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Meeting: **CYP Expert Reference Groups** Date: 2 March 2017 Time: 2pm - 4pm **Evolve Business Centre, Houghton Le Spring** Venue: Present: Sandra Barlow, Newcastle upon Tyne Hospitals NHS FT SB Tony Branson, Medical Director, NESCN TB Toni Hunt, Teenage Cancer Trust TH Lisa Jordan, NHS England LJ Gary McCoy, CLIC Sargent GM Emma Lethbridge, Newcastle Hospitals NHS FT EL 2.45 Jill Linton, South Tees NHS FT JL Adrienne Moffett, Cancer Alliance AM Natalie Marshall, Newcastle Hospitals NHS FT NM Jenny Palmer, Newcastle Hospitals NHS FT JP Gail Halliday Newcastle Hospitals NHSFT GH In Claire McNeill, Quality Surveillance Co-ordinator, Cancer Alliance CM **Attendance Apologies** Chris Tasker, Newcastle North and East CCG CT A Featherstone, Network Manager, NESCN **AF** Simon Bailey, Newcastle upon Tyne Hospitals NHS FT SB Penny Williams, Research Delivery Manager, NIHR PW Christine Ang, Consultant Gynae Oncologist, Gateshead CA Roy McLachlan, Northern England SCN RMDianne Plews, South Tees Hospitals NHS FT DP Michelle Mangan, Cancer Manager, Newcastle MM Rod Skinner, Newcastle Hospitals NHS FT RS

#### **MINUTES**

INTRODUCTION		Lead	Enc
1.1	Welcome and Apologies		
	TB welcomed everyone to the meeting and introductions were made.		
	Apologies as listed above,		
1.2	Declaration of Conflict of Interest		
	There were none to declare.		
1.3	Minutes of the previous meeting 10.11.16		
	TB did not attend the previous meetings name to be removed, the		Enc 1
	group then agreed the minutes were an accurate record.		
1.4	Matters arising		
	<b>o</b>		
	Pathways –Gynae		
	EL and NM meet with Katie Elliott, Cancer Alliance GP Lead and		
	an outcome of this meeting was KE intended to raise awareness		
	an editerine of this meeting was the interlace to false awareness		

with GPs. EL and NM agreed to contact the referring GP to confirm one of their patient shad been diagnosed with cancer. Unfortunately this has not progresses due to capacity.

### Gynae

GH informed they had two patients aged under 19 referred after treatment. These patients should be referred to the Paediatrics before treatment in all cases. CM to add to Gynae agenda for the planned meeting in May and also to add to Cancer Unit Managers meeting.

CM

Group discussed the options available to address these issues. LJ informed specialised commissioning could refuse to pay for these patients who are treated at undesignated hospitals on a regular basis.

Group also discussed the 10 CDDFT skin patients who were treated without referral to the PTC.

# • TYA Pathway- Place of Treatment

Discussed as above.

# • Risk Log and Work Programme

AM discussed the risk log and work programme. NM discussed the fact the risk log is relevant to the whole of TYA services and not a single trust.

- 1. Phlebotomy services plans in place group agreed to remove from the risk register.
- 2. Social Worker LJ advised activity at Newcastle is paid for via tariff, as the PTC and only trust that have a service specification which includes social worker support- this funding provided covers any patients treated at Newcastle Hospitals.

LJ to clarify if separate MDT funding is also provided to Newcastle for patients treated elsewhere and will feed back to at the next meeting. Group agreed risk to be change to inequality of services across the region.

No3 – to remain.

No4 – Research – AM to invite PW to next meeting.

AM to update risk report.

AM

### 2. AGENDA ITEMS - Paediatrics

2.1 SB was unable to attend today however the plan is hand over to Gail Halliday. No issues for discussion.

# 3. AGENDA ITEMS - combined

# 3.1 Cancer Alliance Update

#### • Bids

TB advised the Northern Cancer Alliance bid had been recommended to take forward the early diagnosis element in phase 1, this requires further clarifications and approval at NHSE finance meeting. The recovery package and stratified pathways was recommended for phase 2 funding pending more clarifications. Bid covered improvements for Pathology, Radiology and pathways.

### Alliance Launch

Northern Cancer Alliance Launch conference on the 30<sup>th</sup> March 2017 at Newcastle Racecourse.

#### 3.2 Data Presentation

LW introduced the presentation but stated she was happy to work with the group to refine the data presented to meet the needs of the group. Group discussed total number of patients and confirmed these were in line with treated patients numbers.

Group discussed the preferred reporting age bandings being 0-15, 16-18 and 19-24. LW to review and recirculate report with amended bandings.

### **COSD Data**

LW to investigate the data as the shared patients appear to be double counted and would expect to see a higher percentage of shared patients.

EL advised some patients treated at Newcastle could be discussed in 3 MDTs. Subsequent treatments are also recorded.

Final Stage group at Diagnoses also to be investigated.

LW explained she had used 2014 data - as this is the last full years cleansed data. COSD data is up to 2016 but not cleansed.

LW to investigate if we can access data to compare patients discussed at TYA MDT and number of new cases. This would ensure all patients are being captured and highlight any inequity of service.

National Cancer dashboard has a number of indicators and is available via this link <u>Cancer Dashboard</u>

Group discussed the data quality and usefulness and how to ensure the data is used to improve services. LW

Any suggestions to be sent to <a href="mailto:linda.wintersgill@nhs.net">linda.wintersgill@nhs.net</a>

ΑII

**TB** 

# 3.3 Meeting Frequency

In April 2017 the Northern England Cancer Network will become the Northern Cancer Alliance and the old network structure will no longer be in place to support the cancer (peer review) quality surveillance process. However the Northern Cancer Alliance will support the Children and Young Peoples Co-ordinating Group to meet a minimum of twice a year. The membership of this group is likely to reflect the members as per the measure but may not be fully compliant. The terms of reference for the group will include the provision of clinical opinion on issues relating to TYA cancers, the development of patient pathways and clinical guidelines; co-ordination and consistency across the region for TYA cancer policy, practice guidelines, audit, research and service development.

Quality surveillance – LJ advised this group would be considered compliant by specialist commissioning as it was held regularly and specialised commissioning were members and kept up to date.

Group agreed to review terms of reference for the group.

TB to discuss with RM. TB discussed the frequency of meetings and suggested having two supported by the alliance and two meetings organised by trusts

Group express concerns that two meetings a year were not enough to progress work.

### 3.4 Feedback from Shared Care Unit / Designated Units

#### **South Tees**

The only shared care unit in attendance was South Tees. JL advised most of her concerns were already discussed.

EL recognised the pressure some units are feeling however nonattendance at regular meetings needs to be addressed.

LJ to take back to specialised commissioning and will feed back at the next meeting.

TB discussed the structure of the cancer alliance and how issued are addressed.

### 3.5 Clinical Governance Issues

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None additional clinical governance issues.

### 4. AGENDA ITEMS - TYA

# 4.1 TYA long term follow up

To be discussed at the next meeting. CM emailed DS to invite to the next meeting.

### 4.2 TYA Patient Feedback Exercises

To be circulated with the minutes. Highlighted new patients by treating trust and CCDFT are the third highest treating trust and are not a designated hospital.

Tumour sites include Skin, Breast and Non Hodgkinson. NM discussed an example of a Breast patient and how an intervention by the TYA MDT changed the patients treatment.

Feedback to be provided at the next Skin meeting. CM to ensure this is added to the Skin agenda and Cancer Unit Managers. LJ to discuss at contract meetings.

# CM LJ

CM

#### 5. STANDING ITEMS

## 5.1 Any other business

NM advised she is leaving the NHS in April. Group thank her for all her help.

User Support co-ordinator at South Tees is also leaving.

JP introduced Gail Halliday.

# 5.2 Date of next meeting:

Thursday 28<sup>th</sup> September 2017 – 2.00pm – 4.00pm at Evolve Business Centre

Contact Claire.mcneill@nhs.net

tel 01138252976

Enc 2,3&4