

# YORKSHIRE CANCER NETWORK

## Gynaecology Group

Minutes of the meeting held on  
Friday 15<sup>th</sup> September 2006, 9.00am  
Room 1, YCRN Conference Suite, Cookridge Hospital

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Present:	Ms C Parkinson	Airedale NHS Trust
	Dr B Crosse Mr C Choy	Calderdale & Huddersfield NHS Foundation Trust
	Ms M Webb	Harrogate and District NHS Foundation Trust
	Dr J Adlard Mr T Broadhead Mr J Buxton Ms C Downes Ms C Hancock Ms J Higgins Mr R Hutson Ms A Jenkins Mr G Lane Mr D Nugent Dr J Orton Dr T Perren Dr J Spencer Dr N Wilkinson	Leeds Teaching Hospitals NHS Trust
	Ms R Wells	Mid Yorkshire Hospitals NHS Trust
	Mr W Hunter (Chair) Ms L Jackson	York Hospitals NHS Trust
	Mr S Duffy Mr P Melling Ms C Sheard Mr B Tinkler	Yorkshire Cancer Network

### 1. Apologies for Absence

Mr P Brunskill, Dr C Chu, Dr M Crawford, Mr G Hunter, Ms B Hurst, Ms P Marsden, Ms F Stephenson

### 2. Minutes of the Last Meeting

Were agreed as being an accurate record.

### 3. Matters arising

#### 3.1 Audit of Cancer Care within YCN

Mr Buxton gave feedback on the recent cancer care audit which looked at the data stored on PPM, the number of new cases by postcode being discussed at MDT meetings and how the surgical model is working across the Network. There was some discussion on the registration of cases at MDT meetings and then being entered onto the PPM database. It was agreed to carry out an audit on the quality of care based on the results of MRI scans and needle biopsies on pelvic masses.

**ACTION:** **Changing pattern of cervical cancer to be discussed at next meeting.**  
**Dr Saidi to look at linking the colposcopy database with PPM.**  
**Mr Melling to obtain a progress report on the current situation on PPM data entry.**

**Dr Orton to look into doing an audit on MRI scans and needle biopsies on pelvic masses.**

### **3.2 Progress Following MDT Time Out**

Following the recent Leeds MDT Time Out a number of actions were drawn up, a copy of which was tabled and the following points were discussed. The action points below refer to that on the MDT Time-Out action report.

- Action 1 :** Mr Hunter expressed his concerns on how the group were going to be able to actively involve Service Users in the group. Mr Duffy stated that other NSSG groups have Service Users attend their meetings and this was co-ordinated by the User Involvement & Patient Information Lead. Mr Duffy explained that it was up to the group to decide whether they felt comfortable in having Service Users at the meeting. Mr Child, YCN User Involvement Facilitator is putting together a training package which will include guidelines for the Service Users to help them when attending NSSG meetings.
- Action 3:** Mr Hunter asked the group MDT's if they had all completed the SIL questionnaire. This needs to be returned to Carol Ferguson, YCN Service Improvement Lead, as soon as possible.
- Action 7:** The need for locality teams to have access to PPM was discussed.
- Action 8:** Dr Wilkinson raised the issue of lack of secretarial support in preparing for the MDT meetings and felt it was unfair to expect Consultants to do their own secretarial work. There has been confirmation in the past of funds available for admin support in pathology and radiology. Mr Duffy agreed to write a letter in support of this.
- Action 12:** Dr Wilkinson to speak to Dr Lane about the requirement for an educational meeting at the end of the Pathology NSSG meetings.

The issue of commissioning was raised and Mr Duffy reiterated the importance of this issue. A position statement on "Governance, Performance Monitoring and the Role of Network Groups" has been produced by the Network Lead Team to outline the role of the NSSGs as they see it. A programme is being developed for the NSSGs outlining the links between NSSGs, Commissioners, localities etc. The aim is for the group to decide the service model and the service specification which will then be the service commissioned. It has to be IOG compliant.

The plan is to selected three NSSG's to be part of the development programme. Mr Duffy emphasised that it was crucial that they involve all the Acute Trusts in terms of the importance of representation at the NSSG and what their remit and function is so that proper communication can be achieved. It was suggested that the group come up with the best way to interact with the cancer lead team ie, Mark Baker and Jacqueline Myers as well as the CNS.

**ACTION: Mr Duffy to approach Prof Baker to ask him to confirm that there is Network funding available to support Pathology and Radiology staff with admin duties in preparing for MDT meetings.**

**Dr Wilkinson to contact Dr Lane to discuss setting up an Educational Meeting.**

**Outstanding Service Improvement questionnaires to be completed by the group.**

### **4. Annual Report 05/06 & Work Programme 06/07**

The Annual Report and Work Programme were discussed. The draft work programme has already been sent to the group for their comments and a meeting was held with the Chair and the YCN lead team to discuss the work programme and the way forward for the coming year. Any comments on the Work Programme should be sent to Mr Hunter for review.

**ACTION: Work Programme to be discussed at next meeting.**

### **5. Update on Gynaecological Cancer Centre at St James University Hospital**

There was a report on the new oncology post and the appointment of a new Oncologist for Mid-Yorkshire who will commence work in the New Oncology Centre at the end of the year. The importance of having a Clinical Nurse Specialist based at the Oncology Wing was raised and Mr Duffy responded saying that the Network

were aware of the need for a CNS based at the Oncology Wing, and across the Trust, and the Network would hopefully have an answer very shortly.

## **6. Patients Discussed at MDT**

Mr Duffy highlighted that each of the NSSG's are having preliminary discussions on cancer data extracted from the Cancer Waiting Times national database submitted by each Trust. A document was tabled showing:

- The number and % of patients discussed at an MDT compared to the total number of cases.
- The number and % of cases discussed at an MDT pre and post first treatment.

Mr Duffy asked the group to discuss the acceptable benchmark for the percentage of cancers discussed at each MDT for each tumour site and what percentage should be discussed pre/ post first treatment.

The group discussed the data. It was agreed that each MDT Lead Clinician would check their data with locality cancer information leads.

Mr Duffy highlighted that each of the YCN Lead Clinicians support the audit as a way of monitoring, the audit will be repeated in January and compared to the baseline data.

There was also a discussion on the various aspects of information required and how it is used to keep up-to-date on what is happening at the MDT meetings.

**ACTION: MDT audit to be carried out again in early 2007**

## **7. Cancer Waiting Times**

Mr Melling presented the latest cancer waiting times data. A discussion followed.

## **8. Any Other Business**

Dr Chu (not at the meeting) asked for a query to be raised regarding the UK FOCS Study on ovarian screening which is due to be closed at the end of December. She would like to know if existing patients should be treated as previously and new high risk patients with a family history, or with a risk of being gene carriers continue to be screened. Mr Hunter said that the screening will be continuing for at least another five years on the UK FOCS entry criteria.

## **9. Date of Next Meeting**

**Friday 19<sup>th</sup> January 2007 at 9pm**  
**YCRN Conference Room 1, Ida Nurses Home, Cookridge Hospital**