

YORKSHIRE CANCER NETWORK
Primary Care Group
Minutes of the meeting held on
Tuesday 1st March 2005
Conference Suite, Arthington House

Present:	Dr G Haslam (Chair)	Airedale PCT
	Dr I Fenwick	Bradford City PCT
	Dr S Wood	Bradford South & West PCT
	Dr A O'Shaughnessy	Bradford Teaching Hospitals NHS Trust
	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
	Prof M Baker Miss L Carroll Miss C Lane Mr P Melling Mr B Tinkler	Yorkshire Cancer Network
	Dr G Dublon	Wakefield West PCT

1. Apologies/Welcome

Apologies were received from Dr D Wild.

2. Minutes of the last meeting

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

3. Matters Arising

• **Terms of Reference**

Dr Haslam tabled the draft 'YCN Primary Care Group Membership and Terms of Reference' paper. The group reviewed this paper and Dr Haslam said she would make the amendments then circulate to the group for final comments and approval.

Dr Haslam said she had presented to the PEC at Eastern Wakefield PCT regarding them having representation on the YCN Primary Care Group.

Miss Lane said there are representatives on the User Partnership group that she felt would be keen to become involved in work to ensure that PCT's have Cancer Leads.

ACTION: Dr Haslam to forward the amended ToR document to Miss Carroll for circulation to the group (actioned 02.03.05)

- **Informed consent and shared understanding**

Dr Haslam read out Mr Button's response regarding clarification on 'informed consent and shared understanding'.

"Many, and an increasing number of, trials committees have user representatives involved during the development of trials. They help shape the trial and indeed the patient information. Strict Good Clinical Practice Guidelines, now part of UK law, govern what should be included in patient information. Trials are approved by Ethics Committees (National not Local) who assess whether patient information provides sufficient information for true informed consent and that Good Clinical Practice Guidelines are adhered to.

Trials units initiate all trials in individual centres / units where further discussion and training take place.

Lesley Fallowfield's Randomised Controlled Trial (RCT) training is rolling out across the UK. It targets clinicians and research nurses; the training has an emphasis on checking patient understanding.

Individual Trusts should have consent policies (non-trial), these should also be taken into consideration."

- **Psychosocial workshop**

Miss Lane reported that the Psychosocial workshop was scheduled to take place on Monday 4th April at 12.30pm in the YCRN Conference Suite, Ida Nurses Home, Cookridge Hospital.

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

Dr Haslam had talked to Louisa Coleby, Network User Facilitator regarding having user representation on the YCN Primary Care Group. Due to the multiplicity of requests for user representation on various groups it was not possible for there to be dedicated user attendance. However the YCN User Partnership group are happy for a Primary Care representative to attend one of their meetings to discuss any issues requiring user input.

- **CRPC Group PCCL representative**

Dr Haslam volunteered to become involved in the Centre Research for Primary Care advisory group.

5. Update on reorganisation of cancer services

- **Update on urology specialist teams**

Mr Tinkler reported that along with Prof Baker he had met with the three specialist teams (Bradford, Leeds and Mid Yorkshire NHS Trust) to discuss their progress. Leeds had reported they had issues with the specialist penile MDT. The Mid Yorkshire specialist MDT now has Clinical Oncologist input. Mr Tinkler reported that the planned date of April 2005 for transfer of work from Airedale to Bradford had slipped due to changes in Consultant numbers at Bradford and Airedale.

Dr Haslam prompted a group discussion on patient pathways for Urology. Mr Tinkler explained that both local and national urology patients have the longest CWT and work is being undertaken at Trusts within the Network to improve on this. Mr Tinkler reported that the patient pathways for Urology are in draft and once agreed will be made available on the YCN website.

- **Thoracic**

Dr Dublon raised his concerns regarding the CWT for thoracic cancer.

Prof Baker gave an update on the centralisation of Thoracic surgery. He explained that due to the slippage of the NOW and likely staff pressures in Bradford it may be necessary to centralise the service (with exception to York who may continue to go to Hull) before the opening of the NOW. As a result of the reduction in incidence of lung cancer in men <75 years old, the number of resections have dropped enabling Leeds to close half their thoracic beds without affecting CWT. These beds will be reopened when the Bradford work moves on 23rd May 2005.

Prof Baker announced that the lung cancer, diagnosis and treatment guidelines were published on 23rd February 2005 and recommend Positron Emission Tomography (PET). It is anticipated that mobile PET scanners will be available later this year pending funding.

Prof Baker reported that he is going to Chair the NICE clinical guidelines on prostate cancer group and intends to visit each MDT within the Network. Members shared their views on their Urology MDT's.

- **Gynaecology**

Prof Baker gave an update on the reconfiguration of the gynaecology oncology service.

Bradford activity has now transferred to Leeds. Airedale has started a local out reach clinic and their work will transfer in May 2005. Some of Mid Yorkshire's work is still being undertaken locally. There is currently an in-reach arrangement in Calderdale & Huddersfield where the local surgeon goes to Leeds to operate.

6. Cancer Waiting Times

Mr Melling ensured that members had received the CWT paper that was circulated with the agenda.

Mr Melling presented further CWT extracted from the CWT National Dataset to the group and discussed this data in detail.

Mr Tinkler encouraged members to discuss CWT at their locality meetings each time they meet.

7. Screening

Mr Tinkler gave a brief update on the current position of the Bowel Screening Programme. Discussion is taking place nationally, which may alter detail and timing shown below. Key Points are

- The national screening programme is to be gradually rolled out across England from April 2006.
- The programme will only be concerned with Faecal Occult Blood testing for people in their sixties in the first instance, extended pilots of flexible sigmoidoscopy will be undertaken for a population in their late fifties.
- Bowel cancer is the second most common cancer in both men and women. In the UK about 35,000 people are diagnosed with bowel cancer every year, in the Yorkshire Cancer Network there are on average 1,500 people diagnosed with bowel cancer every year.
- Colorectal screening in the form of Faecal Occult Blood testing will be rolled out over a three-year period for 60-69 year olds (to be confirmed). Assuming a 60% uptake, as in the pilot studies, it is expected that screening will generate 300 colonoscopies per annum for a population of 500,000, rising to 600 at steady state over a three-year period as re-call surveillance colonoscopies increase.
- It is understood that 90 'teams' will be commissioned to provide screening colonoscopy. A team may cover more than one endoscopy unit and it is anticipated that the average team will serve a population of 500,000. Teams should cover a population of at least 300,000 but probably not more than one million.
- It is proposed that the existing 10 Endoscopy Training Centres be commissioned as teams to begin screening colonoscopy in April 2006. The training centre supporting our area is Hull. A further 20 teams will be commissioned during 2006/07. These will almost certainly be chosen from the most deprived parts of the country – the 'Spearhead' Primary Care Trusts (PCT), which within West Yorkshire are the Bradford and Airedale and Wakefield PCTs.
- No team can begin screening colonoscopy unless it meets certain quality standards. These will include sufficiently high scores on items of the national endoscopy Global Rating Scale, an adequate number of re-validated colonoscopists and a successful inspection visit by the Joint Advisory Group on Gastrointestinal Endoscopy (JAG). The JAG visit is intended to be supportive; part quality improvement as well as quality assurance. All these standards will be defined in more detail by the end of this financial year.

Mr Tinkler and Dr Adrian Manning, West Yorkshire Strategic Health Authority Endoscopy Lead have sent letters to the PCTs within West Yorkshire regarding the programme. Mr Tinkler noted that the letter had not been sent to North Yorkshire PCTs as they have a different Endoscopy Lead who would be taking this forward on behalf of North and East Yorkshire and Northern Lincolnshire Strategic Health Authority. Mr

Tinkler has copied the letter to the commissioning leads of Craven, Harrogate and Rural District PCT and Selby and York PCT for information.

8. End of Life Initiative

Miss Lane reported that a steering group is being set up (involving a key contact from each area) to progress with this work.

9. Primary Care 'Toolkit'

Dr Haslam thanked everyone for their comments on the Primary Care self assessment Toolkit noting that this had been circulated to PCTs on 25th February 2005.

Further work needed to be undertaken on the 'annual return' and Dr Haslam asked Mr Melling if he could help with this.

- **Half day event for PCT's**

Dr Haslam asked the group for their thoughts on holding a half day event for cancer managers at PCT's. The group felt this would be beneficial.

ACTION: Miss Carroll to provide Dr Haslam with possible dates

10. Peer Review

Mr Tinkler asked Miss Carroll to circulate the Peer Review time table with the minutes.

Mr Tinkler explained that members will be involved in the Peer Review process through their 'locality group' noting that this group may not necessarily be named this. He explained that the Chair of the locality group will be responsible for measures 1D.

Mr Tinkler reminded the group that the Lead Cancer Managers at each Trust are responsible for loading this evidence onto CQUINS. Mr Melling urged members to contact their Lead Manager regarding this.

ACTION: Miss Carroll to circulate the Peer Review time table

11. Any other business

- The group agreed that their main items for discussion at the next meeting will be Cancer Waiting Times and screening.
- Dr Jones explained that she was unable to attend the next YCN Breast cancer meeting taking place on Tuesday 26th April which will be followed by their Educational Event and asked if any other member could attend on her behalf. No-one present was able to attend.
- Dr Jones reported that she and Dr Fenwick had attended the PCCL Macmillan meeting held in London and had found it very interesting.

12. Date and time of next meeting:

Tuesday 17th May 2005, 2.00pm, YCRN Conference Suite, Ida Nurses Home, Cookridge Hospital

Remaining dates for 2005:

Tuesday 27th September, 2pm
Tuesday 6th December, 2pm

**Action Points raised at the meeting on
Tuesday 1st March 2005**

Agenda Item:	Action	By whom:	Completion date:
3	Dr Haslam to forward amended ToR document to Miss Carroll for circulation to the group	Dr Haslam/ Miss Carroll	Actioned 02.03.05
7	Mr Tinkler to provide a précis on screening to be circulated with minutes	Mr Tinkler	ASAP
9	Miss Carroll to source some dates for half day event	Miss Carroll	ASAP
10	Miss Carroll to circulate Peer Review Programme with Minutes	Miss Carroll	ASAP