YORKSHIRE CANCER NETWORK
Urology Group

Minutes of the meeting held on
Tuesday 7th September 2004, 2.00pm
Arthington House Conference Suite, Cookridge Hospital

Present		
Present	Mr J Cherian Mr R Puri (Vice Chair) Mr N Shaikh	Bradford Teaching Hospitals NHS Trust
	Miss A Lawson Ms S Ronaldson	Harrogate Health Care NHS Trust
	Dr J Chester Dr P Harnden Ms L Hunt Dr A Kiltie Dr J Spencer	Leeds Teaching Hospitals NHS Trust
	Mr SK Sundaram Ms D Ramsey	Mid Yorkshire NHS Trust
	Mr M Stower	York Health Services NHS Trust
	Professor M Baker Mr P Melling Mrs H Ryan Ms F Stephenson Mr B Tinkler	Yorkshire Cancer Network
	Ms J Hughes	Yorkshire Cancer Research Network

1. Apologies

Mr I Appleyard, Dr C Coyle, Dr R Lennard, Dr C Loughrey, Ms L Mattinson, Mr M Murphy, Mr A Paul, Mr S Prescott, Professor P Selby, Mr T Shah, Mr D Tyson, Mr GH Urwin, Mr P Weston and Ms Marie Wilde.

2. Minutes of the last meeting

These were agreed as being an accurate record.

3. Matters arising

- **Update on CT and Chest X-Ray Follow-up Audit**

Mr Cherian, SpR from Bradford Teaching Hospitals NHS Trust gave a presentation to the group regarding 'Radiological Follow-up after Radical Nephrectomy'.

A group discussion followed and it was agreed that:

- $_P$T1 patients do not need radiological follow up after radical nephrectomy and more research and audit is required on $_P$T2 and $_P$T3 patients.
- A further audit topic should be the value of CT of the chest over chest x-ray in pre-operative staging.
- Patients undergoing laparoscopic radical nephrectomy should be followed up as per standard surgery i.e. no follow up for $_P$T1 tumours.

- There is no consensus on follow up after partial nephrectomy. Some cases will have strong reasons for further imaging follow up e.g. vHL patients. In view of the small numbers of patients and the varying reasons for the procedure audit was not currently possible locally. Follow up should be on a case by case basis after discussion between surgeon and radiologist.

Mr Sundaram and Miss Lawson agreed for Mr Cherian to have access to nephrectomy patients so that there is more data available.

Action: Mr Cherian to contact Harrogate and Mid Yorkshire.

- **Yorkshire Cancer Network Guidelines and Referral Pathways**

Ms Stephenson informed the group that she and Mr Prescott had been unable to meet to look at the Urology Guidelines working document. The guidelines are almost complete; however they require editing and referencing in places.

Ms Stephenson highlighted that referral pathways should also be agreed and form part of the guidelines, a requirement of the Quality Measures for Peer Review. Ms Stephenson asked for volunteers to contribute to the guidelines. Raj Sundaram offered to contribute.

Professor Baker explained that the referral guidelines should focus on two issues; referrals from all units across the Network and referrals between specialist teams and associated units. For rare urological cancers this also needs to be formalised and documented.

Mr Stower highlighted that York and Harrogate are meeting with Leeds on 1st December to discuss referral guidelines. Some colleagues were unaware of this meeting. Ms Stephenson agreed to take this back to Ms J Bewley, Operational Manager at Leeds Cancer Centre.

Action: Local referral guidelines to be developed with:
York, Harrogate and Leeds
Mid Yorkshire and Bradford
Airedale and Calderdale and Huddersfield

4. Urology Quality Measures for Cancer Peer Review

Ms Stephenson highlighted that North Zone Peer Review newsletters had been circulated widely across the Network to keep members informed of the process.

A letter from Mike Richards to Trust Chief Executives has now been sent seeking support for the recruitment of reviewers for the Cancer Peer Review Programme 2004-2007. A letter from Mike Pinkerton, Quality Director for the North Zone Cancer Peer Review Team was circulated within the zone asking for nominations of potential reviewers.

Ms Stephenson explained that the YCN is expected to receive notification of Phase I and II Measures in March 2005, followed by self assessment (by June), pre visits and training of reviewers, with the visits taking place in September and October 2005.

Mr Sundaram referred to the urology standards regarding one million catchment population of the specialist team and joint weekly treatment planning meetings where there are proposals that draw upon a catchment population of less than one million. It was agreed that these issues would be discussed further outside the meeting with specialist teams.

Professor Baker highlighted that specialist teams are required to develop business cases to meet the Quality Measures.

5. Specialist Urological Team Update

Mid Yorkshire

Mr Sundaram highlighted that problems have been encountered with medical oncology and with waiting times targets for treatment due to bed capacity issues. There is no differentiation between the MDT and the Specialist MDT.

Bradford

Mr Puri explained that Mr Shaikh has joined Bradford Teaching Hospitals NHS Trust; he is still temporarily doing two sessions a week at Airedale.

Bradford has started writing their business case.

Mr Puri highlighted that good radiology and pathology attendance is required at the specialist MDT.

Leeds

There was no Leeds surgeon present at the meeting to update the group.

6. Cancer Waiting Times

Mr Melling tabled waiting times data for urgent referral – first seen, decision to treat – treatment and urgent referral – treatment for the last quarter of 2003/04 and the first quarter of 2004/05.

A discussion followed regarding the data.

It was noted that Mr Tinkler and Mr Melling are meeting with Cancer Lead Managers and Information Managers from each Trust to look at anomalous waiting time's data.

Mr Stower highlighted that he is very concerned about the long waiting times for radiotherapy including palliative radiotherapy.

7. Urology Dataset

Mr Melling informed the group that the Network had received a letter from the British Association of Urological Surgeons (BAUS) Cancer Registry (BCR) highlighting that they had recently been given PIAG approval under section 60 of the Health and Social Care Act, to collect, store and analyse patient data. Additionally, the BCR had also been successfully registered under the Data Protection Act.

Mr Melling highlighted that one of the Quality Measures for Cancer Peer Review requires the group to agree a Network wide dataset. The group agreed that the BAUS dataset should be adopted as the Network urology site specific dataset. The BAUS audit will valid as the Network audit.

Mr Melling highlighted that work should be carried out to synchronise definitions between BAUS and the National Database.

Action: Mr Melling to contact Sarah Fowler, Data Manager at BAUS to discuss the above issues.

8. Staging/ Prognostic Information

The group discussed Dr Leahy's letter (circulated with the agenda) and highlighted that staging/ prognostic information would already be collected as part of the BAUS dataset.

Mr Melling asked clinicians to assist information staff by clearly documenting the staging information in the patient case notes.

9. Education

The group agreed that an educational meeting should take place in February 2005 to discuss Cancer Peer Review. Cancer Lead Managers would be invited to attend this meeting.

10. Any Other Business

None.

11. Dates of 2005 Meeting's

Date	Time	Venue
Wednesday 16th February 2005	**TBC**	**Arthington House Conference Suite, Cookridge Hospital**
Thursday 9th June 2005	**2.00pm**	**Arthington House Conference Suite, Cookridge Hospital**
Tuesday 11th October 2005	**2.00pm**	**Arthington House Conference Suite, Cookridge Hospital**