

**Actions of the meeting held on
Wednesday 11 June 2008, 15:00**

Yorkshire Cancer Network

St. Michael's Hospice, Harrogate

Present:

Dr M Crawford	Airedale NHS Trust
Dr M Raashed	
Dr B Jacob	Bradford Teaching Hospitals NHS Foundation Trust
Dr R Heaton	Calderdale and Huddersfield NHS Foundation Trust
Ms H Jones	
Ms L Ashford	Leeds Teaching Hospitals NHS Trust
Ms J Bewley	
Dr R Bishop	
Dr M Bond	
Dr P Plant	
Mr S Bolton	Mid Yorkshire Hospitals NHS Trust
Mr S Duffy	Yorkshire Cancer Network
Mr G Hughes	
Mr P Melling	
Mrs H Ryan	
Ms F Halstead	Yorkshire Cancer Research Network

Apologies

Ms N Bell, Dr A Conn, Dr A Henry, Dr M Kiely, Mr K Papagiannopoulos, Dr C Taylor, Dr R Taylor, Mr B Tinkler

2. Action Log from the last meeting			
Log No	Action	Lead(s)	Deadline
1	The action log from the last meeting was agreed as being an accurate record.	N/A	N/A
3. Matters arising			
Log No	Action	Lead(s)	Deadline
2	<p>•Pathology Reports</p> <p>Reports are still being faxed and posted rather than emailed.</p> <p>Network access to PPM was discussed.</p> <p>The group were still concerned about the long turn around times for pathology reports.</p> <p>To email group and establish who requires access to PPM and inform Martin Waugh at Leeds.</p>	P Melling/ S Duffy	June 2008
3	<p>•Pathology Reports</p> <p>To invite Leeds Pathology Directorate to the next meeting to discuss the issue further.</p>	H Ryan/ J Bewley	Next meeting (06/10/2008)

3. Matters arising			
Log No	Action	Lead(s)	Deadline
4	<p>•PET Audit</p> <p>A Network PET Audit is required to show the impact of PET on the upstaging and down staging of disease and on the patient. This will be helpful for the further developmental funding from PCT's.</p> <p>To carry out and present PET audit results of CT staging pre PET versus staging post PET.</p>	P Plant	Next meeting (06/10/2008)
5	<p>•EBUS</p> <p>Leeds has bid to purchase the EBUS kit and a reply is awaited. If the bid is unsuccessful Leeds will lease the kit and a bid will be put forward for next year.</p> <p>To keep the group updated.</p>	P Plant	On-going
4. Pathway Development			
Log No	Action	Lead(s)	Deadline
6	<p>The draft pathway was circulated with the agenda.</p> <p>Mr Hughes gave an overview of how the group could influence the shape of Network lung Cancer Pathways within the reformed NHS.</p> <p>The various stages in the commissioning process coupled with the changes at Network Board level, mean that the group have real opportunity to engage directly with commissioners at Network level in order to help shape Network Lung Cancer Services. The engagement will essentially be around pathways.</p> <p>The lung cancer follow-up pathway, developed by Dr Crawford, was tabled for consultation.</p> <p>To arrange a half day meeting to agree the Network lung cancer pathway. Two representatives from each MDT must attend.</p>	H Ryan	June 2008
7	<p>To circulate an electronic copy of the lung cancer follow-up pathway to the group for comment.</p>	H Ryan	July 2008

4. Pathway Development			
4.1 Analysis using Cancer Waiting Times and SPC			
Log No	Action	Lead(s)	Deadline
8	<p>Mr Melling presented to the group the latest lung cancer waiting times.</p> <p>The Cancer Reform Strategy (CRS) was published in December 2007. Within the CRS there are several commitments to extend the NHS Cancer Plan standards. This document details the dataset revisions required to monitor the existing NHS Cancer Plan standards in a manner consistent with the monitoring of the 18-Week standard, and introduces the data elements needed to support the new CRS waiting time standards:</p> <ul style="list-style-type: none"> •Maximum two week wait from referral for general breast symptoms (where cancer is not initially suspected) to date first seen (December 2009) •Maximum two month wait from referral from a cancer screening service to first treatment for all cancers (December 2008) •Maximum two month wait from a consultant's decision to upgrade the urgency of a patient they suspect to have a cancer to first treatment for all cancers December 2008) •Maximum one month wait for all subsequent treatments for new cases of primary and recurrent cancer where radiotherapy is the chosen treatment modality (December 2010) •Maximum one month wait for all subsequent treatments for new cases of primary and recurrent cancer where an anti-cancer drug regimen or surgery is the chosen treatment modality (December 2008) •Maximum one month wait for all subsequent treatments for new cases of primary and recurrent cancer for all other treatment modalities (December 2008) <p>To keep the group updated.</p>	P Melling	On-going
9	<p>Mr Hughes presented an analysis (using Statistical Process Control) as to how each trust's lung cancer pathway was performing in relation to existing waiting times targets and previously agreed pathway timelines.</p> <p>As a result, it was agreed that considerable work needed to be undertaken to define and agree Network Lung/ Thoracic pathways and that further redesign of pathways would seem likely - particularly given the need to establish sustainable pathways and to meet the challenges of future Cancer Waiting Times targets.</p> <p>To email presentation to the group.</p>	H Ryan	July 2008
6. Mesothelioma Framework - New Lead Nominations			
Log No	Action	Lead(s)	Deadline
10	<p>Dr Snee was nominated as the new Network Lead for Mesothelioma. The group unanimously supported the proposal.</p> <p>To update the YCN database accordingly.</p>	H Ryan	July 2008

7. Guidelines Review			
7.1 Pathological Guidelines			
Log No	Action	Lead(s)	Deadline
11	The pathology guidelines have been reviewed and no amendments are required. To update guidelines review date and upload onto YCN website.	H Ryan	July 2008
7.2 Imaging			
Log No	Action	Lead(s)	Deadline
12	The standing issue was around head CT prior to radical treatment. Dr Plant has produced an up to date literature review for the last 5 years and is carrying out a retrospective audit looking at recurrence post surgery stratified by whether patients received head CT imaging before radical treatment or not. The audit will be ready for the BTS submission in July. To circulate audit results in mid July.	P Plant	Mid July 2008
8. Lung Cancer Nurses Educational Event			
Log No	Action	Lead(s)	Deadline
13	The next educational event will focus on mesothelioma and take place on Friday 28th November 2008 at the Pavilions of Harrogate. To circulate programme and registration form to the group.	H Ryan	July 2008
9. YCRN Update			
Log No	Action	Lead(s)	Deadline
14	Ms Halstead presented to the group the Yorkshire Cancer Research Network portfolio and recruitment into lung cancer trials. To keep the group updated and produce a summary update for each MDT Chair of the current lung cancer trials.	F Halstead	On-going
10. Any Other Business			
Log No	Action	Lead(s)	Deadline
15	•Dr Muers Retirement A Lung Cancer Mesothelioma Study Day has been arranged on 24th September 2008 at the Thackray Medical Museum to mark the occasion of Dr Muers retirement and highlight new developments and innovations. The provisional programme was tabled. To advertise the study day in own individual hospital trusts.	All	September 2008
16	•LUCADA The deadline for submission of 2007 cases is the end of June 2008 for the annual report. All to ensure data is submitted.	All	June 2008
17	•Leeds Thoracic Surgeon A fourth surgeon has been appointed at Leeds and will start at the beginning of July.	N/A	N/A

Date of Next Meeting(s)

Wednesday 15th October 2008 3:00 pm

The Board Room, 3rd Floor, Trust Head Quarters, Harrogate District Hospital