

YORKSHIRE CANCER NETWORK

Urology Group

Minutes of the meeting held on
Wednesday 26th May 2004, 2.00pm
Arthington House Conference Suite, Cookridge Hospital

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| Present | Mr R Puri Mr D Tyson | Bradford Teaching Hospitals NHS Trust |
| | Ms J Baker Mr M Ferro | Calderdale & Huddersfield NHS Trust |
| | Mr A Paul Mr S Prescott (Chair) Mr P Whelan | Leeds Teaching Hospitals NHS Trust |
| | Mr SK Sundaram Ms M Wilde | Mid Yorkshire NHS Trust |
| | Ms A Brandom | York Health Services NHS Trust |
| | Professor M Baker Miss H Lamb Mr P Melling Ms F Stephenson Mr B Tinkler | Yorkshire Cancer Network |

1. Apologies

Mr I Appleyard, Dr D Bottomley, Dr C Coyle, Dr M Crawford, Dr P Harnden, Ms L Hunt, Dr J Joffe, Dr A Kiltie, Miss A Lawson, Dr R Lennard, Dr C Loughrey, Ms S Long, Ms L Mattinson, Mr M Murphy, Dr P Patel, Mr K Rogowski, Professor P Selby, Mr M Stower, Mr T Shah, Dr J Spencer, 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

Mr Prescott highlighted that the Imaging Guidelines are complete. Follow-up of renal cancer was a difficulty as there is wide variation across the Network. This would be addressed once Mr Puri and Mr Stower had completed the audit regarding CT and chest x-ray follow-up to determine whether intensive follow-up would detect metastases.

Mr Puri explained that progress has been made on the audit and the results would be presented at the next meeting.

Action: Mr Stower and Mr Puri to present audit results at next meeting.

• Yorkshire Cancer Network Guidelines

Mr Prescott asked the group for feedback regarding the format of the guidelines as they are not currently written in a structured patient pathway format. Mr Prescott also asked the group to consider the amount of detail required from the document. A discussion followed.

It was noted that the group are expected to produce Network guidelines as part of the Quality Measures for Peer Review.

The group agreed that a more focused document with bullet points was required. The guidelines would be circulated to the group and to the specialist MDT Leads.

Action: Mr Prescott and Ms Stephenson will edit the existing document and circulate.

4. Urology Quality Measures for Cancer Peer Review

Ms Stephenson highlighted that the Quality Measures for Peer Review were published for consultation last month and circulated to the group.

The final version of the document is expected around 7th June there will then be a six month lead time to the start of Peer Review.

Ms Stephenson informed the group that Peer Review visits for the YCN would take place in September 2005. The YCN will be the first Network to be reviewed against both the current and the second phase Quality Measures.

Ms Stephenson tabled a summary of the Quality Measures for Peer Review which highlighted the roles of the local team, specialist team, supra-network testicular cancer MDT's, supra-network penile Cancer MDT's, network, MDT, functions of the team, audit and service improvement.

A discussion took place regarding the definition of the 'key worker'.

It was noted that the joint meeting between a clinical oncologist, a urologist and CNS for patients with high risk bladder cancer and for localised prostate cancer was still included in the Quality Measures. This was one of the contentious areas in the draft Quality Measures.

A discussion followed regarding the frequency, time and core members of the specialist and local MDT's.

One standard of note referred to the Team criteria for the network configuration. It states that the specialist urology team should have at least one million total catchment population for specialist care and perform the 50 minimum combined total procedures.

Where there are proposals that draws on a catchment population of less than one million, the specialist team must fulfil the following:

1. Perform at least 50 radical prostatectomies and/ or total cystectomies in the year prior to the peer review visit.
2. Hold their weekly treatment planning meeting with another team such that their combined catchment for specialist care is one million.
3. Agree network guidelines.
4. Provide year round surgical cover.
5. Agree policy on joint consultation by surgeon, oncologist and specialist nurse.

These will be taken forward in future meetings.

5. Urology Action Plan to meet Local Delivery Plan Requirements

Mr Tinkler informed the group that as part of the local delivery plan the Department of Health require action plans to be completed for the implementation of Improving Outcomes Guidance for Urological Cancers.

Mr Tinkler asked the group for any errors of fact and for each hospital MDT to complete tables 2a and b by 9th June to allow the final draft to be circulated before it is sent to the Department of Health.

Action: All to check accuracy of the action plan and provide the missing information relevant to individual Trusts and send to Helen Lamb via email (Helen.lamb@leedsth.nhs.uk) by 9th June.

6. Specialist Urological Cancer Teams Update

Professor Baker highlighted that the Mid Yorkshire Team is already configured appropriately, Bradford have stated to configure and Leeds would develop a team as soon as practicable.

Professor Baker confirmed that £100,000 has been made available for each specialist team for 2004. There would be £50,000 available for oncology support, initially focussed on Mid Yorkshire.

Professor Baker confirmed that negotiations are ongoing between Mike Richards and BAUS regarding specialist team catchment populations.

There was a discussion about specialist and local MDT's.

7. Cancer Waiting Times

Mr Melling tabled information regarding urology cancer waiting times for urgent referral – first seen, diagnosis – first treatment, urgent referral – first treatment and all referrals – first treatment for 2003/04, which had been supplied by each Trust to the National Waiting Times Database. The information also included reasons for the long delays.

Mr Melling explained the data to the group. It was noted that the lack of data from Leeds was due to the absence of an MDT co-ordinator.

Mr Melling highlighted that in terms of supplying data the YCN are the leading Network in the country. A lot of work has been carried out by all Trust cancer information departments across the Network to supply this information.

The group agreed that the information was very useful.

8. Any Other Business

• Network Audits

Mr Prescott highlighted that audit is part of the Quality Measures. The Network group is required to carry out two audits a year.

Mr Prescott confirmed that the YCRN Group discussed two possible audits at the morning meeting:

1. Review of G_{3p}T₁ tumours.
2. Look at the nutritional status in relation to cystectomy and outcome.

- **Live Surgery Meeting**

Mr Prescott informed the group that another Live Surgery meeting is being planned for the first week in February 2005.

- **Educational Meeting**

The group agreed to hold an educational meeting in October 2004. Ideas for the meeting included looking at palliative care issues and asking a representative from a patient support organisation to attend.

Action: Urology Educational Meeting to be arranged for October 2004.

- **Future meetings**

The format of future urology meetings would be as follows:

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|----------------|----------------------|
| 11.30 – 1.30pm | YCRN Urology Meeting |
| 1.30 – 2.00pm | Lunch |
| 2.00 – 4.00pm | YCN Urology Meeting |

9. Date of Next Meeting

Tuesday 7th September 2004, 2.00pm
Arthington House Conference Suite, Cookridge Hospital