

YORKSHIRE CANCER NETWORK

Gynaecology Group

Minutes of the meeting held on
Friday 16th January 2004, 9.00am
Arthington House Conference Suite, Cookridge Hospital

Present:	Mr P Brunskill	Airedale NHS Trust
	Dr M Crawford	
	Dr G Haslam	Airedale PCT
	Ms B Hurst	Bradford Hospitals NHS Trust
	Mr R Rand	
	Dr D Stark	Calderdale & Huddersfield NHS Trust
	Dr B Crosse	
	Mr C Choy	
	Dr D Alison	Leeds Teaching Hospitals NHS Trust
	Mr T Broadhead	
	Mr J Buxton	
	Dr R Cooper	
	Ms C Downes	
	Dr G Hall	
	Ms C Hancock	
	Mr R Hutson	
	Ms A Jenkins	
	Mr G Lane	
	Mr G Marsh	
	Dr S Miller	
	Dr J Orton (Chair)	
	Dr T Perren	
	Dr J Spencer	
	Dr N Wilkinson	
	Dr A Andrew	York Health Services NHS Trust
	Mr B Hunter	
	Professor M Baker	Yorkshire Cancer Network
	Miss H Lamb	
	Mr P Melling	
	Ms F Stephenson	
	Mr B Tinkler	
	Dr J Hughes	Yorkshire Cancer Research Network

1. Apologies for absence

Mr A Barnett and Ms P Marsden.

2. Minutes of the last meeting

It was noted that Item 5, Centralisation of Gynae Oncology should have read 'Mr Lane suggested that perhaps radiology could be carried out locally and the images reported centrally. Mr Brunskill said that it was

important that there was a specialist radiologist there at the time similar to when surgery was being carried out.

With this amendment the minutes were agreed as being an accurate record.

3. Welcome

Dr Orton welcomed Dr Rachel Cooper, Consultant Clinical Oncologist at Cookridge and Dr Dan Stark Consultant Medical Oncologist at Bradford Royal Infirmary to the group.

4. Matters arising

- **Information leaflets for women attending the Leeds Cancer Centre**

A draft leaflet was tabled.

Ms Hancock highlighted that meetings with Calderdale and Huddersfield User Group had provided valuable feedback on the leaflet.

The in-patient and Cookridge sections of the leaflets are now separate and individual booklets will be compiled for each patient with the relevant site-specific information.

Following comments the leaflets will go to print at the end of January.

A group discussion followed and it was highlighted that pharmacy, trials and medical oncology phone numbers should be included in the leaflet.

Ms Stephenson highlighted that thought should go into how and where the leaflet is made available to women attending Leeds Cancer Centre. It was agreed that the leaflet should be sent out with the patient appointment and made available in cancer Units.

The group discussed the title of the leaflet and agreed that it should read 'YCN Gynaecological Cancer Services at St James's University Hospital' for consistency. Ms Stephenson agreed to take this issue back to the next Gynaecology Project Team meeting.

Action: All to forward comments regarding the leaflet to Carol Hancock by Monday 26th January. Project Team to agree the title of the leaflet.

5. Update on centralisation of gynaecology oncology

Mr Lane explained that Leeds has appointed Wendy Gregory as Senior Nurse to co-ordinate the centralised gynaecological oncology service. Mr Broadhead now has a full day operating list on a Friday.

The capacity for centralisation is in place. There will be a change over of wards in February, which will create capacity for 28 gynae oncology beds.

The referral mechanism and personnel is in place to receive referrals.

Professor Baker explained issues associated with configuration of gynaecological oncology services.

Service models have been agreed with all Cancer Units, with the exception of Mid Yorkshire NHS Trust. Airedale, Bradford, Harrogate and York have agreed to implement an outreach model of service and Calderdale and Huddersfield are adopting an in-reach model of service.

Meetings have continued between the Network and representatives from the Centre and the Units. There has been a lot of activity in terms of finalising decisions.

The outreach service with Harrogate is working well; all cases are now coming into Leeds. York has agreed the same route. Mr Broadhead is in discussions with York to establish the service over the next few months.

Much dialogue has taken place between the Network, Centre and Mid Yorkshire, which has resulted in a Trust Board decision to transfer gynaecological surgery to Leeds and adopt an 'Out-reach' model of service. Discussions are ongoing regarding the pathway.

In Calderdale and Huddersfield, there is general agreement regarding the 'In-reach' model of staffing. Mr Choy will begin operating in the Leeds from 1st March 2004.

Bradford and Airedale work will transfer to Leeds in 2005 and 'Out-reach' services will be provided, more discussion is required to define working details.

An extra surgeon will be required in the Centre surgical team

Professor Baker confirmed that funding is in the system, half is currently allocated to Leeds Cancer Centre and the balance by 2005/06. There are some non-recurrent costs which are not included and are to be funded by slippage.

By mid 2005 the Network will operate as a more centralised model of service with an 'Out-reach' and 'In-reach' model mix.

Mr Rand highlighted that discussions regarding Bradford and Airedale staffing issues are required. Mr Lane explained that the job description for the additional Centre based surgeon has already been written, but a cancer unit lead would still be necessary.

6. Development of gynaecology cancer services

• Pathways

Ms Stephenson highlighted that the Gynae Pathway Development group has developed pathways for cervical, vulval, endometrial and ovarian cancers. The cervical and vulval cancer pathways are now being applied across the Network and implementation of the remaining two pathways will commence following agreement at the next meeting on 3rd February 2003.

Ms Stephenson highlighted the YCN Gynaecological Cancer Centre is holding a Gynaecology Nursing Workshop on 9th February 2004. The aim of the workshop is to develop a nursing pathway to ensure the co-ordination and management of patients across the Cancer Centre, Cancer Units and Primary Care. Information has been distributed via the Trust Lead Cancer Nurses. Ms Hancock asked consultants to ensure that ward sisters have received the information.

• Gynae Oncology MDT Standard Operating Procedure

The draft Leeds Cancer Centre Gynaecology Oncology Multidisciplinary Team Standard Operating Procedure was tabled. Dr Perren explained the document and discussion followed.

Dr Perren explained that the MDT meeting room would be upgraded in August. Modern audio-visual equipment would be available; there will be facilities for digital pathology and radiology images. During the upgrade the MDT meeting would be moved elsewhere, Ms Jo Bewley, Operational Services Manager at Leeds is working on this.

A quarterly meeting will take place, separate from the MDT, to address mortality, morbidity and governance issues.

Dr Perren explained that the list of MDT members needs updating. He also emphasised that this should be counted as a programmed activity when job plans are reviewed.

Mr Brunskill referred to section four 'Referral of Patients to the Leeds Gynaecological Cancer Centre' and it was agreed that initial outpatient appointments can only take place either in the Centre or locally, if an 'Out-reach' service is being provided.

The role of the unit based members in the Centre MDT was questioned. It was highlighted that clinicians at the Units would be welcome to observe or contribute to the inpatient discussions from 8.00-9.30 period.

Dr Haslam asked for a diagrammatic summary to be produced in order to understand information flows across the pathway. Ms Stephenson agreed to take this forward.

Mr Lane emphasised that the purpose of the MDT is to facilitate but not delay the management of patients.

Dr Crosse highlighted that there is a need to look at the local structures for getting the material into the centre. A discussion took place regarding the courier, shuttle and taxi service to transport material.

Ms Stephenson explained that the MDT Co-ordinators in the Units should be informed of the changes to the protocol.

Dr Crosse raised the issue of post-operative specimens during the transitional period towards centralisation. An in-depth group discussion followed.

Mr Rand thanked Dr Perren and Mr Lane for the hard work in producing the document.

**Action: All to forward comments regarding the SOP to Sarah Waller, MDT Co-ordinator, Leeds.
Ms Stephenson to work on diagrammatic summary.
Ms Stephenson to work with Sarah Waller to inform Unit MDT Co-ordinators of the changes to the Centre SOP.**

7. Radiology

- **Imaging requirements**

Dr Spencer explained that Network had been allocated two extra MRI and three extra CT machines through the Department of Health route.

Manpower remains a major problem. Leeds has appointed a second uro-radiologist to work with Dr M Weston. Dr A Sanderson has been appointed to Mid Yorkshire.

There are competent and interested radiologists at the Units. The diffusion of radiologists from the Centre could cause a problem.

Maintaining clerical support is important. It has been difficult to maintain staff in a co-ordinator role which is partly due to difficult relationships with the Units. It is hoped that this will be resolved soon.

- **Storage & Retrieval of images**

Dr Spencer highlighted that a system to view electronic radiological images will be included as part of the MDT room upgrade at St James's University Hospital.

- **Transfer of images and data between the Unit and the Centre**

Dr Spencer explained that Leeds is looking into electronic image transfer system.

Mr Rand queried how the Bradford Diagnostic and Treatment Centre would affect the hospital Imaging Service. Professor Baker explained the background to the Diagnostic and Treatment Centres and highlighted that they provide an opportunity to shorten the patient pathway and relieve the burden of fast track clinics.

Dr Spencer explained that extended supervision is essential when performing CT/ MRI in the centres.

Dr Orton suggested auditing the quality of Diagnostic and Treatment Centre images.

Mr Lane raised the issue regarding a GP Gynae Oncology Service in Leeds. A Discussion followed and this issue would be taken forward by Leeds Gynaecology Oncologists outside the meeting.

8. Any other business

- **Ovarian Cancer Screening**

Mr Lane informed the group of the provision of screening services in Leeds. A discussion followed.

Action: Mr Lane to produce ovarian screening guidelines and circulate to the group with the minutes (paper to follow)

9. Date of next meeting

*******REVISED DATE*******

**Friday 7th May 2004, 9.00 – 11.00am
Arthington House Conference Suite, Cookridge Hospital**