Peninsula Cancer Alliance

Meeting of the Gynae-Oncology Site Specific Group

Friday 1st May 2020 (1:30pm-3:00pm)

MS Teams Conference Call

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: Katharine Edey
Consultant Gynae-Oncologist Surgeon, Royal Devon and Exeter NHS Foundation Trust

Reference	Notes
1.0	**Welcome and Introductions**
1.1	Please refer to the separate record of attendance.
1.2	A new Peninsula Cancer Alliance website is in the process of being built and is due to go live shortly. BK will have access to be able to update and upload any SSG approved documents. ACTION: BK to circulate the new website details when it is ready and to update.
1.3	The group considered and ratified the minutes from the previous meeting held in November 2019
2.0	**Ovarian Cysts in Post Menopause** *(Please see guidelines circulated with the minutes)*
2.1	The group discussed the guidelines produced by RCHT for adoption across the peninsula.
2.2	Concern was raised that the RCHT guidance differs from College guidance which suggests a cut off of 20mm rather than 30mm. **https://www.rcog.org.uk/globalassets/documents/guidelines/green-top-guidelines/gtg_34.pdf**
2.2.1	The number of patients across the peninsula that have CT cross section imaging in the post-menopausal period is high, and concern was raised that imaging at 20m would not be manageable and would have very little benefit.
2.3	The Regional Ultrasound group, represented by all the ultrasound departments across the region, firmly believes that changing from 30m would not be of benefit to the healthcare economy.

2.4	The network agreed that 30mm would be acceptable, but the guidelines will need to include an explanation for the difference. ACTION: KE to add a comment detailing the reasons for the difference.
3.0	**COVID 19 Service Delivery and Recovery**
3.1	The ultrasound team at UHP expressed concern that a number of patients are not attending appointments. The group discussed the importance of impressing on patients that the NHS is open for business and that it is safe to attend diagnostic appointments.
3.1.2	The Exeter team has been keeping a record of those patients that have declined to attend and clinicians are writing to those patients detailing the importance of the test and the safety measures in place at the hospital.
3.1.3	Plymouth's DNA rate for diagnostic appointments is approximately 40 %. The team would like clinicians to avoid making the referral if the patients have expressed that they will not be attending.
3.1.4	There is a concern that the volume of patients not attending appointments will have a huge impact on service capacity in the next few weeks/months.
3.1.5	John Renninson (CD for PCA) explained that through the Cancer Alliance and National Cancer Programme there has been an increase in publicity and awareness to communicate that the NHS is open for business.
3.1.6	Clinicians could add a statement on their referrals to notify diagnostics that they have agreed to attend.
3.1.7	The peninsula has seen a decrease in 2ww referrals in recent weeks. Exeter has found that PMB referrals are continuing, perhaps largely due to the GP not having to physically examine the patient. However these have still been down by approximately 35% across the region.
3.2	**Taunton** Small number of Covid cases in the trust. Only escalated into phase 2 which continues to effect main theatres. Surgery has therefore moved to other areas which has reduced capacity. As a result the team has not be able to do ovarian debulking surgery.
3.2.1	There has been a reduction in cancer referrals therefore deferrals have been low.
3.2.3	Some staff have been redeployed but due to the smaller number of patients, capacity to see these patients has been available. Concern going forward is over the support that would be available for those patients that will need colorectal support and ITU

3.2.4	The team has experienced no diagnostic issues since the deferred routine appointment and the level of delivery has been really good from the radiology and pathology departments.
3.2.5	In oncology the teams have not had to stop any chemotherapy but have been considering this on a case by case basis, They have converted to telephone clinics where possible. The team has similar concerns about the increase in capacity over the coming weeks. Trial activity is currently on hold but with fewer Covid cases than the rest of the county, they are beginning to consider restarting some of this activity.
3.3	**Exeter**
3.3.1	The team ran extra operating lists in order to clear the waiting list prior to operating capacity being reduced. This was very successful and has meant that no urgent cases have been waiting.
3.3.2	When capacity was reduced, they still had some capacity to keep looking after the people that have come through. The team feels that they are reaching a critical time where there is likely to be a steep increase, in particular in PMB referrals where the ability to investigate in good time will be challenged.
3.3.3	Lots of modifications in practice is now happening which the team intends on adopting going forward. The MDT is now being held remotely via MS Teams.
3.4	**North Devon**
3.4.1	There has been a very small amount of Covid-19 cases in the trust, therefore 2ww have been able to carry on as normal.
3.4.2	Theatre has moved to a smaller theatre in day case. No issues with diagnostics provision.
3.5	**Torbay**
3.5.3	2ww referrals for PMB are down by approximately 50%. Torbay have not stopped colposcopy, and have been able to clear their cervical screening back log.
3.5.4	Those patients that are not currently presenting themselves to primary care, will likely impact capacity further down the line.
3.5.5	Operating services moved to Mount Stewart (private hospital), and Chemotherapy services have been moved to Newton Abbott Community hospital, where all patients are being swabbed before coming in for chemotherapy.
3.6	Teams across the peninsula are Swabbing patients before commencement of their first cycle but not before every cycle of treatment. JR confirmed that the medical directors have agreed to support testing prior to commencement for chemotherapy and radiotherapy. Testing may expand to patients with longer treatments as testing becomes more available.

3.7	**Plymouth**
3.7.1	Derriford increased its ITU capacity but this has not yet been required. The trust is preparing to resume normal surgery, however cancer services have been protected which has allowed teams access to surgery throughout the pandemic.
3.7.2	The numbers of 2ww Referrals has dropped but PMB referrals are beginning to increase.
3.7.3	Those patients requiring access to ITU have been deferred but this will change next week.
3.7.4	Oncology services have moved to the Nuffield.
3.7.5	Video links with Cornwall are not working well using Medio link, but this is being resolved.
3.8	**Cornwall**
3.8.1	Running total of Covid patients has been low but there is concern about an increase when lockdown ends.
3.8.2	Theatre capacity has been reduced and a list cancelled. However teams are able to get everything they need to done as they have had adequate capacity.
3.8.3	Colposcopy is going back to full capacity in next few weeks
3.8.4	Oncology has continued as normal but trial recruitment has been closed. Trials have remained ongoing for those patients already within the trial. The service is looking at reopening recruitment in next few weeks.
3.8.5	KE explained that overall most trusts are in very similar positions and with no services particularly struggling.
3.8.6	If anyone faces any challenge that they want an SSG opinion please email KE and BK. A further meeting will be held in the next few weeks as services resume.
3.8.7	The PCA has a weekly call to check in with all trusts regarding capacity and surgery delivery and there is a system in place to help those services that need it. JR asked teams to note any service improvements that have been made and that people would like maintained post covid. In two weeks' time the SSG chairs will meet to flag issues raised by teams but there will also be another opportunity in the next few weeks to put through any ideas for new ways of working.
4.0	**MDT Streamlining and Standards of care** *(Please see the national guidance circulated with the minutes)*

4.1	The main recommendation the guidance makes is for each MDT to have a Standard of care pathway in place for those patients not requiring a full MDT discussion as their outcomes are already clear.
4.2	Exeter has been trailing a SOC and as a result have reduced the length of their MDT. It has been felt that by doing so, more time has been given to discuss more complex cases that require more detailed MDT discussion.
4.2.2	Patients triaged into a SOC pathway will be noted on the MDT agenda to allow for comments and will have an MDT outcome. ACTION : JR to circulate Exeter's SOC document
4.3	The use of MS Teams over the last few weeks has assisted in making MDTs more quorate.
4.4	The CSM for each trust will be supporting teams to introduce SOC pathway and commissioners will be expecting to trusts work with efficient and effective MDTs.
5.0	**Rapid Diagnostic Service**
5.1	In some areas in the region this has been developed more extensively than others.
5.2	JR explained that this is for those patient with vague symptoms. GPs are given a list of tests to complete, and if the test set doesn't point the patient towards a particular referral then the GPs should have access to a CT scan in two weeks. This could then lead to a direct referral to gynae teams.
6.0	**AOB**
6.1	MH and Exeter has been in discussion with pathology about setting up a research trial to look at the use of sentinel nodes in cervix cancer. MH queried who was doing this as Pinpoint is a laparoscopic procedure. Taunton have access to an open probe so able to offer both. Exeter will investigate any international trials open for SLN in cervix cancer.
6.2	Carole Brewer discussed HRT for Risk reducing surgery. ACTION: JM to share a leaflet from UCLH to help the peninsula create their own guidance leaflet in order to provide a consistent message across the patch.
6.3	Date of Next Meeting: BK to liaise with KE.