

# YORKSHIRE CANCER NETWORK Gynaecology Group

Minutes of the meeting held on  
Friday 7<sup>th</sup> May 2004, 9.00am  
Arthington House Conference Suite, Cookridge Hospital

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Present:	Mr P Brunskill	Airedale NHS Trust
	Ms B Hurst	Bradford Hospitals NHS Trust
	Mr R Rand	
	Dr D Stark	
	Dr B Crosse	Calderdale & Huddersfield NHS Trust
	Mr C Choy	
	Ms P Marsden	
	Dr D Alison	Leeds Teaching Hospitals NHS Trust
	Mr J Buxton	
	Ms C Downes	
	Dr G Hall	
	Ms C Hancock	
	Mr R Hutson	
	Ms A Jenkins	
	Dr S Miller	
	Dr J Orton (Chair)	
	Dr J Spencer	
	Dr A Andrew	York Health Services NHS Trust
	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 T Broadhead, Dr R Cooper, Dr M Crawford, Ms W Gregory, Mr G Lane, Ms J Higgins, Mr B Hunter, Mr G Marsh, Ms C Parkinson, Dr T Perren and Dr N Wilkinson.

## 2. Matters arising

Nothing to report. All matters arising from the last meeting included in the agenda.

## 3. Manual of Quality Measures for Cancer Peer Review

Dr Orton circulated an electronic copy of the Gynaecology Quality Measures prior to the meeting.

Dr Orton tabled a summary of the gynaecology requirements from the National Quality Measures to fulfill the Improving Outcomes Guidance and asked the group for their comments on the Quality Measures. A discussion followed.

Professor Baker informed the group that Peer Review visits for the YCN would take place in September 2005. The YCN will be the first Network to be reviewed against both the current and the second phase Quality Measures. The Quality Measures must be finalised six months prior to Peer Review visits.

Dr Spencer explained that at the last Peer Review visit the focus was on demonstration of quality, this time the group should focus on audit.

Dr Alison referred to the Quality Measure regarding 'patients to be offered the opportunity of a permanent record or summary of at least a consultation at which the treatment options were discussed'. Dr Alison explained that Leeds is currently carrying out an audit on permanent patient record. Dr Alison agreed to lead on this and circulate the results of the pilot before the September meeting.

Mr Rand expressed concern that the communication of the treatment plan is not currently happening between the Centre and the Units. This issue would be discussed later in the meeting under SOP.

Ms Hancock highlighted that the CNS's are working on the communication of treatment plan to patient and referring clinicians.

**Action: Dr Orton to feedback comments to the Department of Health.**

**Dr Alison to circulate results of the Leeds permanent patient record audit prior to the September meeting.**

#### **4. National Template for Job Description for Cancer Unit**

Dr Orton confirmed that she attended the National Meeting of Network Gynaecological Leads on 20<sup>th</sup> February, a summary of the meeting was tabled.

A paper regarding the 'Role Gynaecological Cancer Unit Leads' by Mr P Sarhanis, Consultant Gynaecologist, NW London Hospitals NHS Trust was circulated to the group with the agenda.

Dr Orton asked the Cancer Unit Leads for their comments on the paper to take to the next National Gynaecological Leads meeting on Friday 21<sup>st</sup> May.

Mr Rand highlighted that administration and communication should be recognised as a timed activity and explained the difficulty to fit in one years training in a Cancer Centre or Unit under the supervision of the Unit Lead.

An in-depth group discussion followed regarding training and MDT meetings.

Mr Brunskill highlighted that supervised surgery in the Centre is required to maintain skills in the Units.

**Action Dr Orton to feedback comments to the National Gynaecological Leads meeting on 21<sup>st</sup> May.**

#### **5. Update on Centralisation of Gynaecology Oncology**

Professor Baker explained that a high level of agreement has been achieved with the Units for the centralisation of gynaecology oncology. Professor Baker expressed concern that there has been no progress made with Leeds regarding the transfer of surgery from the Units.

Professor Baker has shared his concerns with the Chief Executive and Medical Director at Leeds regarding the willingness and ability of Leeds to deliver the service.

Professor Baker suggested that given Mr Rand's retirement in 9 months the service has to be in place at Leeds by the end of the calendar year. If this can not be achieved Leeds may not be the sole provider of the service.

An in-depth group discussion followed.

Mr Rand explained that by February 2005 there will be a large influx of gynaecology surgery into Leeds from Bradford, however no job description or timetable has been seen for the Centre based surgeon. The group reinforced that a timetable for the appointment for the Bradford surgeon is urgently required.

Professor Baker explained that the post should be advertised this month, however Professor Baker was not aware that any work had been carried out on the job description.

Mr Brunskill expressed concern regarding the lack of communication back from the Centre MDT to the referring unit.

Dr Orton highlighted that there is a need for clear leadership from the Centre which does not currently exist.

Ms Stephenson highlighted that dedicated management support is still required from Leeds to make progress.

Mr Rand highlighted that gynaecology pathology has collapsed in Bradford and asked for support from the Network. It was suggested that the issue should be addressed at the YCN Pathology Group.

**Action: Dr Orton agreed to take raise the issue regarding job description with Mr Lane.**

## **6. Development of Gynaecology Cancer Services**

### **• Pathways**

Ms Hancock highlighted that following on from the Gynaecology Nurses Workshop the CNS's have met twice to look at discharge planning pathways for patients from Leeds. A notification of discharge form was tabled to the group to establish the view from the Units. A copy of the form will be made available to the GP, referring clinician, the CNS and the patient.

Ms Hancock explained that the form will be available electronically and information will be generated from PAS database.

Mr Buxton referred to 'patient aware of diagnosis' and highlighted that this would have been expected as the patient will also receive a copy of the form.

The group agreed to pilot the form.

Ms Stephenson highlighted that a series of meetings have taken place with the administration teams in the Units to address at administration processes.

Ms Stephenson confirmed that Leeds are in the process of recruiting a Service Co-ordinator, the post will be advertised shortly.

### **• SOP**

A redraft of the SOP was tabled to the group.

Dr Orton highlighted that the implementation date for the SOP will be the first week in June and it is hoped that communication between the Centre and the Units will be improved regarding feedback from Centre MDT discussion.

Mr Buxton queried the decision making for the time of the MDT meeting as it does not fit into consultant job plans. Dr Orton explained that the SOP has been discussed in depth previously and it is the most appropriate time for most clinicians to attend. Mr Buxton highlighted that he is unable to attend the meeting before 9.00am.

The group agreed that the communication of the record of the treatment plan should be highlighted as a separate point in the SOP.

Mr Brunskill referred to the treatment plan summary sheet (section 14) 'A copy is filed in the LTH notes and further copies faxed or emailed to the referring consultant and to the GP', Mr Brunskill highlighted that this should read 'consultants'.

Mr Brunskill referred to section 4 and explained that it is not part of the unit clinicians' skills to arrange the patient's cancer unit notes, the complete x-ray folder and the representative pathology slides to be available to the Centre surgeon at the consultation. This is the responsibility of the unit MDT co-ordinator.

It was noted that some of the details on the MDT team members list was incorrect and needed updating.

Dr Orton confirmed that the MDT room at SJUH is being refurbished and should be finished by mid September. During the period of refurbishment the MDT will take place in the radiology seminar room.

There was a discussion regarding the order of cases to be discussed at the MDT. It was noted that the table designed to give some structure to the meeting and cases for discussion was unclear. Dr Orton agreed to seek clarity on when the Leeds cases and when the rest of the Network cases would be discussed at the MDT.

Mr Brunskill referred to point 15 and highlighted that if the patient fails to attend the clinic at the Centre this should be fed back to the referring clinician. Ms Hurst highlighted that the CNS should also be notified.

Mr Buxton referred to point 13 regarding the 'HOT consultant' and explained that he was not aware of any discussion regarding this. Dr Orton confirmed that this had been discussed locally in Leeds.

The group agreed in principle to start the SOP in the first week of June.

**Action: Dr Orton to feedback comments and amend SOP in light of discussion.**

## **7. Cancer Waiting Times**

Mr Melling tabled information regarding gynaecology cancer waiting times for urgent referral – first seen, diagnosis – first treatment, urgent referral – first treatment and all referrals – first treatment for the 2003/04, which had been supplied by each Trust to the National Waiting Times Database. The information also included reasons for the long delays.

Mr Melling explained the data to the group.

Mr Melling highlighted that in terms of supplying data the YCN are the leading Network in the country. A lot of work has been carried out by all Trust cancer information departments across the Network to supply this information.

Dr Orton thanked the Trusts for supplying the information.

Dr Orton suggested the following audits to be taken forward by the group:

- A Centre/ Unit MDT communication audit.
- Looking at data captured and comparing it with the hospital registry data, which is now in the quality standards.
- A unit audit of the record of all cancer patients including the diagnosis, staging and place of surgery for 2003.  
Dr Orton agreed to produce a protocol and circulate to the group.

Dr Orton suggested holding an audit session in the afternoon of the meeting in September.

Dr Hall explained to the group the intention to create a full database of gynaecology patient data from the Units and the Centre across the Network. Currently there is a database available from central gynaecology patients. Dr Hall highlighted that it would be useful to complete the database by feeding into local databases of local MDT's.

**Action: Audit session to be held in the afternoon of the September meeting.**

**Dr Orton to produce proforma for Unit audit. Philip Melling will be sending a template out in the near future.**

#### **8. Ovarian Screening**

Deferred.

#### **9. Follow-up in Gynaecological Cancer**

A paper regarding the gynaecological cancer follow-up from Kent Cancer Network Gynaecology GNAT (Guidelines: Network Assessment and Treatment) was circulated to the group with the agenda for discussion.

Dr Orton explained that she has been asked to take the issue of follow-up in gynaecological cancer back to the National meeting. Dr Orton asked the group for their views on follow-up.

Ms Stephenson informed the group that the service improvement fund has funded a six month Breast Cancer Follow-up project. Mrs Val Walker is leading on the project. The aim of the project is to find out what women want from breast cancer follow-up, what clinicians do currently, what is effective and produce new models of follow-up.

Dr Orton referred to an original follow-up protocol in the guidelines and agreed to circulate it.

Mr Buxton highlighted that it would make more sense to have the rationalised follow-up versus intensive follow-up. A more detailed discussion was required on follow-up as this is now part of the quality measures.

**Action: Comments regarding follow-up to Dr Orton in to feedback to National meeting**

#### **10. Any Other Business**

None.

#### **11. Date of Next Meeting**

**Friday 17<sup>th</sup> September 2004, 9.00am  
at Arthington House Conference Suite, Cookridge Hospital**