

Present:

Mrs C Ingham	British Thyroid Foundation
Mr M Aldoori	Calderdale and Huddersfield NHS Foundation Trust
Dr G Gerrard	Leeds Teaching Hospitals NHS Trust
Mr M Lansdown (Chair)	
Professor K MacLennan	
Mrs L Priestley	
Dr A Scarsbrook	
Mr J Frewer	Mid Yorkshire Hospitals NHS Trust
Ms E Jeffers	York Hospitals NHS Foundation Trust
Mr A Nicolaides	
Mr S Duffy	Yorkshire Cancer Network
Mr P Melling	
Mr B Tinkler	

1. Apologies

Mr I Hutchinson, Dr E Loney, Dr R Pope, Mr I Smith, Mr S Sood, Ms F Stephenson

1. Welcome and Apologies			
Log No	Action	Lead(s)	Deadline
16	Introductions were made round the table. It was noted that Ms Lynn Priestly was the first Specialist Nurse for Thyroid Cancer in the Yorkshire Cancer Network and probably the first in any English cancer network.	N/A	N/A
4. Future Service Model			
Log No	Action	Lead(s)	Deadline
17	Mr Nicolaides informed the group that although York did not meet the required catchment population (one million) as stated in the Peer Review Quality Measures they felt it was advantageous for York to continue being a separate Specialist MDT. He asked for the groups comments and support. To produce a paper highlighting the advantages and disadvantages of York being a Specialist MDT and circulate for discussion at the next meeting.	A Nicolaides	31/10/2007
18	To prevent delays there was an agreement that when any patient is referred to Dr Gerrard a pathology review is also requested from Leeds and send to Prof MacLennan.	All	Ongoing
19	Mr Melling presented NYCRIS data on Thyroid incidence over a twenty year time frame. It was noted that there is an increase in incidence and therefore this will put pressure on the ability to deliver radioactive iodine with the present resources. To provide this data highlighting the sex and age at time of diagnosis.	P Melling	Review 16/05/2008
20	To undertake a complete analysis of cases by surgeon/MDT and feedback at the next meeting.	P Melling and K MacLennan	Review 16/05/2007

4. Future Service Model			
Log No	Action	Lead(s)	Deadline
21	<p>A discussion regarding the management of the referral process for patients with a Thyroid lump took place. It was emphasised that patients with a thyroid lump should not be put onto routine waiting lists. These patients should be treated as a suspected cancer until proven otherwise.</p> <p>Mr Lansdown explained that whilst those patients with a thyroid lump who are referred to the surgeons in Leeds undergo surgery within 43 days from first clinic appointment, those referred non urgently to endocrinologists undergo surgery within 107 days. The importance of educating GPs and improving the referral process for patients with a thyroid lump was emphasised.</p> <p>It was proposed that a separate two week referral form for a patients with a Thyroid lump is produced.</p> <p>To circulate a draft two week referral for a Thyroid Lump summarising the criteria for referral.</p>	M Lansdown	19/10/2007
22	<p>It was suggested that all patients with a thyroid lump are only referred to designated surgeons within the Network</p> <p>At the first meeting of the Thyroid NSSG a list of designated surgeons for thyroid surgery was agreed in line with the Thyroid component of the Head and Neck IOG. According to the recently published Thyroid Cancer Guidance the requirement is for surgeons to be able to undertake primary thyroid surgery up to total thyroidectomy and in addition up to level VI nodal neck dissection.</p> <p>To write to the Lead Clinicians and Lead Managers in each organisation to ask for confirmation that this is the case for all surgeons involved and designated as thyroid surgeons. A list of the designated surgeons then to be made available.</p>	S Duffy	19/10/2007
23	<p>To undertake an audit in order to assess compliance with this quality measure within the next six months, the results of which will be made available to all provider organisations.</p>	All	Review 16/05/2008
5. Patient Pathway			
Log No	Action	Lead(s)	Deadline
24	<p>The need for producing timed patient pathways was highlighted. It was proposed they include stopping GP access to Thyroid ultrasound. Follow-up will be included in the pathway.</p> <p>Mr Lansdown proposed each MDT categorises each Thyroid cancer into 'high risk' and 'low risk'. High risk patients would receive life long follow-up in secondary care and low risk patients could receive follow-up in Primary Care in accordance with the agreed guidance.</p> <p>To draft a timed patient pathway (including follow-up) for sign off at the next meeting.</p>	M Lansdown, G Gerrard and G Hughes	Review 16/05/2008

Thyroid Group : Actions of the meeting held on Wednesday 10th October 2007 2:30 pm

6. Peer Review Action Plan			
Log No	Action	Lead(s)	Deadline
25	<p>The second draft of the YCN Peer Review Report has been circulated. The key themes, areas of concerns and good practice identified were summarised.</p> <p>A remedial Action Plan summarising how the concerns will be addressed must be produced and submitted to the Peer Review Zonal Team by the end of November 2007.</p>	Lead Managers/YCN Lead Team	30/11/2007
8. Any Other Business			
Log No	Action	Lead(s)	Deadline
26	<p>The group agreed to focus on the new 2007 British Thyroid Association guidelines and how they are to be implemented at the next meeting. Mr Nicolaides also agreed to present at this meeting.</p> <p>To invite the Endocrinologists, GPs and Oncologists to the next meeting.</p>	M Lansdown	16/05/2008
27	To circulate an electronic copy of the 2007 British Thyroid Association guidelines with Action Log.	L Carroll	19/10/2007
9. Dates for 2008 meetings			
Log No	Action	Lead(s)	Deadline
28	To circulate the 2008 meeting dates with the Action Log.	19/10/2007	L Carroll

Date of Next Meeting(s)

Friday 16th May 2008 2:30 pm
TBC