

YORKSHIRE CANCER NETWORK

Gynaecology Group

Minutes of the meeting held on
Friday 17th September 2004, 9.00am
Arthington House Conference Suite, Cookridge Hospital

Present:	Mr P Brunskill Ms C Parkinson	Airedale NHS Trust
	Ms B Hurst Dr D Stark	Bradford Hospitals NHS Trust
	Dr B Crosse Mr C Choy	Calderdale & Huddersfield NHS Trust
	Mr A Barnett	Harrogate Health Care NHS Trust
	Dr D Alison Mr T Broadhead Mr J Buxton Dr R Cooper Ms C Hancock Mr R Hutson Ms A Jenkins Mr G Lane Dr S Miller Dr J Orton (Chair) Dr T Perren	Leeds Teaching Hospitals NHS Trust
	Ms L Jackson Mr W Hunter	York Health Services NHS Trust
	Professor M Baker Mr P Melling Mrs H Ryan Ms F Stephenson Mr B Tinkler	Yorkshire Cancer Network
	Dr J Hughes	Yorkshire Cancer Research Network

1. Apologies for Absence

Dr A Andrew, Mr C Button, Dr M Crawford, Ms C Downes, Dr G Hall, Dr G Haslam, Ms J Higgins, Ms P Marsden, Mr R Rand, Dr N Wilkinson.

2. Matters arising

- **SOP**

Dr Orton explained that the Leeds Cancer Centre Gynaecology Oncology Multidisciplinary Team Standard Operating Procedure (SOP) was implemented in June 2004. The document will be amended in light of the Peer Review Quality Measures.

Mr Choy highlighted that the SOP does not describe the correct working of the In-Reach model. Dr Perren explained that Mr Choy's working model has changed since the SOP was written. Mr Choy and Dr Perren agreed to update the document.

Dr Perren confirmed that the SOP is revised on a regular basis and the latest version is available on the YCN website (www.ycn.nhs.uk)

Mr Lane highlighted that various aspects of the SOP have not been implemented although there are clear guidelines in the document.

Mr Buxton explained that at the Harrogate MDT all patients diagnosed with a gynaecological malignancy are discussed locally in the Harrogate MDT and in the Centre MDT. Appropriate arrangements are operated according to the SOP. With the appointment of the Clinical Nurse Specialist there is a mechanism in place to ensure that appropriate notes and films are available at the Centre MDT.

Ms Stephenson highlighted that Ms Jo Bewley, Ms Beverley Evers and Ms Wendy Gregory are in the process of visiting the MDT Co-ordinators in the Units to discuss the practical details regarding the transfer of patient notes and films.

Mr Broadhead explained that all early stage endometrial cancers and stage one ovarian cancers are being treated in York and all other cases go to Leeds and the MDT is working well.

Dr Perren highlighted that the new MDT room at St James's is in the process of being refurbished. There will be a new radiology system which will allow images to be projected and transferred electronically.

3. Manual of Quality Measures for Cancer Peer Review

Professor Baker confirmed the timetable for Peer Review. The YCN is expected to receive notification of Phase I and II Measures in March 2005. Formal self assessment will follow with a closing date at the beginning of June; the self assessments will be examined by the Quality Managers in the Zonal Review Team.

There will then be individual meetings with each Trust and the Network during July at which an agreement will be made regarding the status of the self assessment, specific issues to look at during the visit and to agree the deadline for submission of evidence against individual measures.

The Peer Review visits will take place during September and October 2005. There will then be a formal period for drafting the report and Trusts will be expected to develop remedial actions. There will be revisits in the summer of 2006 if necessary.

Ms Stephenson explained that a letter from Mike Pinkerton, Quality Director for the North Zone Cancer Peer Review Team was circulated within the zone asking for nominations of potential reviewers. Some of the group had not received this letter via their Trust Cancer Lead Managers. The Network would arrange for a form to be sent electronically to those interested.

Ms Stephenson explained that the Quality Measures for Cancer Peer Review refer to the specialist and diagnostic MDTs and to the functioning and the roles and responsibilities of the YCN Gynaecology Group.

Ms Stephenson explained that the group need to work on the Measures that refer to the Gynaecology Site Specific Group which are mainly around updating the guidelines, the production of an annual report, production of an action plan for the coming year and audit. All this work must be documented.

Dr Orton confirmed that audit will be a standing item at the September meetings.

A discussion followed regarding the best way to review the YCN guidelines before Cancer Peer Review. The group agreed:

- To form a guidelines co-ordinating group before January to set out the work to be done, the following volunteered for the group:

Mr J Buxton, Mr C Choy, Dr R Cooper, Dr J Orton, Ms B Hurst and Dr T Perren.

The group agreed to invite Dr G Haslam, Primary Care Representative and Dr J Spencer, Consultant Radiologist to the group.

Ms Stephenson highlighted that the YCN User Partnership Group could contribute to guidelines once work has been carried out.

- The Guidelines would be updated at the January event by forming a surgical, medical oncology, clinical oncology, radiology, pathology and nurses group to look at ovary, endometrial and cervical cancers. Individuals would need to come prepared to the event. A lead would be required for each group.
- Presentations of the guidelines would take place at the May meeting. The revised document would then be published.

Action: Ms Stephenson to circulate to the group a detailed action plan for reviewing the Network Guidelines.

4. Update on Reconfiguration of Gynaecology Oncology Service

Professor Baker confirmed that at the last meeting some concern was expressed regarding the pace of progress in developing the single central team for gynaecology oncology across the Network and regarding the feasibility and logistics of managing a large workload in a single team. Also, the revised Cancer Quality Measures now place less emphasis on specialist surgical teams being based at Cancer Centres and more of an emphasis on teams and localities.

Professor Baker had discussed the issue with Professor M Richards and Professor B Haward and both were in agreement with a review of the service model.

The Network agreed a formal process for the provision of the gynaecology service for West Yorkshire (Airedale, Bradford and Calderdale and Huddersfield). Trusts were invited to submit expressions of interest by 26th June, which were received from Bradford, Calderdale and Huddersfield and Leeds. Formal proposals will be submitted by 30th September. Presentations to a review panel, made up of Network representatives and external assessors will take place on 16th November. The outcome of the panel discussions and recommendations will be submitted to the YCN Board meeting shortly afterwards.

Professor Baker confirmed that the panel would be made up of external assessors including Dr A Norden, Gynaecology Surgeon in Kent and the National Clinical Lead for Service Improvement in Gynaecological Cancer, Dr D Levy, Clinical Oncologist from Sheffield Teaching Hospitals NHS Trust, Professor S Kaye, Medical Oncologist at the Royal Marsden NHS Trust and Ms K Maughen, Nurse Consultant from the Northern Centre for Gynaecology Oncology. There will also be two Users representatives from Mid Yorkshire and Harrogate and Dr Georgina Haslam, Network Primary Care representative.

Mr Martyn Pritchard, Chair of the Network Board and Chief Executive of Calderdale PCT will chair the meeting. *(Note: The Chair will now be Ms Penny Jones, Member of the Network Board and Chief Executive of Craven, Harrogate and Rural District PCT)*

The process will be open and guided by the views of the assessors.

A letter dated 16th September was circulated to the three gynaecological cancer teams with information on the presentation and assessment of proposals taking place on 16th November.

5. Update from Gynaecological Cancer Centre at St James's University Hospital

Dr Orton explained that there have been ongoing meetings in Leeds regarding the proposed service model. The model will be based on a six centre surge model with an outreach service to each of the units.

Meetings are taking place between Managers at Leeds and all other Trusts across the Network to discuss how the proposed model will work and the impact on local services.

Dr Orton informed the group that Ms Beverley Evers has been appointed as Service Co-ordinator, a key link between the Centre and the units. Two data managers will also be appointed as a job share. *(Note: Both appointments have now been made).*

6. Follow-up in Gynaecological Cancer

Dr Orton highlighted that at the last Network Leads meeting in May there was some discussion about whether to add patient directed choice into clinical trials.

Dr Orton suggested carrying out an audit of recurrent endometrial cancer to see how the patients present. Dr Orton confirmed that she will send out an email asking colleagues to check their records over a three month period.

Action: Dr Orton to email the group.

7. Patient Information Workshop

Ms Stephenson explained that the YCN User Partnership Group identified information for patients as a priority and established an information sub-group. The group produced a series of questions that patients need answering at each stage of their diagnosis, treatment and afterwards.

A Patient Information Workshop was held on 17th June to bring together multi-disciplinary health professionals and service users to develop an agreed approach to the provision of information for patients across the Network and to identify a framework to ensure a minimum standard of information for all patients.

The workshop highlighted that there were some clear gaps along the information pathway, particularly around surgical procedures specific and relevant to cancer. The group highlighted that they liked the question and answer format and the importance of having information before each stage of treatment.

Ms Stephenson highlighted that a small multi-disciplinary steering group would be established to take forward the many ideas and recommendations that came out of the workshop.

Ms Stephenson confirmed that patient information workshops will be rolled-out across other cancer sites within the YCN.

It was highlighted that there are links to patient information on the YCN website (www.ycn.nhs.uk)

Ms Hancock updated the group on the patient information pilot at Leeds. The first hundred leaflets were circulated across the Network; a few comments have been received and taken on board.

(Note: Ward 2 at St James's University Hospital provide Bacup Cancer Information Booklets to all patients).

8. Cancer Waiting Times

Mr Melling tabled cancer waiting times information for date of urgent referral to date of first seen, date of decision treat to date of treatment and date of urgent referral to date of treatment for the last quarter of 2003/04, total data for 2003/04 and the first quarter of 2004/05.

Mr Melling highlighted that there are still issues around ascertaining data for all gynaecological cancer cases.

Mr Melling confirmed that the data is recorded by the hospital where treatment is carried out.

Mr Buxton highlighted that the information is not helpful in determining whether an Out-Reach model is working. Mr Melling highlighted that the additional audit work will address this issue.

A discussion followed regarding the two-week wait referral system.

Mr Tinkler highlighted that there is a discussion document on the NICE website for Referral for Suspected Cancer Clinical Guidance. Consultation on the final draft of the guidelines ends on 22nd October.

9. Staging/ Prognostic Information

A letter from Dr Mike Leahy, Chair of YCN Information Group was circulated with the agenda.

Professor Baker explained that the letter encourages Network Groups to consider ways to improve the recording of staging information in a way that the Cancer Registry can pick up, for example in case notes or MDT records and to ask groups if there were other prognostic indicators which Network Groups would be interested in developing.

Dr Perren highlighted that Leeds are collecting staging information via PPM system.

Mr Brunskill highlighted that access to PPM across the Network would be a major step forward.

Mr Melling confirmed that there is a project within the YCN Information Group to look at getting information from each Trust into a Network server which would then be visible to every NHS organisation in the Network to view data on their patients.

10. Any Other Business

None.

11. Meeting Dates for 2005

Date	Time	Venue
Friday 21 st January 2005	9.00am	Arthington House Conference Suite, Cookridge Hospital
Friday 13 th May 2005	9.00am	Arthington House Conference Suite, Cookridge Hospital
Friday 16 th September 2005	9.00am	Arthington House Conference Suite, Cookridge Hospital