

YORKSHIRE CANCER NETWORK

Imaging Services Group

Minutes of the meeting held on
Tuesday 8th March 2005, 6.15pm
Park Avenue Room, Ramada Jarvis Leeds North Hotel

Present:	Dr Sean Blake	Airedale NHS Trust
	Dr S Gurney	Calderdale & Huddersfield NHS Trust
	Dr S Carradine	Harrogate and District NHS Foundation Trust
	Dr B Carey Dr A Chapman	Leeds Teaching Hospitals NHS Trust
	Dr A Sanderson	Mid Yorkshire Hospitals NHS Trust
	Dr R Mannion	York Hospitals NHS Trust
	Professor M Baker Mrs H Ryan Ms F Stephenson Mr B Tinkler	Yorkshire Cancer Network

1. Apologies for absence

Dr P James, Dr C Kay, Dr L Sutton and Dr S Swift.

2. Welcome and Introductions

Professor Baker welcomed members to the Yorkshire Cancer Network (YCN) Imaging meeting and confirmed that Dr B Carey would take over as Chair from the next meeting in Dr Spencer's absence.

Professor Baker gave a brief background to the YCN Imaging Group. Professor Baker highlighted that the principal purpose of this meeting is to map out the work required in anticipation of the Peer Review visit and to revisit the facilities strategy.

3. Matters Arising from the minutes of the meeting held on 7 September 2004

None.

4. Peer Review

Professor Baker gave a brief history of the Cancer Peer Review programme.

Ms Stephenson, Project Manager YCN, introduced herself to the group. Ms Stephenson is currently project managing the forthcoming Peer Review process for the YCN.

Ms Stephenson informed the group that self assessment of the Quality Measures for individual Trusts and the Network should be complete by the end of May 2005 and Peer Review pre-visits will follow. Formal Peer Review visits to Trusts will take place in September and October against the Quality Measures that relate to the local and specialist MDT's. The YCN itself, including the network Imaging Group, will be formally reviewed on 20th and 21st October.

Ms Stephenson highlighted that the Imaging Group is a cross cutting group, impacting on both the Network Site Specific Group and Network Board Quality Measures.

The main areas of work for the group includes the production of imaging guidelines for breast, colorectal, gynaecology, lung, upper GI and urological cancers, the production of an annual report, work programme and terms of reference and an agreed policy on the rapid notification of an unsuspected imaging diagnosis of cancer.

Terms of Reference

A template for the terms of reference for the group was circulated for information. The group agreed to re-draft the document in the context of a cross-cutting group and then re-circulate to the group.

Imaging Guidelines

Ms Stephenson explained that the site specific imaging guidelines were originally produced by individuals taking a lead through the Site Specific Network Groups and co-ordinated by the Chairs. All the guidelines need to be reviewed and agreed by the MDT Leads at each Trust and the Chair of the Network Board.

Dr Carey highlighted that the Royal College of Radiologists have set up a steering group to lead a process, led by Professor Janet Husband to review all imaging guidelines for all cancer sites. The guidelines will be published late 2005/ early 2006. Any agreed Network guidelines should be reviewed with the publication of national guidelines in early 2006.

The group agreed that the Network guidelines should be reviewed by the original authors by end of April 2005 then circulated to the Imaging Group for comments before the next meeting.

Membership

Ms Stephenson highlighted that there should be an agreed named lead clinician for each Imaging Service in the YCN (1A-307). This will be an issue for merged Trusts where the Imaging Services remain separate. The Network will produce this evidence.

Ms Stephenson explained that clarity and agreement is required on some members of the group including a hospital manager with responsibility for a hospital imaging department and a nominated person with a responsibility for users' issues and patient information.

It was agreed that Dr Chapman would be the hospital manager representative and Mr Tinkler would be responsible for users' issues and patient information.

A discussion followed regarding User Involvement and it was agreed that rather than having user representatives on the group there should be a formal mechanism for obtaining user advice and involvement.

Annual Report and Work Programme

Professor Baker highlighted that the annual report and work programme will be discussed and agreed at the annual review meeting with Dr Carey.

Policy on the Rapid Notification of an Unsuspected Imaging Diagnosis of Cancer

Ms Stephenson explained that Quality Measure 1E-205 requires the Network to produce a policy on the rapid notification of an unsuspected Imaging Diagnosis of Cancer. Dr Gurney referred to a policy for lung cancer in place at Calderdale and Huddersfield NHS Trust and agreed to forward a copy to Ms Stephenson.

Mr Tinkler highlighted that the Network will be uploading all of the Network Site Specific Group Quality Measures onto CQuINS (the Cancer Quality Information Network System), therefore individual hospital MDT's can cross reference the evidence.

Action: Ms Stephenson to re-draft terms of reference and circulate for comment.

Guidelines to be reviewed by the original authors by end of April 2005 then circulated to the Imaging Group for comments before the next meeting.

Dr Gurney to forward rapid notification policy in place at Calderdale and Huddersfield to Ms Stephenson.

5. Development Programme for Imaging Equipment

Professor Baker explained that the Network Imaging group had produced a three-year development plan for additional CT and MRI scanners. The plan was to fit in with the 2001-04 Service Delivery Plan to ensure that the commissioners were engaged to fund both the capital (where not provided by the National Investment Programme) and the revenue consequences. Additional allocations of capital from the Department of Health had ensured the delivery of the first two years of the programme.

It is necessary to review the programme now in the context of cancer centre developments and changed pathways and in terms of handling service pressures locally. The programme should cover new equipment and appropriate levels of commissioning of existing NHS-based capacity.

Professor Baker highlighted that imaging workforce and equipment may be included in Local Delivery Plan bids, the Network would be pleased to receive copies of these.

Each Trust representative gave an update on scanning and ultrasound capacity and workforce.

Dr Carradine highlighted that there is increased pressure to use the recently installed MRI since Harrogate has pledged to meet the National Targets a year early.

Dr Blake highlighted that Airedale scanners are working to a 5 day week. There are currently radiographer recruitment issues.

Dr Mannion highlighted that a second CT will be installed at York in June but there is an issue about funding the running of it.

Dr Gurney highlighted that Calderdale and Huddersfield will include the upgrade of the spiral CT to a multi-slice CT in the capital planning for this year. The Trust is at total capacity utilisation for day time working.

Mr Tinkler highlighted that a capacity and demand analysis should have been carried out in Imaging Departments by local Service Improvement Teams. Mr Tinkler agreed to discuss this with Mrs Carol Ferguson, Programme Director for the YCN Service Improvement Team.

Action: All to forward LDP proposals relating to imaging workforce and equipment to Professor Baker/ Mr Tinkler.

Mr Tinkler to discuss capacity and demand analysis of Imaging Departments with Mrs Ferguson.

6. Workforce

The group gave an update on recruitment of radiologists across the Network.

Trust	Number of Radiologists
Airedale	7
Bradford	c.16
Calderdale and Huddersfield	9.6 (plus 1 locum for breast cancer work)
Harrogate	6
Leeds	c.30
Mid Yorkshire	c.9 (of 13) at Pinderfields and Pontefract 2 (of 6) at Dewsbury
York	13

7. Diagnostics Strategy

Mr Tinkler informed the group that West Yorkshire Strategic Health Authority (WYSHA) has established a Diagnostics Strategy Group for endoscopy, imaging, pathology and the AHP aspect, chaired by Dr Anthony Chapman. The WYSHA Diagnostics Strategy Group and Board would be used to support discussions of the YCN Imaging Group.

Mr Tinkler highlighted that reducing waiting times for cancer services is one of the highest priorities for the NHS in the coming year. From the end of December 2005, the NHS should achieve:

A maximum 31 day wait from decision to treat to first treatment for all cancers.

A maximum 62 day wait from urgent suspected cancer (USC) GP referral to first treatment for all cancers.

Progress on the two-week cancer wait (from USC GP referral to being seen by a specialist) has been very positive, and performance on the 31 and 62 day targets for breast cancer patients is generally good.

The overall performance across all other tumour sites is much less encouraging. Data completeness (recording the anticipated number of patients on the cancer waits database) is also poor in many trusts. Achieving the 31 and 62 day targets will be a major challenge for the NHS.

8. Any Other Business

- **PET Scanning**

Professor Baker highlighted that Professor Mike Richards has clarified that the framework document for PET will be re-issued shortly; negotiations are ongoing regarding the funding.

9. Date of the Next Meeting

**Thursday 19th May 2005, 6.15pm
at North Leeds Ramada Jarvis Hotel**