

Yorkshire Cancer Network Skin Cancer Group

Minutes of the meeting held on
Tuesday 28th March 2006, 2.00pm
Room 1, YCRN Conference Suite, Cookridge Hospital

Present:	Dr J O'Dowd	Airedale NHS Trust
	Dr S Al-Ghazal Mr M Timmons Ms C Wheelhouse Dr A Wright	Bradford Teaching Hospitals NHS Foundation Trust
	Dr H Hempel Dr A Layton Ms M Walker	Harrogate and District NHS Foundation Trust
	Dr W Merchant (Chair) Prof J Newton-Bishop Dr G Stables	Leeds Teaching Hospitals NHS Trust
	Dr G Ford	Mid Yorkshire NHS Trust
	Dr C Lyon	York Hospitals NHS Trust
	Miss L Carroll Mr S Duffy Mr P Melling Mr B Tinkler	Yorkshire Cancer Network
	Ms L Cooper Ms A Millett	Yorkshire Cancer Network Service Improvement Team

1. Apologies for absence

Apologies were received from Ms D Beirne, Dr A Boon, Dr H Galvin, Dr G Haslam, Dr K London, Dr M Marples, Dr M Mossad, Dr E Potts, Ms J Sugden and Mr D Watt.

2. Minutes from the last meeting

Were agreed as being an accurate record.

3. Matters arising

None.

4. NICE Guidelines –Final Version

Mr Tinkler summarised the Network's approach to the implementation of IOG.

Following the publication of the Improving Outcomes for People with Skin Tumours including Melanoma in February 2006 the Cancer Action Team (CAT) will send the Network a proforma requesting the NSSG to produce an Action Plan to be submitted within six months. This action plan will include a gap analysis and a summary of work that will be undertaken to meet the recommendations. The timescale for implementation of the IOG is within three years of publication.

Mr Tinkler summarised the MDT recommendations. A local MDT requires a minimum population of 200,000 and a specialist MDT serving a minimum population of 750,000. As the Network serves a population of 2.6 million, discussions to decide the future of the local and specialist MDTs must take place. Should there be more than the required number of Trusts wanting to be a specialist MDT the Network has an agreed process which will be overseen by the YCN Management Board. The CAT will also produce Peer review quality measures that will be used to assess whether the Network is compliant or not with the IOG. These measures will be circulated for a three month consultation period and a Peer Review visit will take place a minimum of six months after their final publication.

Mr Tinkler summarised the process for commissioning resource requirements identified in the action plan.

Dr Merchant tabled the Key recommendations – Improving outcomes for People with Skin Tumours including melanoma paper.

Dr Merchant gave feedback from the meeting he attended on Monday 27th March in London (presentation enclosed). An in-depth group discussion followed regarding the effectiveness, structure and function of the MDTs. It was felt this process will be an opportunity to define how an MDT should function. Members discussed the two levels of MDTs in the Network i.e local hospital skin cancer MDTs and specialist skin cancer MDTs and proposed which Trusts should fall into which category. ITC's should be part of this group.

Mr Tinkler prompted a group discussion about their engagement with PCTs. He asked if colleagues knew who the GP's with special interests in their community are and if they currently make links with the consultant dermatologists. Mr Tinkler suggested they send a list of questions to the PCT Leads. Members agreed to hold a day meeting to address issues relating to the NICE Guidance and include representation from the PCTs.

A breakdown of the Cancer Network into local and specialised MDT groups was done. A copy is attached. Due to the size of the Region there would be 2 Specialised MDT [SSMDT], Bradford and Leeds and 4 Local MDT groups [LSMDT], Harrogate, York, Mid Yorkshire and Calderdale.

Mr Tinkler explained as the services provided include Scarborough he will liaise with relevant colleagues from the H&YCCN.

The Skin cancer – Gap Analysis against IOG was tabled and Miss Carroll agreed to circulate this to the group for comments. Ms Cooper said she will then revise the paper to reflect any comments received and circulate again for completion by June 2006.

Mr Tinkler said he will discuss with Ms Cooper the possibility of circulating data on number of patients diagnosed with skin cancers/skin melanomas etc from histopathology results.

ACTION: Dr Merchant/Dr Wright to draft a letter to be sent to the PCT Leads (actioned 20.04.06)

Miss Carroll to circulate the skin cancer gap analysis for comment (actioned 31.03.06)

Ms Cooper to amend gap analysis and circulate for completion by June 2006

Network Officer/Chair to organise day meeting to address issues relating to the NICE Guidance

5. Cancer Waiting Times

Mr Melling gave a presentation on the latest skin cancer waiting times data for Q2 and Q3 2005/06 (see enclosure). Members reviewed and discussed reasons for breaches in detail. Members felt it would be beneficial if a summary could be provided with future CWT data.

Mr Melling reiterated that breaches for 62 day referrals are shared between the referring and treating hospital Trusts noting work is being undertaken across the Network to improve this pathway.

6. YCN Cancer Event Server

Mr Melling gave a demonstration of the YCN Cancer event server and answered members questions. The NHS number was crucial information to input and extract data.

7. Any other business

The IOG in Children and Young People with Cancer was published in August 2005 and work on the implementation of this is being undertaken by the YCN and H&YCCN Paediatric & Adolescent Haematology & Oncology Group.

Leaflets on dealing with a diagnosis and self examination of the lymph glands have been produced and will be circulated to the group by email.

ACTION: Leaflets on dealing with a diagnosis and self examination of the lymph glands to be circulated to the group.

8. Date of next meeting

**Tuesday 20th June, 10.00am, YCRN Room 1,
Ida Nurses Home, Cookridge Hospital**