

YORKSHIRE CANCER NETWORK Urology Group

Minutes of the meeting held on
Thursday 22nd January 2004, 1.15pm
Arthington House, Cookridge Hospital

Present	Mr D Tyson	Bradford Teaching Hospitals NHS Trust
	Ms J Baker Mr M Ferro	Calderdale & Huddersfield NHS Trust
	Ms S Ronaldson	Harrogate Health Care NHS Trust
	Dr J Chester Dr P Harnden Ms L Hunt Dr A Kiltie Ms L Mattinson Mr S Prescott (Chair)	Leeds Teaching Hospitals NHS Trust
	Dr R Lennard	Marie Curie Cancer Centre
	Mr SK Sundaram	Mid Yorkshire NHS Trust
	Mr M Stower	York Health Services NHS Trust
	Professor M Baker Miss H Lamb Mr P Melling Mr B Tinkler	Yorkshire Cancer Network
	Ms J Hughes	Yorkshire Cancer Research Network

1. Apologies

Mr I Appleyard, Dr D Bottomley, Ms A Brandom, Dr C Coyle, Dr M Crawford, Dr J Joffe, Miss A Lawson, Dr C Loughrey, Ms S Long, Mr M Murphy, Mr A Paul, Mr K Rogowski, Dr J Spencer, Ms F Stephenson, Mr GH Urwin, and Mr P Weston.

2. Minutes of the last meeting

These were agreed as being an accurate record.

3. Matters arising

- **Urology Imaging Guidelines for the Investigation of Urological Malignancy**

Following the last meeting Dr Spencer had received several amendments, which had been incorporated into the Imaging Guidelines. It was noted that the Imaging Guidelines were complete.

Mr Prescott reminded the group that Mr Stower and Mr Puri had agreed to carry out an audit regarding CT and chest x-ray follow-up to determine whether intensive follow-up would detect metastases.

Mr Stower explained that progress had been slower than anticipated, an audit proforma has been produced.

A group discussion followed regarding the purpose of the audit. The group agreed that Mr Stower and Mr Puri should continue with the audit and present data at the autumn meeting.

Mr Sundaram explained that the Network Imaging guidelines refers to a 30% positive rate in a TRUS biopsy which should be reviewed as several large American studies have shown that pick up is less than 20%.

Action: Mr Stower and Mr Puri to continue work on chest x-ray follow-up audit and present results at the autumn meeting.

- **Yorkshire Cancer Network Guidelines**

Mr Prescott highlighted that he met with Ms Stephenson on 13th January 2004 to discuss the Network Guidelines. It was agreed that the draft guidelines should be revised to reflect the urology standards.

Mr Prescott explained that the site-specific sections of the guidelines are lengthy in areas and will need to be condensed.

Once amendments have been made, the guidelines will be circulated to the relevant groups for final comments.

Dr Lennard confirmed that the NICE Palliative and Supportive Care Guidance is due out in February and should be incorporated into the guidelines.

Mr Sundaram highlighted that as the Guidelines are a standard required for the Peer Review, they should be finalised as soon as possible.

Professor Baker added that guidelines should to be live documents, a point should be reached when they are ready to be published and updated regularly thereafter.

Action: Mr Prescott and Ms Stephenson to finalise the draft guidelines.

4. Specialist Urological Cancer Teams Update

Professor Baker highlighted that the NICE Guidance supported by the draft standards was structured around local and specialist teams with a presumed population limit.

For the Local teams, it was envisaged that Harrogate and York and Bradford and Airedale would start to operate as single teams as well as the multi-site services within the single Trust. Unification of the team requires uniformity of protocols, possibly single MDT meetings and a number of other minor differences in the way services are currently delivered.

Professor Baker highlighted that the ability of the three specialist teams (Bradford, Leeds and Mid Yorkshire) to implement the urological service changes varies.

Mid Yorkshire have a single service, a local and specialist single MDT and a centralised radical surgical service with sufficient capacity to meet the 62 day target. There are some deficiencies in the specialist diagnostic pathway, which has to be developed over the next two years.

In Bradford an external review of the needs of the reorganised service has been commissioned and reported and sits with the Trust. Significant human and resource capacity changes are necessary before anything can be taken forward. There are also potential pressures on diagnostics which need to be addressed.

Mr Prescott expressed surprised that at a meeting at St James's it was decided that Leeds would be able to function as a Centre from next year. Leeds would attempt to get facilities in place to function as a Centre from 2005.

Professor Baker confirmed that it is considered feasible to implement the main elements of this guidance during the next two to three years. It is considered desirable to avoid attempting to secure the funding for these changes at the same time as the Cookridge Wing being commissioned, hence the plan to bring forward implementation as far as possible. Completion of the process by 2006/2007 is projected.

A discussion followed regarding the timescale for development of capacity and the transfer of surgery, waiting times and MDT process.

5. Feedback from Uro-histopathology Meeting (Paper previously circulated)

Mr Tinkler highlighted that Uro-histopathology meeting was held on Monday 1st December 2003 with representatives from all histopathology departments across the Network apart from Harrogate. The purpose of the meeting was to begin to explore the key issues and requirements in the development of a histopathology service to support urological cancer Improving Outcomes Guidance.

The outcomes of the meeting were:

- to limit centralisation and develop Network pathology resource.
- to encourage team development especially the diagnostic team.
- to explore sharing sessions between the 3 specialist teams.
- to further explore a role of advanced Biomedical Scientist practitioners
- to develop the role and functions of MDT's both diagnostic and specialist ensuring consistency of approach
- pilot EQA scheme for prostate

Dr Harnden confirmed that funding had been obtained from the Department of Health to run the EQA scheme for prostate. Pathologists have been selected randomly to develop the scheme. Once the pilot is working well the relevant funding could be used for a national scheme in England.

6. Update on Peer Review

Professor Baker highlighted that the Department of Health and NHS top management committed themselves to a continuation of the Peer Review process until at least the middle of 2007. The programme will be re-launched later this year. It will be based on a three year programme, the nature of which will be determined nationally.

The reviews will be conducted against a set of standards which are expected to be published during the next 12 months, starting with draft cancer standards which are expected at the end of January for brief consultation and finalised at the end of March. There will then be a minimum lead time of six months between the publication of the standards and the start of Peer Review.

Peer Review will be carried out in five sub-national zones. A liaison group has been established between the Networks in that Zone and the Peer Review Team.

Professor Baker highlighted that the format of Peer Review is uncertain, there continues to be a debate nationally.

Action: Group to address urology standards at next meeting.

7. Cancer Waiting Times

Mr Melling presented the diagnosis to treatment and urgent GP referral to treatment urology waiting times data for the first and second quarter of 2003/04, which has been submitted to the Cancer Waiting Times Database by Trust's across the Network.

It was noted that every Trust had submitted data apart from Leeds.

An in-depth discussion followed.

Mr Melling highlighted that it is encouraging to have real data up to September 2003. The next quarter of data will be presented at the next meeting.

Action: Mr Melling to present next quarter of data at next meeting.

8. Any Other Business

- **Two week rule and microscopic haematuria**

Mr Stower highlighted that York are receiving an increased number of microscopic haematuria referrals from primary care which is affecting the two week rule and PSA testing is being carried out at the same time of urine infection. Mr Stower asked if the Network group could influence this.

Professor Baker highlighted that nothing can be done as a group. There is a revision of the referral guidelines currently being undertaken by NICE which is due out at the end of 2004.

Dr Harnden highlighted that the PSA testing could be influenced through the Prostate Cancer Risk Management group.

- **One day rule**

Mr Prescott highlighted that Dr Chester had expressed concern about the requirement to refer newly diagnosis testicular cancer patients within 24 hours of orchiectomy as outlined in the new draft national standards document.

Dr Chester has produced a form to put in theatres.

Action: Miss Lamb to place a copy of the form on the YCN Website.

- **Timings of future meetings**

The group agreed that future meetings should start at 2.00pm with lunch served from 1.00pm.

- **Live Pelvic Surgery Event**

Mr Prescott highlighted that another Live Pelvic Surgery meeting is being arranged for February 2005.

Mr Prescott asked the group for ideas for a more general educational event in the autumn. The group suggested the role of the nurse specialist or palliative care as a topic for discussion or to invite a prostate cancer charity speaker.

9. Date of Next Meeting

**Wednesday 26th May 2004, 2.00pm
Arthington House Conference Suite, Cookridge Hospital**