

**Meeting of the Gynaecology-Oncology Site Specific Group (SSG)**

*Friday 20<sup>th</sup> May 2018 (14:00-17:00)*

*Roadford Lake, Broadwoodwidge, Devon*

**THIS MEETING WAS SPONSORED BY ASTRAZENECA AND ROCKET MEDICAL**

**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.*

**Draft Notes**

**Reference**

**1.0 Welcome and Introductions**

1.1 Please refer to separate attendance record [here](#).

**2.0 Previous Meeting Minutes/Matter Arising**

The minutes of the previous meeting held on 13<sup>th</sup> October 2017 were considered.

The group are working towards consensus on shared clinical guidelines and patient pathways as per peer review requirements.

It is accepted that trusts may work slightly differently, however, there needs to be assurance that the patient pathways are lean and efficient and that treatments are equitable and in line with best practice.

Geography can impact on the diagnostic pathway-the group agreed to focus on treatment pathways and to gain consensus on the minimum acceptable standards, whilst taking into account the uniqueness of each centre.

GH suggested that a timeline is incorporated into the drafted patient pathways (circulated).

**Action:** NK to seek SSG input on the drafted guidelines/pathways.

3.0 **Clinical Updates/Service Development**

3.1 Access to sentinel node biopsy (SLNB) is available in the Peninsula; it was suggested that the group establish an audit for SLNB in cervical/endometrial cancer.

3.2 SLNB practice varies across Devon and Cornwall-sharing data would enable the group to look at the criteria for offering SLNB and the impact on subsequent treatment choices and patient morbidity.

4.0 **Quality Surveillance**

4.1 Taunton has noticed an increase in PMB referrals (but no increase in conversion rates to cancer diagnoses).

4.2 Cornwall has noticed a spike in colposcopy and clinic referrals.

4.3 Exeter screens all gynae-oncology referrals; this allows colposcopies to be avoided where they are not clinically indicated.

4.4 North Devon has seen a 2 fold increase in 2ww referrals.

5.0 **Updates across the Peninsula**

5.1 **Cornwall**

5.2 Emma Dyer has commenced her new position (Gynae CNS-full time).

5.3 Rebecca Collins has commenced her new position as theatre practitioner. The department has a shortage of Obstetric/Gynae doctors which has impacted greatly on the availability of assistance in theatres. There is now a new theatre practitioner in post –the role is working very well and provides greater stability to the team. However, the lack of Registrars/SHOs needs to be addressed as the current service is not sustainable in the long term (particularly where there are complex surgical cases).

5.4 Plymouth has a similar theatre practitioner programme.

5.5 **North Devon**

5.6 Anna Watts (CNS) will be replacing Jo Gordon.

5.7 **MSI Testing (Lynch Syndrome)**

5.8 The group discussed practice across the Peninsula, and if there are any existing policies on the criteria for offering patients MSI testing. The majority of trusts discuss suitability for MSI testing at MDT, and/or patients are flagged up by pathology colleagues.

5.9 Funding for MSI requires clarification.

5.10 MH suggested that the group might want to consider policy for referring patients with PMB (who have previously had ablation) straight to MRI.

6.0 **Research Update**

6.1 **Taunton**

Recruitment is still open to the OReO trial (funding is available for travel costs), SHAPE and ATHENA.

6.2 **Cornwall**

6.3 RCH has finished recruiting to TICTOC (Intraoperative cell salvage vs Transfusion in Ovarian Ca).

6.4 Please refer to the following links for up to date information;

1. [Gynae Q3](#)
2. [Gynae Q4](#)
3. [Speciality Measures](#)

7.0 **Living With and Beyond Cancer (LWBC) in Exeter**

Guest Speaker-Maria Bracey (LWBC Lead CNS-Royal Devon and Exeter NHS Foundation Trust)

7.1 The Peninsula is 16 months into the LWBC bid.

7.2 Exeter started working on the LWBC project in 2013. Since 2016, RD&E gynae patients have been referred into the generic health and wellbeing clinics (H&W).

7.3 The KPIs for gynae (as per bid) are;

7.4 15% of patients to be offered an H&W clinic (Exeter currently offers this to 97% of their patient cohort).

7.5 40% of patients to have a Health Needs Assessment (HNA) within 31 days of diagnosis and within 6 weeks of completion of treatment.

7.6 The Exeter gynae team has really shaped the End of Treatment (EoT) summary document and are performing well above the expected targets.

7.7 The Peninsula need to ensure that we are supporting each other across the trusts to ensure that we are performing as a region. The next stage is for the LWBC leads to agree the numerators for reporting across sites.

7.8 Risk stratification for patient follow up is an on-going challenge, particularly in respect of remote monitoring and how best to use limited follow up clinic resources.

8.0 **Clinical Governance/Risk Issues**

8.1 RCH shared a serious incident event (which is currently being investigated by the Trust); the incident related to a delay in the diagnosis and treatment of a patient, arising from a lack of reviewing pathology reporting when taken by

GP.

9.0 **AOB**

9.1 The distance for people to travel to the SSG meetings was raised.

9.2 JM expressed that holding the meeting in Lifton disadvantaged those travelling from Taunton/Yeovil/Torquay and North Devon, and proposed that it should be held closer to Exeter.

9.3 NK advised that the SWAGGER meeting (which also incorporates one of the biannual SSG meetings) is held in Exeter/Taunton, and therefore it would seem fair to hold the alternate SSG meeting nearer to Cornwall.

10.0 KG indicated those travelling from Cornwall are also at a disadvantage for meetings held in Lifton, Exeter and Taunton.

10.1 All agreed that Friday is the most suitable day to hold this meeting as only the team from Plymouth had clinics on Friday.

10.2 **Future Meeting Dates**

SWAGGER/PCA SSG: Friday 12<sup>th</sup> October 2018 (details TBC).

PCA SSG: Friday 26<sup>th</sup> April 2019: 2pm-5pm.