

Gynae Tumour Site Specific Group
Thursday 18th October 2018
Motivation Suite, The Village Hotel, Maidstone
14:00 – 17:00

Final Meeting Notes

Present	Initials	Title	Organisation
Rema Iyer	RI	Consultant Gynae Oncologist	EKHUFT
Colin Chamberlain (IT)	CC	Admin Support	KMCC
Karen Glass (minutes)	KG	Admin Support	KMCC
Annette Wiltshire	AW	Service Improvement Facilitator	KMCC
Jane Woolford	JWo	InfoFlex Application Manager	KMCC
Sue Addison	SAd	IT Project Manager	EKHUFT
Jo Williams	JWi	Research Nurse	EKHUFT
Sarah Lines	SL	Research Nurse	EKHUFT
Hany Habeeb	HH	Obstetrician & Gynaecological Consultant	MFT
Linda Caine	LC	Head of Cancer Performance	MFT
Sally Allen	SAI	Head of System-Wide Commissioning	West Kent CCG
Anil Tailor	AT	Consultant Gynae-Oncologist	Royal Surrey County Hospital
Janey Blofield	JB	Gynae-Oncology CNS	EKHUFT
Habib Ahmed	HA	Consultant Oncologist	MFT
Andy Nordin	AN	Consultant Gynae Oncologist	EKHUFT
Samantha Daniels	SD	Gynae Oncology CNS	DVH
Gaynor Reeve	GR	Gynae CNS	MTW
Michelle George	MG	Gynae Oncology CNS	MTW
Karen Flannery	KF	Macmillan Gynae Oncology CNS	MFT
Kannon Nathan	KN	Consultant Clinical Oncologist	EKHUFT
Mohamed Ismail	MI	Associate Specialist – Gynae Oncology	EKHUFT
Andreas Papadopoulos	AP	Consultant Gynae Oncology	MTW
Edmund Inetianbor	EI	ST6 OHA	EKHUFT
Jeff Summers	JS	Consultant Oncologist	MTW
Jack Jacobs	JJ	Macmillan GP	Ashford CCG
Kate Entwistle	KE	Consultant Radiologist	EKHUFT
Rema Jyothirmayi	RJ	Consultant Oncologist	MTW
Omer Devaja	OD	Consultant Gynae Oncologist	MTW
Fani Kokka	FK	Consultant Gynae Oncologist	EKHUFT

Danko Perovic	DP	Gynae Specialist	EKHUFT
Tracey Ryan	TR	Macmillan User Involvement Manager	KMCC
Apologies			
Julie Hopping	JH	Interim Divisional Director for Cancer Services	EKHUFT
Rob MacDermott	RM	Consultant Obs and Gynae	DVH
Christos Mikropoulos	CM	Clinical Oncologist	MTW
Victoria Donovan	VD	Locum Medical Oncology Consultant	MTW
Vickie Gadd	VG	Gynae Oncology CNS	MTW
Michael Coutts	MC	Consultant Gynaecological Pathologist	MTW
Vicky Morgan	VM	Gynae Oncology CNS	EKHUFT

Item		Discussion	Agreed	Action
1.	TSSG Meeting	<p><u>Apologies and review actions from previous minutes</u></p> <ul style="list-style-type: none"> • Apologies as listed above. • AP confirmed with the groups agreement that the previous minutes were an accurate and true record of the previous meeting. <p><u>Introduce new Chair</u></p> <ul style="list-style-type: none"> • AP introduced Rema Iyer as the new Gynae Chair and thanked her for agreeing to take over the role and setting up the meeting today in the new venue. AP was grateful that the attendees were all on one site and hoped this would continue. • AN thanked AP for his hard work over the past 3 years on behalf of the TSSG. 		
2.	Sponsor Presentation	<p><u>Ethicon presentation by Ria Popat and Harry Baxter</u></p> <ul style="list-style-type: none"> • RP and HB thanked the group for allowing them to sponsor the meeting and to present today. • RP and HB promoted Ethicon and the new products currently available. 		CC to circulate the presentation

3.	Guest Speaker	<p><u>Ovarian Cancer Surgery Outcomes presentation – by Anil Tailor</u></p> <ul style="list-style-type: none"> • AT introduced himself as a Gynae Oncologist from Guildford. • AT presented his detailed data which had been collated by Clinicians since 2005 with diagnosis captured in real time for 7742 patients. • The database incorporates 144 tables/1770 fields and includes:- <ul style="list-style-type: none"> i) all operations since July 2007 ii) all admissions since July 2007 iii) summaries of all MDT discussions since May 2005 • AT explained he is able to create “survival curves” instantly using the database. • Data is exported quarterly to the IT department as an Excel spreadsheet which is then uploaded onto the system. • AT stated if a patient has surgery it does not necessarily guarantee a better survival rate. However, sometimes primary surgery is better than neo-adjuvant chemotherapy. • AN mentioned the British Gynaecological Cancer Society guidelines are due to be updated next year with a business case for extra funding. AN suggested this is discussed and adopted by the TSSG. 		
4.	Horizon Scanning	<p><u>Sentinel Nodes in endometrial cancer</u> - was not discussed at this meeting.</p> <p><u>Commissioning of Gynaecology Services - update by AN and RI</u></p> <p>RI stated that a national review of the gynaecological oncology services is due to commence in 2019 which is likely to trigger re-configuration of services currently provided locally in Kent and Medway.</p> <p>Discussion followed regarding the dissolution of MDT’s and having a central MDT meeting only. AN also referred to the 8-10 supra-regional Centres based nationally for the management of rare gynaecological tumours and also for less common surgical procedures like trachelectomy for cervix cancer.</p>		

5.	Performance	<p><u>InfoFlex Project Update – provided by Sue Addison</u></p> <ul style="list-style-type: none"> • SA updated the group on the InfoFlex upgrade which has moved away from the Citrix database and is a more familiar friendly web based system. • SA stated the quality of the data is key, the system incorporates a user friendly interface which enables more users. • SA mentioned the team is working on the stratified pathways alongside the Kent & Medway Cancer Alliance and Living With and Beyond Cancer group. • SA confirmed the Breast Stratified Pathway is due to go live next week, with the Colorectal Stratified pathway following and Gynae in due course. • SA informed the members that the upgrade should allow users to run reports more easily. <p><u>62 day data for all Trusts – provided by Sue Addison</u></p> <p><u>DVH</u></p> <ul style="list-style-type: none"> • DVH data produced is based on much smaller patient numbers and are performing well in relation to the 62 day data national figures. <p><u>EKHUFT</u></p> <ul style="list-style-type: none"> • EKHUFT have consistently been below the standard and national level since August 2017 but in recent months they are heading in the right direction and it is looking very positive. <p><u>MFT</u></p> <ul style="list-style-type: none"> • MFT have been performing very well. <p><u>MTW</u></p> <ul style="list-style-type: none"> • MTW 62 day data figures have been consistently up and down. 		
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6.	Clinical Pathway Discussion	<p><u>Update provided by Andreas Papadopoulos</u></p> <ul style="list-style-type: none"> • AP confirmed the Clinical Pathway documentation has been updated and this should be followed up at the next TSSG meeting. 		AW
7.	Research	<p><u>EKHUFT</u></p> <ul style="list-style-type: none"> • JWi confirmed there are 9 active trials and 6 in the process of being set up. <p><u>MTW</u></p> <ul style="list-style-type: none"> • CM was unable to attend the meeting but provided the following details. • MTW are now recruiting to trials, with several patients recruited to ICON8B and HORIZONS. Expression of interest to ATEND and COMMICE. • JS confirmed the recruitment at MTW of a new site specialist research nurse – Amy Thomas. • ICON9 and COMICE at EKHUFT are future trials the group maybe interested in after further discussion. 		CC to circulate all associated documentation
8.	Clinical Audit National Ovarian Cancer Audit	<p><u>Update provided by Andy Nordin</u></p> <ul style="list-style-type: none"> • AN confirmed the details of the audit is currently in draft and is due to be published in 6 weeks' time which will drive forward changes in practice and improve patient survival rates. 		

	Adjuvant management of stage 1 endometrial cancer	<ul style="list-style-type: none"> • AN stated in regards to recurrence rates and survival data more granular data was required. • AN hopes to be able to present the details of the audit at the next TSSG meeting in 2019. <p><u>Update provided by Rema Jyothirmayi</u></p> <ul style="list-style-type: none"> • RJ provided a detailed presentation on behalf of Dr Sam Enefer on the MTW audit of adjuvant management of stage 1 endometrial cancer. • RJ mentioned the Brachytherapy Guidelines were published in December 2015. • RJ suggested referring back to the numbers of patients that have relapsed since, to see if treatment numbers have changed in the last 2-3 years. 		CC to circulate the presentation
9.	CNS Updates	<p><u>EKHUFT Update by Janey Blofield</u></p> <ul style="list-style-type: none"> • JB provided an update on behalf of VM who sent her apologies. • CNS's have led face to face follow up clinics. • Health Needs Assessments are taking place which has received good patient feedback. • JB mentioned referrals to various support groups including psychosexual counseling and CNS's are in the process of setting up a local support group in South East Kent. • CNS's continue to attend PTL, MDM, TSSG and Cancer Board meetings. <p><u>MTW</u> - no update provided.</p> <p><u>DVH</u> – no update provided.</p> <p><u>MFT</u> – no update provided.</p>		
10.	Primary Care & Commissioning	<p><u>Update provided by Jack Jacobs</u></p> <ul style="list-style-type: none"> • JJ asked the group if they had any ideas for audits and confirmed there were now 7 MacMillan GP's across Kent and Medway. • JJ mentioned ongoing issues with the 2ww forms and it was imperative to get all Trusts across Kent and Medway using the same format of form. 		

11.	Patient & Public engagement	<p><u>Update provided by Tracey Ryan</u></p> <ul style="list-style-type: none"> • TR provided an update on the Patient and Public Engagement Strategy which she is responsible for creating. • TR confirmed as a result of the TSSG survey it had been highlighted there was a lack of patient attendance at some TSSG meetings including Gynae. The group agreed there was a previous Gynae representative but she no longer attends. • TR confirmed she has attended a variety of meetings, support groups and events to promote the opportunity for PPE but she needs the help of Clinician's, CNS's and professionals who have direct contact with the patients. • AN suggested an action for each Trust would be to recruit a patient rep for the next Gynae TSSG 2019 meetings and for the appropriate training to be provided in time for those patients. 		<p>CC to circulate PPE presentation</p> <p>KG to circulate the PPE leaflet to the group</p> <p>Each Trust to actively recruit a patient rep from their area for 2019</p>
12.	AOB	<ul style="list-style-type: none"> • The group agreed that the next Gynae TSSG meeting should take place in the morning and the meetings should alternate between Maidstone and Ashford and also to alternate between am/pm sessions to promote attendance from across the Trusts. 		