

# YORKSHIRE CANCER NETWORK

## Upper GI Group

Minutes of the meeting held on  
Tuesday 31<sup>st</sup> October 2006 at 4.00pm  
YCRN Room 1, Ida Nurses Home, Cookridge Hospital

---

Present:	Dr D Clements Dr A Henry	Airedale NHS Trust
	Dr R J Calvert Ms H Hey Dr C Kay Mr J May	Bradford Teaching Hospitals NHS Foundation Trust
	Dr P Selby	Leeds PCT
	Mr S Dexter (Chair) Dr K Naik Sister K Smith	Leeds Teaching Hospitals NHS Trust
	Dr L Gracey-Whitman Ms L Verity	Mid-Yorkshire Hospitals NHS Trust
	Ms M Clough Ms E Jeffers	York Hospitals NHS Trust
	Mr P Melling Ms C Sheard Mrs F Stephenson Mr B Tinkler	Yorkshire Cancer Network
	Ms C Sleigh	Yorkshire Cancer Research Network

### 1. Apologies for absence

Apologies were received from Dr A Cairns, Dr J Dent, Dr M Denyer, Mr G Dyke, Mr J Gokhale, Ms W Markey, Ms H Roberts and Mr W Wong

### 2. Minutes from last meeting

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

### 3. Matters Arising

#### 3.1 Group Membership, Roles & Attendance

The group discussed membership and attendance and it was suggested that if members do not attend two meetings then they will be asked to resign from the group. It was also noted that there were insufficient members from Calderdale & Huddersfield therefore, there were concerns about how the information is reaching the Trust.

Dr Lionel Gracey-Whitman, Consultant Gastroenterologist, volunteered to represent Mid-Yorkshire at future meetings.

**ACTIONS: Ms Sheard to add Dr L Gracey-Whitman to the database as a member of the group.  
To circulate membership and attendance list with minutes.**

### **3.2 Service Improvement Leads – NSSG**

Mr Dexter informed the group that Mr Abeezar Sarela, Consultant Surgeon in Leeds will be taking on the role of Upper GI Service Improvement Lead.

### **3.3 User Involvement & Patient Information**

Ms Smith raised the issue of the tenure of the User Involvement & Patient Information Lead and it was agreed that it should be a two year tenure.

### **4. Annual Report 2005/06 / Work Programme 2006/07**

Ms Stephenson informed the group that the Annual Report for 2005/06, circulated with the agenda, has been agreed and signed off.

The group discussed the Work Programme, focusing on the implementation of the IOG and the development of the Referral Pathways. There were also issues around CNS roles. The other main issues were around the continued progress to implement and centralise oesophago-gastric surgery. In relation to the Action Plan Mrs Stephenson spoke about the key areas and priorities. These are mainly service improvement and re-design, agreement and documentation of referral pathways. There were also issues around Peer Review, audit and an educational event.

Mr Melling informed the group that there is going to be a national audit for oesophago-gastric cancer through the Healthcare Commission which the group would be expected to participate in. If there is anyone who wants to lead on audit then Mr Melling would be happy to work with them to develop a programme for the group.

If anyone is interested in learning more about the audit the website address is:

[http://www.icservices.nhs.uk/ncasp/pages/audit\\_topics/oesophago-gastric/](http://www.icservices.nhs.uk/ncasp/pages/audit_topics/oesophago-gastric/)

**ACTION: All: Volunteers required to lead on audit to contact Mr Melling**

### **5. Network Group Development Programme**

A conference was held on the 3<sup>rd</sup> October 2006 to discuss the Network group development programme proposals.

It was agreed that the Upper GI group would volunteer to be part of the programme.

**ACTION: Mr Dexter to write to Mr Duffy to volunteer the Upper GI group.**

### **6. Developments in Upper GI Services**

**6.1** Dr Kay gave an update on developments in West Yorkshire. Ms Hey has written draft Referral Guidelines which were sent to Mr Dexter. Once the final guidelines are completed they will be circulated to the group. It has been agreed that patients needing radiological review should have scans/films 48 hours before the MDT meeting. A dietician has been appointed to support the West Yorkshire surgical patients and they are advertising for a third radiologist specialising in Upper GI.

**6.2** Developments in Central, North Yorkshire & Mid-Yorkshire were discussed. They are re-organising local cancer services due to Upper GI surgery being centralised in the new Oncology Wing in Leeds in December 2007. The group have concerns about the possible outcome of having a central service in Leeds. Mr Dexter raised the issue of the pathway and, following a meeting in York, Mr Dexter has prepared a document concerning the linking of referrals with local and central MDT's. This will be circulated with the minutes with comments to be sent to Mr Dexter within two weeks.

Dr Gracey-Whitman spoke about MDT in Mid-Yorkshire and the centralising of Upper GI surgery in Leeds. He will discuss this further with Mr Dexter.

Mrs Stephenson noted that there were no representatives from the Harrogate present at the meeting. The group need to make sure that they are aware of the discussions and actions of the Upper GI meetings.

**ACTION: Ms Hey to complete Referral Guidelines and distribute.  
Dr Gracey-Whitman to meet with Mr Dexter to discuss Mid-Yorkshire  
Ms Sheard to circulate document regarding linking of referrals with local and central  
MDT, prepared by Mr Dexter. Group members to send their comments to Mr Dexter.  
To ensure Harrogate representatives receive the document and give comments.**

#### **7. PET Scanning**

Dr Clements spoke about his concerns regarding PET scanning for oesophago-gastric patients and which patients would have priority. Mr Tinkler clarified the current situation with regard to the criteria for PET CT and reiterated that it would be a decision of the MDT. Each hospital trust has an agreement with its PCT regarding the funding of the PET CT. NICE guidelines identify that lung patients who require PET scanning and they will be the priority for the mobile scanning unit based at Seacroft Hospital from December.

It was agreed that PET scanning could be discussed at the educational event next year.

#### **8. Cancer Waiting Times**

Mr Melling went through the latest cancer waiting times. There was only one breach. The 62 day target is still an issue and Mr Melling gave a breakdown of the figures.

#### **9. Patients Discussed at MDT**

Mr Melling presented the figures for patients discussed at MDT. This is a piece of work that has been carried out with each of the NSSG's. A discussion on the findings followed the presentation

A general discussion followed regarding which cases should be discussed at MDT and it was felt that all cases should be discussed.

#### **10. NCRN Studies**

Ms Sleight spoke to the group about the NCRN studies and brought them up-to-date on their findings.

#### **11. Any Other Business**

None

#### **12. Dates of Next Meetings 2007**

**Thursday 1<sup>st</sup> March 2007 at 2.00pm**

**Tuesday 19<sup>th</sup> June 2007 at 3.45pm**

**Thursday 11<sup>th</sup> October 2007 at 2.00pm**

All meetings take place in **YCRN Room 1, Ida Nurses Home, Cookridge Hospital**