis and assessment of the (various) cancer sites, circulated with the agenda. Dr DaCosta asked the group for comments and a discussion followed.

It was noted that although based on national (Royal College of Pathologists) guidelines, additional information would be required by local teams. The guidelines will allow certain clinical issues to be modified to reflect network and local practice.

The group agreed to include the relevant Royal College MDS in the document and include the local variations.

Dr DaCosta highlighted that the pathology guidelines need to be in place for a number of cancer sites by early 2005. Individuals would be asked to draft the first version of the guidelines and a mechanism would need to be established for consultation with the relevant pathologists throughout the network. It was therefore important to identify the Lead Pathologists for each cancer site in each Trust. Once the Pathology group had agreed the documents they would be sent to the Network site-specific groups for ratification and implementation by the Network locality and specialist teams.

Dr DaCosta informed the group that Dr Merchant is leading for Skin Cancer and the skin pathology guidelines have already been circulated to the YCN Skin Cancer Group for comment.

The group suggested the following colleagues to lead on the site specific cancer guidelines:

Dr Lane- Breast

Dr Andrew and Dr Wilkinson - Gynaecology

Dr L Davidson - Lung

Dr R Calvert - Upper GI.

Dr N Scott - Lower GI.

Dr P Harnden - Urology.

Dr Gouldsbrough – Head and Neck

The group agreed that where guidelines already exist they should be translated into the new format and updated as necessary.

Dr DaCosta highlighted that the Haematology Pathology Guidelines would be the responsibility of the Haematology Group. If there were any histopathology issues these should be discussed at the Network Pathology Group.

Dr DaCosta asked the group if the draft section regarding audit, which was circulated to the group, should be incorporated into the guidelines template. The group agreed that this would be helpful.

Action: Dr DaCosta to write to identified pathologists to draft the relevant guidelines for their cancer site.

5. Diagnostics Strategy

Mr Melling highlighted that Ms D Stephenson has been appointed as Programme Director for the West Yorkshire Strategic Health Authority to develop the diagnostics strategy.

A diagnostics event will take place on Friday 5th November at the Cedar Court Hotel, Wakefield.

6. Cancer Waiting Times

Mr Melling gave a presentation on Cancer Waiting Times for all Cancer Sites to the group.

Data for urgent referral to first seen (14 days), decision to treat to treatment (31 days) and urgent referral to treatment for several tumour sites was presented.

Mr Melling was thanked for his presentation.

Action: Presentation to be circulated with minutes.

7. Any Other Business

None.

8. Dates for 2005

Date	Time	Venue
Wednesday 19 th January	9.30am	Arthington House Conference Suite, Cookridge Hospital
Wednesday 18 th May	9.30am	Arthington House Conference Suite, Cookridge Hospital
Wednesday 7 th September	9.30am	Arthington House Conference Suite, Cookridge Hospital