

Meeting of the Gynae-Oncology Site Specific Group

Friday 15th November (2pm-5pm)

Lifton Farm Shop, Lifton, Devon

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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 via the SWCN website: http://www.swcn.org.uk/networks/cancer/
1.2	KE expressed her thanks to KG for chairing the meeting over the last few years and welcomed BK who has taken over the role of the PCA Support Manager.
1.3	The team considered and ratified the minutes from the previous meeting held in May 2019.
2.0	Trust Updates
2.1	<u>Torbay</u>
2.1.1	The team are running nurse led ovarian cancer clinics following treatment to keep up with demands. Patients are accepting of this as it allows for longer appointment slots. However, the team has identified that there is a shortage of rooms.
2.2	<u>Taunton</u>
2.2.2	The team are running the Rapid Access Clinic and are trying to control the 2ww clinic. They have been working with GPs and Commissioners to push tests in the community, but some GPs have been reluctant.
2.2.2	The outcome from the LACC study has affected hospital stays as well as screening systems.
2.2.3	CNS teams run nurse led follow up clinics but pressures are increasing particularly with the rise in genetic testing.

<p>2.3</p> <p>2.3.1</p> <p>2.3.2</p> <p>2.3.3</p> <p>2.3.4</p> <p>2.4</p> <p>2.4.1</p> <p>2.5</p> <p>2.5.1</p> <p>2.5.2</p> <p>2.5.3</p> <p>2.5.4</p>	<p><u>Cornwall</u> Staffing is good, with Jane Borley recently joining the consultant team. A further clinical oncologist and a whole time CNS have also joined them.</p> <p>Radiology and pathology are very understaffed, and the team have identified histopathology as a bottleneck in the pathway.</p> <p>The government recently announced that Cornwall will received funding for the building of a new Women and Children Health Centre at the site.</p> <p>A pinpoint machine has arrived for Sentinel Lymph Node biopsies in endometrial cancers and the team are looking to see what pathology can manage.</p> <p>ACTION: Teams to send examples of virtual and telephone clinics to BK ahead of the 28-day pathway, in order to see examples of how teams are managing systems and to avoid reinventing the wheel.</p> <p><u>North Devon</u></p> <p>Mr Bennett has retired and Osama has joined the team. The team also have a locum to help with the 2ww.</p> <p><u>Exeter</u></p> <p>The HWBC are very proactive and EOTs are in place. The team have been meeting the KPI's set from the national team.</p> <p>Remote monitoring is currently not up and running due to issues in IT, but with MYCARE due to go live in June 2020 this problem should be resolved.</p> <p>The trust is seeing approximately 600 patients referred under a 2ww rate with a 5.3% cancer conversion rate.</p> <p>The trust is about to trial the 28-day standard in their team and therefore they have been looking at pathway mapping. The current pathway has an approximate 11-day wait for diagnostics with radiotherapy being variable.</p>
<p>3.0</p> <p>3.1</p> <p>3.2</p> <p>3.3</p>	<p>Clinical Guidelines</p> <p>KE explained the need for the group to have some up to date agreed network guidelines.</p> <p>The guidelines currently on file need some update. KE suggests the following are included in the Peninsula Guidelines:</p> <ul style="list-style-type: none"> • Standards of Care for MDTs • BRCA testing Guidelines • Guidelines for follow up. <p>ACTION: BK and KE to look at what needs updating and to distribute chapters accordingly.</p>

3.4	<p>ACTION: RCHT to send the regional guidelines for <i>Management of Simple Ovarian Cyst in Post-menopausal women</i> to BK to circulate and to incorporate into network guidelines.</p>
4.0	<p>LWBC/ Personalised Care Peninsula Update <i>Maria Bracey, LWBC CNS, Royal Devon and Exeter NHS Foundation Trust</i></p>
4.1	<p>MB gave the group an update. Please see the slides circulated with the minutes for further information.</p>
4.2	<p>The group discussed the Band 5 Developmental Nurse role. There was concern that these roles could potentially increase the CNS' workload, but MB explained that similar support is already being provide to the band 6's.</p>
4.2.2	<p>JR explained that the National Cancer Workforce Group has identified a need to get new nurses interested in Cancer, and they are hoping to offer generic cancer training to the newly qualified before moving them into a site specific.</p>
4.3	<p>MB explained that the Cancer Support Worker is a huge resource for teams and are able to offer a good support service to the patient. The peninsula is currently writing its business case for these roles in order to get further funding and to keep the current service.</p>
4.0	<p>BGCS Conference 2019</p>
4.1	<p>Unfortunately, no one was able to attend this conference although some did attend ESGO.</p>
4.2	<p>DH explained that the focus was on retrospective data from the LACC trial.</p>
4.3	<p>Cornwall explained that they are discussing the options of surgery with the patients, with most opting for open surgery as opposed to laparoscopic.</p>
4.3.1	<p>Exeter presents the evidence information on laparoscopy vs laparotomy outcomes to the patient to allow them to make an informed decision as to the surgical management of their cervical cancer.</p>
5.0	<p>MDT Streamlining <i>John Renninson, PCA Clinical lead and Consultant Gynae-oncologist</i></p>
5.1	<p>JR updated the group on peninsula recommendations. Please view the slides circulated with the minutes for more information.</p>
5.2	<p>Following the recommendations made in the CRUK MDT Effectiveness Executive Summary, problems were recognised.</p>
5.3	<p>The proposed solutions have been made :</p> <ul style="list-style-type: none"> • More standardise pathways • Quoracy recording • SOC pathways for cases which do not require full review and discussion

<p>5.4</p> <p>5.5</p>	<ul style="list-style-type: none"> • Triage patients to remove those that do not need discussion and put onto SOC pathway <p>JR explained that at the RD&E, he spends 30 minutes with the MDT coordinator triaging patients prior to MDT, which has shortened its length by 30 minutes.</p> <p>ACTION: The group need to identify acceptable reporters across the patch for the MDT in order for JR to bring together a Diagnostic Expert Directory. Each trust to send BK a list of Diagnostic teams.</p>
<p>6.0</p> <p>6.1</p> <p>6.2</p> <p>6.3</p> <p>6.4</p> <p>6.5</p> <p>6.6</p> <p>6.6.1</p> <p>6.7</p>	<p>Genomics Update <i>John McGrath & Laura Yarram-Smith, SW Genomic Laboratory Hub and Medicine Centre</i></p> <p>Please see slides circulated with the minutes for more information.</p> <p>WGS applies to Haematology, Sarcoma and Paediatric.</p> <p>A New Genomic Test Directory is available to offer gene panel testing. This will become available and funded nationally in April 2020.</p> <p>Feedback is welcome on what tests teams would find helpful to be included in the Test Directory.</p> <p>Genomics will be reaching out to teams to review pathways and offer assistance with results.</p> <p>The genomics team are running an Educational Day at Taunton Racecourse on 29th January 2020.</p> <p>ACTION: BK to circulate flyer</p> <p>ACTION: KE to look at a drafting a Network pathway for Genomic testing for discussion with the pathology department.</p>
<p>10.0</p> <p>10.1</p> <p>10.2</p> <p>10.3</p> <p>10.4</p>	<p>AOB</p> <p>ACTION: Add the 28-day standard to the agenda for the next meeting</p> <p>ACTION: to undertake an assessment on PMB patient outcomes.</p> <p>ACTION: Add prehab for discussion at the next meeting. BK to approach someone from WESTFIT.</p> <p>Date of Next Meeting : 1st May 2020</p>