

YORKSHIRE CANCER NETWORK
Primary Care Group
Minutes of the meeting held on
Tuesday 27th September 2005
YCRN Room 1, Ida Nurses Home, Cookridge Hospital

Present:	Dr G Haslam (Chair)	Airedale PCT
	Dr S Wood	Bradford South & West PCT
	Dr A Jones	Craven, Harrogate and Rural District PCT
	Dr M Mossad	East Leeds PCT
	Dr B Markham	Selby & York PCT
	Miss L Carroll Mr P Melling Mr B Tinkler	Yorkshire Cancer Network

1. Apologies/Welcome

Apologies were received from Ms P Andrewartha, Prof M Baker, Dr P Dewhurst, Mr R Duffell, Ms A Fearnley, Dr I Fenwick and Dr P Selby,

2. Minutes of the last meeting

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

Dr Haslam informed members that Dr Selby is resigning in her role as Primary Care Cancer Lead for North West PCT.

Dr Haslam ensured members had received the draft ToR circulated with the agenda.

Dr Haslam highlighted that her time as Chair was coming to an end and will therefore send an email out to the group asking for self nominations for a new Chair and Vice Chair.

Dr Haslam confirmed that she had sent Dr Selby further information on practice based commissioning.

Dr Haslam met with Mrs Ferguson to discuss diagnostics and how the Service Improvement Facilitators could be best utilised across the patch. It was felt that the main area of Service Improvement work (particularly on diagnostics) needed to be undertaken in Leeds. An in-depth group discussion took place on practice based commissioning and members informed the group what stage their organisation was with the implementation of this.

Dr Haslam informed members that further information on practice based commissioning can be found on the National Association of Primary Care website, <http://www.primarycare.co.uk/>

ACTION: Email to be sent to group asking for nominations for Chair and Vice Chair

3. Matters Arising

- **Terms of Reference**

Members accepted the ToR as the final document.

- **Network Cancer Data Event Server**

Mr Melling ensured members had received the YCN Event Server paper circulated with the agenda. He explained this is an interim solution pending the National Programme for IT (NPfIT). This server will enable health professionals involved in the care of a patient to view the patient's records regardless of geographical location.

4. YCN Primary Care Self Assessment toolkit

Dr Haslam explained that she has been unable to attend all the cancer locality meetings as planned.

Dr Haslam suggested circulating a revised version of the questionnaire. Mr Tinkler reported that he was meeting with Dr Mossad and the Commissioning Manager for Leeds to discuss implementation of the toolkit.

Dr Mossad tabled a business plan he had presented to his PEC team noting that he had received no support for this plan as it is felt this work is already being undertaken. The group acknowledged that although this work may be taking place the purpose of the toolkit is to evidence this and encourage audit. Dr Mossad agreed to circulate the business plan to the group.

Dr Haslam said she is happy to visit PCTs to discuss the implementation of the Toolkit further.

ACTION: Dr Mossad to circulate the business plan to the group

5. West Yorkshire Manifesto for Action – the future for PCCL's

Mr Tinkler informed members that the WYSHA have sent a paper to the Chief Executive group regarding their plans to reform the NHS in West Yorkshire. It is anticipated when PCT and SHA configurations are made there will be a clinical network agency in place. In some parts of the country discussions are taking place between adjacent cancer networks on the rearrangement of boundaries however it is anticipated the YCN will remain the same.

A group discussion took place regarding the future of PCCLs. The group felt there will still be a need for a "locality champion" regardless of the future re-organisational structure. Dr Haslam said this will be discussed further at the National Development Programme taking place on 6th and 7th October 2005.

6. Cancer Waiting Times

The group evaluated and discussed the most recent CWT data and the reasons for breaches in achieving these targets. Mr Melling emphasised the importance for organisations to provide feedback on the appropriateness of a fast track referrals.

Dr Haslam asked PCT Leads to clarify what action is being taken with the feedback their PCT receives from local providers on the appropriateness of fast track referrals.

Mr Melling highlighted that of all cancers treated ~6.5% of patients do not have a PCT i.e. are not registered with a G.P. Members felt it would be beneficial if Mr Melling could undertake an analysis for the YCN on completeness data measured against commissioning data.

Mr Melling reminded the group of the 31 day and 62 day targets (98% and 95% respectively) by December 2005. He explained that for those cases that miss the target each hospital within the patient pathway will now share the breach.

Mr Melling informed members that weekly monitoring of CWT has been superseded by Priority Target Lists (PTL) and CWT are being submitted to the SHA on a weekly basis.

ACTION: All to clarify what action is being taken on the appropriateness of fast track referrals

7. Screening

Mr Tinkler ensured members had received the Bowel Cancer Screening (BCSP) implications for West Yorkshire paper circulated with the agenda. He noted that the same implications apply for NEYNL.

Mr Tinkler explained that following submissions of expressions of interest to the Director of the NHS Cancer Screening Programme on the 2nd September a worked up bid is to be developed by 14th October 2005.

A group discussion took place regarding patients who may buy home testing kits. The group agreed there will need to be a contingency plan for the referral of patients who come to a practice with a +ve result from a home testing kit but do not fulfil the existing fast track guidelines.

Liquid based Cytology

Mr Tinkler tabled the Roll-out timetable for the conversion to LBC for cervical screening in North East, Yorkshire and Humber.

8. Peer Review

Mr Tinkler informed members that the Network Peer Review Visit is taking place on 20th & 21st October 2005.

9. NICE urgent referrals Guidelines

Mr Tinkler said it is important that there is engagement between the locality group and provider regarding reviewing current urgent referral criteria.

Dr Wood has been informed that the EMIS system was not accepted for NPfIT in her area. Mr Melling agreed to clarify this.

ACTION: Mr Melling to clarify the what systems are acceptable for NPfIT

10. Any other business

Mr Tinkler reported that the Draft Service Guidance for Skin Tumours Including melanoma was out for consultation. It is anticipated this will be published in January 2006. Mr Tinkler highlighted some of the recommendations. GPs with a special interest in skin are to part of local diagnostic teams (a local diagnostic teams are to cover a population of ~200 000). There is also a recommendation for specialist MDTs who serve a population of 750 000. Mr Tinkler said he will circulate a summary of recommendations with the minutes.

Mr Tinkler ensured members had received YCN Policy for the Rapid Notification of Unsuspected Diagnosis of Cancer. Miss Carroll agreed to circulate this to the group for comments.

ACTION: Mr Tinkler to circulate the summary of recommendations to the group

Miss Carroll to circulate the Policy for the Rapid Notification of Unsuspected Diagnosis of Cancer for comments (actioned 7.10.05)

11. Date and time of next meeting:

Tuesday 6th December 2005, 2.00pm, YCRN Conference Suite, Ida Nurses Home, Cookridge Hospital

Action Points raised at the meeting on Tuesday 27th September 2005			
Agenda Item:	Action	By whom:	Completion date:
2	Email to be sent to group requesting nominations for Chair and Vice Chair	Miss Carroll / Dr Haslam	ASAP
4	Dr Mossad to circulate business plan to group	Dr Mossad / Miss Carroll	ASAP
6	To clarify what action is being taken on the appropriateness of fast tract referrals	All	06.12.2005
9	To clarify what systems are acceptable for NPfIT	Mr Melling	ASAP
10	Mr Tinkler to circulate the recommendations to the group	Mr Tinkler / Miss Carroll	With minutes
10	Miss Carroll to circulate the Policy for the Rapid Notification of Unsuspected Diagnosis of Cancer for comments	Miss Carroll	Actioned 07.10.05