

**Actions of the meeting held on
Thursday 12 June 2008, 14:00**

Yorkshire Cancer Network

Lecture Room, Cookridge Suite, Level 7, Bexley Wing, St James's University Hospital

Present:

Mr A Henry	Airedale NHS Trust
Dr R Calvert	Bradford Teaching Hospitals NHS Foundation Trust
Mrs H Hey	
Mr J May	
Dr A Verma	Calderdale and Huddersfield NHS Foundation Trust
Dr A Gledhill	Harrogate and District NHS Foundation Trust
Mr S Dexter (Chair)	Leeds Teaching Hospitals NHS Trust
Dr H Grabsch	
Mrs K Smith	
Ms M Clough	York Hospitals NHS Foundation Trust
Dr S Smale	
Mr S Duffy	Yorkshire Cancer Network
Miss C Murray	
Ms F Stephenson	
Mr B Tinkler	
Ms F Halstead	Yorkshire Cancer Research Network

Apologies

Dr A Cairns, Dr J Dent, Dr M Denyer, Mr G Dyke, Mr S Garside, Ms N Hawkshaw, Dr C Kay, Dr K Last, Ms W Markey, Mr P Melling, Ms A Procter, Ms H Roberts, Ms C Rock, Dr P Sahay, Dr S Shah, Ms T Wilcocks

2. Action Log from the last meeting			
Log No	Action	Lead(s)	Deadline
1	The action log from the last meeting was agreed to be a true record.		N/A
3. Matters arising			
3.1 Mid Yorks MDT update			
Log No	Action	Lead(s)	Deadline
2	<p>Mr Dexter reported that Dr Daniel Swinson, Medical Oncologist, LTHT is currently working with Dr P Sahay and Dr S Shah to take the MDT forward. They are discussing a rotational weekly Upper GI clinic, planned to channel into their MDT which is expected to commence shortly.</p> <p>Five candidates have been short listed for the CNS post, four new Radiology appointments have been funded, ready to go out to advert and a business case for 3 histopathology consultants has been submitted.</p> <p>To keep the group updated on the progress of this work.</p>	S Dexter/ D Swinson	09/10/2008

5. MDT Update			
5.1 West West Yorkshire			
Log No	Action	Lead(s)	Deadline
3	<p>Mrs Hey informed the group that the WWY Upper GI Nursing team by agreement with the YCN NNSSG are in the process of developing the supportive and information pathways for patients with gastric and oesophageal cancer.</p> <p>The workings of the MDT are currently being reviewed. The introduction of PACs have enabled an extension of the deadline for adding patients to the meeting, the timing has also been slightly rescheduled to accommodate colleagues from other trusts and it has been acknowledged that more difficult cases could benefit from recording a criterion for decision. CNSs are currently trialling rotating into the MDT due to increased workload.</p> <p>Bradford/Airedale oncology collaboration has appointed a medical oncologist who is to attend the UGI meeting in the centre.</p> <p>A Time Out event is planned for 25th June covering a range of clinical and nursing topics.</p> <p>The audit of patient follow up preferences has concluded. A report has been written and sent to key stakeholders and the information will be presented at the Time Out event.</p> <p>From the 1st June, Bradford has established a new audit of the appropriateness of fast track referrals. The information is to be analysed and fed back at the locality meeting. This will also be shared at a clinical governance meeting in the University for GPs to provide their feed back.</p> <p>The team have also completed an outcomes audit comparing fast track referrals with non-fast track and plan to present this information at the BSG next year.</p> <p>Mrs Hey to share the supportive and information pathways for gastric and oesophageal cancer with the group once they have been circulated to the nurses group for comment.</p>	H Hey	09/10/2008
4	<p>Helen Hey reported that the post surgery course has been very well evaluated. However due to the recurrence rate/death a slightly different approach will need to be examined that will be run more often. This initiated a discussion around the importance of early presentation and diagnosis given its strong link to a good prognosis. The possibility of increasing patient awareness and early detection/presentation was discussed as emphasised in the Cancer Reform Strategy. The group were encouraged to consider five to ten year plans in terms of making inroads into patient survival.</p> <p>Members agreed to consider ways of increasing cases of early presentation/diagnosis and public awareness, looking at building this into patient pathways.</p>	All	Ongoing

5. MDT Update			
5.2 Leeds, North and Mid Yorkshire			
Log No	Action	Lead(s)	Deadline
5	<p>Mr Dexter informed the group that there is now confirmed representation from almost all units nominated to attend the Specialist MDT. Surgical transfer is scheduled to take place in September once the communication pathways are in place. Dr Smale agreed to draft a referral document and to circulate to those involved. It was agreed that a meeting would take place following this to discuss any possible changes.</p> <p>Members agreed that routine follow ups should take place locally whilst complex cases be referred back to the surgical unit.</p> <p>The group discussed PPM access for local units and designated points of contact following discharge. Also, the option of handing discharge notes to patients was explored.</p> <p>Mr Dexter reported that Leeds have now appointed a Service Improvement Lead Mr Abeezar Sarela who has produced an agenda for MDT education and operation issues.</p> <p>Dr Smale to draft a referral document, to circulate this to those involved and to arrange a meeting to discuss any changes by date TBC.</p>	Dr Smale	TBC
6	To discuss the progress of this at the next meeting.	All	09/10/2008
6. Clinical Guidelines update			
Log No	Action	Lead(s)	Deadline
7	<p>Mr May reported that draft Guidelines for the Management of Upper Gastro-intestinal Cancer are almost finished.</p> <p>Mr May to forward the draft surgical and radiotherapy updates to Miss Murray.</p>	J May	18/07/2008
8	Miss Murray to circulate the draft guidelines to the group for comment.	C Murray	25/07/2008
9	Members to send any comments to Mr May before the 8th August 2008.	All	08/08/2008
7. Educational Event			
Log No	Action	Lead(s)	Deadline
10	<p>Ms Stephenson informed the group that the YCN Upper GI & Pancreatic all day event is scheduled to take place on 7th November 2008 at the Pavilions of Harrogate. A draft agenda was tabled at the meeting. Members agreed to include MDT cases from both units and patient follow up as agenda items.</p> <p>Mr Dexter to develop the draft programme and to contact speakers.</p>	S Dexter	25/07/2008
11	Miss Murray to send out the date to alert members.	C Murray	27/06/2008

8. YCRN Presentation			
Log No	Action	Lead(s)	Deadline
12	<p>Ms Fiona Halstead presented latest updates on the on the Upper GI portfolio and recruitment. The group enquired how allocated funds from the DoH are filtered down. Ms Fiona Halstead explained that bids are currently being put forward by each R&D department to the Comprehensive Local Research Network (CLRN).</p> <p>Ms Fiona Halsrtead to forward CLRNs operational plan to Ms Murray for circulation to the group.</p>	F Halstead/C Murray	04/07/2008
9. Cancer Waiting Times			
Log No	Action	Lead(s)	Deadline
13	<p>Mr Tinkler presented the latest CWT data.</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 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 members updated on the CWT data.</p>	P Melling	09/10/2008
10. Vice Chair			
Log No	Action	Lead(s)	Deadline
14	Members to email clair.murray@ycn.nhs.uk with nominations for vice chair before 31/07/2008.	All	31/07/2008

Date of Next Meeting(s)

Thursday 9th October 2008 3:45 pm
 Conference Room, Field House, Bradford Royal Infirmary

Friday 7th November 2008 9:00 am
 Pavilions of Harrogate, Great Yorkshire Showground, Harrogate [Educational Event]