NHS

Yorkshire Cancer Network

YCN Upper GI Cancer Group

Constitution, Membership and Terms of Reference

The Constitution has been agreed by:

This YCN UGI Constitution, Membership and Terms of Reference will be valid for three years from July 2012 until July 2015. As agreed at the YCN September 2010 Board, where there are no substantive changes to the evidence the agreement of this document is valid for 3 years from the original agreement date or until there is a substantive change.

Examples of a substantive change to evidence would include changes in the clinical management of the patient, changes in the place of delivery of care, response to new and updated national guidance and response to previous peer review concerns.

Position	Chair of the NSSG
Name	Mr Jeremy Hayden
Organisation	Leeds Teaching Hospitals NHS Trust
Date Agreed	7th June 2012

Position	Chair of the Network Board
Name	Dr Matt Walsh
Organisation	NHS Calderdale
Date Agreed	30th July 2012

NSSG members agreed the terms of reference on:

Date Agreed	13th June 2012

PCT Representative in the Network for configuration of teams (11-1A-202f & 11-1A-203f)

Position	PCT Representative
Name	Dr Matt Walsh
Organisation	Calderdale, Kirklees & Wakefield District Cluster Executive Medical Director
Date Agreed	30th July 2012

Trust Lead Clinicians for configuration of teams in each locality 11-1A-204f

Name	Organisation	Date Agreed
Dr S Rehman	Airedale NHS Foundation Trust	24/07/2012
Dr A Conn	Bradford Teaching Hospitals NHS Foundation Trust	26/06/2012
Dr J Dent	Calderdale & Huddersfield NHS Foundation Trust	31/05/2012
Mr J Harrison	Harrogate & District NHS Foundation Trust	05/07/2012
Dr G Hall	Leeds Teaching Hospitals NHS Trust	01/06/2012
Dr N Spencer	Mid Yorkshire Hospitals NHS Trust	02/07/2012
Dr D Alexander	York Hospitals NHS Foundation Trust	06/06/2012

SMDT Lead Clinicians for catchment populations (11-1A-204f)

Position	Lead Clinician of SMDT
Name	Mr. John May
Organisation	Bradford Teaching Hospitals NHS Foundation Trust
Date Agreed	31/05/2012

Position	Lead Clinician of SMDT
Name	Mr Sam Mehta
Organisation	Leeds Teaching Hospitals NHS Trust
Date Agreed	17/06/2012

YCN Upper GI Cancer Network Site Specific Group

1. Network Configuration of Teams and Scope of Service
(11-1A-202f, 11A-1A-203f, 11-1A-204f, 11-1A- 205f) & (11-1C-109f)

1.1 Scope of Service

The Yorkshire Cancer Network (YCN) has a resident population of approximately 2.8 million within the Yorkshire and Humber Strategic Health Authority. There are 6 Primary Care Trusts and 7 Hospital Trusts within the Network.

1.2 Network configuration

The implementation milestones to meet the NICE Improving Outcomes Guidance (IOG) for Upper Gastro intestinal cancer have been met.

The Network now has in place two specialist Oesophago gastric multidisciplinary teams (MDTs):

1. Bradford Teaching Hospitals NHS Foundation Trust, covering:
    - Airedale NHS Foundation Trust
    - Bradford Teaching Hospitals NHS Foundation Trust
    - Calderdale and Huddersfield NHS Foundation Trust.

2. Leeds Teaching Hospitals NHS Trust, covering:
    - Harrogate and District Hospital NHS Foundation Trust
    - Mid Yorkshire Hospitals NHS Trust
    - York Hospitals NHS Foundation Trust.

Each specialist MDT team meets weekly.

1.3 Team configuration

The identity and location of local diagnostic teams and specialist teams with the catchment populations are shown in the tables below.

Local Multi-Disciplinary Teams for Upper GI Cancer (11-1A-203f) & (11-1A-204f)

Hospital Trust	Team	Hospital Contact Point	PCT	No. of Practices	Population
Airedale NHS Foundation Trust	Airedale General Hospital Local diagnostic and care team	M Waddington MDT Co-ordinator 01535 292979	NHS Bradford & Airedale (Airedale patch)	15	121,159
			NHS North Yorkshire & York (Craven patch)	6	58,539
			TOTAL	**21**	**179,698**
Bradford Teaching Hospitals NHS Foundation Trust	Bradford Royal Infirmary Local diagnostic and Specialist OG team	Z McQuade MDT Co-ordinator 01274 382539	NHS Bradford & Airedale (Bradford patch)	68	415,505
Calderdale & Huddersfield NHS Foundation Trust	Huddersfield Royal Infirmary Local diagnostic and care team	E Maughan MDT Co-ordinator 01484 355424	NHS Calderdale	27	209,168
			NHS Kirklees	41	231,805
			TOTAL	**68**	**440,973**

Hospital Trust	Team	Hospital Contact Point	PCT	No. of Practices	Population
Harrogate and District NHS Foundation Trust	Harrogate District Hospital Local diagnostic and care team	L Ford MDT Co-ordinator 01423 555877	NHS North Yorkshire & York	18	153,201
			NHS Leeds	5	33,338
			TOTAL	**23**	**186,539**
Leeds Teaching Hospitals NHS Trust	St James's University Hospital Local diagnostic and Specialist OG team	P Bourke MDT Co-ordinator 0113 2068569	NHS Leeds	105	760,992
Mid Yorkshire Hospitals NHS Trust	Pinderfields General Hospital Local diagnostic and care team	G Thompson MDT/ Patient Pathway Co-ordinator 01924 543544	NHS Wakefield District	40	350,007
			NHS Kirklees	30	180,007
			TOTAL	**70**	**530,014**
York Teaching Hospitals NHS Foundation Trust	York Hospital Local diagnostic and care team	J Davison MDT Co-ordinator 01904 721273	NHS North Yorkshire & York	31	303,339

Specialist Multi-Disciplinary Teams for Upper GI Cancer (11-1A-204f)

Hospital Trust	Team	Referring PCT(s)	Catchment population
Bradford Teaching Hospitals NHS Foundation Trust	Bradford Royal Infirmary Local diagnostic and Specialist OG team	NHS Bradford & Airedale	536,664
		NHS North Yorkshire & York (Craven patch)	58,539
		NHS Calderdale	209,168
		NHS Kirklees (Calderdale-Huddersfield)	231,805
		TOTAL	**1,036,176**
Leeds Teaching Hospitals NHS Trust	St James's University Hospital Local diagnostic and Specialist OG team	NHS Leeds	794,330
		NHS Wakefield District	350,007
		NHS Kirklees (Mid Yorkshire)	180,007
		NHS North Yorkshire & York (Harrogate & York)	456,540
		TOTAL	**1,780,884**
		YCN Total	**2,817,060**

YCN = 64% of NHS North Yorkshire and York

Note: Only YCN PCT's have been included, not cross Network Flows, e.g. into Airedale NHS Foundation Trust and York Hospitals NHS Foundation Trust from neighbouring Networks.

2. Clinical and referral guidelines

(11-1A-202f, 11-1A-205f, 11-1C-103f, 11-1C-104f, 11-1C-105f, 11-1C-106f)

The Network Upper Gastro-intestinal Group has agreed clinical guidelines for the management of Upper Gastro-intestinal cancers and specific referral guidelines between teams across the network have been agreed. The guidelines are available on the YCN website. Please refer to the following link:

http://www.ycn.nhs.uk/html/publications/guidelines_uppergi.php

2.1 Primary Care Referral Guidelines (11-1A-202f)

The YCN Management Board with PCT Leads agree a policy that their primary care practitioners will refer all new patients defined by the 'urgent suspicious of cancer' guidelines for Upper GI cancer to the contact point of a single named local Upper GI MDT as described in the table above 'Local Multi Disciplinary Teams for Upper GI Cancer' (in section 1.3).

Each Trust has their own locally agreed urgent suspected cancer referral proforma which comply with the DoH guidance: http://guidance.nice.org.uk/CG27

Referral guidelines for Upper GI Cancers are laid out within the Network Upper GI Guidelines page 17
http://www.ycn.nhs.uk/html/publications/guidelines.htm

2.2 Chemotherapy Algorithms (11-1C-110f)

In conjunction with the YCN Gateway Group the NSSG are developing chemotherapy treatment algorithms for all sites. These are guidelines which specify the acceptable ranges of regimen options for named steps on the patient pathway.

Draft chemotherapy algorithms have been prepared for this NSSG and are currently under a period of consultation to the non-surgical oncologists before being signed off by the NSSG Chair.

3. Pathways of care

3.1 Clinical Pathways

The Upper GI NSSG has developed a pathway for the diagnosis and management of Oesophago-gastric cancer. The pathway includes the elements of the YCN Supportive care pathway developed in line with the NICE Supportive and Palliative Care Improving Outcomes Guidance. The **YCN Oesophago-Gastric Cancer Pathway** is available from the following link:

http://www.ycn.nhs.uk/html/pathways/clinical/uppergi.php

The Upper GI NSSG has also developed a **YCN Gastrointestinal Stromal (GIST) Pathway** in conjunction with the YCN Sarcoma NSSG. This pathway is available from the following link:

http://www.ycn.nhs.uk/html/pathways/clinical/uppergi.php

Referral pathways for TYA with Cancer

The Upper GI NSSG endorses the following approach to support the on-going effective diagnosis, referral and treatment of Teenagers and Young Adults with cancer in Yorkshire Cancer Network:

The TYACN pathway for initial management (11-1C-111f)

- For TYAs with suspected Upper GI cancer, the TYACN pathway for initial management is in the local TYA designated hospitals with referral to the relevant specialist cancer site specific MDT for treatment. This is the same pathway are per older adults.

- Teenagers and Young Adults aged 16-18 years must be referred to the TYA Principal Treatment Centre for their initial treatment.

- Teenagers and Young Adults aged 19-24 years should be offered choice of place of care, either a TYA designated hospital or the TYA Principal Treatment Centre.

All patients aged 16-24 years must be discussed at both a site-specific MDT meeting and a TYA MDT meeting. For non- designated hospitals, TYAs must be offered onward referral to a designated hospital or the TYA Principal Treatment Centre. The Leeds PTC TYA MDT Alert form, with contact details is available from the following link:

http://www.ycn.nhs.uk/html/publications/guidelines_tya.php

The TYACN pathway for follow up on completion of first line treatment (11-1C-112f)

All NSSGs have agreed clinical guidelines for the investigation, diagnosis, treatment and follow up of their patients. When the Upper GI NSSG is reviewing follow up arrangements they will engage the TYACN Co-ordinating Group chair and members to review and stratify follow up arrangements for adults with cancer to assess and incorporate the needs of TYAs with cancer, as appropriate.

3.2 Patient Information Pathways

The NSSG have agreed patient information pathways for Oesophageal and Gastric Cancer. These documents outline general and site specific patient information resources to be routinely offered to all patients at each stage of the Upper GI Cancer patient pathway. The pathways support the clinical timed pathway for Upper GI Cancer and are available from the following link:

http://www.ycn.nhs.uk/html/pathways/informationpathways.htm

4. Data collection (11-1C-106f)

For the network-wide agreed Upper GI cancer minimum dataset and the policy for specifying which type of team should collect which portion of the MDS please refer to the following link:
http://www.ycn.nhs.uk/html/groups/uppergi/mds.htm

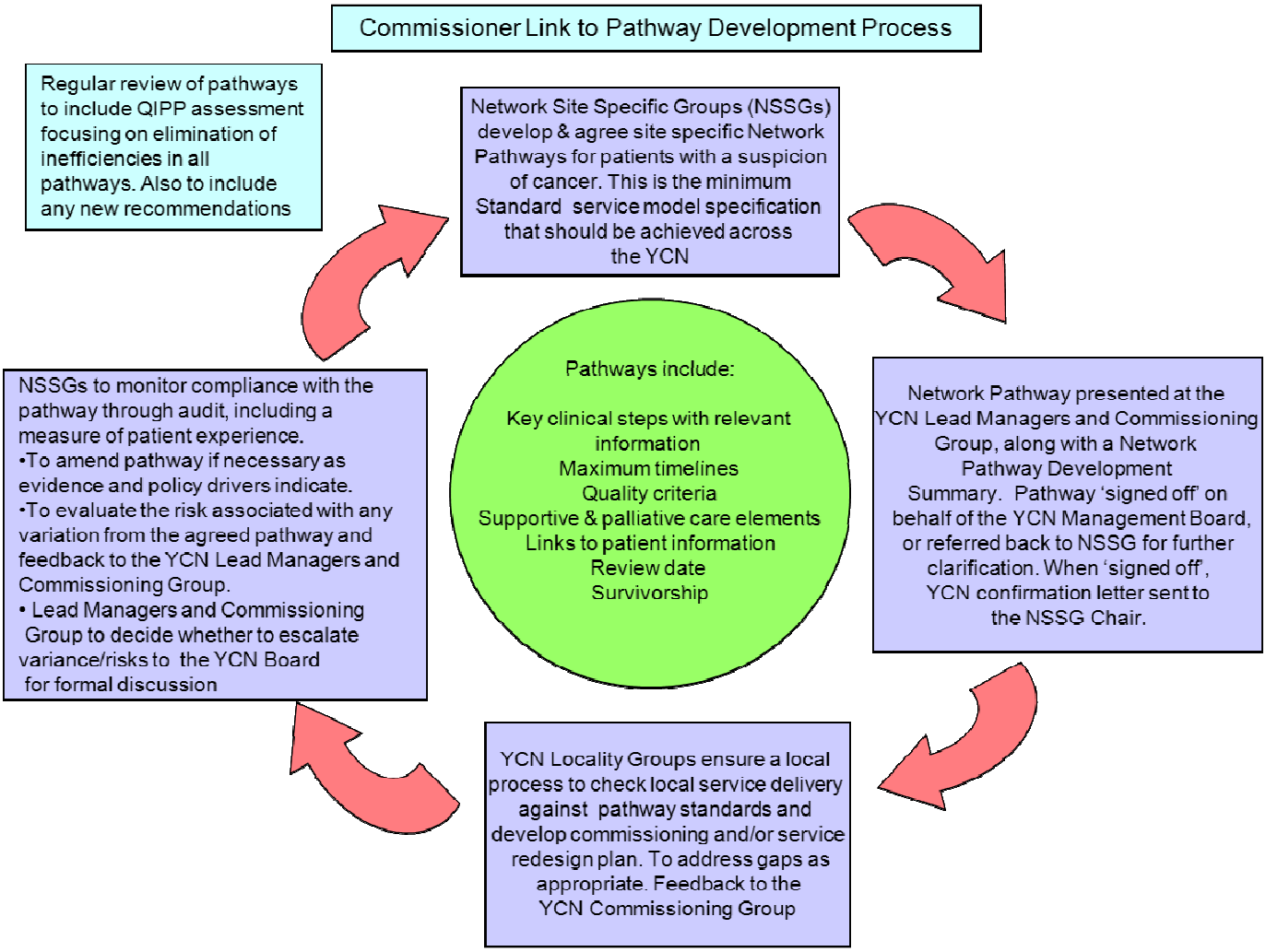
5. Proposals for Service Developments (11-1C-109f)

The NSSG's three year work programme describes their ambitions to deliver improved outcomes and quality improvements in all aspects of Upper GI cancer within the Network.

From the Upper GI NSSG Work Programme, including Service Delivery Plan, the Upper GI NSSG recommends proposals and priorities for service development to the YCN Commissioning Group and/or the YCN Board (NSSG SDP Measure No: 11-1C-109f). This programme also contributes to informing and implementing the wider YCN strategic and operational work programme for 2011/12 (http://www.ycn.nhs.uk/html/publications/workprogrammes.php).

The work programme addresses service developments (including proposals for service developments for Upper GI for 3 contracting years (NSSG SDP Measure No11-1C-109f)), service improvement and redesign, governance and audit, education and workforce and research.

The diagram overleaf illustrates how decisions and outcomes (e.g. development of network pathways) arising from this process are integrated into constituent organisations structures and local planning processes.


Commissioner Link to Pathway Development Process
Regular review of pathways to include QIPP assessment focusing on elimination of inefficiencies in all pathways. Also to include any new recommendations
Network Site Specific Groups (NSSGs) develop & agree site specific Network Pathways for patients with a suspicion of cancer. This is the minimum Standard service model specification that should be achieved across the YCN
Pathways include:
Key clinical steps with relevant information
Maximum timelines
Quality criteria
Supportive & palliative care elements
Links to patient information
Review date
Survivorship
Network Pathway presented at the YCN Lead Managers and Commissioning Group, along with a Network Pathway Development Summary. Pathway 'signed off' on behalf of the YCN Management Board, or referred back to NSSG for further clarification. When 'signed off', YCN confirmation letter sent to the NSSG Chair.
YCN Locality Groups ensure a local process to check local service delivery against pathway standards and develop commissioning and/or service redesign plan. To address gaps as appropriate. Feedback to the YCN Commissioning Group
NSSGs to monitor compliance with the pathway through audit, including a measure of patient experience.
•To amend pathway if necessary as evidence and policy drivers indicate.
•To evaluate the risk associated with any variation from the agreed pathway and feedback to the YCN Lead Managers and Commissioning Group.
• Lead Managers and Commissioning Group to decide whether to escalate variance/risks to the YCN Board for formal discussion

Upper Gastro Intestinal Network Site Specific Group

Terms of Reference

(11-1A-201f)

1. Purpose

The NSSG supports the goals set out in the Improving Outcomes Guidance for Upper GI cancers, to consistently achieve the best possible outcomes for patients and to achieve this by ensuring access to a uniformly high quality of care and service provision across the Network.

The NSSG supports the overall aim of the YCN and facilitates the collaboration of providers of Upper GI cancer services to provide optimum care based on best clinical practice.

The NSSG endorse the Improving Outcomes Guidance for Upper GI and aim to provide services according to these recommendations in addition to other National Cancer Strategy Documents i.e. the Cancer Reform Strategy.

The NSSG is the main source of clinical advice to the Yorkshire Cancer Network Management Board on all matters relating to Upper GI cancers.

The UGI site specific pathways developed by the UGI NSSG are referred to the YCN Commissioning Group for comment and approval on behalf of the YCN Management Board. It is the responsibility of the PCT led Locality Cancer Groups to ensure that the pathways are implemented locally. In the event of a significant commissioning issue the Chair of the NSSG would be invited to the YCN Management Board to provide an expert clinical opinion.

2. Membership

2.1 Membership

a) Local and Specialist MDTs Leads and representatives within the Network from

Airedale NHS Foundation Trust
Bradford Teaching Hospitals NHS Foundation Trust
Calderdale and Huddersfield NHS Foundation Trust
Harrogate & District NHS Foundation Trust
Leeds Teaching Hospitals NHS Trust
Mid Yorkshire Hospitals NHS Trust
York Teaching Hospital NHS Foundation Trust

Lead Clinicians/MDT Leads must ensure MDTs are adequately represented at each NSSG meeting either by themselves or a nominated representative. Representatives can be drawn from the core and extended MDT. It is the responsibility of the representatives who attend the NSSG meetings to ensure that the necessary decisions and agreements are disseminated to their host organisation for action / implementation.

The Chairman must ensure that there is adequate representation at the NSSGs from each staff group on the core MDT and ensure their involvement as appropriate:

Lead Clinicians
Surgeons
Oncologists
Imaging Specialists
Histopathologist
Nurse Specialist

The full membership and professional role of each NSSG member is available at
http://www.ycn.nhs.uk/html/groups/uppergi/membership.htm

b) Network Lead Team representation

c) There is a mechanism where the YCN Primary Care group is approached regarding any Primary Care issues raised by the YCN Upper GI group

d) There are currently no user representatives on the NSSG. There is a YCN Handbook and Role Description that is made available to each service user representative. Support is available from the User Involvement and Patient Information NSSG Lead.

   In the absence of a user representative, there is a formal process for obtaining user advice and involvement, by exchange of minutes and/or correspondence and direct discussion between the Chairs of the Network Groups and/or the NHS person responsible for the User Involvement and in the first instance, the Co-chairs of the User Partnership Group. It is the aim of the group to seek Service User representation at the meetings where possible. This will be facilitated by the Network User Involvement Facilitator.

e) One NHS employed member should be nominated as having specific responsibility for user involvement and patient information related issues.

f) There are formal links with the Upper GI Specialist Group who undertake work on behalf of the NSSG.

g) Nominated lead member for integration of service improvement

h) The meeting will be quorate when more than 50% of the MDT NSSG representatives or their deputy representatives are presented at the meeting. The Chairman can alter this requirement in the light of business under discussion.

2.2 Chair and vice chair

The chair and vice chair roles are each two years duration. The vice chair will succeed to the chair. The vice chair will be nominated by members of the committee. If there are two people nominated, there will be a vote to decide who is elected to vice chair. Usually if the chair is from the Cancer Centre, the vice chair will be from the Cancer Unit and vice versa.

2.3 Management support

Management support to the group will be provided by a member of the Network Team.

2.4 Administrative support

Administration support will be provided from the Network Support Officers

2.5 Frequency of meetings

The frequency of the NSSG meetings will be dependent on the work programme. This may include a fixed number of NSSG meetings and additional working groups to take specific work streams forward to meet deadlines.

3. Terms of reference

Service planning

1. To agree referral and clinical guidelines for Upper GI cancers. To subsequently review, agree and update these guidelines on an annual basis. To audit their implementation.

2. To develop recommendations for cross boundary integrated care pathways from symptom presentation to end of life care including supportive aspects of care for primary, secondary and tertiary care provision.

3. To advise on service provision for Upper GI cancer and make recommendations for service improvement/development/reconfiguration, including the implementation of appropriate Improving Outcomes Guidance and other national strategy documents, to the Network Board.

4. To ensure decisions become integrated into constituent organisation structures and processes.

5. To consult with the relevant cross cutting network groups on issues involving, histopathology, chemotherapy, cancer imaging, End of Life/specialist palliative care and user involvement.

Service improvement and redesign

6. To stimulate and lead service improvement initiatives for Upper GI cancer.

Service quality monitoring and evaluation

7. To agree and undertake Network audits in Upper GI cancer. To subsequently review the results of these audits.

8. To monitor progress on meeting national cancer measures and ensure action plans agreed following peer review are implemented.

9. To monitor the quality and effectiveness of Upper GI cancer services across the Network.

10. To participate in the National Cancer Peer Review Programme through an annual cycle of self assessment, internal validation and visit as appropriate.

11. To produce an NSSG Peer Review action plan, including cross network/MDT issues.

12. To receive reports on performance and cancer waiting times.

13. To monitor the implications of national and regional issues affecting Upper GI cancer and develop recommendations for cross network action.

14. To agree a minimum dataset for Upper GI cancer.

Workforce development

15. To promote education on Upper GI cancer across the Network and organise Network events.

16. To maintain an awareness of activities in adjacent cancer Networks.

Research and Development

17. To agree a list of clinical trials for Upper GI from the NCRI portfolio and other 'local' trials and facilitate the means by which patients managed by the MDTs in the Network may be entered.

Annual Work Plan and Report

18. To provide the Network Management Board with an annual report on progress and annual work plan.