

**Actions of the meeting held on
Thursday 19 January 2012, 10:00**

Yorkshire Cancer Network

Nidd Room, Pavilions of Harrogate, Great Yorkshire Showground, Harrogate

Present:

| | |
|------------------------|--|
| Mrs C Parkinson | Airedale NHS Foundation Trust |
| Mr S Porter | |
| Dr S Cheeseman | Bradford Teaching Hospitals NHS Foundation Trust |
| Prof P O'Donovan | |
| Mr C Choy | Calderdale and Huddersfield NHS Foundation Trust |
| Dr B Crosse | |
| Mrs P Marsden | |
| Ms Z Smithurst | |
| Miss T Jackson | Harrogate and District NHS Foundation Trust |
| Mrs M Webb | |
| Ms R Bowman | Leeds Teaching Hospitals NHS Trust |
| Mr T Broadhead (Chair) | |
| Dr R Cooper | |
| Mrs A Craven | |
| Mrs W Gregory | |
| Dr D Jackson | |
| Mr D Nugent | |
| Dr T Perren | |
| Mr S Saidi | |
| Ms E Wright | |
| Dr A Young | |
| Ms K Clawson | Mid Yorkshire Hospitals NHS Trust |
| Mr S Sharma | |
| Ms J Gallagher | User Partnership Group |
| Dr A Andrew | York Teaching Hospital NHS Foundation Trust |
| Dr A Darby | |
| Mr B Hunter | |
| Mrs L Jackson | |
| Dr C Oxby | |
| Mrs M Holland | Yorkshire Cancer Network |
| Miss E Jehan | |
| Mr P Melling | |

Apologies

Mr J Buxton, Mrs B Hurst, Mr R Hutson, Dr J Orton, Ms B Watson, Ms L Watson

| 1. Welcome and Apologies | | | |
|---------------------------------|---|---------|----------|
| Log No | Action | Lead(s) | Deadline |
| 54 | Tim Broadhead welcomed the Group and round table introductions were made. | N/A | N/A |

| 2. Action Log from the last meeting | | | |
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| Log No | Action | Lead(s) | Deadline |
| 55 | The action log from the last meeting was agreed as an accurate record. | N/A | N/A |
| 3. Matters arising | | | |
| Log No | Action | Lead(s) | Deadline |
| 56 | <p>► National Cervical Cancer Audit</p> <p>It was agreed that feedback from the results of the audit would be useful and this could be considered as a possible session for a future educational event.</p> <p>To consider for a future event.</p> | T Broadhead | Ongoing |
| 3.1 Enhanced Recovery | | | |
| Log No | Action | Lead(s) | Deadline |
| 57 | <p>The Group were informed that clinicians in Leeds have met with Angie Craig and ERP for Gynaecology hasn't previously been on the Trust agenda.</p> <p>The Group agreed that there is less work to be done in Gynaecology compared to other sites, as hospital stays are already very short.</p> <p>Cheng Choy informed the Group that this is working well for all Gynae patients in Calderdale & Huddersfield, average stays have been reduced from 5 to 3 days, patients are invited to attend group meetings where they receive information regarding what to expect, however not all patients have attended these meetings.</p> <p>To update the Group at the next meeting.</p> | All | 08/05/2012 |
| 58 | To circulate a tick list for Group members to highlight which elements of Enhanced Recovery they are already meeting. | M Holland | 02/02/2012 |
| 4. Survivorship & Follow Up | | | |
| 4.1 Calderdale & Huddersfield Model | | | |
| Log No | Action | Lead(s) | Deadline |
| 59 | <p>Cheng Choy informed the Group that the draft Calderdale & Huddersfield 4 day follow up model for early endometrial patients; based on the Breast model, has been condensed to 3 days. Due to small patient numbers (40-50 per year) it was suggested that this model could be rolled out across multiple Trusts.</p> <p>Meetings are now taking place to look at funding the project.</p> <p>To update the Group at the next meeting.</p> | C Choy | 08/05/2012 |
| 5. Clinical Guidelines | | | |
| Log No | Action | Lead(s) | Deadline |
| 60 | <p>Following discussion at the Gynaecology Non Surgical Oncology Forum, the Group were informed that some changes to the Chemotherapy chapters of the Clinical Guidelines are necessary.</p> <p>To update the Chemotherapy chapters.</p> | D Jackson & T Perren | 02/02/2012 |

| 6. Audit | | | |
|--|--|-----------|------------|
| 6.1 Clinical Pathways snapshot audit | | | |
| Log No | Action | Lead(s) | Deadline |
| 61 | <p>Claire Parkinson informed the Group that following the snapshot audit of the clinical pathways it is not necessary to change the current time line, it was agreed this is realistic for the majority of patients.</p> <p>The updated 4 clinical pathways and appendix has been circulated to the Group for comments with changes highlighted in red font.</p> <p>The Nurses Group now aim to re-audit the pathways and requested help from members of the Group with this exercise.</p> <p>Discussion took place regarding the addition of 'record intended FU programme', it was agreed to keep this in the pathways.</p> <p>Jean Gallagher raised the importance of patients knowing the signs and symptoms of recurrence to be aware of in between follow up appointments, the Group agreed the recurrence generally isn't caught at a follow up appointment. Claire Parkinson informed the Group she is working on a recurrence smart card and other Trusts are producing something similar.</p> <p>To add recurrence patient information to the next meeting agenda.</p> | E Jehan | 02/02/2012 |
| 6.2 Audit of Recurrence in Early Endometrial Patients | | | |
| Log No | Action | Lead(s) | Deadline |
| 62 | <p>Cheng Choy gave an overview of the Calderdale & Huddersfield audit of recurrence in early endometrial patients 2004-2007. Out of 58, 3 patients had recurrence and presented with symptoms in between follow up appointments.</p> <p>It was agreed that this should be repeated as a Network audit using the same 2004-2007 time frame.</p> <p>To liaise with Cheng Choy to design the Network Audit and present the findings at the next meeting.</p> | P Melling | 08/05/2012 |
| 7. Peer Review | | | |
| Log No | Action | Lead(s) | Deadline |
| 63 | <p>Tim Broadhead informed the Group that the management of potential early stage ovarian cancer, being out with IOG (as surgery for such cases takes place in York and Calderdale) was once again raised at the recent Peer Review of the Gynaecology Group.</p> <p>In response to this Sean Duffy has agreed that Bill Hunter and Cheng Choy should have limited designation as associated centre MDT surgeons for the management of early ovarian cases. This will be person specific and not held by the organisation.</p> | N/A | N/A |

| 8. Nurses Group Update | | | |
|--------------------------------------|--|-------------|------------|
| Log No | Action | Lead(s) | Deadline |
| 64 | <p>Alison Craven informed the Group that she has now stepped down as Chair of the Nurses Group; Claire Parkinson has taken on this role for a 2 year period and Marion Webb has been voted in as Vice Chair.</p> <ul style="list-style-type: none"> • The Gynaecology Patient Information leaflets are currently under review. • The 2012 study day will be taking place on 15th June in Huddersfield, title and programme to follow. • Members of the Group are involved in work with Target Ovarian and there will possibly be an event in York in March. <p>To update the Group at the next meeting.</p> | C Parkinson | 08/05/2012 |
| 65 | <p>Work is on-going with June Toovey regarding the role of the CNSs in Leeds, following a meeting between the Nurses Group, June Toovey and several Trust Lead Nurses it was agreed that the Unit CNSs should remain the key worker for their patients, Leeds CNSs will provide crisis intervention where needed for Unit patients. Concerns were expressed that patients in Dewsbury may be at a disadvantage however a second CNS is due to start with the Trust shortly and this may resolve issues.</p> <p>To add to the next meeting agenda.</p> | E Jehan | 02/02/2012 |
| 9. Discussion of PMB Referral | | | |
| Log No | Action | Lead(s) | Deadline |
| 66 | <p>Bill Hunter informed the Group that Claire Oxby is creating a new pathway for PMB referrals so that the GPs do the initial exam and scan (urgent 2/52 slots arranged with radiology). Patients will then be referred on to York from the GP. All York PMB patients will be fast-tracked into out-patient hysteroscopy.</p> <p>The current situation is that only those patients referred by the GP as fast track are seen in the 2/52 and others wait longer and are seen in PMB clinic with scan but no hysteroscopy, if indicated hysteroscopy is booked for a later stage.</p> | N/A | N/A |

| 10. Late Effects – Pelvic Radiation Disease | | | |
|--|---|-----------|------------|
| Log No | Action | Lead(s) | Deadline |
| 67 | <p>Based on the GI algorithm developed at the Royal Marsden for Pelvic Radiation Disease Rachel Cooper informed the Group that a small group of clinicians, including herself and David Jackson, recently met for the first time with the aim of formalising how to best manage patients with the late effects of treatment to the pelvis across the YCN. This covers all tumour sites where patients receive pelvic radiotherapy. Similar work is underway in Head & Neck.</p> <p>The Group identified 3 main toxicity sites which need to be managed better: GI, GU and psycho-sexual. The first step will be to look at pathway mapping for various symptoms which will allow clinicians to manage patients within clinics and refer on those with more difficult problems.</p> <p>David Jackson informed the Group that they are looking for Medical Oncology and Gynae CNS input into this work.</p> <p>Dr Andreyev who developed the algorithm will be presenting this work at the Colorectal event in April. It was suggested that this local work should be presented at a future Gynaecology Educational Event.</p> <p>To contact David Jackson or Rachel Cooper if interested in being involved in this work.</p> | All | Ongoing |
| 11. YCRN | | | |
| Log No | Action | Lead(s) | Deadline |
| 68 | <p>David Jackson presented the YCRN Gynaecology Clinical Trial Portfolio Performance Report.</p> <p>To date (22-12-2011) 96 patients have been recruited into clinical trials, the projected 2011-12 total is 132.</p> <p>To continue to provide regular updates to the Group.</p> | YCRN | Ongoing |
| 12. Cancer Waiting Times | | | |
| Log No | Action | Lead(s) | Deadline |
| 69 | <p>Philip Melling presented the Cancer Waiting Times data. An improvement on 62 day breaches can be seen between Q1 and Q2.</p> <p>To continue to present CWT to the Group.</p> | P Melling | Ongoing |
| 70 | <p>Members of the Group expressed serious concerns that LTHT are artificially delaying the decision to treat in order to achieve the 31 standard. By doing this the patient is put under additional stress while waiting for a definitive diagnosis.</p> <p>It was agreed that this should be escalated to the Network Board.</p> <p>To feedback to the Network Lead Team.</p> | P Melling | 02/02/2012 |

| 13. AOB | | | |
|----------------|--|-----------|------------|
| Log No | Action | Lead(s) | Deadline |
| 71 | <p>► National Cervical Cancer Audit</p> <p>To contact Kate Horsfall, Screening Coordinator and Senior Public Health Manager, NHS Bradford & Airedale to present the Audit results at the October Educational Event.</p> | M Holland | 02/02/2012 |
| 72 | <p>Sam Saidi raised concerns regarding the lack of a Unit Lead at LTHT, the Group were informed that the 5 surgeons currently share this role between them, however it was agreed that having someone to do the low risk work would be beneficial.</p> <p>To add to the next meeting agenda.</p> | E Jehan | 02/02/2012 |
| 73 | <p>Keely Clawson informed the Group that following recent press she has received a number of queries from patients regarding their eligibility for Avastin. Following discussion at the Non Surgical Oncology Forum, Tim Perren clarified that:</p> <ul style="list-style-type: none"> • patients out of chemotherapy are not eligible at this time, this may be considered if their disease recurs; • those patients starting or currently undergoing chemotherapy would need to discuss their eligibility with their Oncologist. | N/A | N/A |
| 74 | <p>Marlene Holland informed the Group that the Chemotherapy Nurses Group are wanting to look at what happens when patients are sent for chemotherapy and are looking to develop a chemotherapy pathway.</p> <p>To work with the Chemotherapy Nurses to develop a pathway.</p> | M Holland | Ongoing |

Date of Next Meeting(s)

Thursday 19th January 2012 12:30pm

Derwent Room, Pavilions of Harrogate, Great Yorkshire Showground, Harrogate [EVENT]

Tuesday 8th May 2012 10:00am

Seminar Room 1, Education Training and Development Centre, St James's University Hospital, Beckett Street, Leeds, LS9 7TF

Tuesday 8th May 2012 12:30pm

Seminar Room 1, Education Training and Development Centre, St James's University Hospital, Beckett Street, Leeds, LS9 7TF [EVENT]

Friday 26th October 2012 10:00am

Seminar Room 1, Education Training and Development Centre, St James's University Hospital, Beckett Street, Leeds, LS9 7TF

Friday 26th October 2012 12:30pm

Seminar Room 1, Education Training and Development Centre, St James's University Hospital, Beckett Street, Leeds, LS9 7TF [EVENT]