

# PAN BIRMINGHAM CANCER RESEARCH NETWORK

## MINUTES OF RESEARCH COMMITTEE

Held on Thursday 21 July 2011 in Meeting Room 1,  
PBCN Offices, Birmingham Research Park, 97 Vincent Drive

### Present:

Professor Don Milligan	<b>DM</b>	Pan Birmingham Cancer Network	<b>PBCN</b>
Dr Jocelyn Bell	<b>JBe</b>	Sandwell & West Birmingham Hospitals NHS Trust	<b>SWBH</b>
Ms Bethan Bishop	<b>BB</b>	Heart of England NHS Foundation Trust	<b>HEFT</b>
Dr Carole Cummins	<b>CC</b>	Birmingham Children's Hospital NHS F Trust	<b>BCHFT</b>
Ms Lesley Devaney	<b>LD</b>	University Birmingham Hospital NHS Foundation Trust	<b>UHBFT</b>
Mrs Gina Dutton	<b>GD</b>	Pan Birmingham Cancer Research Network	<b>PBCRN</b>
Dr Daniel Ford	<b>DF</b>	Pan Birmingham Cancer Research Network	<b>PBCRN</b>
Mr Kevin Dunn	<b>KD</b>	The Royal Orthopaedic Hospital NHS F Trust	<b>ROHFT</b>
Mrs Gina Dutton	<b>GD</b>	Pan Birmingham Cancer Research Network	<b>PBCRN</b>
Dr Ye Lin Hock	<b>YLH</b>	Walsall Hospitals NHS Trust	<b>WHT</b>
Dr Tony Ingold	<b>TI</b>	User Representative	<b>User</b>
Ms Theresa Morton	<b>TM</b>	BBC CLRN	<b>CLRN</b>
Dr Dan Rea	<b>DR</b>	Sandwell & West Birmingham Hospitals NHS Trust	<b>SWBH</b>
Dr John Speakman	<b>JS</b>	Supportive & Palliative Care	<b>SPC</b>
Mr Clive Stubbs	<b>CS</b>	Cancer Research UK Clinical Trials Unit	<b>CRUK</b>
Ms Suzanne Sumara	<b>SS</b>	Operations & Development Manager	<b>PBCRN</b>
Mrs Maggie Hope	<b>MH</b>	Pan Birmingham Cancer Research Network	<b>PBCRN</b>

### In Attendance:

Mr Richard Cawthraw	<b>RC</b>	Pan Birmingham Cancer Research Network	<b>PBCRN</b>
Ms Joanne Plumb	<b>JBL</b>	University Birmingham Hospital NHS Foundation Trust	<b>UHBFT</b>

### 1. Apologies:

Dr Jenny Barnwell	<b>JBa</b>	Cancer Research UK Clinical Trials Unit	<b>CRUK</b>
Mr Rob Grimer	<b>RG</b>	The Royal Orthopaedic Hospital NHS F Trust	<b>ROHFT</b>
Mrs Fran Gurney	<b>FG</b>	User Representative	<b>User</b>
Professor Nick James	<b>NJ</b>	University Birmingham Hospital NHS Foundation Trust	<b>UHBFT</b>
Dr Bruce Morland	<b>BM</b>	Birmingham Children's Hospital NHS F Trust	<b>BCHFT</b>
Prof Paul Moss	<b>PM</b>	School of Cancer Sciences, University of Birmingham	<b>UoB-CS</b>
Ms Jackie Sears	<b>JSe</b>	Pan Birmingham Cancer Research Network	<b>PBCRN</b>
Dr Mark Tein	<b>MT</b>	Birmingham Women's Hospital Foundation NHS Trust	<b>BWHFT</b>
Prof Sue Wilson	<b>SW</b>	Primary Care Clinical Trials and Research Unit, University of Birmingham.	<b>UoB-PC</b>

		<b>ACTION</b>
<b>2.</b>	<b>Minutes of Last Meeting held on 10 February 2011</b>	
	These were agreed as a true record.	
<b>3.</b>	<b>Matters Arising</b>	
	<b>Action Sheet</b>	
	SWBH Trust Report JB reported that funding for the University Research Nurse post is less vulnerable, so time can be taken in settling the matter.	

	<p><b>Trust Reports –UHBFT</b> LD reported that many of the PIs are in different divisions within the trust and this had caused some difficulties but the Cancer Research Facilitation Group has begun to ask PIs to set realistic targets for recruitment, which will be monitored by the group.</p> <p>DF asked if screening data will be captured, as well as actual recruitment figures, as this data is not captured anywhere else. SS added that this information would be helpful for future forecasting.</p> <p><b>R&amp;D Approval Times</b> GD informed the group that data is now being collected regarding trial set-up.</p> <p>DM asked if the Network had set a target for time between a PI confirming they wish to open a trial to the time a trial actually opens. GD replied that no target had been set.</p> <p>There was some general discussion amongst the members regarding the problems R&amp;D departments have in obtaining the correct signed documents from PIs.</p> <p><b>Research Committee-Palliative Care membership</b> DM welcomed Dr John Speakman to the Committee.</p> <p><b>Trust Report Template</b> GD confirmed that the Report Template had been amended, as agreed and circulated before this meeting. It is not mandatory to use the template but any Trust Report must include the information requested in the template.</p> <p><b>Recruitment</b> See Item 7 –CLRN report</p> <p><b>Any Other Business –Data Managers</b> BB reported that HEFT had instigated a clearer career progression for Data Managers and the situation has now stabilised.</p> <p>JP remarked that there are now standard job descriptions for Data Managers across the Network.</p> <p>SS added that the Competencies for Data Managers should help in ensuring others are aware of how complex the role is.</p>	
4.	<b>Network Update</b>	
	<p><b>Staffing</b> GD advised the group that two members of the Core Team are still on long-term sick leave –Lead Nurse and Information Officer. Arrangements are in place to cover both roles.</p> <p><b>Hosting Arrangements</b> PBCRN is hosted by South Birmingham PCT and GD reported that the NIHR CC would like Networks to find new hosts as quickly as possible. However, PBCRN would like to wait and follow the Cancer Network, if</p>	

	<p>possible.</p> <p>DM informed the meeting that a report is due shortly about the future of Cancer Networks.</p> <p><b>EDGE Local Portfolio Management System</b>  GD stated that a national agreement is now in place for EDGE and an awareness session will take place in September. The conditions of the licence will be that this will be for cancer teams only, although R&amp;D departments will be able to have access to view recruitment data and can procure the system for extended use.</p> <p>DM asked if this system would give 'live' recruitment figures. GD responded that the new system will only affect local recruitment data and unless there is universal the data would still be incomplete. The national database will still receive data as it currently does at different time-points by different trials teams. The national database is never actually locked, although PBCRN has used its annual report data as effectively 'locked data'. This year, PBCRN has chosen to revisit and revise the last three years data to bring it in line with data issued by BBC CLRN.</p> <p>KD asked what the local benefits of EDGE will be. GD assured the Group that the Network will be able to demonstrate the system to each Trust, after they have attended the awareness session.</p> <p><b>Training –fee for NCRN Events</b>  GD informed the Meeting that it had now been agreed to charge £50.00 per person, per day for NCRN provided training.</p> <p>DM observed that it was difficult for Data Managers to access funding for training.</p> <p>GD reminded the group that the CLRN include an uplift for training and the Network had always agreed to pay travelling expenses but there had only been one claim last year.</p> <p>There was discussion about possible options for ensuring that funding is available for staff, including Trust 'block purchasing' rather than paying for individual courses. TM offered that the CLRN could retain part of the 8% uplift funding centrally to fund training. CC felt that it was easier to manage this funding in R&amp;D departments in Trusts rather than centrally.</p> <p>GD agreed to email Trusts about the options for paying for training.</p>	<p>GD</p> <p>GD</p>
<p><b>5.</b></p>	<p><b>Trust Reports</b></p>	
	<p><b>Attendance Report</b>  GD displayed the information regarding attendance at the meetings which had been included in the Network Annual report 2010-2011.</p> <p>DM enquired if the Trust-appointed member never attends, should the Deputy be the actual member.</p> <p>GD stated that as the member is the Trust-nominated Lead, the Trusts must decide.</p>	



	<p><b>UHBFT</b> Report, completed by Trust-nominated Cancer Research Lead, circulated prior to meeting.</p> <p>LD reported that UHBFT had reviewed the recruitment targets set by PIs to see if they were realistic. It had been agreed that recruitment against target will be monitored on a monthly basis. Two Research Nurses posts have gone out to advert and lung recruitment should improve, when a new Consultant and Research Nurse have been appointed.</p> <p>DF emphasised that radiotherapy studies had made a large difference to the total recruitment, as this was not always clear as many of the studies are included in the tumour specific figures not radiotherapy.</p> <p><b>WHT</b> Report, completed by Senior Research Sister, circulated prior to meeting.</p> <p>YLH reported there have been delays in getting studies opened with the R&amp;D department and all haematology trials historically have been opened at New Cross Hospital rather than WHT. Efforts are now being made to open some haematology studies on site.</p> <p><b>UoB-Primary Care Clinical Trials and Research Unit</b> Report, completed by UoB- Primary Care Clinical Trials and Research Unit nominated Cancer Research Lead, circulated prior to meeting.</p> <p><b>UoB-Cancer Research UK Clinical Trials Unit</b> CS reported that there are two new industry studies which should be opened in September and October, which the CTU have requested the sponsors to apply for inclusion in the NCRN portfolio.</p> <p>DF observed that it would be most economic for any new renal trials to be opened at one Trust with cross-network referrals. DR added that this should be the case for all rarer cancers and ways must be found to ensure all Consultants are in agreement.</p> <p>SS stated that this had been included in the Work Programme.</p> <p><b>Supportive and Palliative Care</b> JB reported that, as the Research Nurse had resigned, recruitment had been on hold and there is one observational study open at this time. A Network Palliative Care Nurse post, which is being hosted by UHBFT, is currently out at advert.</p>	<b>DR</b>
<b>6.</b>	<b>Performance</b>	
	<p><b>Annual Report and Recruitment</b> DF reported that recruitment had increased in the Network with recruitment in RCTs being 9% and most Trusts increasing year-on-year. The Network has trials open in all tumour sites and, overall, all indicators are positive.</p> <p>KD enquired if it is possible to ascertain comparisons between cancer recruitment and other diseases or other Networks. GD informed the meeting that the Annual Report must be submitted by 22 July, so comparisons to other Networks will be available shortly.</p>	

	<p>TM added that one-third of the studies opened in the CLRN region did not recruit and this is being investigated.</p> <p><b>Industry Studies</b> SS reported that any studies showing red on the RAG report are being addressed and in almost all cases the red rating was understood.</p> <p>GD added that good target setting is key to ensuring good actual performance.</p> <p><b>NIHR CRN High Level Objectives</b> Deferred to next meeting</p>	
<b>7.</b>	<b>CLRN Report</b>	
	<p>A written report was tabled.</p> <p>TM observed that in 2010/11 PBCRN Trusts were allocated £455K from the Cancer Research Network and £2.3 million by the CLRN. Although it is difficult to do a direct comparison for total allocation, as Trusts report service support differently, there remains a big variance between the funding spent per patient recruited. Whilst some of this can be explained by the need for a minimal level of infrastructure, graph 4 relating to research nurse and consultant time highlights the differences are largely not as a result of this. There is a need to explore this further so that the variance can be reduced, as well as ensuring that cancer delivers value for money.</p> <p>DF commented that the BCHFT reported expenditure on consultant time was disproportionately high compared with other Trusts. TM informed the meeting that, in future, only one session per consultant would be funded.</p> <p>TM requested comments about how to ensure equability between Trusts.</p> <p>DM requested that this type of report should be issued in advance of the meeting in future to enable members to read and understand the contents before they attend. GD acknowledged that there had been a delay in completing the report due to competing priorities and ensuring that the report was fit for purpose.</p>	<b>Group</b>
<b>8.</b>	<b>Work Programme</b>	
	<p>SS stated that the revised Work Programme 2011-2012 will be circulated shortly. There had been several 'Barriers to Research' meetings which had resulted in some good ideas. Research has shown that first approach by a Clinician is key to recruitment, so there will be more interaction with NSSGs to raise awareness of research.</p> <p>SS will report to the next meeting on transport costs for trials patients and cross-network referrals.</p>	<b>SS</b>
<b>9.</b>	<b>Financial Update</b>	
	<p><b>FSF Update</b> GD reported that bids for the remaining £40000 FSF/underspend were due by 12.00 21 July 2011.</p>	

	TM informed the group that the Comprehensive Clinical Research Network Co-ordinating Centre are in discussions with the DH regarding the problems encountered in ensuring any funding is spent in year, which is currently causing problems for BBC CLRN.	
<b>9.</b>	<b>Any Other Business</b>	
	None	
<b>10.</b>	<b>Date of Next Meeting:</b>	
	Monday 5 December 2011 in Meeting Room 2, Network Offices, Birmingham Research Park, 97 Vincent Drive at 2.00 pm	

APPROVED