Kent and Medway Cancer Collaborative

Gynae TSSG Meeting
Thursday 22nd April 2021
MS Teams
13:30 – 16:30

Final Meeting Notes

Present	Initials	Title	Organisation
Rema Iyer (Chair)	**RI**	Consultant Gynae Oncologist	EKHUFT
Sona Gupta	**SG**	Macmillan GP – Cancer Clinical Lead	Canterbury and Coastal CCG
Marie Payne	**MP**	Macmillan Lead Cancer Nurse / Clinical Services Manager	DVH
Rob MacDermott	**RMD**	Consultant Obs and Gynae	DVH
Jenny Shaw	**JS**	Macmillan Gynae Oncology CNS	DVH
Andy Nordin	**AN**	Consultant Gynaecologist / Lead Clinician	EKHUFT
Edmund Inetianbor	**EI**	Gynae-oncology ATSM Specialist registrar	EKHUFT
Kannon Nathan	**KN**	Consultant Clinical Oncologist	EKHUFT
Jo Williams	**JW**	Senior Gynae Oncology Research CNS	EKHUFT
Kareem Aboualfa	**KA**	Consultant Histopathology	EKHUFT
Hristina Hristova-Angelova	**HHA**	Consultant Radiologist	EKHUFT
Vicky Morgan	**VM**	Gynae Oncology Nurse Practitioner	EKHUFT
Nicky Chalmers	**NC**	Gynae CNS Support Worker	EKHUFT
Asma Bitar	**AB**	Radiology Registrar	EKHUFT
Danko Perovic	**DP**	Gynae Specialist	EKHUFT
Ian Vousden	**IV**	Programme Director	KMCA
Claire Mallett	**CM**	Programme Lead – Living With & Beyond Cancer	KMCA
Chris Singleton	**CS**	Senior Programme Manager - CCG	KMCA
Karen Glass (Minutes)	**KG**	Administration Officer	KMCC & KMCA
Annette Wiltshire	**AW**	Service Improvement Facilitator	KMCC
Tracey Ryan	**TR**	Macmillan User Involvement Manager	KMCC
Hany Habeeb	**HH**	Consultant Gynaecologist	MFT
Karen Flannery	**KF**	Macmillan Gynae Oncology CNS	MFT
Cynthia Matarutse	**CM**	Macmillan Lead Nurse	MFT

Stephen Attard-Montalto	**SAM**	Consultant Gynae Oncologist	MTW
Andreas Papadopoulos	**AP**	Consultant Gynae Oncologist	MTW
Omer Devaja	**OD**	Consultant Gynaecologist	MTW
Rema Jyothirmayi	**RJ**	Consultant Oncologist	MTW
Vicky Gadd	**VG**	Gynae Oncology CNS	MTW
Gaynor Reeve	**GR**	Gynae CNS	MTW
Amie Thomas	**AT**	Gynae Research Nurse	MTW
Gary Rushton	**GR**	Consultant Pathologist	MTW
Philippa Moth	**PM**	Consultant Obstetrician and Gynaecologist	MTW
Julie Akers	**JA**	Macmillan Specialist Radiographer	MTW
Alicja Synowiec	**AS**	Speciality Doctor Oncology	MTW
Ying Ying Lou	**YYL**	Consultant Obstetrician & Gynaecologist	MTW
Bana Haddad	**BH**	Macmillan GP	NHS Kent & Medway CCG
Apologies			
Pippa Miles	**PM**	Senior Service Manager	EKHUFT
Michelle George	**MG**	Gynae Oncology CNS	MTW

Item		**Discussion**	**Agreed**	**Action**
1.	**TSSG Meeting**	**Introductions** • RI welcomed the group to the meeting. • If you attended this meeting and are not listed above please contact karen.glass2@nhs.net directly and the attendee list will be updated accordingly. **Apologies** • The apologies for this meeting are listed above. **Action log review**		

		• The action log was discussed and updated at today's meeting and this will be circulated together with the final minutes. **<u>Review minutes previous meeting</u>** • RI confirmed the previous meeting minutes were agreed as a true and accurate account of the meeting and were signed off.		
2.	**Genomics**	**<u>Update by Rema Iyer</u>** • RI confirmed unfortunately Olaf Hartberg was unable to attend the meeting today to provide a Genomics update. • RI provided an update on tumour testing for HRD (Homologous Recombination Repair Deficiency) for advanced tubal/ovarian/peritoneal cancers. • RI confirmed they had their first patient for testing from EKHUFT yesterday. • RI explained the rationale behind HRD testing, gene mutations associated with HRD, Somatic tumour testing, what the HRD test detects, when to refer for HRD testing and a copy of the request form to use. • RI confirmed the HRD and Tumour BRCA test request form is completed to ensure the relevant tests are completed for newly diagnosed patients. The tests are sent to the Genomics Laboratory at the Royal Marsden and are currently being funded by Astrazeneca. RI added the tests undertaken can be done on both fresh and fixed tissue but preferably not tissue exposed to chemotherapy.		**KG circulated the presentation on the 27.04.2021**
3.	**Performance all Trusts**	**<u>DVH – update by Rob MacDermott</u>**		**KG circulated the performance**

		• RMD mentioned 2ww referrals have been steadily increasing over the last few months and they have a backlog of only 2 patients over 62-days. • RMD highlighted their biggest issue was some patients being referred in without an Ultra Sound Scan or bloods being done prior to the referral. • RMD confirmed they lay on extra outpatient clinics as required for 2ww referrals. Any patient that is rejected or downgraded from the 2ww referral process will have a write up sent to their GP to explain the reason why. • RMD explained there has been no drop off in performance for 31 or 62-day targets with no patients sat at 104-day. RMD added they were also compliant for 28-day to diagnosis from December – February which ensured patients were told within that time period if they had cancer or not. **EKHUFT – update by Rema Iyer** • RI confirmed EKHUFT were consistently compliant against the 2ww and 31-day performance targets. This is primarily due to daily calls with the teams to ensure capacity is being managed and any issues are addressed quickly. • RI mentioned there have been 2 breaches at 62-day which are due to hysteroscopy capacity issues and a patient self-isolating due to Covid. There was 1 patient waiting at 104-days who was finally treated in March. Additional hysteroscopy clinics have been allocated for both inpatient and outpatient appointments to reduce the diagnostic part of the pathway. • RI confirmed they have recently appointed a Pathway Navigator who will help manage the front end of the pathway, book theatre slots and triage referrals in order so any issues can be raised in a timely way. • Future planning would be to set up a One Stop Clinic for women referred with postmenopausal bleeding. At the appointment the patient would have an US if required followed by an outpatient hysteroscopy and biopsy.		**presentations on the 27.04.2021**

		• RI concluded they have appointed a new data manager who has been tasked with capturing any missing data from InfoFlex. **MTW – update by Andreas Papadopoulos** • AP highlighted that MTW are having the same issues as EKHUFT regarding 62-day patient numbers and late referrals into the pathway. • AP confirmed 28-day FDS was achieved for both January and February. • Key risks and barriers at MTW are due to delays in diagnostics particularly hysteroscopy and delays in referrals. Extra clinics have been put on to cover annual leave with patients seen at outside clinics. There are currently no theatre capacity issues and HDU is now available. • AP mentioned they have data collection issues with 20 - 50% of data not being recorded. This is due to the appointment of new MDM Co-ordinator's and their lack of adequate training. AP and PM are addressing this issue and have contacted Chris Harker to assist. **MFT – update by Hany Habeeb** • HH confirmed MFT are fully compliant with 2ww referrals. The number of patients referred in on a 2ww increased in March and is back to pre-pandemic levels of activity. • 62-day compliance has not been met since October 2020. This service has been impacted due to the reduction in surgical capacity and high numbers of staff sickness particularly through the second wave of the pandemic. • HH explained currently there are no patients sat at 104-days or above.		

		• They have met the 28-day FDS in February and March with an overall data completeness of 80%. • HH mentioned they have no issues with theatre or outpatient capacity. • Key risks are patients not attending their GP and are therefore presenting with advanced stage cancer. As a consequence, the patient may require further investigations within other specialties including Urology or Colorectal. HH highlighted the increased number of inappropriate 2ww referrals. • HH mentioned MFT have 2 Consultants currently on long term sick but they are looking to appoint extra Consultant staff to meet their growing requirements.		
4.	**Clinical Pathway Discussion**	**HOP – update by Rema Iyer** • **Research Lead** – Rema Jyothirmayi • **NOG Leads** – Julie Akers (Radiotherapy) and Caroline Waters (Chemotherapy) • **Consultant Support** – Rema Jyothirmayi **Action** – AW agreed to update the HOP with the above details and circulate to the group in order to finalise this document.		**AW**
5.	**Research**	**New Familial Cancer Clinic – update by Jo Williams** • JW updated the group on the new Familial Cancer Clinic which is still in the early stages of setting up. The plan is to complete the Draft SOP by mid - end of May. Patients will be referred directly to JW – blood tests will be sent to GSTT with 12 weeks turnaround times. JW will spend time with the patients to explain BRCA testing and the implications of this. **Research – update by Jo Williams**		**KG circulated the Trials flyer on the 27.04.2021**

		• JW confirmed there has not been much change in the last 6 months. • ICON9 – phase 3 international randomized study – 2 patients left since October 2019 with recruitment paused. • PROTECTOR – is open – 1 patient recruited with 1 due to consent in May. • EORTC and ICON 8b – open • ENGOT 55102 – has now closed.		
6.	**CNS Updates**	**<u>EKHUFT / PIFU update by Vicky Morgan</u>** • VM confirmed they have recruited 40 - 45 patients to PIFU, with 2 patients who have declined. However, the service has been well received and is working well. • 459 HNA's completed in the last year. • There are currently 2 Gynae CNS Band 7 vacancies at EKHUFT. **<u>MTW – update by Vickie Gadd</u>** • MTW have been awarded funding to set up the Enhanced Supportive Care Clinics – aesthetic drainage pathway with a recovery area. • There is a CNS vacancy to cover Maternity Leave. • PIFU is working well and they plan to audit the initial results. • The Pelvic Late Effects Clinic is due to start on Tuesday 27th April. RJ highlighed the importance of having a Kent based clinic as patients previously went to the Royal Marsden. The aim is to run the clinic virtually as a pilot for 4-6 months and		

		to monitor patients with pelvic symptoms. RJ confirmed they would welcome referrals from EKHUFT. Sam Austin will be co-ordinating the clinic. • VG mentioned she has stepped down as the Gynae CNS Chair and Michelle George will be taking over this role. • RJ mentioned the Holistic Complimentary Clinic in which they will initially see 2-3 patients virtually. • KF mentioned she is working closely with Sue Green at MFT and they are in the early stages of implementing PIFU for their patients. • MP confirmed that Sam Daniels is working alongside the team at DVH and they should be able to implement PIFU soon.		
7.	**NG12**	**<u>2ww referral form – update by Rob McDermott</u>** • RMD would like the Gynae TSSG groups support to change the layout, guidance and referral criteria of the current 2ww referral NG12 form. • RMD highlighted a woman with benign symptoms should not be expected to wait 2 weeks to be told she does not have cancer this is not acceptable and is particularly harmful to the patient. Rapid Access Clinics are under a lot of pressure and there are less specialized staff dealing with the 2ww referrals and therefore an important diagnosis could easily be missed. Consequently, routine appointment times have increased and these particular patients are being seriously disadvantaged. • RMD proposed some major changes to the NG12 form which were circulated to the group prior to the meeting. • CS confirmed the 2ww referral forms took a long time to develop align to NG12 Guidelines. CS suggested having further targeted GP education rather than trying to change the form which would be a long process.		

		• AP explained there are 6-7 Gynae cancers and the form needs to reflect these with the current guidance and wondered if this could be done better electronically. • The group discussed RMD's proposed changes at length. IV stated it would be difficult to commission any changes to the NG12 form outside of NICE Guidelines. **Action** – IV agreed to speak directly to the CCG Clinical Leads to take this ongoing action forward. (**Post meeting update** - a meeting has been arranged on Thursday 13th May to discuss the proposed changes to the Gynae 2ww form)		**IV**
8.	**Audit**	**MRI Staging accuracy audit – update by Asma Bitar** • AB provided a detailed update on the MRI staging accuracy audit of 100 patients selected at the MDM from March 2019 – November 2020. • Endometrial Cancer Management patients are referred in on a 2ww referral as the most common route to diagnosis, 80% of patients will undergo surgery, 21% to have radiotherapy and 16% chemotherapy. • AB highlighted the aims of the audit were to: - • Assess the accuracy of MRI staging of endometrial carcinoma • Assess its sensitivity and specificity in determining the 3 main staging factors: myometrial invasion, cervical involvement and nodal disease • Identify causes for discrepancy between MRI and post-operative histological findings and highlight areas for improvement. • AB concluded: - • Overall, performance is good and exceeding national targets • Probably attributable mostly to a relatively high caseload and experience • One important identified factor to improve performance was double reporting of all endometrial cancer staging MRI scans.		**KG circulated both audit presentations on the 27.04.2021**

		• AN and KN thanked AB for a fantastic presentation stating the quality of the MRI radiology services were excellent. **<u>National Ovarian cancer audit – update by Andy Nordin</u>** • AN provided a detailed update on the National Ovarian cancer audit including the breakdown of treatments across the trusts. AN agreed for KG to share his slides with the group. • AN confirmed the individual data can be accessed on Cancerstats2 and he would encourage the group to obtain their password from their cancer managers. • 17,000 patients captured on COSD – 21% - had no chemo or surgery, 19% - received palliative chemo and 60% presented with late stage disease. • AN mentioned that survival for ovarian cancer is improving but the proportion of patients not being treated is still the same as in 2010/2011. This could be due to the fact that they are now including peritoneal cancers which they did not do previously. • AN concluded there is an issue within Kent that needs addressing which is those trusts without a Gynae Cancer Centre have significantly lower surgery rates. This could be due to individual GP Practices. AN explained they need to understand what is happening as this portrays a postcode lottery for those patients who do or do not receive surgery. AP wondered if they could identify the patients who have not had surgery and conduct an audit to view the cases retrospectively. • AN suggested this was a very important piece of work which should be followed up by the TSSG group as the data is showing there is a significant issue for some K&M patients.		
9.	**Cancer Alliance update**	**<u>Update by Claire Mallett</u>**		**KG circulated the**

		• CM provided an update on the cancer recovery phase and the overall aims are to: i) Restore urgent cancer referrals back to at least pre-pandemic levels ii) Reduce the backlog at least to pre-pandemic levels for 62-day (urgent referral and referral from screening) and 31-day pathways iii) Ensure sufficient capacity to manage increased demand moving forward, including follow up care • CM reflected on the initiatives progressing in relation to the Long-Term Plan to include: - i) Rapid Diagnostic pilots – VISS pilot at DVH and Rapid Lymphadenopathy pilot at EKHUFT. ii) Targeted Lung Health Check Programme. iii) Personalised Care – almost completed implementing the Colorectal and Prostate stratified pathway with the Breast SP now implemented. • CM mentioned the NHS Planning Guidance has now been published and they will be looking over the next year at 3 other tumour stratified pathways with a view to implement at least 1. CM would be keen to see if this would be applicable for Gynae patients. • CM highlighted the Early Diagnosis initiatives across K&M to include supporting the 28-day Faster Diagnosis Standard which is currently in shadow form. Irene Nhandara (Programme Lead for Early Diagnosis) will be supporting Primary Care and PCN colleagues to implement the ED DES which includes additional education and training to support this. • CM confirmed there will be an increased focus around reducing health inequalities with a number of pilots including the “Smear Project,” for patients with learning disabilities and the Cancer Champions project in Thanet. • CM explained the K&M Cancer Alliance are working closely with the Integrated Care Systems’s (ICS) to draw up a single delivery plan and early submissions will be expected to be delivered in May.		**presentation on the 27.04.2021**

10.	**CCG update**	**<u>Update by Chris Singleton – CS</u>** • Chris Singleton and Laura Alton are the new Senior Programme Managers for cancer commissioning, working as part of an integrated CCG and Cancer Alliance team. We believe this is a positive change from the locality-based commissioning approach, and is in line with the development of the Integrated Care System. It will support delivery of local and national cancer priorities, and brings together the expertise of the Cancer Alliance with commissioners under the leadership of the Cancer Alliance Programme Director Ian Vousden. • Laura and I have split the TSSGs between us, and Laura will be your commissioning link for gynae. We are very keen to help support development of clinical pathways that improve access to cancer services for the K&M population, navigating through the new CCG governance processes. As a new organisation the CCG will have to ensure that we work at scale across the county, but also ensuring that all voices are heard. • We recognise the issues raised today regarding GP referrals, and we will work with you as discussed earlier to agree the best approach between our clinical lead GPs, secondary care colleagues and Cancer Alliance colleagues. • We are working closely with our planned care commissioning colleagues in each of the 4 Kent and Medway Integrated Care Partnerships, given the overlap between cancer and planned care pathways. • Cancer is a clear priority in the recently published NHS Planning Guidance, and we will be working with all relevant colleagues to help deliver the priorities, particularly in terms of returning to pre-pandemic levels of cancer treatment. • We are currently focusing on a number of commissioning priorities for cancer, including pilots of a number of rapid diagnostic services including the Vague and Indeterminate Symptoms pilot at Darent Valley, rapid lymphadenopathy and low dose CT at EKHUFT. For the VISS we are looking to make the DVH service a		**CS provided the following written update for the minutes after the meeting due to time constraints at the meeting**

		substantive commissioned service due to the success of the pilot, and discussions are also underway to extend this model more widely across the county. • We have also been working with the provider of the K&M Prehab programme, which has been presented at a number of TSSGs, to extend the pilot of this service for our patients, to help patients prepare for surgery. • Please do feel free to contact us if you require commissioning support with any cancer pathway developments. Chris Singleton – chris.singleton@nhs.net Laura Alton – l.alton@nhs.net		
11.	**AOB**	**Action** – RI summarised two actions to take forward from the meeting are as follows: - i) Update the Kent & Medway missing data for the National Ovarian Cancer Audit with regards to residual disease and performance status in time for the final analysis in July. ii) Working together with the CCG and GP's to make improvements to the NG12 form and be involved with the GP education in order to improve the quality of the referrals to the rapid access clinic. **Expression of Interest for TSSG Lead** • RI confirmed it will be 3 years in October since she took over as the Gynae TSSG Lead and would now like to pass this opportunity back to a colleague at MTW. She asked if there was anyone interested in taking over this role to let her know. **Action** - AP confirmed they would discuss any EOI within their MDT as there could be someone interested who is not on the call today and AP agreed to come back to RI.		**AN / RI** **RI / IV** **AP**

		• However, the general consensus of the group was that RI was doing such an excellent job and suggested she carried on for another term. • RI thanked the group for their support and attendance at the meeting today.		
12.	**Date of next meeting**	• RI hoped the next meeting in October 2021 could be face to face. Next meeting date to be agreed by RI and AW. **Action** – KG to circulate the meeting date invite once confirmed by RI / AW.		**KG**