

YORKSHIRE CANCER NETWORK Pathology Group

Minutes of the meeting held on
Wednesday 19th January, 9.30am
Arthington House, Cookridge Hospital

Present:	Dr P DaCosta (Chair)	Airedale NHS Trust
	Dr D Gouldesbrough	Bradford Teaching Hospitals NHS Foundation Trust
	Dr C Gray	Harrogate and District NHS Foundation 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
	Mr P Melling Mrs H Ryan Mr B Tinkler	Yorkshire Cancer Network

1. Apologies

Professor M Baker and Professor P Quirke.

2. Minutes of the last meeting

Were agreed as being an accurate record.

3. Matters arising

• Vice Chair

Dr DaCosta highlighted that he had received one nomination for Dr Sally Lane. The group supported the nomination and Dr Lane was appointed as vice chair of the group.

• Membership of the Group

Dr DaCosta explained that for Peer Review the group needs to agree a hospital manager with responsibility for a hospital pathology department and user representation on the group (1A-322). Mr Karl Jevons was suggested as the hospital manager representative.

It was noted that there is an agreed mechanism for obtaining user advice, by exchange of minutes and direct discussion between Chairs of the Pathology Group and User Group, facilitated by the Network Lead Team. A user representative would be welcome to attend any meeting, particularly when matters of mutual relevance are being discussed.

The group discussed communication of the YCN Pathology Group documentation to histopathologists of all Trusts. It was agreed that the YCN Pathology Group minutes would be circulated to all participating histopathologists in the Network. Members were asked to inform Ms Ryan of Trust histopathologist's emails.

Action: Dr DaCosta to contact Mr K Jevons.

All to forward individual Trust histopathologists email addresses to Ms Ryan by end of January.

- **Lead Cancer Pathologists for Each Service**

Dr DaCosta informed the group that for Peer Review the group are required to identify a single lead clinician for each cancer pathology service in the Network (1A-321). The individual should be a consultant pathologist actively involved in cancer pathology services besides their duties as a lead clinician. The individual does not need to be the same individual as the representative on the Network Pathology Group.

Each Trust lead clinician for cancer pathology was confirmed apart from Leeds and Bradford.

Action: Dr Lane and Dr Gouldsbrough to verify the lead clinician for Leeds and Bradford.

4. Liquid Based Cytology (LBC)

Mr Tinkler highlighted that the Regional Government Office Project Group recommended the Surepath system as part of the implementation of LBC. This view was endorsed by the WYSHA Cytology Implementation Group.

It has been agreed that for West Yorkshire cytology laboratories of Calderdale and Huddersfield NHS Trust, Leeds Teaching Hospitals NHS Trust and Mid Yorkshire Hospitals NHS Trust each have one processor. The option is to be reviewed when implemented to ensure that an effective and efficient service is being provided.

For North Yorkshire discussions are taking place, it is likely that York and Hull will have one processor each.

Mr Tinkler explained that Ms Zoe Marshall, LBC Project Manager will be working with screening colleagues to produce an implementation timetable so that training of smear takers and screeners is co-ordinated across the health communities and LBC can be introduced in a phased way to ensure service continuity. A training sub-committee has been established to support this process.

Mr Tinkler explained that the staff at Northern and Yorkshire Training Cytology School will need to be trained in the first instance to be able to subsequently train staff throughout the area, on that basis the first community to convert to LBC will be that served by the Morley Laboratory of Airedale, Bradford and Leeds.

Mr Tinkler had met with West Yorkshire Commissioning Group and it was agreed that through the Local Delivery Planning process they would make accommodation for the additional costs associated with LBC. For 2005/06 it would be an anticipated half year sum and then subsequently the full year sum, dependent on when the conversions take place.

Mr Tinkler informed the group that the age range change would be implemented from 1st January.

5. Network Pathology Guidelines

Draft site specific pathology guidelines were produced by nominated individuals from the pathology group and sent to the identified site specific lead pathologists in each Trust to circulate for comment.

The group discussed the breast, lung, colorectal, upper GI, urology, gynaecology and skin cancer pathology guidance. The final version of each guidance was agreed.

Dr Gouldsbrough agreed to draft the Head and Neck Pathology Guidelines to reflect the recently issued Improving Outcomes Guidance and the Royal College Guidance update.

Dr DaCosta tabled the pancreas and biliary guidelines and asked members to circulate it to relevant locality colleagues for comment by the end of January, following which he would take Chairman's action to approve it on behalf of the group.

Mr Tinkler highlighted that a review date should be added to each of the guidelines.

Dr DaCosta thanked the group for their work on the guidelines.

It was agreed that the guidelines would be signed off by the Chairs of the Network site specific groups and Lead Clinicians of the MDT. Where possible, if a group meets before May the guidelines would be discussed at the group meeting otherwise they would be circulated by email.

Action: All to circulate pancreas and biliary guidelines to relevant colleagues for comments by the end of January.

Dr Gouldsbrough to draft the Head and Neck Pathology Guidelines for discussion at the next meeting.

Ms Ryan to circulate pathology guidelines to NSSG Chairs for signing.

Pathology Guidelines to be uploaded onto YCN website.

6. Peer Review Update

- **Timetable**

Dr DaCosta highlighted that from February the Yorkshire Cancer Network and the Trusts will carry out self assessment against the Quality Measures. Evidence will be uploaded onto CQuINS. The North Zone Cancer Peer Review Team will undertake pre visits in May and formal Peer Review visits will take place in September and October.

Dr DaCosta confirmed that the Peer Review process will be a formal partner with the Healthcare Commission and feed into Trust star ratings.

Action: Ms Ryan to circulate Peer Review timetable with the minutes.

- **Terms of Reference for the Network Pathology Group**

The group discussed the terms of reference which were circulated to the group before the meeting. The group and the Chair accepted the guidelines with the agreed amendments.

Action: Dr DaCosta to amend the Terms of Reference in light of the discussion.

Ms Ryan to circulate the final version with the minutes.

- **List of Pathology Services, Localities and MDTs Served**

Dr DaCosta explained that the Pathology Group must agree named cancer pathology services within the network (1A-320).

The group was asked to complete the list of pathology services, localities and MDT's served for their Trust.

Action: All to return completed form to Ms Ryan by the end of January.

- **Draft Annual Report 2004- 05**

A draft was circulated to the group prior to the meeting. Dr DaCosta asked for comments by 21st January.

Action: Comments to Dr DaCosta by Friday 21st January.

- **Draft Work Plan 2005- 06**

The Pathology Group draft work programme was circulated to the group with the agenda.

Dr DaCosta agreed to translate the work programme into the Network template for Peer Review.

Action: Dr DaCosta to translate work programme into Network template.

Mr Tinkler informed the group that the Network is arranging a Peer Review Sharing Practice Event on Friday 18th February 2005 aimed at all those involved in the forthcoming Peer Review process. Colleagues from Humber and Yorkshire Coast Cancer Network have been invited to share their experiences.

7. Draft Revised Network Guidelines for Referral of Pathology

Draft revised Network Guidelines for Referral of Pathology was circulated to the group with the agenda.

Dr DaCosta highlighted that as a requirement of Peer Review the Network Pathology Group must have an agreed policy for the referral of specimens outside the local pathology service (1E-405).

A discussion followed. The group accepted the document once the relevant amendments had been made.

Action: Dr DaCosta to amend referral guidelines in light of the discussion.

8. Pathology Modernisation

Mr Tinkler informed the group that he has been appointed as Pathology Modernisation Lead for West Yorkshire Strategic Health Authority (WYSHA). As part of a wider diagnostic strategy for WYSHA there have been a series of stakeholder meetings to agree a diagnostic strategy to include endoscopy, imaging, pathology and physiological measurement.

A Pathology Modernisation Meeting took place on 11th January which was well attended by representatives from WYSHA and North and East Yorkshire and North Lincolnshire Strategic Health Authority. At the meeting it was agreed that there should be a Pathology Forum with a Pathology Project Group to look at the implementation of the national drive and requirements. Terms of reference for the group were agreed and Mr Tinkler agreed to produce a draft Pathology Modernisation Strategy for discussion and subsequent agreement.

Mr Tinkler highlighted that he will be visiting colleagues in the North West where a pathology network model is already in place.

Mr Tinkler explained that WYSHA received £484,000 for capital funds. These funds will be available to support an agreed WYSHA wide pathology modernisation strategy. In the first of the national pathology newsletters there was an announcement of £381,000 for rarer pathology.

9. Any Other Business

• Cancer Waiting Times Information

Mr Melling circulated the most recent Cancer Waiting Times data to the group prior to the meeting. Mr Melling explained the data to the group.

Mr Tinkler explained that nationally it has been agreed that the achievement of the 31 and 62 days targets for cancer by December is a national priority and letters have been sent to Chief Executives to emphasise this. There is a national steering group who are reviewing achievement of providers on a monthly basis rather than on a quarterly basis.

Trusts have been asked to identify an Executive Director to act as a key point of contact and Trust 'champion' for achieving cancer waits. There is a national conference on 7th February 2005 that will provide an opportunity for Chief Executives, Cancer Leads and Board level staff to discuss national, local progress and actions for delivery.

Dr DaCosta referred to ascertainment of data and the Quality Measure relating to Cancer Registry data and MDT's. Mr Melling confirmed that he is currently talking to the Zonal Team regarding the meaning of this Quality Measure.

Mr Melling informed the group that the next phase of implementation of the national cancer dataset would be the cancer registry dataset and a data set change notice (DSCN) is expected this year.

- **Data Transfer of Gynaecological Cancer**

Dr DaCosta explained that Dr Wilkinson had queried the feasibility of web based cervical and endometrial proforma's for completion by individuals at Trusts across the Network.

Mr Melling explained that it is technically possible but not in the NHS as there are too many security and confidentiality issues. There are other methods for sharing data, cancer waiting times data is shared between organisations and this dataset will be extended to include core sets of diagnostic tests.

Mr Melling suggested discussing the issue with Mr M Waugh to address how to get the pathology datasets onto PPM.

- **Urological Pathology**

Dr Harnden informed the group that a meeting took place in December to discuss the centralisation of major pelvic surgery from York and Harrogate to Leeds. At the meeting it was agreed that major resections would remain in Leeds.

Dr Harnden highlighted that she has been trying to progress the extended role BMS for urological pathology. The role has been approved by the Royal College of Pathologists and the IBMS. The biggest drawback is getting the role to fit into Agenda for Change and getting it through Leeds Teaching Hospitals NHS Trust.

Action: Ms Ryan to arrange a meeting between Mr Tinkler, Ms Ferguson, Dr Harnden and Ms Watkins to discuss the extended role BMS.

10. Date of Next Meeting

Wednesday 18th May 2005, 9.30am (Venue to be confirmed).