



Meeting:	Gynae Expert Advisory Group		
Date:	7th June 2019		
Time:	2.00pm – 4.00pm		
Venue:	Evolve Business Centre		
	Remko Beukenholdt, Consultant Gynae, CDDFT		RB
	Janet Butcher, Macmillan Gynae Oncology Support Nurse, CDDFT		JB
	Ibraheem Hammodi, Consultant OG, Northumbria		IH
	Darren Leaning, Consultant, South Tees		DL
	Robyn Lynch, Nurse Specialist, Gateshead		RL
	Nicholas Matthews, Consultant, Sunderland		NM
	Janet Pickering, Gynaecology Clinical Nurse Specialist, Newcastle		JP
	Anne Richardson, Service Improvement Delivery Lead, NCA		AR
	Saladin Sawan, Consultant Gynae Oncologist, South Tees		SS
	Partha Sengupta, (Chair), Consultant Gynaecologist, CDDFT		PS
	Angela Wood, Clinical Lead, NCA		AW
In Attendance	Laura Lund, Business Support Assistant, NCA		LL
Apologies	Madhgavi Adusumalli, Consultant Clinical Oncologist, South Tees		MA
	Christine Ang, Consultant Gynaecological Oncologist, Gateshead		CA
	Suzanne Arnott, CNS, CDDFT		SA
	Ali Kucukmetin, Consultant Gynae Oncologist, Gateshead		AK
	Berni Cardy, Gynae Oncology Nurse Specialist, South Tyneside & Sunderland NHS Foundation Trust		BC
	Helen Manderville, CNS, Gateshead		HM
	Jo Nunn, Patient Representative		JN
	Nithya Ratnavelu, Consultant, Gateshead		NR
	Sue Richardson, Clinical Nurse Specialist, Northumbria		SR
	Jeremy Twigg, Consultant Gynae Oncology		JT
	Julie Thomas, CNS, North Cumbria		JTh
	Kath Wall, Patient and Carer Representative,		KW
	Penny Williams, Research Delivery Manager, North East & Cumbria		PW
MINUTES			
1.	INTRODUCTION	Lead	Enc
	1.1 Welcome and Apologies		
	PS welcomed all to the meeting, apologies listed above.		
	1.2 Declaration of conflict of Interest		
	No declarations of conflict of interest were made.		
	1.3 Minutes of the previous meeting 07.12.18		
	Minutes agreed as a true and accurate record by those present at the meeting,		

	1.4	Matters arising		
		<ul style="list-style-type: none"> IPT Aide memoire Note after the meeting: Linda Wintersgill (LW) has forwarded this information to NR and JT, in the absence of both members LW will write to the group. To be finalised before the next meeting in December 2019. Gynae Pathway – Gaps in Service Following on from the last meeting PS to discuss this with Dr James Limb 	LW	
			PS	
2.	AGENDA ITEMS			
	2.1	Gynae cancer diagnostics lead and deputy for each site		
		PS would like confirmation from consultants who lead in Gynae cancer diagnostics at each site that if they are unable to attend, their named deputy should attend in their place. This will help with the attendance at meetings.		
	2.2	Clinical Guidelines -To be endorsed/comments agreed		
		<p>Copy of Guidelines forward to group with Agenda, prior to the meeting for comments.</p> <p>The group discussed the comments/suggestions received from members; SS explained the rationale behind his suggestions and these were agreed by the group.</p> <p>PS to reply to further comments/suggestions received for changes to be made to sections within the guidelines. Once agreement has been reached, guidelines will be circulated and uploaded to the Norther Cancer Alliance Website. The group will be notified once this has been completed.</p> <p>The guidelines have been agreed in principle within the meeting however a national paper is being released which may impact on the guidelines therefore they may have to be modified to reflect the national paper.</p> <p>2WW Referral Form – James Cook would like to replace the Alliance agreed regional form with a simpler one, it has been suggested that they forward this form to Katie Elliott (KE), Primary Clinical Director NCA, for her to look at.</p>		
	2.3	Suggestions for improving attendance		
		Discussed during Cancer Alliance Update.		
3	STANDING ITEMS			
	3.1	Cancer Alliance Update		

		<p>AW gave an update to the group on behalf of the NCA:</p> <p>Transformation Funding – this has now been approved. There has been a core amount of funding for the Rapid Diagnostic and Lung Health Check programmes which has been incorporated within the funding received by Northern Cancer Alliance.</p> <p>Pathway Boards – NCA is looking at current EAG structures and are moving to a Pathway Board approach as in the long term plan. Pathway Boards will include commissioners/primary care and will have separate terms of reference and tasks to EAG's. There will be 5 Pathway Boards initially - Urology, Lower GI, Upper GI, Breast and Lung. Other workstreams being considered are Gynae Oncology and Head and Neck but not for this year however clinical lead posts will be advertised to lead work on optimal pathway development</p> <p>Expressions of interest for the clinical lead for Gynae will be out soon via cancer lead clinicians</p> <p>Streamlining MDT's – National document about to be released, (possibly within the next two weeks, awaiting confirmation). Group need to think about how they might design a pathway for standards of care, AR will support this workstream.</p> <p>Workplan – there is currently a review of Oncology Services underway, models will be finalised within the next 6 months. There are major workforce issues in clinical oncologist across the region; this review will look at services and how they can be streamlined.</p>		
	3.2	CNS Update		
		<p>Newcastle are interviewing for a new CNS – hopefully they will be in post and working by the end of the summer.</p> <p>RVI currently employ a Cancer Care Coordinator (Band 4) who does tracking, monitoring and admin; this has helped take some of the workload from the CNS, this could be considered as a model for other trusts to use.</p>		
	3.3	Clinical Governance Issues		
		<p>JCUH MDT radiology cover problems</p> <p>RB has concerns about the southern MDT capacity, they usually have 2 radiologists but are down to 1, however he has been unavailable for the last 4/5 weeks. Not being</p>		

	<p>quorate at the meeting is a concern, possibly need to look at a regional solution instead of individually.</p> <p>Recruitment seems to be worse in the North East than other regions; we need to look at finding solutions for retaining people within the trust/region.</p> <p>The group agreed there is a need for a short-term contingency plan and a long-term strategy within the region.</p> <p>It was agreed that this meeting was not the right place to decide what should be done; this should be taken back to individual trusts and discussed with medical directors and senior managers trust boards; this must be managed within trusts.</p>		
	3.4 Equity of access to radiotherapy		
	Small discussion amongst the group about Brachytherapy there is access across the region and the group agreed to remove Equity of Access to Radiotherapy as a stand-alone agenda item. This will be discussed within Clinical Governance Issues at future meetings if there are issues		
	3.5 Any Other Business		
	<p>Oncology Study on Ovarian Cancer PS gave a presentation to the group on a potential Oncology Study on Ovarian Cancer, this is being carried out by the Medical University of Vienna; and if agreed he would like to have this running in the region. PS has been in contact with Professor Paul Spicer who is part of the research team. Patients for this study would be identified by the genetic team, local hospitals would carry out the procedure. PS mentioned that funding for this would be requested from the Research Network. The group agreed to support this. A/P Copy of the presentation forwarded to the group for information.</p>		Enc
	<p>Meeting Dates: 6 December 2019, 2.00-4.00, Evolve Business Centre – Audit Event</p>		
4.	MEETING CLOSE		

Contact

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