

YORKSHIRE CANCER NETWORK

Gynaecology Group

Minutes of the meeting held on
Friday 21st January 2005, 9.00am
Arthington House Conference Suite, Cookridge Hospital

Present:	Ms C Parkinson	Airedale NHS Trust
	Dr G Haslam	Airedale PCT
	Ms B Hurst Dr D Stark	Bradford Teaching Hospitals NHS Foundation Trust
	Mr C Choy Ms P Marsden Ms L Williams	Calderdale & Huddersfield NHS Trust
	Mr A Barnett Ms M Webb	Harrogate and District NHS Foundation Trust
	Mr T Broadhead Mr J Buxton Ms C Downes Dr A Drake Mr S Duffy Ms W Gregory Ms C Hancock Mr R Hutson Mr G Lane Dr J Orton (Chair) Dr T Perren Dr K Whitmarsh (Observer) Dr N Wilkinson	Leeds Teaching Hospitals NHS Trust
	Dr A Andrew Ms L Jackson Mr W Hunter	York Hospitals NHS Trust
	Professor M Baker Mr P Melling Mrs H Ryan Ms F Stephenson	Yorkshire Cancer Network
	Ms J Hughes	Yorkshire Cancer Research Network

1. Apologies for Absence

Mr P Brunskill, Dr R Cooper, Dr M Crawford, Dr B Crosse, Dr G Hall, Ms J Higgins, Dr J Spencer, Dr S Swift, Mr R Rand and Mr B Tinkler.

2. Minutes of the Last Meeting

Were agreed as being an accurate record.

3. Matters arising

- **SOP**

Dr Orton highlighted that questions have been raised regarding the MDT request form and whether data fields should be included to generate the appropriate dates for waiting times information. Dr Orton asked the group if a standard Network MDT request form would be useful, which could be formatted locally, to allow easy transfer of data across the Network.

Dr Haslam highlighted that there are issues in primary care around the use of the fast track service and the disadvantage which exists for non-fast track referrals. Mr Melling highlighted that the non-fast track referral to treatment patients are also being monitored.

Dr Perren suggested that the MDT referral form should clearly state who is involved in the management of the patient.

It was noted that Mr Melling and Mr Waugh had almost finalised the dataset to be transferred between the referring hospital and the treating hospital and vice versa. A discussion followed regarding the transfer of data and the improvement of communication between the Centre and the Units.

Dr Orton informed the group about the proposed gynaecological oncology Network time-out day on Wednesday 9th March 2005, 12.30-5.00pm at St James's University Hospital. None of the group had received the letter from Catherine Beardshaw.

Action: All of group to feedback ideas and issues for Time-out workshops to Catherine Beardshaw.

4. Peer Review Update

Dr Orton highlighted that Trusts will be peer reviewed in September against the Quality Measures that relate to the local and specialist MDT's. The Network will be reviewed on 20th and 21st October.

Ms Stephenson highlighted that evidence should be uploaded to CQuINS by mid to the end of May. Peer Review pre-visits will take place in June and July.

Dr Perren highlighted that the Leeds Peer Review is scheduled on the same days as the National Cancer Research meeting for the UK. Professor Baker explained that the Northern Zonal Peer Review Team is aware of this and the Leeds visit dates may change.

Ms Stephenson and Dr Orton had met to discuss the Quality Measures that relate to the YCN Gynaecology Group. A self assessment was carried out and the results were positive. Areas of work to focus on include Network guidelines, terms of reference, work programme for the coming year and audit. Clarity and agreement is required on some members of the group including a nominated person with a responsibility for service improvement and a person with responsibility for users' issues and patient information.

It was agreed that Ms Downes would be responsible for user issues and information for patients and Ms Marsden agreed to be the Service Improvement Lead for the group.

Ms Stephenson informed the group that the Network is arranging a Peer Review Sharing Practice Event on Friday 18th February 2005 aimed at all those involved in the forthcoming Peer Review process. Colleagues from Humber and Yorkshire Coast Cancer Network have been invited to share their experiences.

The draft Terms of Reference for the group were circulated with the agenda.

It was agreed that the membership of the group should be inclusive rather than exclusive.

A discussion followed regarding User involvement. The group agreed not to have two user representatives on the group but to involve users in the working of the group through workshops and sub-group meetings and to take any relevant issues to the YCN User Partnership Group.

Dr Haslam highlighted that there is difficulty in getting primary care representatives on some of the Network groups therefore consultation with primary care should be included in the service planning section of the terms of reference.

It was noted that the service quality monitoring and evaluation section should refer to communication flows between professionals and primary care.

With the above amendments the Terms of Reference were agreed and accepted by the group.

Action: Dr Orton and Ms Stephenson to amend Terms of Reference to reflect Dr Haslams comments.

5. Update on Reconfiguration of Gynaecology Oncology Service

Professor Baker reiterated the background of the process in determining the configuration for specialist gynaecological cancer teams in the Yorkshire Cancer Network.

Professor Baker highlighted that the recommendations made by the gynaecological cancer services review panel were submitted to an extraordinary YCN Board meeting on Monday 22nd November 2004. The Board concluded that based on minimising risk and existing service infrastructure already in place, then a centralised service in Leeds would offer a better means of securing high quality and care for women with gynaecological cancer in the Yorkshire Cancer Network.

To address the observations by the panel and the Board on the proposals from Leeds, the LTHT were asked to provide the following:

- Demonstrate commitment to achieving the service improvement quality measures for gynaecological cancer.
- Seek external advice to develop and strengthen the nursing leadership and model to deliver this complex service across the entire pathway.
- Clinical Team Leadership
- Guarantee service capacity to enable the expansion of the service and to meet access targets and the expansion and management of the specialist multidisciplinary team meeting.

Professor Baker confirmed that a progress report on all of the above would be presented at the YCN Management Board on 31st January.

Professor Baker explained that the Bradford service is linked into Leeds and there are detailed plans to phase the Airedale work into Leeds. The Calderdale and Huddersfield in-reach model will be reviewed over the next few months.

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

Dr Orton informed the group that fortnightly operational meetings are taking place and work is starting with the Service Improvement Team on process mapping of the patient journey across the service.

Mr Hutson, Mr Broadhead and Mr Buxton gave an overview of the out-reach service. It was agreed that good communication and relationships between the Centre and the Unit is required to allow the smooth running of the service.

Ms Hancock highlighted that the CNS's have met with Chrissie Lane, YCN Lead Nurse and further meetings will take place with external nursing input.

7. Cancer Waiting Times

Mr Melling circulated to the group cancer waiting times information for urgent referral to first seen, decision to treat to treatment and urgent referral to treatment for the first and second quarter of 2004/5.

Mr Melling explained the data to the group and highlighted that the two week wait referral data for gynaecological cancers remains fairly constant, however it is increasing for other cancers.

A discussion followed regarding the appropriateness of two week wait referrals.

Mr Melling explained that the December 2005 targets are maximum one month (31 days) wait from decision to treat to first treatment for all cancers and a maximum of two month (32 days) wait from urgent GP referral to first treatment. It was noted that only 53% of the 62 day target is being met for gynaecological cancers and work was required to meet the target.

8. Gynaecology Dataset

Mr Melling highlighted that as a requirement for Peer Review and for good practice the group needs to agree a Network wide dataset for gynaecological cancers.

An initial dataset was identified for the audit undertaken in September 2004 and some additional work needs to be done to ensure that we have a single multi-purpose dataset for the Network.

Action: Mr Melling to finalise dataset for circulating to the group in advance of the next meeting.

9. Any Other Business

• YCN Gynaecology Patient Information Steering Group Update

Ms Downes informed the group that the YCN Gynaecology Patient Information Steering Group has met several times to discuss the information available to patients across the Network at various stages of the pathway. It is felt that there should be a core set of information available to patients across the Network.

Ms Hurst informed the group that the CNS's have been looking at the quality of information given to patients.

Action: Ms Stephenson to produce an overview of the steering and nurses group.

• Dr Alasdair Drake

Dr Orton introduced to the group Dr Alasdair Drake, Locum Consultant Gynaecological Oncologist at Leeds Teaching Hospitals NHS Trust.

• British Gynaecological Cancer Meeting

Dr Lane informed the group that the British Gynaecological Cancer meeting would be hosted by Leeds and take place on 9th, 10th and 11th November 2005 at the Queens Hotel, Leeds.

10. Date of Next Meeting

**Friday 13th May 2005, 9.00am
at YCRN Conference Suite, Ida Nurses Home, Cookridge Hospital**