Peninsula Cancer Alliance

Minutes of the PCA Gynae-Oncology SSG

Covid Maintenance and Response

Friday 26th June 2020

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.

Meeting Minutes

SSG Chair: Dr Katharine Edey
Consultant Gynae-oncologist, Royal Devon and Exeter NHS Foundation Trust

Attendance:

UHP	Ahmed Talaat	Consultant Obstetrician and Gynaecologist
NDHT	Anna Watts	Cancer Nurse Specialist
PCA	Beth Kingshott	PCA Support Manager
RCHT	Caroline Parnell	Consultant Clinical Oncologist
TSDFT	Debbie Fitzgerald	Cancer Nurse Specialist
RDEFT	Jackie Stewart	Cancer Nurse Specialist
RDEFT	Jenny Forrest	Consultant Clinical Oncologist
TSNHSFT	Jo Morrison	Consultant Gynae-oncologist
RDEFT	John Renninson	Consultant Gynae-oncologist
RDEFT	Katharine Edey	Consultant Gynae-oncologist
TSDFT	Manpreet Singh	Consultant Gynae-oncologist
TSDFT	Morven Leggott	Consultant Gynae-oncologist
TSDFT	Nangi Lo	Consultant Clinical Oncologist
NDHT	Osama Eskander	Consultant Gynaecologist
UHP	Rekha Shrestha	Consultant Obstetrician and Gynaecologist
PCA	Sarah- Jane Davies	Project Manager
TSDFT	Tracey Hill	Cancer Nurse Specialist
RDEFT	Trupti Mandalia	Consultant Histopathologist

Apologies:

RCHT	Claire Keaney	Consultant Radiologist
RDEFT	Gail Webb	Cancer Nurse Specialist

RCHT	Jane Borley	Consultant Gynae-Oncologist
RDEFT	Maria Cleverdon	Clinical Nurse Specialist
RCHT	Simon Thorogood	Consultant Radiologist
RCHT	Sophia Julian	Consultant Gynae-Oncologist

Reference	Notes
1.0	**Welcome and Introductions.**
1.1	*Please see the following documents circulated with the agenda* • *Peninsula Cancer Alliance SSG chairs meeting minutes May 2020* • *Letter from NHSE/I regarding the second phase of response* • *JR email regarding diagnostic challenges* • *Site Specific Group Questions on Response and Recovery*
1.2	**SSG chairs meeting** Actions : • Patient feedback relating to telephone and video consultations. • SOC pathways (*Please see SOC for Exeter circulated with the minutes).*
1.2.1	Some consultations are likely to remain remote/ virtual going forward. Exeter is in process of writing a survey to send to patients.
1.2.2	ACTION: Teams to share any feedback that they receive with the SSG.
1.2.3	Teams have found that non F2F consultations are more difficult with new patients but suitable for some follow ups.
1.2.4	Taunton have recently sent out a survey monkey to understand patient attitudes towards remote clinics and teledermatology for vulval conditions. 50% of survey responses from those that had a remote appointment showed that they were happy with the idea especially where it is used for triage.
1.2.5	ACTION: JM to share findings with the SSG when completed and results have been reviewed.
	The group discussed the attached SSG questions that they were asked to consider by the Cancer Alliance.
2.0	**How are new 2ww referrals being managed?**
2.1	Second phase response letter explains that where patients can come into the hospital and have their diagnostic investigations in a one stop clinic this would

be preferable to multiple visits. This could work within some pathways such as Post-Menopausal bleeding but it would be difficult to implement in those pathways requiring cross sectional imaging.

2.2 With social distancing/ cleaning measures in place the throughput in radiology has been significantly reduced therefore anything that can be done in order to make pathways more intelligent would be appreciated, particularly with less recourse to routine cross-sectional imaging as part of follow-up.

2.3 Ovarian 2ww referrals at Torbay requires the GP to first request an ultrasound followed by virtual consultation. If the USS findings are suspicious of malignancy then the radiologist can direct the patient straight to CT.

2.4 Very few patients are having routine imaging. Cervix relies heavy on imaging but numbers are small. The alliance has suggested avoiding doing both a PET and CT in diagnostic pathways, so this is a potential area where imaging could be streamlined.

3.0 **How is access to diagnostic testing and reporting affected?**

3.1 Both radiology and histopathology services have been running an excellent service for 2ww referrals.

3.2 Radiology waits have noticeably changed at Exeter and are now back to pre covid waits. As 2ww referrals begin to pick up across this region this is likely to be the case for all trusts.

3.3 ACTION : to collate a summary from minutes on the SSG's views on response to Covid maintenance and recovery

4.0 **How has MDT practice changed (MDT standards of care, attendance, frequency)**

4.1 All running MDTs virtually via MS teams (Taunton Skype) with normal quoracy.

5.0 **Is staging of diagnosed cancer affected? Are patients being deferred before staging, based on their vulnerability or other factors?**

5.1 All being staged appropriately.

6.0 **Are alternative treatments being provided due to Covid (e.g. radiotherapy instead of surgery)**

6.1 Exeter has now operated on all those patients initially treated with hormones.

6.2 Some minor alterations to adjuvant chemotherapy

- Use of single agent carboplatin
- Dropping some cycles 5/6s
- Not given concurrent chemotherapy and radiotherapy for endometrial cancer. Have been giving radiotherapy and as things have begun to ease have added in adjuvant chemotherapy.

6.3 Cervix treated as normal with chemotherapy and radiotherapy.

6.4 Some trusts moved their surgery and oncology services to Covid light spaces. Torbay has moved chemotherapy to Newton Abbott community hospital and surgery to Mount Stewart.

6.5 Exeter initially had an operating list at the Nuffield but have struggled to find patients with the right comorbidities and have subsequently returned to the main site to free up those slot for benign patients.

7.0 **Is histopathology capacity available?**

7.1 See above

8.0 **Have all FU been moved to phone or video, have more patients been risk stratified to supported self-management and discharged?**

8.1 Difficult via the telephone to know that a patient fully understands information.

8.2 Concern raised where they are not seeing high risk patients for clinical examination. Perhaps need to look at the frequency of follow up.

8.3 The group discussed the PIFU guidelines published by the BGCS last year. This has not been adopted across the region.

8.3.1 ACTION: KE to send guidelines to BK to circulate for discussion at next meeting.

8.4 JR explained that many SSGs in the peninsula are beginning to question their follow up protocols and whether some patients can be managed differently.

8.5 Overall, the SSG has no concern about women within their services not being managed appropriately and have not be unable to offer treatment.

9.0 **AOB**

9.1 Outstanding actions from the last meeting:

- The new Peninsula Cancer Alliance website has been updated. All documents agreed by the SSG can be accessed here going forward : https://peninsulacanceralliance.nhs.uk/
- SOC pathways
  ACTION: BK to circulate Exeter's SOC pathway with the minutes.
- KE has drafted a leaflet on Risk reducing surgery and HRT.
  ACTION: BK to circulate with the minutes.

9.2 The group has agreed that more frequent shorter, virtual meetings would be preferable going forward but with one F2F educational meeting once a year.

9.2.1 ACTION: KE and BK to arrange next meeting date and a F2F date when possible.

9.2.3 ACTION: KE and BK to add a research update to the next agenda.

END

ACTION LOG

DATE	ACTION	OWNER	✓
15/11/2019	Clinical Guidelines	KE/BK	On hold
01/06/2020	circulate SOC pathway	BK	✓
26/06/2020	circulate new website address	BK	✓
26/06/2020	circulate RRS & HRT leaflet draft	BK	✓
26/06/2020	Share patient feedback with the SSG	Jo Morrison/ALL	
26/06/2020	Send BGCs guidelines for circulation	KE/BK	✓
26/06/2020	Arrange next meeting dates	KE/BK	
26/06/2020	Add research update to next meeting	KE/BK	