

YORKSHIRE CANCER NETWORK

Upper GI Group

Minutes of the meeting held on
Tuesday 28th September 2004, 6.00pm
Conference Suite, Arthington House, Cookridge Hospital

Present:	Dr D Clements	Airedale NHS Trust
	Dr R Calvert	Bradford Teaching Hospitals NHS Trust
	Ms S Cheeseman	
	Mr J Gokhale	
	Ms H Hey	
	Dr C Kay (Chair)	
	Dr P Selby	Leeds North West PCT
	Dr A Crellin	Leeds Teaching Hospitals NHS Trust
	Dr D Sebag-Montefiore	
	Prof M Seymour	
	Mr M Basheer	Mid Yorkshire NHS Trust
	Mr C White	
	Mr W Wong	York Hospitals NHS Trust
	Prof M Baker	Yorkshire Cancer Network
	Miss L Carroll	
	Mr P Melling	
	Mr B Tinkler	

1. Apologies for absence

Apologies were received from Mr C Button, Dr K Harris, Ms N Hawkshaw, Dr R Lane, Mr J May, Dr A Sarela, Ms C Sleigh, Ms K Smith and Ms L Verity.

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 reported that the Pancreatic subgroup planned to meet on an ad hoc basis. The key issues that were raised by this group will be identified by Dr Kay and Prof Baker and addressed by relevant colleagues.

- **Network Guidelines Working Group**

Dr Kay informed the group that the 'Clinical Guidelines and Referral Pathways' group had nominated key people to work on specific topics. Sections are to be submitted by 1st October 2004.

Dr Clements said it was important that any work undertaken locally on guidelines should be coherent with the national guidelines. If any of the local guidelines diverted from the BSG guidelines published in 2002, members of the group should write to the BSG to highlight the differences.

ACTION: Draft sections of the 'Clinical & Referral Pathway Guidelines' to be submitted by 1st October

Dr Kay & Ms Stephenson to produce the draft guidelines from the submitted sections and to circulate prior to the next meeting for comment

4. Developments in Upper GI Services

- **Central and North Yorkshire**

Mr White highlighted the need for a PET scanner noting that his patients had to be sent to Manchester for a PET scan.

Dr Sebag-Montefiore felt it would be beneficial if the group could derive a consensus on where PET scanning may be most useful.

Dr Kay questioned how reports are interpreted if there is no relationship with the reporting radiologist reporting who is absent from the MDT. Mr White explained that this was not an ideal process but was the best option they had. The group agreed that they felt that a PET scanner was needed within Yorkshire.

Prof Baker explained that the DH has issued a consultation document based on PET CT being standard hardware (2000 scans per machine and 40,000 scans nationally). Prof Baker explained that there was great pressure on the DH to provide funding for this. Prof Baker highlighted that 20 machines/40,000 scans nationally equates to 1 machine per 2.5 million population and therefore the YCN are expecting a machine. Leeds is currently working on a business case for this.

Mr Tinkler said that there was an expectation that the independent sector will be looked at for mobile PET.

Mr Tinkler informed the members that there was a Government report being carried out on the use of PET which he was happy to circulate to the group.

ACTION: Mr Tinkler to circulate the review that outlines where there is current evidence of diagnostic value for PET scanning (actioned 01.10.04)

- **West Yorkshire**

Dr Kay reported that they had not yet received funding for new appointments in Histopathology and Radiology. Prof Baker said that this money should have been received. Dr Kay said he would look into this further.

ACTION: Dr Kay to check that funding has been received

5. Peer Review update

Prof Baker summarised the process of Peer Review highlighting that the YCN is scheduled to be Peer Reviewed in September 2005. Trust visits will take place over 2-3 days. Teams that will be included in the review are Upper GI MDT (local units and Specialist teams) as well as the Network Upper GI Group. Prof Baker explained that at present a gap analysis was being undertaken to give an overview of what stage the YCN was with the implementation of the measures. He explained that in March 2005 a self assessment would take place and be submitted by June 2005. The Quality Measures must be finalised six months prior to the Peer Review visit.

Prof Baker reported that CQUINS, the Cancer Quality Information System is being used for the management of the Peer Review.

Prof Baker explained that there were specialist pancreatic team measures noting that pancreatic services (locally and specialist teams) would be separately reviewed.

6. Cancer Datasets

Mr Melling tabled the draft paper 'Upper GI Cancer : First Priority Outputs'. Mr Melling explained that as a result of a meeting held in February 2004, it was highlighted that the majority of people felt that collection of the whole dataset was "essential", however this was not practically feasible. Mr Melling had therefore produced this paper which highlighted the important audit questions so the dataset needed to answer these questions could be determined. Mr Melling asked the group to send their comments to him. Dr Kay felt that some pancreatic surgeons needed to be involved with this work.

It was suggested that more work needed to be undertaken on non-surgical options to distinguish between curative and palliative chemotherapy. A discussion took place on how to categorise oesophageal and gastric tumours. Consensus was difficult. Mr Melling agreed to work with a small group to progress this work.

ACTION: Mr Melling to make any necessary changes to the paper

Comments to be sent to Mr Melling at Philip.melling@leedsth.nhs.uk by Friday 29th October

7. Waiting Times

Mr Melling table the paper 'Cancer Waiting Times: Upper GI Cancer'. Mr Melling pointed out that the data for April, May and June 2004 was now available. Mr Melling explained that there were no major problems for the two week wait targets, but felt that they were still not capturing every case. He suggested that they separate pancreatic cases from the other upper GI cases.

Mr Melling said that he would produce the overall waits for 'Referral – Treatment' for non 2-week wait cases. The group said this would be very helpful.

ACTION: Mr Melling to produce data on the overall waits for 'referral – Treatment' for non 2-week wait cases and separate data for oesophageal and Pancreatic for the next meeting.

8. Staging/Prognostic Information

Prof Baker ensured that everyone had received the copy of the letter dated 1st July 2004 from Michael Leahy, Chair of the YCN Information Group. Prof Baker highlighted that the letter encourages Network Groups to consider ways to improve the recording of staging information in a way that the Cancer Registry can pick up, for example in case notes and to ask groups if there were other prognostic indicators which Network Groups could develop.

Mr Melling said that this would be included in the dataset.

It was suggested that the staging of patients could also be recorded in the MDT minutes.

9. Action Plans

No discussion took place.

10. Any Other Business

Prof Seymour tabled the paper YCRN Upper GI Trials noting that there were 4 trials CAP-RT; ESPAC 3; ESPAC QLQ and GEMCAP that were open and running in pancreatic cancer. At present there was only 1 trial running in oesphago-gastric cancer within the NCRN portfolio which was REAL 2. OEO 5, ASPECT and HEP 1 were trials going through the LREC/R+D process.

A launch meeting was yet to be scheduled for the OEO 5 trial.

10. Date and time of next meeting

**Tuesday 25th January 2005, 6.00pm, Conference Suite,
Arthington House, Cookridge Hospital**