

YORKSHIRE CANCER NETWORK

Pathology Group

Minutes of the meeting held on
Wednesday 10th May, 9.30am
Room 1, YCRN Conference Suite, Cookridge Hospital

Present:	Dr V Dabbagh	Bradford Teaching Hospitals NHS Foundation Trust
	Dr A Gledhill	Harrogate and District NHS Foundation Trust
	Dr S Lane (Chair)	Leeds Teaching Hospitals NHS Trust
	Dr A Andrew	York Hospitals NHS Trust
	Ms P Atha	Yorkshire Cancer Network
	Mr P Melling	
	Mr B Tinkler	

1. Apologies

Apologies were received from Dr A Anathhanam & Dr P DaCosta.

2. Minutes of the last meeting

The minutes were agreed as an accurate record.

3. Matters arising

• NHS Bowel Cancer Screening Programme (BCSP)

Mr Tinkler stated that the first wave of Bowel Screening Centres has recently been announced. The first wave are spearhead PCT's and regional training centres for endoscopy. In the North & East Yorkshire & North Lincolnshire Health Authority (NEYNL SHA), Hull has been accepted. Two proposals were submitted from the West Yorkshire Strategic Health Authority (WYSHA): a combined Airedale & Bradford centre and one in Mid Yorkshire of which neither were accepted. Airedale & Bradford are on first reserve and their proposal may be accepted, subject to further criteria being met.

The Bowel Screening Centres will be responsible for colonoscopies only. The call & recall will be carried out by one of the 5 Hubs. The Hubs are based on Connecting for Health communities. A brief outline of the process was provided.

The BCSP is a 3-year national roll-out programme and the SHAs will each establish a Project Board to manage the process. Mr Tinkler will lead for WYSHA and Liz Henley at NEYNL SHA. There will be a joint Project Board with NEYNL. Dr Lane asked that the YCN Pathology Group be included in the circulation of any related information.

The WYSHA Endoscopy Lead is Adrian Manning (adrian.manning@bradfordhospitals.nhs.uk) at Bradford Royal Infirmary and Rachael Hodson (rachel.hodson@hey.nhs.uk) at Hull & East Yorkshire Hospitals NHS Trust.

It was agreed to invite Dr Adrian Manning to the next Pathology meeting to present on the Global Rating System and the impact on histopathology in the BCSP.

Action: Mr Tinkler agreed to invite Dr Adrian Manning to the meeting to present on the Global Rating System and the impact on histopathology in the BCSP.

• Vice Chair Nominations

Dr Ann Gledhill has agreed to be Vice-Chair. The tenure is for 2 years.

- **Staffing & Pathology Group Representative Update**

Dr Lane referred to the document "Lead Pathologists for specific sites – YCN" circulated with the agenda. Those present identified changes to the list and it was agreed to distribute an amended version with the minutes.

At this stage, Dr Lane informed members of the inaugural meeting of the Network Sarcoma Group meeting in the afternoon of the 10th May. A discussion will need to take place at a future meeting to agree who will be the local representative on this group.

Action: Ms Atha to update the Lead Pathologists list with changes and re-issue with the minutes.

4. Head & Neck Pathology Guidelines Update

Dr Lane still to discuss pathology representation and centralised reporting with the Chair of Head & Neck Group, Mr TK Ong.

Dr Lane updated the group. The guidelines have been circulated to colleagues for comment; any amendments were submitted to David Gouldsborough direct and the version circulated with the agenda is the latest draft. The group discussed the fact that Thyroid was not included in the guidelines and it was agreed that separate guidelines should be produced.

Mr Tinkler announced that the Head & Neck Group have agreed to form either a Thyroid sub-group or separate Thyroid NSSG due to the diversity of treatment across the Network however this is yet to progress.

Dr Lane asked for volunteers to write the Thyroid Pathology Guidelines. Dr Andrew & Dr Dabbagh agreed to ask colleagues in their organisation and notify Dr Lane.

Further discussion took place on the content and Dr Lane agreed to make the necessary changes to the guidelines and forward them to David Gouldsborough before returning the 2nd draft to Mrs Sheard for circulation to the YCN Head & Neck Group and Pathology Group.

Action: Dr Andrew & Dr Dabbagh to ask colleagues in their own organisation if they are willing to produce Pathology Guidelines for Thyroid Cancer and update Dr Lane.

Dr Lane to amend the Head & Neck Pathology Guidelines & forward to Dr Gouldsborough prior to returning to Ms Sheard.

Ms Sheard to circulate 2nd draft to the YCN Head & Neck Group and Pathology Group for comment.

5. Peer Review Feedback

It was noted that the Pathology Group achieved 100% of the measures and the guidelines produced by the group are recognised as good practice and are being adopted by other Networks.

Dr Lane gave a brief outline of the further considerations highlighted in the Peer Review report and Action Plan.

The group discussed in depth the feasibility of forming a Regional Histopathology Group to replace the disbanded NYCRIS Histopathology Group. The YCN Pathology Group would organise this and, after discussion at the EQA meeting, may include the EQA review discussion as well as an educational element. Support can be provided by the YCN for organising a half or full day event.

YCN organised events charge a £25 delegate fee and obtain further funding from sponsorship to keep costs down when using external venues. The YCRN conference room is also available for smaller events of around 60-80 delegates and there would be a nominal fee of £10.

The Group agreed to in principle to forming a Regional Histopathology Group and proposed a half day event. The YCN business meeting to be kept separate.

It was agreed that the regional educational event be named "Yorkshire Cancer Network Histopathology Group" to differentiate the specialties involved.

Action: YCN Pathology Group to organise the first meeting (*now confirmed as 21.11.06*) and after discussion at the EQA meeting, to liaise with Dr DaCosta and Dr Raja to include the EQA review discussion as well as an educational element.

YCN to obtain the NYCRIS histopathology group membership list in preparation for the mailshot (*received*).

- **Attendance/Representation at NSSGs**

A discussion took place on Pathology representation on the NSSG's and issues surrounding of the role and responsibility of the members to feedback to colleagues in their organisation and the Network Pathology Group.

Mr Tinkler explained that one of the key objectives of the Network Lead Team is to develop the NSSG. A key element of this will be for members to recognise and understand their responsibilities, including feedback. The Manual for Cancer Services 2004 lists the required specialty make-up of the membership. The Pathology representative is expected to be the Lead for the cancer site, who can provide a Network perspective and is able to influence the agenda.

Dr Lane referred to the paper circulated with the agenda listing pathology representatives by NSSG. The group ran through the list. Once updated, she proposed that she write to the Network pathology specialty leads to invite them to be one of two representatives for their NSSG. She asked members to identify colleagues who could attend the NSSG who would be able to carry out this role and let her know.

Action: **All: Additional nominations for NSSG representatives to be forwarded to Dr Lane. Dr Lane to write to each NSSG Chair to inform them of their Pathology Lead. Dr Lane to write to Specialty Lead Pathologists to clarify & define their role and responsibilities.**

- **Action Plan for review**

Action Plan No. 62:

- (1) Improve pathology access to NSSGs – it was noted this has now been discussed and reviewed in May 2006.
- (2) Members discussed the requirement for identifying key topics for pathology audits within each NSSG and optional audits. One audit per year per group is obligatory. Nominated individuals to lead the audit should be those attending the NSSG.

Action: **All: Members to consider options for audit by the Pathology Group for discussion at the next meeting.**

- (3) A brief discussion took place on workforce issues and identifying key pressure points and how support can be provided to Trusts. There are current ad-hoc arrangements between individual organisations within the Network. There is some specialist centralised reporting in place for some specialist MDT's.

Action: **To remain on Agenda for further consideration.**

Action Plan No. 63:

The group discussed the requirement for breast teams to have cross cutting service core members to devote 50% of their time to breast work. It was felt that it was a meaningless measure and should be reported back to the Cancer Action Team (CAT) on the inappropriateness of this measure. It was noted that the deadline for feedback on the appropriateness of measures was 24th February.

Mr Tinkler stated that it was agreed at the Network Board there should be 6-monthly update reports on achievement against the Action Plans by each NSSG. The Cancer Locality Groups will be informed of the same governance arrangements.

6. Draft Improving Outcomes Guidance (IOG)

- **Skin/Melanoma**

The YCN Skin Group are undergoing a baseline audit against the recommendations and will be holding a full day meeting on 20th June to discuss the way forward and pull together an Action Plan.

- **Sarcoma**

Mr Tinkler gave an overview of the IOG requirements. The inaugural meeting of this group is due to meet on 10th May.

- **Brain & CNS**

This guidance has not yet been published. The Network will need to establish a group to take this guidance forward.

- **Children & Young People**

The group are about to agree a way forward on carrying out baseline assessments.

- **Head and Neck**

The Action Plan submitted to the CAT has now been approved, therefore the Network will be carrying out an optional appraisal on these services.

7. Cancer Waiting Times

Mr Melling gave an update on the local and national CWT data available. He explained that the 1st Qtr 2006 is due out on 11 May 2006 which is the first officially measured data by the Healthcare Commission.

8. Pathology Modernisation Update

Mr Tinkler stated that a meeting took place on 25th April. Calderdale & Huddersfield presented as part of the National Pathology Service Improvement Project. The report will be made available on the YCN website when submitted.

Following an invite to the Directors of Pathology Services in January to bid for revenue funding to develop services, 5 project bids were received; 2 from the Pathology Modernisation Group and 1 each from Calderdale & Huddersfield; Airedale and Mid Yorkshire. The projects will be reviewed with Dawn Stephenson, WYSHA Diagnostic Lead to agree which projects can be funded. £50k of funding still available which may be used to look at blood services methodology.

The Carter Review is due out in summer.

9. Any Other Business

- It was agreed that the next meeting would start at 9am.
- Mr Melling reported that the Network Server aims to go-live on Monday 15th May. Additional funding has been secured as part of the "Do Once & Share Project" to look at improving pathology data collection. The aim will be to work on Breast, Colorectal, Endometrial, Gastric and Prostate.

10. Date of Next meeting: *(Note revised start time)*

Wednesday 13th September 2006, 9.00am
Room 1, YCRN Conference Suite, Cookridge Hospital