

YORKSHIRE CANCER NETWORK

Urology Group

Minutes of the meeting held on
Wednesday 16th February 2005, 2.00pm
Arthington House Conference Suite, Cookridge Hospital

Present	Dr V Dabbagh Mr R Puri Mr D Tyson	Bradford Teaching Hospitals NHS Foundation Trust
	Mr M Ferro	Calderdale and Huddersfield NHS Trust
	Ms V Napp	Clinical Trials Research Unit
	Dr D Bottomley Dr C Coyle Dr A Henry Ms L Hunt Dr A Kiltie Dr C Loughrey Mr S Prescott (Chair) Dr R Turner	Leeds Teaching Hospitals NHS Trust
	Mr SK Sundaram Ms M Wilde	Mid Yorkshire NHS Trust
	Mr P Melling Mrs H Ryan Ms F Stephenson Mr B Tinkler	Yorkshire Cancer Network
	Ms C Sleigh	Yorkshire Cancer Research Network

1. Apologies

Mr I Appleyard, Professor M Baker, Ms A Brandom, Mr C Button, Dr J Chester, Dr M Crawford, Dr P Harnden, Dr J Joffe, Miss A Lawson, Ms L Mattinson, Professor P Selby, Mr N Shaikh, Dr J Spencer, Mr M Stower, Mr P Weston and Mr P Whelan.

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 Sundaram and Mr Puri informed the group that there will be around 250 patients in total in the audit and the results will be presented at the next meeting.

Mr Ferro highlighted that Professor Selby has been receiving all cases involving metastases from the Network for around 10 years; analysis of those cases would be significant.

Action: Mr Prescott to write to Professor Selby.

- **Yorkshire Cancer Network Guidelines**

Mr Prescott highlighted that much work has gone into the guidelines and they are almost complete. Work is required on the patient pathway between the local and centre MDTs. The group agreed to produce flowcharts for kidney, bladder, prostate and muscle invasive cancer for incorporation into the guidelines.

Mr Prescott agreed to discuss the draft flow charts with colleagues in Leeds and then circulate them more widely.

Ms Stephenson highlighted that for Peer Review the group need to demonstrate that there are agreed and signed Network clinical guidelines and referral pathways.

Mr Stephenson informed the group that the Network Urology Guidelines for the Examination and Reporting of Urological Cancer Specimens have been produced by the Pathology group are currently being signed off by the locality urology MDT lead clinicians and Mr Prescott.

Action: Mr Prescott, Mr Sundaram and Mr Puri to review the guidelines.

Mr Prescott to produce flowcharts, check the drafts with colleagues in Leeds and circulate more widely for comment.

4. Peer Review Update

Ms Stephenson informed the group that self assessment of the Quality Measures for individual Trusts and the Network should be complete by the end of May 2005 and Peer Review pre-visits will follow. Formal Peer Review visits to Trusts will take place in September against the Quality Measures that relate to the local and specialist MDT's. The Yorkshire Cancer Network will be formally reviewed on 20th and 21st October.

Mr Tinkler highlighted that Peer Review is a developmental process. It has been agreed nationally that the Peer Review process will be used as part of the Health Care Commissions approach to evaluating Health Organisations.

Ms Stephenson confirmed that areas of work to focus on include clinical guidelines, configuration of specialist teams and services, terms of reference, a work programme for the coming year and audit.

- **Work Programme**

Ms Stephenson highlighted that the group must produce a work programme for the next commissioning year.

- **Terms of reference**

Draft terms of reference were circulated to the group with the agenda for comment.

Mr Prescott highlighted that a section should be included on the clinical governance role of the group. With this amendment the terms of reference were agreed and accepted by the group.

- **Membership**

Ms Stephenson explained that clarity and agreement is required on some members of the group including a nominated person with a responsibility for service improvement and a person with responsibility for users' issues and patient information.

It was agreed that Ms Hunt and Ms Wilde would be responsible for users' issues and patient information and Mr Sundaram agreed to be the Service Improvement Lead representative on the group.

- **Audit**

Mr Melling highlighted that an audit is ongoing regarding the ascertainment of for cancer waiting times data. This involves case matching, on an individual case by case batch basis, the information from quarter one of 2005 with the cancer registry provisional data to identify gaps in data collection.

- **Dataset**

Mr Melling referred to Quality Measure 1C-111G and explained that the group should agree a network-wide policy specifying which team should collect which portion of the MDS.

Mr Melling circulated the Yorkshire Cancer Network policy for comment. The group agreed and accepted the policy.

Mr Melling informed the group of the Network Data Server Project, a single central computer database which would take data from every Trust and make it accessible to clinicians at hospital Trusts and Primary Care Trusts across the Network. The aim of the system is to improve the data transfer process and improve communication between the Centre and the Units. The project should be complete in 6 months.

5. Specialist Urological Cancer Teams Update

Mr Tinkler and Professor Baker had met with colleagues from Leeds and were meeting with colleagues from Bradford and Mid Yorkshire to discuss the specialist urological cancer teams.

Mr Tinkler highlighted that a cross network issue from the Urology Action Plan relates to the referral penile cancer patients from Humber and Yorkshire Coast into the Leeds specialist service. A meeting will be arranged with clinical colleagues from both Networks to finalise agreement.

6. Hormone Analog Treatment

Mr Sundaram highlighted that Pinderfields is the only Trust in the Network to give all injections in-house and not in primary care.

The Network recognised the unique position of Pinderfields and it was noted that this is a misuse of expert clinical time and the procedure should be carried out in primary care.

7. Cancer Waiting Times

Mr Melling circulated to the group urological cancer waiting times information for urgent referral to first seen, decision to treat to treatment and urgent referral to treatment for the first and second quarter of 2004/5.

Mr Melling informed the group that since the information was circulated the third quarter of data for 2004/05 had been released.

Mr Melling highlighted that there is a particular problem in meeting the 62 day target (urgent referral to treatment).

Mr Melling confirmed that the Yorkshire Cancer Network is uploading the most number of cases in the country to the cancer waiting times database and Leeds Teaching Hospitals NHS Trust is uploading the most cases across country.

Mr Tinkler informed the group that he attended a National Cancer Waiting Times Event in London on 7th February 2005. Nationally the profile on attaining the 31 and 62 day cancer targets by December 2005 is the key target. Each hospital trust has nominated a lead director as the 'champion' of cancer waiting times. Nationally the two areas of concern are urology and colorectal cancers.

Mr Tinkler explained that the Service Improvement Team nationally have produced two documents on high impact changes that can improve the cancer patient pathway and on sharing good practice, the material will be available on the YCN website. Mr Tinkler tabled a document of urology self-assessment against high impact changes.

8. Research

- **G_{3p}T₁ Audit**

Mr Sundaram highlighted that a G_{3p}T₁ audit proforma has been circulated to all the urologists within the Network for completion.

- **Update on YCRN Urology Trials**

Ms Sleigh tabled a paper of all the NCRN urology trials open in the Yorkshire Cancer Research Network to help agree a single list of clinical trials and/or studies for the group for Peer Review.

Mr Ferro referred to the local urology MDT measures and explained that when patients are put into clinical trails the referring unit should be included in the data to allow back referencing. Ms Sleigh agreed to pick up the issue with Mr Button.

Mr Sundaram raised the concern regarding the unwillingness of NHS trusts to participate in non-commercial or commercial trials. An in-depth group discussion followed. Mr Prescott highlighted that this is a key item to go into the annual report for the group and should also be fed into the R&D committee.

9. Format of Future Meetings

Mr Prescott asked the group for their views on the format of future meetings. The group agreed to have separate Network meetings and to combine research and education twice a year. It was suggested to review the Network Guidelines as part of the educational sessions.

10. Any Other Business

- **Live Surgery Event**

Mr Prescott informed the group that the second 'International Live Radical Pelvic Surgery Master Class' which took place on 27th and 28th January 2005 was very successful and attended by professionals from across the country.

- **YCN Urology Nurses Group**

Ms Hunt informed the group of the formation of the YCN Urology Nurses Group.

- **Zolendronic Acid**

Dr Bottomley highlighted that Zolendronic Acid has been approved in some Trusts across the Network and not others, he explained that there should be Network guidance for its use. Mr Tinkler highlighted the YCN Chemotherapy Group are developing a cross network approach to new drugs and advised Dr Bottomley to contact Mr Thomson, YCN Lead Pharmacist.

11. Date of Next Meeting

Thursday 2nd June 2005, 2.00pm
at YCRN Conference Suite, Ida Nurses Home, Cookridge Hospital

(Timings to be confirmed for educational session on 'BCG and Superficial Bladder Cancer')