

# YORKSHIRE CANCER NETWORK

## Upper GI Group

Minutes of the meeting held on  
Thursday 20<sup>th</sup> May 2004, 9.00am  
Pavilions of Harrogate, Great Yorkshire Showground

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Present:	Dr D Clements Mr P Dewar	Airedale NHS Trust
	Dr C Beckett Dr R Calvert Ms H Hey Dr C Kay (Chair) Mr J May	Bradford Teaching Hospitals NHS Trust
	Mr S Dextor Dr K Harris Ms N Hawkshaw Ms K Smith Ms N Snelling	Leeds Teaching Hospitals NHS Trust
	Mr M Basheer Ms L Verity	Mid Yorkshire NHS Trust
	Dr D Jackson Ms J Love	York Hospitals NHS Trust
	Prof. M Baker Miss L Carroll Mr P Melling Mr B Tinkler	Yorkshire Cancer Network
	Ms C Sleigh	Yorkshire Cancer Research Network

### 1. Apologies for absence

Apologies were received from Dr Chakrabarty, Dr A Crellin Dr M Denyer, Mr J Gokhale, Dr P Sayhay, Dr Sebag-Montefiore, Dr M Seymour, Ms F Stephenson, Dr P Selby, Mr C White and Mr W Wong

Dr Kay welcomed Dr C Beckett, Consultant Gastroenterologist, Bradford Royal Infirmary and Dr K Harris, Consultant Radiologist Leeds General Infirmary to the group.

### 2. Minutes from the last meeting

The minutes of the last meeting were confirmed as an accurate record.

### 3. Matters Arising

- **Pancreatic Cancer Subgroup**

Dr Kay reminded the group of their previous discussions regarding the possibility of having a Pancreatic sub-group. Prof. Baker highlighted that the service would be centralised within three and a half years and therefore felt that it was necessary that there was a Network Pancreatic Cancer group, however noted that it was the group's decision as to whether they would like to discuss pancreatic cancer at the Upper GI meetings or have a separate sub-group.

Dr Kay questioned if Pancreatic Cancer would be included in the Peer Review. Prof. Baker informed the group that the final version of the 'Quality Measures' were due to be published on the 7<sup>th</sup> June 2004 and

that pancreatic cancer standards/measures would be included consistent with the Improving Outcomes Guidance. Prof. Baker highlighted that at present about half to two thirds of pancreatic resections for pancreatic cancer in the network were carried out in Leeds. He noted that although centralisation would take place by the end of 2007 there had to be an action plan in place for the Peer review in September 2005.

The group discussed their thoughts on having a pancreatic sub-group.

The group concluded that they would have a separate pancreatic sub-group and agreed to have it prior/post the Upper GI Network meetings so the attendance would be strong. Dr Kay asked the group to let him know if there was anyone that he should specifically invite to these meetings.

**ACTION: Since the meeting Prof. Baker has suggested that a letter could be sent to all Lead Clinicians asking who should be invited to the subgroup as pancreatic Leads and will discuss this further with Dr Kay**

- **Network Guidelines Working Group**

Dr Kay reminded the group that the 'Network Guidelines Working Group' had formed to develop clinical and referral pathways for the management of Upper GI cancers across the YCN. Dr Kay explained that at the previous meeting the 'working group' had agreed to nominate individuals to produce a short document covering patient centred care, diagnosis of gastric cancer, diagnosis of oesophageal cancer etc. Dr Kay highlighted that he would be formally writing to these individuals asking if they could produce the document in a 6-8 week time frame so that he and Ms Stephenson could collate the information and present this at the next meeting.

**ACTION: Dr Kay to invite Guideline contributions for collation and discussion at the next meeting**

#### 4. Developments in Upper GI Services

- **Central and North Yorkshire**

Dr Harris announced that the third surgeon Dr Abeeza Sarela had been appointed in Leeds.

Prof. Baker highlighted that the MDT was now well established and noted that Mr Wong from York District Hospital regularly attended.

Dr Harris informed the group that they had now received new replacement EUS equipment. Dr Harris reported that they now had staffing issues as they were having difficulty in recruiting Nurses.

- **West Yorkshire**

Dr Kay informed the group that Bradford Upper GI MDT was well established. Dr Kay highlighted that the MDT meetings had been running weekly since April 2004 and noted they now held the Pancreatic MDT meeting on a weekly basis also. Dr Kay explained that although the MDT's were well attended from outside units, that he could not alter all MDT's, for the MDT was totally reliant upon Dr Crellin.

Prof. Baker explained that as the MDT sessions were funded there should be no problem with representatives from Clinical Oncology Units attending these meetings.

Dr Kay explained that discussions were still taking place on the surgical transfer of work and highlighted that this would take place in 2007 at the latest.

Dr Clements said that it would be very beneficial both clinically and for the MDT meetings if units were able to send images electronically to the two Centres (Leeds and Bradford).

Dr Kay highlighted that there were two main issues with IT. These were that there was not a named individual that could offer support for IT and that there was not a dedicated work station/room where images could be viewed.

It was highlighted that as part of the National PACS programme there was a meeting with Accenture, the local Service Provider, in June where this could be discussed further.

## **5. Upper GI Cancer Quality Measures for Peer Review update**

Prof. Baker reported that the Manual of Cancer Services was been reviewed and re-written and highlighted that the DOH planned to publish these on 7<sup>th</sup> June 2004. He explained that the first Peer review would commence 6 months after they had been published and indicated that Humber and Yorkshire Coast Cancer Network would be the first Network in the North Zone to be reviewed. The Yorkshire Cancer Network review was planned to take place in September 2005. Prof. Baker highlighted that there would be a comprehensive self assessment conducted in March-June 2005 followed by a pre-visit to each unit in July 2005 so that any gaps in the assessment could be identified. Prof. Baker explained that two days for each unit would be allocated for the formal visit and highlighted that each unit across the country would be assessed using the same model.

Mr Tinkler informed the group that there would be structured programme for shared learning and support across the Network. Mr Tinkler highlighted that each of the Network groups would need to produce a report of what happened the previous year, an action plan for the following year and a peer review time table. Mr Tinkler highlighted that one of the information support mechanisms was to try and reduce the paper work and explained that there would be support and training for any change in processes.

## **6. Network Upper GI Nurses Group**

Ms Hey reported that a Network Upper GI Nurses Group had been established. Ms Hey explained that they had identified key objectives/projects that they could work on and had agreed to primarily look at Patient Information and noted that she would keep the group updated with their progress.

## **7. Cancer Datasets**

Mr Melling circulated the paper on Cancer Datasets (please see supporting paper).

Mr Melling explained that the 'Quality Measures' highlight that there should be a standard minimum dataset for upper GI Cancers across the Network and therefore a meeting had taken place in February 2004 to obtain views on which parts of the dataset people were interested in collecting. Mr Melling explained that the paper on cancer datasets was a table of the collated results that had been obtained as a result of this meeting. The table categorised data items into three groups - essential, desirable and not important. Mr Melling explained that these results indicated that the majority of responses categorised the whole dataset as "essential", however he noted that this was not practically feasible. Mr Melling explained that one suggestion was to decide the important audit questions and then determine the dataset needed to answer the questions.

Mr May suggested the possibility having a cut off point so only those datasets that were above the point were collect. Dr Kay highlighted that these results may be biased as the results would vary depending on the mix of professionals who had completed the questionnaire.

**ACTION: Mr Melling to work with individuals (preferably one representative for each area of dataset) to agree on a common Upper GI dataset for the Network.**

## **8. Cancer Waiting Times**

The paper on Cancer Waiting Times for Upper GI Cancer (quarter 4) was tabled (please see supporting paper). Mr Melling highlighted that the Upper GI Cancer waiting times had been collected since September 2003 and noted that as a Network they were doing very well.

## **9. Any Other Business**

There was no other business to report.

## **10. Date and time of next meeting**

**Tuesday 28<sup>th</sup> September 2004, 6.00pm, Conference Suite,  
Arthington House, Cookridge Hospital**