

# YORKSHIRE CANCER NETWORK

## Upper GI Group

Minutes of the meeting held on  
Tuesday 25<sup>th</sup> January 2005, 6.00pm  
Conference Suite, Arthington House, Cookridge Hospital

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Present:	Dr D Clements	Airedale NHS Trust
	Dr C Beckett Dr R Calvert Mr J Gokhale Ms H Hey Dr C Kay (Chair)	Bradford Teaching Hospitals NHS Trust
	Dr A Anthoney	Leeds Teaching Hospitals NHS Trust
	Prof M Baker Miss L Carroll Mr P Melling Ms F Stephenson Mr B Tinkler Mr D Thomson	Yorkshire Cancer Network
	Ms C Sleigh	Yorkshire Cancer Research Network

### 1. Apologies for absence

Apologies were received from Mr B Dobbins, Dr M Denyer, Ms J Hirst, Dr Sebag-Montefiore, Dr P Selby and Mr W Wong.

### 2. Minutes from the last meeting

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

### 3. Matters Arising

- **Pancreatic subgroup update**

Prof Baker ensured members had received the minutes for the Pancreatic meeting that had taken place on Tuesday 28<sup>th</sup> September and noted another meeting was yet to be arranged.

- **Network Clinical Guidelines and Referral Pathways**

Ms Stephenson gave an update on the work that had been undertaken on the Upper GI Guidelines for the Management of Upper Gastro-intestinal Cancer. She reminded members of their previous agreement to adopt and endorse the 'Guidelines for the management of oesophageal and gastric cancer' prepared by the British Society of Gastroenterology noting that a summary of these are included in the Network guidelines. A section on palliative treatment and care will also be included.

Ms Stephenson reported that the YCN Pathology group had produced draft Pathology guidelines which have been circulated for consultation. These guidelines will need signing off by the Chair of the Pathology Group and the Chair of the Upper GI Group (Dr Kay).

Ms Stephenson said the imaging guidelines need to be reviewed and then signed off by the Imaging Group and YCN Upper GI Group.

Ms Stephenson said she would circulate these guidelines to the group (in particular for the attention of the two specialist team MDT Leads). There was still further work to be completed on referral pathways (how patients are referred from one MDT to another).

Dr Clements prompted a discussion on the electronic transfer of data. Dr Kay said it was his understanding that PACS is being put back a year. He explained that although Bradford has halved the number of hard copy films produced resulting in significant savings this causes problems in MDT's. Dr Kay acknowledged that although putting images onto disk was not an ideal solution he encouraged members to do this.

**ACTION: Ms Stephenson to circulate the draft Upper GI clinical guidelines to the group**

#### 4. Developments in Upper GI Services

- **West Yorkshire**

Dr Kay reported at their last time out Dr Clements had presented on the audit of oesophageal cancer over 18 months and had reviewed the feasibility of sending patient information between Trusts electronically. They had also looked at their breach reasons.

Dr Kay explained that although the Upper GI/HPB and Upper GI MDT were taking place weekly there was a lack in representation from clinical oncology.

Dr Beckett was awaiting formal confirmation that therapeutic (interventional) EUS could be undertaken in Bradford.

- **Central & North Yorkshire**

Dr Anthony reported the Upper GI MDT at LGI is running smoothly. The HPB MDT had improved since it relocated to the pathology seminar suite as they now have a PPM system.

Dr Kay announced that Niall Breslin was leaving the Network. Concerns were raised regarding Pancreatic EUS when Niall leaves. Dr Kay said that he would discuss this issue with Niall and Prof Baker and feedback at the next meeting.

**ACTION: Dr Kay to speak to Niall Breslin, Dr Harris and Prof Baker regarding Pancreatic EUS.**

#### 5. Peer Review Update

Dr Kay explained attendance of the YCN Upper GI group is based upon representation from a core member of the local MDTs. He highlighted the areas that are not always represented at the meetings. Prof Baker said he would write to Prof Selby, Lead Clinician for Cancer Services, St James's University Hospital regarding this issue.

**ACTION: Prof Baker to write to Prof Selby**

Ms Stephenson and Dr Kay had undertaken a self assessment exercise on the Network measures for the Upper GI Group. Ms Stephenson explained that the group needs to agree a list of clinical trials; nominate a Service Improvement Lead; discuss the involvement of two User representatives in the group and nominate a NHS member with responsibility for patient information and user involvement. Ms Stephenson reminded the group that the Network will be reviewed on 20<sup>th</sup>/21<sup>st</sup> October 2005.

- **Agreed list of Clinical Trials**

Ms Sleigh tabled the 'Upper GI Research trials in the YCRN' paper. The group agreed that these should be the single list of clinical trials for the Network.

Prof Baker said there needed to be Network agreement on this. Ms Sleigh said she would co-ordinate this work and feedback to Ms Stephenson. Prof Baker noted that the list would then have to be signed off by each MDT, Dr Kay and the YCRN Clinical Lead.

Mr Thomson explained that there needed to be agreed chemotherapy protocols across the Network. He explained that the Network Chemotherapy group had developed a proforma and will be engaging with the Chairs of the Network groups to help complete these.

**ACTION: Ms Carroll to circulate the 'Upper GI Research trials in the YCRN' paper with the Minutes (actioned 16.03.05)**

**Dr Kay said he will write to each MDT Lead to ask if they will sign off the agreement to have the YCRN list of trials as the agreed Network trials**

- **Service Improvement**

Dr Kay asked if the group could nominate someone to have the lead responsibility for integrating service improvement in the functions of the site specific group. Ms Hey was nominated and elected.

- **User Involvement**

Ms Hey explained that Bradford had sent out 50 generic questionnaires to cancer patients. No patients said they would like to become involved in Upper GI meetings.

Ms Stephenson explained that it was not necessary for patient representatives to attend the meetings as long as there was an agreed mechanism in place for obtaining user views. She suggested they engage with the YCN User Partnership group to gain user opinions and views on cancer services.

- **NHS Nominated member with responsibility for patient information and user involvement**

Dr Kay agreed to become the NHS Nominated member with responsibility for patient information and user involvement until someone volunteers.

Ms Hey felt the Central West Yorkshire nurses should be approached regarding this.

**ACTION: Ms Stephenson to write to the Central West Yorkshire nurses (actioned 16.03.05)**

## **6. Terms of Reference**

Dr Kay ensured members had received the draft Terms of Reference that had been circulated with the agenda. The Terms of Reference were agreed and accepted by the group.

## **7. Audit**

The group agreed to Dr Kay's suggestion to undertake an audit on their breach reasons for 31/62 day target for 2004. Mr Melling said he would lead this audit.

The group agreed that each MDT could present their data at the next Network meeting.

**ACTION: Ms Stephenson to ensure that the Trust managers, Information managers and MDT Leads are aware of this audit**

**Dr Kay to write to each MDT Lead to ask them to present their data at the next meeting**

## **8. EUS**

No further discussion took place.

## **9. Cancer Datasets**

Mr Melling explained that the CWT currently collected is a sub-set of the national dataset, as is the cancer registry data that will soon be compulsory to collect. Dr Clements and Mr Melling are working together to produce the Upper GI dataset for the Network which will be a merger of these datasets. Dr Kay said the group needed to agree the minimum dataset by the end of the next meeting taking place in May.

## 10. Waiting Times

Mr Melling confirmed that members had received the 'Cancer Waiting Times: Upper GI' paper circulated with the agenda. The group discussed the content of this paper.

Mr Melling highlighted that some of the longer waits were as a result of patients not attending their first appointment then the second appointment not being scheduled within the 14 days.

Mr Tinkler emphasised the National focus on achieving the 31 & 62 CWT by the end of December 2005.

## 11. Any other business

- Dr Kay suggested that they hold the next educational event in June 2005. From the feedback received from the previous event it was highlighted that there should be more nursing topics and workshop sessions. Dr Kay suggested they discuss the audit, issues around the implementation of the guidelines and the service improvement agenda. Prof Baker suggested they have an external facilitator at this event. Mr Tinkler said they could have 'cafe style' session which involves having a facilitator at each one with a specific topic and then participants move from table to table. Ms Stephenson said she would discuss this further with Dr Kay.

**ACTION: Ms Stephenson and Dr Kay to progress work on the Educational event**

- Ms Sleight announced that the OEO 5 trial launch had taken place in December 2004 and gave credit to Huddersfield who had recruited the first patient.

## 12. Date and time of next meeting

Please note this is a revised date. Please ensure that the previous date 24.05.05 is removed from your diary.

**Tuesday 26<sup>th</sup> April 2005, 6.00pm, YCRN Conference Suite,  
Ida Nurses Home, Cookridge Hospital**