

YORKSHIRE CANCER NETWORK Pathology Group

Minutes of the meeting held on
Wednesday 18th May 2005, 9.30am
Room 1, YCRN Conference Suite, Cookridge Hospital

Present:	Dr P DaCosta (Chair)	Airedale NHS Trust
	Dr V Dabbagh	Bradford Teaching Hospitals NHS Foundation Trust
	Dr A Gledhill	Harrogate and District NHS Foundation Trust
	Dr S Lane Dr N Wilkinson	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	Yorkshire Cancer Network

1. Apologies

Professor M Baker, Professor P Quirke and Mr B Tinkler.

2. Minutes of the last meeting

Were agreed as being an accurate record.

3. Matters arising

• Extended Role BMS for Urological Pathology

Dr DaCosta explained that the Network was considering support of the extended roles for BMS's who would be able to work across Trusts and provide support for pathologists on a Network basis. Urology would be used as a pilot. The group was unsure of the progress made.

4. Liquid Based Cytology

Dr DaCosta highlighted that the implementation plan is underway. The Morley laboratory is now training and working in ongoing with PCT's to train smear takers.

5. Network Pathology Guidelines Update

Dr DaCosta confirmed that since the last meeting the NSSG guidelines have been circulated to MDT Lead Clinicians, NSSG Chairs and Board Chair for sign-off. The guidelines for the referral of specimens outside the local pathology service have also been circulated for signature to the Trust cancer lead pathologists.

It was noted that the guidelines are available on the YCN website www.ycn.nhs.uk and on CQUINS (www.cquins.nhs.uk).

Dr DaCosta mentioned that at the last meeting Dr Gouldesbrough had agreed to produce the Head and Neck Pathology Guidelines; however he was unsure what progress had been made. Dr Dabbagh agreed to follow these up.

Action: Dr Dabbagh to find out progress of the Head and Neck Guidelines.

6. Peer Review Update

Mr Melling explained that the self assessment deadline for uploading evidence onto CQuINS is 27th May 2005. An evidence validation visit to each trust across the Network will then take place in June. Pre-visit will take place in June and July followed by formal visits in September/ October 2005.

- **1A-320 Cancer Pathology Services in the Network**

A document listing the cancer pathology services in the Network and MDTs covered was circulated with the agenda for ratification. A discussion followed.

Action: Ms Ryan to amend document in light of discussion, upload onto CQuINS and circulate for signature.

- **1A-321 Terms of Reference, 1E-404 Annual Report, 1E-403 Work Programme**

The YCN Pathology Group terms of reference, annual report and work programme were circulated with the agenda for information.

- **1A-406 Consistency of Second Opinion to Histopathologist**

Dr DaCosta explained that within the Network there is no panel type review of any specific case, therefore the group agreed that the above Quality Measure was not applicable to the Network group.

7. Staffing Update

The following vacancies were noted:

Trust	Vacancy
Airedale	0
Bradford	1 Upper GI (new post) 1 other (business case revised)
Calderdale and Huddersfield	2
Harrogate	0.5 (new post)
Leeds	1 Urology (SJUH) 1 Gynaecology (SJUH)
Mid Yorkshire	2
York	1 (new post) (included in LDP)

8. Referral Cases for Diagnostic Review

- **Feedback**

Dr DaCosta highlighted the continued problem of receiving feedback from reviewing pathologists in some specialities. He explained that it is important to feedback to the referring pathologist especially when the diagnosis has changed. A discussion followed.

Dr Wilkinson highlighted that a gynaecology pathology meeting is scheduled for 10th June for gynaecology pathologists from across the Network to look at improving pathways and a process for data capture which would support clinical care and audit.

Mr Melling informed the group of the Network Data Server Project, a single central computer database which would take data from every Trust and make it accessible to clinicians at hospital Trusts and Primary Care Trusts across the Network. The aim of the system is to improve the data transfer process and improve communication between the Centre and the Units. The project should be complete in 6 months.

The group discussed the difficulty in the collection of Royal College of Radiologists MDS. Mr Melling suggested piloting one of the site specific pathology MDS with the Network Server. The group agreed to pilot the endometrial pathology MDS.

Action: Mr Melling to take pilot forward.

- **Safe Transfer of Specimens**

It was noted that a number of problems have been encountered in the Network with the transfer of specimens. The group suggested reminding colleagues about good practice to minimise the risk of damage or loss and to produce guidelines for the safe transfer of specimens.

9. Pathology Modernisation

Dr DaCosta explained that the National Pathology Modernisation Guidance came out in February 2004. This year, more funding for Pathology Modernisation has been made available by the Department of Health to the SHA's. Due to the 18 week target, SHAs have reviewed diagnostic capacity, and are keen for the Pathology Modernisation agenda to be moved forward.

There is a Pathology Modernisation Group within West Yorkshire and an equivalent in North Yorkshire. A WYSHA Pathology Modernisation Workshop will take place on 24th May 2005 to identify the key issues for individual localities.

Dr DaCosta explained that a Pathology Modernisation Strategy for West Yorkshire SHA has been written by Mr Tinkler.

Dr DaCosta asked the group for ideas to take forward pathology modernisation. Advanced practitioner/extended role, Network working e.g. protocols, training and education and information systems were suggested. Dr DaCosta encouraged members to link with their trust representatives on the Pathology Modernisation Group.

Action: Ms Ryan to circulate WYSHA Pathology Modernisation Strategy to group.

10. An Other Business

- **Cancer Waiting Times**

Mr Melling had circulated the latest cancer waiting times data to the group via email, which included a selection of the data available for the full year 2004/5. Mr Melling explained the data to the group.

Mr Melling highlighted that the problem areas include the 62 day waits for colorectal and urological cancer. Work is ongoing to improve these waits.

Mr Melling informed members of a new project that is collaboration between NYCRIS and local cancer information teams. This is a detailed case matching exercise between cancer registry and cancer waiting times data to help improve data completeness and quality. Unmatched patients and tumours have been returned to local teams for more detailed case note investigation. This work is continuing.

11. Date of Next Meeting

Wednesday 7th September 2005, 9.30am
Room 1, YCRN Conference Suite, Ida Nurses Home, Cookridge Hospital.