

**YORKSHIRE CANCER NETWORK**  
**Primary Care Group**  
Minutes of the meeting held on  
**Tuesday 30<sup>th</sup> November 2004**  
Conference Suite, Arthington House

---

<b>Present:</b>	Dr G Haslam (Chair)	Airedale PCT
	Dr I Fenwick	Bradford City PCT
	Dr S Wood	Bradford South & West PCT
	Dr D Wild	Calderdale PCT
	Dr A Jones	Craven, Harrogate and Rural District PCT
	Dr M Mossad	East Leeds PCT
	Dr C Turner	North East Leeds PCT
	Dr P Selby	North West Leeds PCT
	Dr B Markham	Selby & York PCT
	Miss P Atha Ms C Lane Mr P Melling	Yorkshire Cancer Network
	Dr G Dublon	Wakefield West PCT

### 1. Apologies/Welcome

Apologies were received from Prof M Baker; Mr P Harris and Mr B Tinkler.

### 2. Minutes of the last meeting

The minutes of the last meeting were agreed as being an accurate record. The group agreed to keep the level of detail within the minutes for the benefit of those not present.

### 3. Matters Arising

- Dr Selby reported that the audit on the Out of Hours Service due to be carried out at St Gemma's and Wheatfields Hospice had not been completed. Dr Jones asked Dr Selby to forward a copy of the form that was being used for the audit.

**Action: Dr Selby to forward audit form to Dr Jones.**

- Dr Haslam raised the subject of PCCL's not in post, mainly in the western part of the Network. She has spoken with Kim Evans, Strategy & Modernisation Manager for Eastern Wakefield PCT to discuss the problem of recruitment and is working with Ms Evans on the job description for this post. She has also offered to attend their PEC meeting to discuss the advantages of having a PCCL and how to set about it.
- Dr Haslam explained that Peer Review will be a main item on a number of Network Group agenda's and although the Primary Care Group would not be reviewed, she felt that the group would benefit from undertaking some of the peer review process in relation to the way it operates, i.e. having Terms of Reference, work programme etc. She proposed that the group spend some time at the next meeting to explore this in more detail. In the meantime she would produce some draft Terms of Reference.

Dr Haslam asked the Leads if anyone would be prepared to act as a Peer Reviewer. The relationship between Primary Care and Acute Trusts would be reviewed. There is no funding available for the review process, with the exception of Users. Dr Dublon confirmed that he has put himself forward for this but does have reservations due to the commitment involved and difficulty in finding locum cover.

**Action: Dr Haslam to produce draft Terms of Reference for the next meeting.  
Anyone interested in becoming a Peer Reviewer to contact Pauline Atha.**

#### **4. NICE Supportive & Palliative Care Guidance presentation**

Dr Selby gave a presentation summarising the NICE Supportive & Palliative Care Guidance to the Group (*presentation and associated documents attached for reference*).

Dr Selby outlined that her presentation summarised, in the order of the Guidance, the main topic areas; what the objectives are and what the recommendations are.

There was an in-depth discussion on aspects of the guidance and questions were asked throughout the presentation. Dr Selby made notes and would amend her presentation prior to it being circulated.

During discussions on "Face to face communication" and the recommendation that communicating significant news was carried out by a senior clinician with advanced level training, Dr Haslam asked for clarity on this. Ms Lane explained that a national pilot had been undertaken evaluating the "Training the Trainer" programme, using the three main national communication models currently used (Peter McGuire; Suzie Wilkinson & Amanda Ramirez). A cascade model has been designed and two people from the Network have been nominated, Peter Harvey (Leeds) and Judith Seagrave (York) to be trained on either of the three methodologies (multi-professional training; nurses only or doctors only training) and will roll out a series of "Training the Trainer" events. Ms Lane said there were some reservations as to the sustainability of this in a Network of our size and that the Network may look at this with the Workforce Development Confederation.

On the subject of "Information", Ms Lane informed the group that a bid had been submitted to Macmillan for an Information Manager and support to look at the website, due to the variation and inequality of the patient information available. She expected a decision in December and would feed back.

Dr Wild asked for clarity on "Informed consent and shared understanding" for patient's agreeing to participate in clinical trials. Dr Haslam asked for a response from YCRN on how they ascertain whether the information given to patients prior to the trial is valid, user-friendly and ensures informed decision-making. Ms Lane mentioned the YCN User Research sub-group and asked if anyone would be interested in joining this group.

**Action: Ms Lane to ask Christopher Button about informed consent and the information given to patients prior to agreeing to clinical trials.**

Dr Dublon raised his concerns with regard to Psychological Support Services. The group agreed there were psychological support issues due to problems with the diagnostic process and treatment plan and the psychological distress due to the diagnosis of cancer. There are issues around access and provision of the Level 4 service which is highly specialised. Dr Wild suggested Level 4 should be set up as a network-wide service.

Ms Lane explained that the Psychosocial Network Group is looking at this topic and plan to run workshops in early 2005 with the help of psychologists, commissioners, GP Leads, CNS's and District Nurses to look at the current service model and identify gaps in the service and look at what is required, i.e. providing staff with the skills to deal with the distress. Ms Lane would notify the group of Workshop date when confirmed.

**Action: Ms Lane to notify Group of Psychosocial Workshop date (28.2.05 details to be sent).**

With regard to Rehabilitation Services, Dr Selby agreed to supply a Word document detailing the 4-level model.

**Action: Dr Selby to forward the presentation and associated documents to Ms Atha for circulation with the minutes.**

Dr Haslam stated that the managers within PCT's responsible for producing the LDP's need to understand the key aspects of the Guidance likely to need funding within the next 3 years.

At this stage Ms Lane informed the group of the Generic Patient Information workshop taking place on Tuesday 15<sup>th</sup> February to agree a Network standard, i.e. format, quality, etc. and make it available for organisations to adopt. Patient information would be accessible on the website. In parallel workshops are being held to focus on the patient pathway. If the Macmillan bid is successful, the Information Manager will lead on this.

Dr Selby was thanked for her work on this.

## **5. HMDS/Haematology update**

Dr Selby presented a patient pathway for the "Community Monitoring of Low Risk B-cell Disorders" and talked the group through the process (*flowchart and paper attached for reference*). It was noted that the number of patients subject to this disorder is very low. Expected implementation is January 2005 in Leeds and York to run for one year and will be monitored for effectiveness for a further year. It is applicable to new patients only.

**Action: Dr Selby to forward the pathway to Ms Atha for circulation to the Group.**

## **6. Report from PCCL's on attendance at site specific subgroups and other meetings**

- Dr A Jones gave a brief update on the YCN Breast Group meeting held on 6<sup>th</sup> October (*minutes from this meeting are available on the YCN website*).

An update was given on the Breast Follow-up Project. Ms Lane explained that the project was on hold until a replacement project facilitator could be recruited and this was currently going through the Trust process. She outlined the project, a copy is available on request. A pilot study at the LGI was planned for February 2005, but this will be delayed until the facilitator is in post.

The update on Familial Breast Cancer included discussion on a greater involvement from Primary Care, which would require additional funding and training. Dr Case will cost up the Bradford family history clinic model and write to PCTs.

A brief update was provided on Aromatase Inhibitors and Network guidelines for prioritisation for patients at high risk have been produced and circulated to Breast Group members for comment. This will have an impact on GP practice budgets which needs to be recognised in PCT LDPs.

- Dr Turner reported on her attendance at a Macmillan/DH meeting looking at early diagnosis. There are two strands (i) public education using a media campaign and (ii) GP training to assist them with making earlier diagnosis of colorectal cancer. Referred patients would receive a questionnaire which would be used to triage patients and fast-track them. A pilot is planned shortly.
- Dr Dublon attended the YCN Haematology and briefed the group on the recruitment and service provision issues at Calderdale & Huddersfield.
- Dr Selby attended the YCN Upper GI meeting and would provide a summary.
- Dr Haslam reported on the YCN Drug & Therapeutics meeting and announced that David Thomson had been appointed as the Lead Pharmacist for the Network. For Peer Review, they should be called the Chemotherapy Group and are currently discussing this. The group is looking at standardising treatments that are given out across the network, looking particularly at Erythropoetin and what that will mean to PCT's due to increased usage.
- Dr Wild reported on the YCN Thoracic Group and said that they have been piloting the LUCADA project and there are issues about the data. There are discussions around having a PET scanner in

Yorkshire. The nurse-led protocol will be out shortly. The centralisation of thoracic surgery for West Yorkshire to Leeds is leading to problems with treatment targets.

- Dr Mossad asked about screening targets. Mr Melling explained that this information was available on the DH website and agreed to supply members with links to relevant sections on this website. The group also agreed to discuss screening further at the next meeting.

**Action: Mr Melling to provide relevant website links to the Group.  
Screening to be an item on the next meeting agenda.**

- Dr Selby reported that the YCN Palliative Care Group's Liverpool Care Pathway educational event on 1<sup>st</sup> November was very interesting and a further study day was planned on 3<sup>rd</sup> February 2005. The programme will be in circulation shortly.
- The work on the New Oncology Wing (NOW) has begun. The MDT video conferencing room is now complete. There are on-going discussions for a bone-oncology MDT and talk of the PET scanner being installed in the NOW.
- Dr Markham reported on the "Total Integrated Cancer Care Project" by Ovations UK which will look at the whole pathway from genetic advice to end of life care and will continue to feedback on this project.
- **Primary Care representation for the YCN Head & Neck Group**

Dr Haslam asked if anyone could provide GP representation on the YCN Head & Neck Group. They meet twice per annum, dates for 2005 are not yet available. Anyone interested, please inform Miss Carroll.

**Action: Anyone interested in joining the Head & Neck Group (next meeting 21.2.05 at 1.30pm) to notify Miss Carroll.**

- **CRPC Group PCCL representative**

Dr Haslam said that a request has been received from the Centre for Research in Primary Care for a Primary Care representative to join an advisory group and asked if anyone was interested.

**Action: Anyone interested in joining CRPC advisory group to notify Miss Carroll.**

## 7. Update on reorganisation of cancer services

Dr Haslam reported briefly on the Gynae-oncology service reconfiguration meeting between Units bidding for the service and the Panel which took place on 16<sup>th</sup> November. Leeds, Calderdale & Huddersfield and Bradford presented their proposals. The panel recommendations were put to the Management Board and the service will be centralised to Leeds with some qualifying points that will need to be met.

Dr Wild requested an update on the Urology reconfiguration. It was reported that meetings between the Network Leads and the specialist teams were being set up for early 2005 and an update will be available for the next meeting.

**Action: Network to provide an update on the urology specialist teams.**

## 8. Cancer Waiting Times

Mr Melling tabled an update on the CWT and talked through the data in more detail with the group. The data can also be presented at Trust level where the patient received treatment. The group agreed this would be helpful.

Mr Melling said that PCT's can access this information through the "Open Exeter" system and can provide a list of users at the PCT. When the 2005 targets come into force at the end of 2005, they will become available in the public domain.

There is a CWT user forum on 2<sup>nd</sup> December and PCT representatives will be attending this.

Mr Melling agreed to continue to attend meetings to present this data.

## **9. End of Life initiative**

Ms Lane explained that the DH has provided £12m to spend on this project which is to be disseminated through SHA's. The WYSHA Lead is Sue Proctor. The project has gone to the YCN Palliative Care Group and a project has been designed and submitted to the SHA for approval.

There will be five localities across the Network and a facilitator would be employed in each locality to look at how to implement the Gold Standards Framework, the Liverpool Care Pathway or the End of Life initiative into areas that have not been involved in this work. A decision is expected in next few weeks. The Network will have a project manager for 1-day per week to work with all the facilitators.

## **10. Keyworker role**

The Guidance and Quality Measures refers to a "Keyworker" role and there is different interpretation in different parts of the document as to our responsibilities for implementation. Ms Lane explained that a consensus meeting will be scheduled in 2005 to discuss and agree who this should be and include Users in this process. The Guidance is for "one" person to be defined, but this is not realistic. Dr Wood raised concerns over funding implications and if it will be included in the tariff.

## **11. Primary Care "Toolkit & Performance Indicator" sub-group update**

Dr Haslam said that the Primary Care Work Plan had been taken to the Management Board who were pleased with the document but asked for it to be renamed as a "Self Assessment Toolkit".

Dr Haslam said that she and Andrew O'Shaughnessy had met to discuss the Toolkit and would now revamp the document to include the performance indicators. It will then be circulated to the Group for further comment before being circulated to the PCT's.

Dr Haslam proposed a half day event to share this information with the Cancer Managers. The group agreed.

**Action: Dr Haslam to amend the Toolkit and circulate to Group for comment.  
Dr Haslam to speak with Prof Baker/Mr Tinkler regarding a half day event.**

## **12. Any Other Business**

None.

## **13. Date and time of next meeting:**

After a brief discussion, the group agreed to keep the meetings at 2pm, preferably on the third or fourth Tuesday of the month.

**Tuesday 1<sup>st</sup> March 2005, 2.00pm, Conference Suite, Arthington House,  
Cookridge Hospital**

### **Remaining dates for 2005:**

Tuesday 17<sup>th</sup> May, 2pm  
Tuesday 27<sup>th</sup> September, 2pm  
Tuesday 6<sup>th</sup> December, 2pm

**Action Points raised at the meeting on  
Tuesday 30<sup>th</sup> November 2004**

Agenda Item:	Action	By whom:	Completion date:
3.	Forward audit form to Dr Jones.  Produce draft Terms of Reference for the next meeting.  Anyone interested in becoming a Peer Reviewer to contact Pauline Atha.	Dr Selby  Dr Haslam  All	
4.	Ask Christopher Button about informed consent and the information given to patients prior to agreeing to clinical trials.  Notify Group of Psychosocial Workshop date(s).  Forward the presentation and associated documents to Ms Atha for circulation with the minutes.	Ms Lane  Ms Lane  Dr Selby	  17.1.05  12.1.05
5.	Forward the pathway to Ms Atha for circulation to the Group.	Dr Selby	12.1.05
6.	Provide relevant website links to the Group.  Screening to be an item on the next meeting agenda.  Anyone interested in joining the Head & Neck Group ( <i>next meeting 21.2.05 at 1.30pm</i> ) to notify Miss Carroll.  Anyone interested in joining CRPC advisory group to notify Miss Carroll.	Mr Melling  Ms Carroll  All  All	1.12.05
7.	Provide an update on the urology specialist teams.	Network	
11.	Dr Haslam to amend the Toolkit and circulate to Group for comment.  Dr Haslam to speak with Prof Baker/Mr Tinkler regarding a half day event.	Dr Haslam  Dr Haslam	