

YORKSHIRE CANCER NETWORK
Primary Care Group
Minutes of the meeting held on
Tuesday 14th September 2004
Conference Suite, Arthington House

Present:	Dr G Haslam (Chair)	Airedale PCT
	Dr I Fenwick	Bradford City PCT
	Ms B Kelsey	Calderdale PCT
	Dr A Jones	Craven, Harrogate and Rural District PCT
	Dr M Mossad	East Leeds PCT
	Dr P Selby	North West Leeds PCT
	Dr B Markham	Selby & York PCT
	Miss L Carroll Prof M Baker Mr P Melling Mr B Tinkler	Yorkshire Cancer Network
	Ms C Sleigh	Yorkshire Cancer Research Network
	Dr G Dublon	Wakefield West PCT
	Ms A Bond Ms K Lumb	West Yorkshire Workforce Development Confederation

1. Apologies/Welcome

Apologies were received from Ms P Andrewartha, Mr P Harris, Ms B Kelsey, Dr D Wild and Dr S Wood.

Dr Haslam welcomed Ms Sleigh, Clinical Trials Co-ordinator at the Yorkshire Cancer Research Network to the group.

2. Minutes of the last meeting

The minutes of the last meeting were agreed as being an accurate record.

3. Matters Arising

There were no matters arising.

4. Report from PCCLs on attendance at site specific subgroups and other meetings

- **PCCL invitation to NDP meeting**
- Dr Haslam confirmed that the group had received information on the Primary Care Forum taking place on 21st October 2004 at the Renaissance Hotel, Heathrow noting that there were two places available for Primary Care Leads.

- Dr Haslam informed the group that she had attended a meeting of the Network Chairs on 8th September to discuss the Quality Measures and the Cancer Peer Review programme. She reported that Mike Pinkerton, Quality Director of the North Zone Peer Review Team had presented at this meeting on the whole process of Peer Review. Dr Haslam reported that the Yorkshire Cancer Network was scheduled to be Peer Reviewed in September 2005. Dr Haslam circulated the set of measures that were relevant to the site specific groups. She explained that guidance had not been published for Haematology, Head & Neck, Sarcoma, Paediatric & Adolescent and Palliative and Supportive Care and therefore measures would be produced after the guidance was published and would be assessed in Phase 2 of the Peer Review. In March 2005 a self assessment will take place which is to be submitted by June 2005. For the site specific group reviews a number of assessors will go into each locality (a NHS Trust that provides cancer care and the PCT(s) that commission from them). Dr Haslam highlighted that the report published will be in the public domain.

Prof Baker confirmed that there would be no review of Primary Care provision as there was no national guidance to produce the measures from, however noted that Primary care involvement will be from a locality group level. Prof Baker explained that the Zonal Peer Review Team will expect the locality group meetings at each Trust to include commissioners and clinical leads from the PCT's. Mr Tinkler noted this would be an opportunity for primary care cancer leads to work with their commissioning colleagues.

- Dr Selby reported that the Upper GI sub group were working on developing clinical guidelines and referral pathways for Upper GI cancer.
- Dr Selby said that there was a Haematology meeting taking place on 1st October to discuss the proposed monitoring in the community of CLL and said that she would email the group further details on a pilot project taking place on this.
- Dr Haslam informed the group that the YCN Breast Cancer sub group were looking at change in follow-up for low risk breast cancer patients i.e. patients that don't require chemotherapy after treatment. Instead of having an out patient follow up patients will undergo a supportive care programme. This will be piloted at Leeds General Infirmary over a six month period.

Dr Mossad reported that he had received the proposal produced by Valerie Walker, YCN Project Facilitator for the Network Breast Cancer Follow-up project and particularly highlighted the idea of a primary care colleague and secondary care Breast cancer nurse working closer together for those patients that had been discharged from the hospital. Dr Haslam explained that this would mean at final discharge after the patient had attended a supportive course it was planned that the colleague who had mentored the patient will hand over to someone within the practice so the patient always had a contact point. An in depth group discussion took place. The possibility of an additional role to undertake this work was discussed. Dr Mossad suggested the idea of a nurse based within each locality rather than at each GP practice. Dr Dublon suggested having a practice in each area that specialised in this. Dr Haslam said that she would feedback the group's ideas/comments.

Dr Fenwick highlighted issues that would be raised if this model was to be implemented which included who would pay for the mammogram when a patient had been discharged and what would happen if a discharged patient was re referred noting that some PCT's had a disincentive scheme in place to stop referrals.

Dr Jones said that she would be interested in becoming involved in the YCN Breast Cancer subgroup.

- Dr Jones reported that a meeting had taken place in Harrogate for patients and careers from Craven, Harrogate and Rural district on Saturday 11th September to discuss what they thought of the local services and what they would like to see in the future. Dr Jones said that the "calendar girls" had attended this day which helped to make it a great success.
- Dr Selby reported that a Cancer Centre meeting had taken place on Monday 13th September to discuss the IOG for Gynae, Urology, Supportive & Palliative Care. Dr Selby highlighted that within the Supportive & Palliative Care guidance there was a recommendation for seven day a week 9-5.00pm service noting that audits were being carried out at St Gemma's and Wheatfields Hospice's to see how many out of hours contacts are made with the services.

**ACTION: Dr Selby to email the group details of the pilot project
(This is in development)**

5. Update on reorganisation of cancer services

Prof Baker explained that Leeds had progressed with the provision of specialist gynaecological cancer services for York, Harrogate and Mid Yorkshire. Due to a reinterpretation of the revised Guidance the reconfiguration of gynaecology service for the 1 m population covered by Airedale, Bradford and Calderdale & Huddersfield was being revised. Prof Baker explained that the Trust Chief Executives within the Network were asked if they would like to formally express interest in establishing a specialist gynaecological cancer team to provide this service, alone or in combination with another Trust. Leeds, Bradford and Calderdale & Huddersfield NHS Trusts have expressed an interest. Formal proposals are due by 30th September followed by a formal presentation to a review panel on 16th November.

6. Improving Outcomes Guidance Action Plans

Mr Tinkler explained that as part of the local delivery plan refresh by the Department of Health there had been some concerns raised nationally about the level of implementation and investment in Improving Outcomes Guidance and as a consequence the DH had produced a proforma to be completed by each network on behalf of PCT's and Hospital Trusts.

Mr Tinkler explained that action plans for Lung, Breast, Upper GI, Gynaecology, Colorectal and Urological Cancers had been submitted to the DH on 30th June.

Mr Tinkler highlighted that through the LDP process each PCT had submitted a projection for when and how the target T7 (waiting time target for 31 and 62 days) would be achieved by December 2005. Mr Tinkler and Mr Melling planned to meet with the Cancer Information colleagues and Lead Managers at each Trust to discuss these targets.

7. Cancer Waiting Times

Mr Melling presented 'Cancer Waiting Times' to the group.

8. YCN Primary Care Work Plan 2004-2005

- **Establishment of Performance Indicator Subgroup**

It was agreed that the YCN Primary Care Work Plan to be circulated to the YCN Management Board group meeting taking place on 25th October for approval prior to the proposed rollout to PCTS

Dr Haslam asked for nominations for the Performance Indicator Subgroup to work on the performance questionnaire for PCTs to complete.

ACTION: Dr Haslam to meet with Mr Melling, Mr Tinkler, Dr Selby and Dr O'Shaughnessy to work on the questionnaire

9. YCN PCCL survey

Dr Haslam thanked those who returned the completed survey. She noted that representation of Primary Care Cancer Leads on the group was not as strong as it had been previously and suggested the possibility of writing to PCTs to highlight that they should have a Primary Care Cancer Lead in Post. Mr Tinkler informed the group that he had been in discussions with colleagues from North Kirklees and East Wakefield PCT's who had highlighted the difficulty they were having in filling this post.

Ms Lumb highlighted that those Trusts that did not have PCCL representation had acute shortages of GPs and therefore a different model may have to be looked at.

Dr Haslam suggested the possibility of having user and palliative care representation on the group. The group welcomed these ideas.

Dr Haslam suggested splitting the work plan into sections and inviting representatives to discuss relevant sections of the plan.

ACTION: Dr Haslam to write a letter to the chair for the User Partnership group to see if any members would like to volunteer to attend the Primary Care group meetings.

Members to discuss Palliative Care representation on the group at the next meeting

10. NICE Supportive & Palliative Care Guidance Presentation

Dr Selby said that she would present on 'NICE Supportive & Palliative Care Guidance' at the next meeting.

11. Meeting times, dates & format 2004-5

The group agreed to continue meeting at 14:00hrs .

12. Any other business

- **West Yorkshire Workforce Development Confederation**

Prof Baker informed the group that the New Oncology Wing was approved by the Commissioners in April 2004 and was signed off by the DH in June 2004. It is expected to be signed off by the treasury by the end of September. Prof Baker explained that there were a number of issues arising from the commissioning process which included cost issues, workforce issues and the relationship between cancer centre and units. The total revenue cost for the New Oncology Build is £52 m of which £21m capital costs and £10m related to costs already within the system. Prof Baker explained that these costs were based on the service model that was identified in 2000 which will be different from the model required in 2008. To keep the costs at the level identified in 2000 changes had already been made to the content of the scheme; two of the wards will now not be commissioned. Prof Baker highlighted that there was still a significant amount of work to be done before the content of the scheme is finalised, such as undertaking work on reducing length of stay and work on the workforce model. Prof Baker explained that the current workforce model showed an increase of 660 staff for the new oncology build and highlighted that work was to be undertaken to highlight how this figure was derived.

Prof Baker reminded the group that the process for paying for hospital care was changing to a 'payment by result' system based on national tariffs noting that this would be the process used for most of the work undertaken within the new oncology wing but not the PFI costs.

Ms Lumb explained that she had written a report on supply and demand which highlights the risks in providing the workforce that the LTHT describes in the original business case. She noted that some of the work that needed to be undertaken included new ways of working and agenda for change. She explained that Ms Bond would be undertaking a mapping exercise to highlight what workforce is needed.

Dr Dublon raised his concerns that newly diagnosed patients were often sat in areas with very ill patients and therefore hoped that this would be taken into consideration when looking at service redesign. Dr Mossad said that it was his understanding that the Breast Reconfiguration Team and the Follow-up sub-group were undertaking work on this looking at different pathways for follow-up patients.

Dr Haslam highlighted that the New Oncology Wing will also create an additional secondary inter-phase and said that from a commissioning point of view it was important to understand what staff they were still paying for in a District General Hospital setting; what the new pathways are going to be and the working relationship between the staff within the District General Hospital and those in the cancer centre and to discuss the issue of length of stay.

Ms Lumb noted the importance of developing a workforce within the cancer centre that primarily meet the patient needs but with the possibility of rotational posts or primary and secondary split posts so competencies and skills could be further developed.

Ms Lumb circulated the booklet 'West Yorkshire Workforce Development Confederation – A Labour Market Analysis for the NHS in West Yorkshire' noting that LTHT Trust had acknowledged that they had to consider changes to the original model.

Ms Bond reported that PCT representatives had been asked to join the Steering group meeting taking place on 5th October to look at the workforce planning implications. Ms Lane, Lead Nurse for the YCN had agreed to attend this meeting. Ms Bond informed the group that she had been seconded for 12 months and her initial focus was to concentrated on the 'pre recruitment plan' to highlight why the additional staff requested are required at this time, what they will be doing and how will this impact on activity.

Mr Tinkler informed the group that Ms Lane was representing Primary Care colleagues on the Steering group and said that any issues could be sent to Ms Lane. He also reported that Mr Martyn Pritchard, Chief Executive, Calderdale PCT is chairing a West Yorkshire Commissioning sub group who were looking at the funding issues associated with the New Oncology Wing noting that there would also be representatives from North Yorkshire on this group.

Dr G Dublon emphasised the importance of holistic care for the staff at the centre.

- **Research information in Primary Care**

Ms Sleigh informed the group that the YCRN were undertaking work on trying to look at ways of increasing patient's awareness of clinical research taking place within the network and were in the process of producing a poster to be put up in oncology clinics to introduce people to the concept of clinical trials. It was felt that it would not be appropriate to have information on cancer trials in GP surgeries however it was suggested that generic research information could be made available. Ms Sleigh highlighted that the research group (a sub group of the YCN User Partnership group) were going to collate the results of a questionnaire that had been sent to YCN Primary Care group and will then feed back to the group.

Dr Mossad emphasised the importance that this information would be appropriate to those patients who were unable to read English. It was also noted that due to the General Practice work load it would be helpful if there was someone that queries regarding this could be passed to.

13. Date and Time of next meeting

**Tuesday 30th November 2004, 2.00pm, Conference Suite, Arthington House,
Cookridge Hospital**

**Action Points raised at the meeting on
Tuesday 14th September 2004**

Agenda Ref:	Action	By whom:	Completion date:
4	Members to be emailed details of the 'out of hours' pilot project	Dr P Selby	
8	Performance Indicator Subgroup to work on the questionnaire	Dr Haslam Mr Melling, Mr Tinkler, Dr Selby, Dr O'Shaughnessy	
9	Letter to be sent to the chair for the User Partnership group to see if any members would like to volunteer to attend the Primary Care group meetings.	Dr Haslam	
9	Members to discuss Palliative Care representation on the group at the next meeting	All	30.11.04