

YORKSHIRE CANCER NETWORK Pathology Group

Minutes of the meeting held on
Wednesday 7th September, 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 S Lane Leeds Teaching Hospitals NHS Trust
Mr P Melling Yorkshire Cancer Network
Mrs H Ryan
Mr B Tinkler

1. Apologies

Professor M Baker and Dr A Andrew.

2. Minutes of the last meeting

Were agreed as being an accurate record.

3. Matters arising

• Head and Neck Pathology Guidelines Update

Dr Dabbagh informed the group that Dr Gouldesbrough is in the process of writing the YCN Head and Neck Pathology Guidelines.

Mr Tinkler highlighted that he had circulated the first draft of the YCN Head and Neck IOG Action Plan, comments have been received from most Trusts. An extraordinary YCN Head and Neck meeting will take place on 23rd September to agree the finalised Action Plan for subsequent acceptance at the Management Board and submission to the Department of Health.

Mr Tinkler explained that the Network will be identifying three specialist MDT's at Bradford, Leeds and York.

• Staffing Update

The following vacancies and proposed new posts were noted:

Trust	Vacancy
Airedale	0
Bradford	1 Upper GI (new post) 1 other (business case revised – urology slant)
Calderdale and Huddersfield	3
Harrogate	0.5 (new post)
Leeds	1 Urology (SJUH) 1 Gynaecology (SJUH) Sessions to cover lung pathology work transferred from Bradford
Mid Yorkshire	2
York	1 (new post) (included in LDP)

4. Liquid Based Cytology (LBC)

The finalised LBC implementation timetable was tabled for information.

Mr Tinkler confirmed that Leeds Training School have completed their training. PCT's across West Yorkshire are at different stages of smear taker training; Airedale and Bradford PCT completed training in April, Leeds PCT's have undergone conversion and Calderdale and Huddersfield South PCT will convert in November.

An LBC Sharing and Learning Event took place on 21st July 2005 which included delegates from County Durham and Tees Valley, North and East Yorkshire and North Lincolnshire, Northumberland, Tyne and Wear, South Yorkshire and West Yorkshire.

It was noted that the local approach of WYSHA to LBC has been very beneficial.

5. Peer Review Update

Dr DaCosta explained that all the evidence for Peer Review has now been uploaded onto CQuINS.

Dr DaCosta confirmed that a briefing meeting to prepare for the Network Peer Review visit on 20th and 21st October would follow this meeting.

Mr Tinkler explained that the Peer Review process provides an opportunity for organisations to promote good practice. The reviewers are encouraged to ask teams for examples and the final reports contain a summary of good practice within the Network and localities.

Dr DaCosta highlighted that the Network Peer Review report, which includes reports from the localities will be published following the Network visit.

It was noted that the draft Head and Neck Peer Review Quality Measures have been issued for consultation. The measures can be downloaded from CQuINS (www.cquins.nhs.uk)

6. Pathology Modernisation

Mr Tinkler informed that at the WYSHA Pathology Modernisation meeting in July it was agreed to form a number of workgroups to take forward work on demand management/ information management, digital imaging, point of care testing and workforce. Meetings of these workgroups are currently being arranged throughout September and October. The groups will report back at the main meeting on 22nd November.

Mr Tinkler confirmed that a new national pathology modernisation document will be launched on 8th or 9th September.

There was a query regarding the funding associated with Pathology Modernisation. Mr Tinkler explained that WYSHA received around £950,000 of capital funds, which will be available to support an agreed WYSHA wide Pathology Modernisation Strategy.

7. Cancer Waiting Times

Mr Melling had circulated the latest Cancer Waiting Times data to the group with the agenda. Mr Melling explained the data to the group. It was noted that the 31 and 62 day targets will become live from October 2005 (for those patients referred urgently) and in December 2005 (for those patients who are treated).

Mr Melling confirmed that breaches of target will be the responsibility of the PCT, referring hospital and treating hospital.

Mr Tinkler highlighted that the NICE Referral Guidelines for Suspected Cancer is now available on the NICE website at <http://www.nice.org.uk/page.aspx?o=261649>.

8. Draft NICE Skin Improving Outcomes Guidance

Mr Tinkler explained that consultation on the final draft of the NICE guidance was 26th July – 6th September. The expected date of issue of the final version is January 2005.

Mr Tinkler highlighted some key issues associated with the guidance. For the first time GPs with special interests in dermatology must be part of the local diagnostic multidisciplinary team. The guidance has introduced the concept of both the local diagnostic team serving a minimum population of 200,000 and a specialist MDT serving a minimum population 750,000. There were significant resource implications for pathology. This will be discussed further by the Skin Cancer network group, chaired by Dr Will Merchant.

9. Any Other Business

• NHS Bowel Cancer Screening Programme (BCSP)

Mr Tinkler confirmed that the national BCSP format has been published. For all 60 to 69 year olds there is a 3 year implementation roll-out period with the first wave starting in April 2006. Mr Tinkler is leading the programme on behalf of WYSHA.

The Department of Health is encouraging Spearhead PCTs to apply in the first wave, especially those within close proximity to one of the National Endoscopy Training Centres. Initial expressions of interest must be made by the SHA in writing to the Director of the NHS Cancer Screening Programme by 2nd September, with a worked bid to be developed by 14th October 2005.

Nationally bowel cancer screening will be organised around five programme hubs providing Faecal Occult Blood (FOB). The hubs will be associated with around twenty screening centres providing colonoscopy services for people with positive FOB. The Department of Health has been encouraging Spearhead PCTs to apply in the first wave, especially those within close geographical proximity to one of the National Endoscopy training centres. For West Yorkshire SHA this includes Airedale PCT, Bradford PCT's and Wakefield PCT's.

Mr Tinkler informed the group of the Global Rating Scheme for endoscopy units and re-validation of colonoscopists.

• YCN Server Project

A paper describing the Yorkshire Cancer Network Cancer Event Server was circulated with the agenda for information.

Mr Melling confirmed that following the discussions at the last meeting a pilot took place of the endometrial pathology MDS. The MDS has been developed and will be implemented with the rollout of access to the YCN server.

• Chair and Vice Chair

Dr DaCosta confirmed that Dr Sally Lane would take over as Chair of the YCN Pathology Group at the next meeting. It was agreed to nominate a Vice Chair at the next meeting.

Action: Vice Chair to be agreed at next meeting.

10. Dates of 2005 Meetings

Date	Time	Venue
Wednesday 11 th Jan 2006	9.30am	Room 1, YCRN Conference Suite, Cookridge Hospital
Wednesday 10 th May 2006	9.30am	Room 1, YCRN Conference Suite, Cookridge Hospital
Wednesday 13 th September 2006	9.30am	Room 1, YCRN Conference Suite, Cookridge Hospital