Peninsula Cancer Alliance

Meeting of the Gynae-Oncology Site Specific Group

Friday 17 May 2019 (2pm-5pm)

Coleman Conference Suite, Lifton Farm Shop, Lifton, Devon

THIS MEETING WAS SPONSORED BY ASTRAZENECA, MSD and ROCKET MEDICAL- with no influence as to the educational content

FREEDOM OF INFORMATION

This group will observe the requirements of the Freedom of Information Act (2000) which allows a general right of access to recorded information including minutes of meetings, subject to specific exemptions. No one present today had any objections to their names being distributed in the minutes.

Chair: Khadra Galaal
Consultant Gynae-Oncologist Surgeon, Royal Cornwall Hospitals NHS Trust

Reference	Notes
1.0	**Welcome and Introductions**
1.1	Please refer to the separate record of attendance on the SWCN website.
2.0	**Early Diagnosis and Implementation of 28d pathway**
2.1	**KG**: There is an emphasis on increasing early diagnosis and down staging to improve overall survival rates. However, there are concerns that delivering a 28d pathway will be hugely challenging without an increase in funding/staffing.
2.1.1	28d pathway outcomes will be peer reviewed for some cancer sites as of April 2020 (but not gynae).
2.2	The RCHT team recognises that the ability to maintain the 31/62d targets is not necessarily all down to diagnostics; but fitting in patients, within the right timeframes. Pathology has staffing challenges, and waiting times for 2ww pathology is currently at 3 weeks. HPV screening is causing additional pressures and an increase to referrals for colposcopy.
2.3	It is acknowledged that Radiology services across the Peninsula are overwhelmed.
2.4	Future delivery of timely patient pathways is further hindered by a shortage of gynaecologists and a lack of training in place. Senior staff members are leaving earlier and there is no one to fill the trainee and consultant vacancies.
2.5	The 28d pathway is ideal, however, in reality this will be a huge challenge to deliver. Additional clinics/provision of out of hour's services and outsourcing are already in place and not making a huge impact.
2.6	**BP**: Work for the 4 specialities that will be measured against the 28d metrics has already started; trusts have been insourcing and outsourcing

	colonoscopies to help with demand/capacity for colorectal patients; additional staff has also been recruited and teams have been looking at working in different ways to try to create internal capacity. There is also on-going work looking at how additional capacity can be created to free up diagnostics.
2.7	High-level discussions have also been held concerning the implication of pensions/taxation of pay, particularly in respect of IR35 and the associated personal losses for clinicians working overtime.
2.8	Work is also underway across Devon to look at skill mix, pay bands and aligning job descriptions across the Peninsula; as well as a focus on career frameworks/progression and opportunities.
2.9	Primary care are being encouraged to increase 2ww referrals in order to increase the number of patients receiving a diagnosis at an earlier stage. NICE guidance conversion rate is 3%, but this varies across the different cancer sites.
3.0	**MDT reforms**
3.1	RCHT are reasonably streamlined; complex cases do get more time.
3.2	Patients are often added to the MDT to ensure that the histology report is reviewed. There are complexities in some cases where the cancer may be low grade, but there are other issues to take into consideration such as BMI, fertility etc.
3.3	A benign MDT has been set up at one of the trusts to ensure that there are appropriate discussion opportunities for patients that sit outside of oncology.
4.0	**Audits**
4.1	Barriers to undertaking audits experienced across the Peninsula are a lack of time/funding/staffing and clinical workload.
4.2	A lack of trainees and a lack of time to spend with the trainees is also a barrier to undertaking audits. This work is often undertaken with goodwill, and in clinicians' own time.
4.3	Geoff Hughes discussed the audit that they are currently undertaking to collect data on laparoscopic injuries. Data will be collected over 15 years.
5.0	**Service Development**
5.1	KG has submitted a business case requesting an additional laparoscopic suite at RCHT as there is not enough capacity to keep up with the increase in demand, particularly because of HPV testing. Nurse colposcopists' are anticipating the increase to plateau at 57% over the next 4 years.
5.2	**BP**: Exeter estimates that colposcopy demand will plateau at 80% over the next 3 years. There are concerns that this data does not match the predictions of

	service modelling.
6.0	**Pre-habilitation**
6.1	BP: Plymouth has been funded to undertake focused prehab work
7.0	**LACC Trial Outcomes**
7.1	Results revealed last year supported that outcomes of laparoscopic patients do worse (in terms of recurrence/survival) than laparotomy patients (for cervical cancers).
7.2	Patients are being provided information on laparoscopy vs laparotomy outcomes in order to make an informed decision as to the surgical management of their cervical cancer.
7.3	It would be helpful to be able to provide patients with a leaflet setting out the pros/cons of different surgical approaches, for patients to take away and read.
7.4	ESCO are undertaking further research.
8.0	**BRCA**
8.1	There are concerns that BRCA testing funding is no longer available. Somatic BRCA testing is available and possible (privately). Treatment also offered as first line; however, this may not be compatible with turnaround times for test results.
8.2	Presentation from Carol brewer (Consultant Clinical Geneticist) ***" Update on Genetic Screening"*** (Slides circulated with minutes)
9.0	**LWBC**
9.1	**RDFT:** Yesterday the team had their first site specific HWBC (which will now be held monthly). This was really well received by the patients, and provided a wealth of information.
9.2	NK stated that from national and local feedback, patients prefer site specific and want the information much sooner in the pathway.
9.3	Not all trusts are currently completing End Of Treatment Summaries.
10.0	**AOB**
10.1	**Chair:** KG announced that she is stepping down as SSG
10.2	Date of Next Meeting to be confirmed