<table>
<thead>
<tr>
<th><strong>Position:</strong></th>
<th>Chair of the NSSG</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name:</strong></td>
<td>Mr. Khalil Razvi</td>
</tr>
<tr>
<td><strong>Organisation:</strong></td>
<td>Southend Hospital University NHS FT</td>
</tr>
<tr>
<td><strong>Date Agreed:</strong></td>
<td>11&lt;sup&gt;th&lt;/sup&gt; July 2011</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Position:</strong></th>
<th>Chair of the Network Board</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name:</strong></td>
<td>Sheila Bremner</td>
</tr>
<tr>
<td><strong>Organisation:</strong></td>
<td>NHS North Essex</td>
</tr>
<tr>
<td><strong>Date Agreed:</strong></td>
<td>19&lt;sup&gt;th&lt;/sup&gt; July 2011</td>
</tr>
</tbody>
</table>

** NSSG members agreed the Annual Report on:**

| **Date Agreed:**   | 11<sup>th</sup> July 2011                |
This annual report from the Gynaecology NSSG covers the period 1\textsuperscript{st} April 2010 to 31\textsuperscript{st} March 2011.

The NSSG had one business meeting and one audit meeting during 2010/11. Attendance at both events is recorded in appendix 1. Minutes from both meetings is recorded in appendix 2.

Date: Mr Razvi had an annual review with Mr Tom Carr on 29\textsuperscript{th} June 2011.

South Essex –SMDT Activity – New cases and cases discussed

\begin{tabular}{|c|c|c|}
\hline
 & New & Other & Total \\
\hline
472 & 617 & 1113 \\
\hline
\end{tabular}

Ipswich –SMDT Activity – New cases and cases discussed

\begin{tabular}{|c|c|c|}
\hline
 & New & Other & Total \\
\hline
163 & & \\
\hline
\end{tabular}

North East Essex –LMDT Activity – New cases and cases discussed

\begin{tabular}{|c|c|c|}
\hline
 & New & Other & Total \\
\hline
82 (8months only) & & \\
\hline
\end{tabular}

Mid Essex –LMDT Activity – New cases and cases discussed

\begin{tabular}{|c|c|c|}
\hline
 & New & Other & Total \\
\hline
225 & 252 & 477 \\
\hline
\end{tabular}

NB Ipswich and Colchester only data source ECRIC. New discussions only reported to the registry.

2010-11 Gynaecological Waiting Times

\begin{tabular}{|c|c|c|c|c|c|}
\hline
 & 2WW & & 31 Day & & 62 Day \\
 & No. & % & No. & % & No. & % \\
\hline
BASILDON & 393 & 94.24\% & 43 & 100.00\% & 19 & 81.58\% \\
CHELMSFORD & 368 & 97.61\% & 39 & 100.00\% & 32 & 94.64\% \\
COLCHESTER & 503 & 99.21\% & 54 & 100.00\% & 41.5 & 83.13\% \\
SOUTHEAST & 509 & 96.40\% & 115 & 100.00\% & 35 & 90.00\% \\
IPSWICH & & & & & & \\
HOSPITAL & & & & & & \\
NHS TRUST & 551 & 96.20\% & 131 & 100.00\% & 82.5 & 78.10\% \\
Total & & & & & & \\
\hline
\end{tabular}

The NSSG held an audit event on 5\textsuperscript{th} November 2010
Minutes of the event and agreed actions are in Appendix 2.

Dr Naveed Sarwar is the nominated Research Lead responsible for ensuring recruitment into clinical trials and other well designed studies and research is integrated into the function of the NSSG. All patients with a diagnosis of gynaecological cancer should be considered for inclusion in clinical trials and other well designed research studies. Research nurses at each site are encouraged to attend
MDTs and out patients to facilitate recruitment into studies. The Cancer Research Network Manager (Ashley Solieri) and or Clinical Lead for Research (Krishnaswamy Madhavan) attend the NSSG to provide reports on recruitment and the current portfolio of research trials available. Ipswich Hospital, which is part of the Anglia East Cancer Research Network, are members of the NSSG and the Essex Cancer Research Network Manager liaises with the research teams at Ipswich to ensure information on their research activity is included in reports and discussions. The agreed list of research studies and recruitment is included as Appendix 4

<table>
<thead>
<tr>
<th>Patient &amp; Carer Feedback and Involvement</th>
</tr>
</thead>
</table>
| **SUMMARY OF PATIENT SATISFACTION SURVEY PRESENTATION 25.05.11 to the South Essex SMDT.** Surveys were sent to patients who are under the care of Southend or Basildon University Hospitals. Out of 50 patients requested to complete the survey only 22 returned the completed survey. This was a significantly lower response than in previous years.

The data showed an overall positive feedback, with the main issue highlighted as clinic waiting times.

Recommendations for the next annual year are as follows:

- To consider methodology for the survey – postal, live in clinic; Also carer feedback – to consider doing survey 2-3 times a year with postal and clinic.
  - July, November, March (with marker to denote postal and personal)
  - To aim for 50 responses each site.
  - To look at co-ordination of Joint Appointments
  - To look at waiting times – to look at each service line and do a joint initiative to improve this.

See appendix 5 for full report on this and other patient experience feedback.

<table>
<thead>
<tr>
<th>Significant Achievements</th>
</tr>
</thead>
</table>
| The NSSG organised and hosted Spring BGCS Meeting on 21st May 2011. The conference was entitled ‘An Unusual Day in the Office’. It was an all-day event and was attended by around 85 clinicians from across the UK

The topics covered included:

- “Very concept of unusual gynaecological cancers” by Prof Nick Reed, Glasgow,
- ‘Neo adjuvant Chemo therapy for cervical cancer’, Mr M Halaska from Prague,
- ‘Sarcomas in the Female Genital Tract’ by Beatrice Seddon,
- ‘Lateral thinking in the pelvis- extending exenterative surgery’ by Mr Des Barton.

The Gynae Oncology CNSs organised the annual Meeting for the Association of Gynae Oncology Nurses in Southend in 2010 |
### Appendix 1

#### Attendance at Gynae NSSG 2010/11

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>ORG</th>
<th>5.11.10 Audit</th>
<th>5.11.10 NSSG</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>North East Essex LMDT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jonathon Evans-Jones</td>
<td>Consultant Gynaecologist</td>
<td>CHUFT</td>
<td>Y</td>
<td>Y</td>
<td>100%</td>
</tr>
<tr>
<td>John Eddy</td>
<td>Consultant Gynaecologist</td>
<td>CHUFT</td>
<td>Y</td>
<td>Y</td>
<td>100%</td>
</tr>
<tr>
<td>Dr Alan Lamont</td>
<td>Oncologist</td>
<td>CHUFT</td>
<td>Y</td>
<td>Y</td>
<td>100%</td>
</tr>
<tr>
<td>Amanda Green</td>
<td>CNS</td>
<td>CHUFT</td>
<td>Y</td>
<td>Y</td>
<td>100%</td>
</tr>
<tr>
<td>Julie Mays</td>
<td>MDT Co-ordinator</td>
<td>CHUFT</td>
<td>X</td>
<td>X</td>
<td>0</td>
</tr>
<tr>
<td>Rachael West</td>
<td>Lead Manager</td>
<td>CHUFT</td>
<td>X</td>
<td>X</td>
<td>0</td>
</tr>
<tr>
<td><strong>Mid Essex LMDT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colin Partington</td>
<td>Gynaecologist</td>
<td>MEHT</td>
<td>X</td>
<td>X</td>
<td>0</td>
</tr>
<tr>
<td>Jane Torble</td>
<td>CNS</td>
<td>MEHT</td>
<td>Y</td>
<td>Y</td>
<td>100%</td>
</tr>
<tr>
<td>Kay Gammage</td>
<td>Divisional Manager, Women's &amp; Children</td>
<td>MEHT</td>
<td>X</td>
<td>X</td>
<td>0</td>
</tr>
<tr>
<td>Saad Tahir</td>
<td>Oncologist</td>
<td>MEHT</td>
<td>Y</td>
<td>Y</td>
<td>100%</td>
</tr>
<tr>
<td>Belinda Grant</td>
<td>Lead Manager</td>
<td>MEHT</td>
<td>X</td>
<td>X</td>
<td>0</td>
</tr>
<tr>
<td><strong>South Essex SMDT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Khalil Razvi</td>
<td>Gynae-Oncologist</td>
<td>SUHFT</td>
<td>Y</td>
<td>Y</td>
<td>100%</td>
</tr>
<tr>
<td>Emma Azeem</td>
<td>CNS</td>
<td>SUHFT</td>
<td>Y</td>
<td>Y</td>
<td>100%</td>
</tr>
<tr>
<td>Rachel Keenan</td>
<td>CNS</td>
<td>SUHFT</td>
<td>Y</td>
<td>Y</td>
<td>100%</td>
</tr>
<tr>
<td>K. Madhavan</td>
<td>Consultant Oncologist</td>
<td>SUHFT</td>
<td>X</td>
<td>Y</td>
<td>50%</td>
</tr>
<tr>
<td>Naveed Sarwar</td>
<td>Medical Oncologist</td>
<td>SUHFT</td>
<td>X</td>
<td>Y</td>
<td>50%</td>
</tr>
<tr>
<td>Dr. Imtiaz Ahmed</td>
<td>Medical Oncologist</td>
<td>SUHFT</td>
<td>X</td>
<td>X</td>
<td>0</td>
</tr>
<tr>
<td>Audrey Loos</td>
<td>Lead Manager</td>
<td>SUHFT</td>
<td>X</td>
<td>X</td>
<td>0</td>
</tr>
<tr>
<td>Jackie Gibson</td>
<td>Lead Manager</td>
<td>BTUHFT</td>
<td>X</td>
<td>X</td>
<td>0</td>
</tr>
<tr>
<td><strong>East Suffolk – SMDT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anders Linder (Chair)</td>
<td>Gynae-Oncologist</td>
<td>IHT</td>
<td>Y</td>
<td>Y</td>
<td>100%</td>
</tr>
<tr>
<td>Barnaby Rufford</td>
<td>Gynae-Oncologist</td>
<td>IHT</td>
<td>Y</td>
<td>Y</td>
<td>100%</td>
</tr>
<tr>
<td>Alison Garnham</td>
<td>CNS</td>
<td>IHT</td>
<td>Y</td>
<td>Y</td>
<td>100%</td>
</tr>
<tr>
<td>Jamie Morgan</td>
<td>Consultant Oncologist</td>
<td>IHT</td>
<td>X</td>
<td>X</td>
<td>0</td>
</tr>
<tr>
<td>Deborah Woods</td>
<td>Patient Pathway Co-ordinator</td>
<td>IHT</td>
<td>X</td>
<td>X</td>
<td>0</td>
</tr>
<tr>
<td>Hazel Adam</td>
<td>CNS</td>
<td>IHT</td>
<td>Y</td>
<td>Y</td>
<td>100%</td>
</tr>
<tr>
<td>Kerry Boxall</td>
<td>CNS</td>
<td>IHT</td>
<td>X</td>
<td>X</td>
<td>0</td>
</tr>
<tr>
<td><strong>User Representation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Martin Wilson</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td>0</td>
</tr>
<tr>
<td>Wendy Davies</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td>0</td>
</tr>
<tr>
<td><strong>Cancer Network</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sue Maughn</td>
<td>Director</td>
<td>ECN</td>
<td>Y</td>
<td>Y</td>
<td>100%</td>
</tr>
<tr>
<td>Tom Carr</td>
<td>Lead Clinician</td>
<td>ECN</td>
<td>Y</td>
<td>Y</td>
<td>100%</td>
</tr>
<tr>
<td>Netty Wood</td>
<td>Network Pharmacist</td>
<td>ECN</td>
<td>X</td>
<td>X</td>
<td>0</td>
</tr>
<tr>
<td>Michael Scanes</td>
<td>User Facilitator</td>
<td>ECN</td>
<td>X</td>
<td>X</td>
<td>0</td>
</tr>
<tr>
<td>Ashley Solieri</td>
<td>Research Manager</td>
<td>ECRN</td>
<td>Y</td>
<td>Y</td>
<td>100%</td>
</tr>
</tbody>
</table>
1. **Audit of deaths within 28 days**

   Not been able to complete within time constraints.

   **Action:** Will be presented at Audit session on 6th May 2011

2. **Audit of Vulva Cancers**

   **Aim:** To assess NSSG Compliance with the Pathways. The data would be immense so a few key features were selected.

   Time period for data collection: September 2008 – December 2009

   **Biopsy**
Ipswich  88.9% incisional  11.1% excisional
Southend  93% incisional  7% excisional
Overall 32 cases  29 incisional  13 excisional

Measurement of depth of invasion on histopathology reports
Unable to correlate data from both centres.
Ipswich  85% depth mentioned in pathology report.

Lateral Margins
Registrar not able to present.

Reconstruction Procedures
10% to be considered a reasonable proportion of procedures.
29 cases  4 out of 29 had surgery  25 did not.

SUHFT:
Lots of ladies with co-morbidites so surgery not always possible.

Action: Audit to be represented by Registrars at meeting on 6.5.11. There had been some challenges in obtaining the data, but will be able to present next time.

3. Patient Satisfaction Audit
To be done annually. Standard design tool used.
All 5 Acute Trusts involved. 128 questionnaires completed.
Questions grouped into:
• Receiving diagnosis
• Discussion and verbal information
• Written information
• Patient held information
• Ongoing patient support and information

Action: Improvement was discussed in patients obtaining a copy of their consultation record. The process varies between Trusts. To be reviewed at the next CNS Meeting.

4. Date of next Audit Meeting
6th May 2011 AM – Followed by Business Meeting PM – Venue T.B.C.
BR suggested that the wider MDT members be invited.
ESSEX AND EAST SUFFOLK GYNAECOLOGICAL CANCER NETWORK SITE SPECIFIC GROUP

Friday, 5th November 2010
1.00pm-4.30pm
Swift House, Board, Middle & Annexe
Notes of Meeting

Present:

Mr. Anders Linder (Chair) ALi Consultant Gynae-Oncologist, Ipswich
Mr. Khalil Razvi KR Consultant Gynae-Oncologist, SUHFT
Jonathan Evans Jones JEJ Consultant Gynae-oologist, CHUFT
Mr Tom Carr TC Medical Director, ECN
Alan Lamont AL Consultant Oncologist, CHUFT
Mr Saad Tahir ST Consultant Oncologist, MEHT
Alison Garnham AG CNS, Ipswich Hospital
Hazel Adams HA CNS, Ipswich Hospital
Mr. John Eddy JE Consultant Gynaecologist, CHUFT
Madhavan KM Consultant Oncologist, SUHFT
Mr Naveed Sarwar NS Consultant Oncologist, SUHFT
Mr. Barnaby Rufford BR Consultant Gynae-Oncologist, Ipswich
Fani Toneva FT Consultant Gynae-Oncologist, SUHFT
Jane Torble JT CNS, MEHT
Emma Azeem EA CNS, SUHFT
Sue Maughn SM Interim Network Director, ECN
Ashley Solieri AS Research Manager, ECRN
Kate Patience KP Macmillan AHP Lead, ECN
Amanda Green AM CNS, CHUFT
Julie Gormer JG MDT Co-ordinator, CHUFT
Liz Laurence LL CNS, SUHFT
Rachel Keenan RK CNS, SUHFT
Marilyn Lewis ML CNS, SUHFT

1. Initial presentation by Charlotte Stephenson, UK Medical.

Presentation of Pleurex indwelling catheters in use for drainage of acites to allow management of patients at home and in the community.

2. Apologies

Belinda Grant, Audrey Loos, Wendy Davis, Deborah Woods, Michael Scanes, Jackie Gibson, Mr Bartlett.

3. Previous Minutes – 26th February 2010

The previous minutes of 26th February 2010 had been circulated. No corrections
were made, so recorded as true record of the meeting.

4. Matters Arising

4.1 Network-wide Gynae Cancer Audit

See separate minutes of Audit Presentations.

4.2 NSSG 2010/11 Work Programme

The Work Programme was reviewed by the group. The Programme now covers a 3 year timescale in recognition of a more medium view on service developments.

- Ali to draft a press release to promote the Gynae Cancer Network and circulate to members – aim to release in April 2011.

It was clear that some trusts are using ‘Choose & Book’ for their 2 week wait, but not all. Ipswich to add from 04/11. SM to determine which other sites are using C & B for their 2 week waits.

- Enhanced Recovery

  TC suggested tackling those surgical cases where biggest reductions in length of stay can be made first. SUHFT to set up a Steering Group. Some NSSG members to attend EoE meeting on 16th November 2010.

- Use of CA125

  Need to review the evidence. AL to write to patient information leaflet.

- Network-wide Audit

  - Audit of vulva cancers to be represented in Spring 2011.
  - Audit of deaths to be presented in Spring 2011.
  - Prospective audit of outcomes and timeliness of interval debulking of ovarian Cancer. Will be ongoing and added to the Annual Report. AL to lead.
  - Audit of % of gynae oncology surgery performed outside of specialist centres to go into the Annual Report.

It was agreed that there needed to be a shared pro-forma developed for consistent audit data collection when undertaking a Network-wide Audit.

- Workforce Strategy

  Khalil and Barnaby to take ownership.
4.3 Gynae Constitution

Ali reported that the Constitution had been updated to include:-
- New FIGO staging
- MDS
- Trials/Audit Leads

The next revision will need to include a rewrite of endometrial guidelines highlighting the referral criteria from MDT – SMDT. Presently that is to be seen only in ‘Box 1’ on page 6.

i.e. Low risk in Units, High risk in Cancer Centres.

EA asked if improving communication between units and centres can be added to the Work Plan.

4.4 NSSG Annual Report

Annual Report presented by ALi

4.5 Network-wide CNS/Service Improvement Meetings

Last met in June 2010. To continue with Patient Satisfaction Audit. To plan the roll-out of the Psychological Assessment Tool.

4.6 Network Research Activity

AS to complete.

4.7 Gynae Cancer Data Collection

Ipswich has started to collect data for UKGOSOC Study.

4.8 New features regarding staffing

Discussed in the Work Plan.

4.9 Peer Review

All reported significant time required locally to undertake the review. Group did not feel that there had been improvement with the new system measures. SM reported that centrally it had been acknowledged that Peer Review involves a lot of work and they are looking to reduce the burden to Trusts by 40% as part of the CRS refresh due to be published in December.

If a team scores 75% 2 years in a row they are given earned autonomy and do not then have to do I.V. for 3 years.
4.10 **Gynae Support Groups**

Well attended and established support group in Southend. Happy to share the model, takes a lot of work. There is not one established in Ipswich.

4.11 **Provision of Brachytherapy at CHUFT**

Building works had come out more expensive and the bid was returning to the Capital Planning Group for approval. May also take longer than expected. CHUFT are required to produce a ‘Plan B’ if downtime is to be longer than expected. AL to keep all informed. TC to escalate to the Network Board.

5. **New Business**

5.1 **User Representation**

MS not in attendance.

5.2 **NICE Ovarian Cancer Guidance – diagnosis/treatments.**

Comments back to BR by 15th November who will formulate an NSSG response on behalf of the Network.

SM to escalate to the Imaging Cross Cutting Group as guidance affects their current practice. Also to feedback to BR by 15th November.

6. **Any Other Business**

6.1 **Rehabilitation**

Peer Review had highlighted the need for rehab to engage with NSSG’s.

KP presented site specific rehab pathways that have been developed by NCAT. KP also circulated an example of AHP triggers she is working on. These will suggest at various stages of a patients journey, which AHP’s could support their care. This is work in progress.

6.2 **Sarcoma NSSG**

There is an IOG for people with Sarcoma.

In order to deliver this IOG, the Network needs to establish an NSSG to oversee care to this patient group. A representative from the gynae NSSG is required.

BR volunteered to attend where possible.
6.3 Pipelles in Primary Care

JEJ reported a case of a GPwSI undertaking this test on a lady with post menopausal bleeding inappropriately. The GP had sought urgent MDT advice and the pathway was reinforced with the GP.

7. Chair of the NSSG

Ali and KR had an Annual Review with TC. KR to take over as Chair of this NSSG in 6 months.

8. Date of next Meeting

**Friday, 6th May - All day – AM audit – PM Business Meeting**  
**Venue: T.B.C.**
Appendix 3: Clinical lines of Enquiry (ECN=N38)

Survival

Percentage of missing staging information by Cancer Network against the national average, 2007-2008

Cervical 1-year relative survival by Cancer Network, 2004-2008

N38 N38 Essex CN 15.1

N38 N38 Essex CN 83.4
Uterine 1-year relative survival by Cancer Network, 2004-2008

Ovarian 1-year relative survival by Cancer Network, 2004-2008
Cervical 5-year relative survival by Cancer Network, 2000-2004

N38
Essex
CN  65.3

Uterine 5-year relative survival by Cancer Network, 2000-2004

N38
Essex
CN  83.3
Ovarian 5-year relative survival by Cancer Network, 2000-2004

N38
Essex
N38  CN  39.3
Appendix 4: Patient and carer feedback:

The Clinical Nurse Specialists from the Essex and East Suffolk Network have adopted a uniform Patient Satisfaction Questionnaire (with some adaptations for each site). The results of this audit will be presented at the NSSG meeting on 4th November 2011. Last patient satisfaction survey was presented at the NSSG November 2010. Please see summary of results from Chelmsford below. 2010/11 - 40 questionnaires will be sent to patients during June 2011. The results of the National cancer patient survey for gynaecology for Mid Essex were not published as they were not statistically significant due to low numbers. However, the data was requested and examined. One question was identified as having a poor outcome.

“Did the Doctors or nurses give your family, or someone close to you, all the information they needed to help care for you at home?”

**Action** – This question has been added to this year’s patient satisfaction survey and patients asked to comment on what information would be useful.

**PATIENT FEEDBACK (2009/10)**

The Clinical Nurse Specialists from the Essex and East Suffolk Network have adopted a uniform Patient Satisfaction Questionnaire (with some adaptations for each site)

The results of this audit will be presented at the NSSG meeting on 5th November 2010

2009/10 - 20 questionnaires were sent to patients and 14 returned giving 70 % compliance.

The general feedback from patients was positive and improvements in many aspects have been achieved.

<table>
<thead>
<tr>
<th></th>
<th>08/09</th>
<th>09/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>95%</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Amount of patients who felt that the person who told them their diagnosis did so in a caring and sensitive manner</td>
<td></td>
</tr>
<tr>
<td>75%</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Amount of patients who were given the opportunity to ask any questions they may have had</td>
<td></td>
</tr>
<tr>
<td>100%</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Amount of patients who stated that they had a key worker and had met with their CNS in person and were aware that she was available for support and information</td>
<td></td>
</tr>
</tbody>
</table>

Action points from 08/09 were to provide a higher proportion of patients wishing to receive a written record of their consultation with one, and to improve patient information generally. Improvement was achieved.

<table>
<thead>
<tr>
<th></th>
<th>08/09</th>
<th>09/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>21%</td>
<td></td>
<td>57%</td>
</tr>
<tr>
<td></td>
<td>Amount of patients that were offered a written record or summary of consultation at which treatment options were discussed</td>
<td></td>
</tr>
<tr>
<td>13%</td>
<td></td>
<td>50%</td>
</tr>
</tbody>
</table>
|          | Amount of patients that received a copy or summary of their consultation discussion and that this was clear and easy to
SUMMARY OF PATIENT SATISFACTION SURVEY PRESENTATION 25.05.11

South Essex SMDT.

On the 25th May 2011 the SMDT met to discuss the Cancer Services support and information Patient Satisfaction Survey.

Surveys were sent to patients who are under the care of Southend or Basildon University Hospitals. Out of 50 patients requested to complete the survey only 22 returned the completed survey. This was a significantly lower response than in previous years.

The data collected that reflected support throughout diagnosis had improved from the previous year. However, what did come to light was the patient’s experience in the clinic setting. It was apparent that patients were still experiencing long waiting times. The SMDT felt that it was important to try and capture what the specific causes of this were. We also felt that improving the environment within the clinic setting would ease any distress caused by patients.

The SMDT also felt that patients were not aware that they could receive a summary of their consultation which would follow once dictated. We felt that the patient information prescription may resolve this and patients would be more informed of information to receive at a later date.

Overall patients were satisfied with the Nurse Specialist service and the impression of the oncology clinic gave positive feedback. This also captured feelings from patients who were transferred from Basildon Hospital to Southend Hospital.

There still appeared to be a lack of understanding of what the support group COPES could offer patients. However there is an equal amount of patients who have benefited from the attending the group.

Overall the comments made by patients regarding their care by Doctors & Nursing staff were positive.

We have however made future recommendations for this survey

• To consider methodology for the survey – postal, live in clinic; Also carer feedback – to consider doing survey 2-3 times a year with postal and clinic.
• July, November, March (with marker to denote postal and personal)
• To aim for 50 responses each site.
• To look at co-ordination of Joint Appointments
• To look at waiting times – to look at each service line and do a joint initiative to improve this.
Appendix 5: Minutes from Gynae CNS Group meetings

---

**Essex & East Suffolk**

**Gynae/Oncology Nurse Specialist Group**

28th June 29, 2010

1300

Kestrel House, Hedgerows Business Park, Chelmsford

---

**Meeting called by:** Alison Garnham Lead Gynae/Oncology CNS Ipswich

**Type of meeting:** CNS Group

**Facilitator:** Alison Garnham

**Note taker:** Alison Garnham

**Timekeeper:**

---

**Attendees:** Jane Torble, Alison Garnham, Mandy Green, Emma Azeem, Liz Lawrence

---

### Agenda topics

**Welcome and Apologies**

Discussion: Apologies from Hazel Adams, Faye Munson, Kerry Boxall

All welcomed Liz to the group and in her new role as CNS.

Last minutes were agreed.

---

**Patient Satisfaction Audit**

Discussion: All sites have now completed their surveys and results are ready. It was agreed that Ipswich will collate the results and then circulate the final product. Jane suggested making the presentation to the NSSG more interesting a general overview should be given which each site feeding back their areas for service improvement. All agreed. A general discussion was had about interesting results.

Conclusions: All to present at NSSG

---

<table>
<thead>
<tr>
<th>Action items: All to send results electronically to Alison at Ipswich</th>
<th>Person responsible: All-to send results</th>
<th>Deadline: ASAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>AG to liaise with audit department</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Holistic Assessment

**Discussion:** There is much debate over the network and wider as to the correct assessment tool to be used. Southend use a checklist on all new patients, Colchester and Ipswich not real consensus, Chelmsford, another tool. Tools were shared in the group and it was agreed as there is no guidance or consistency that we should pilot the Southend checklist and feedback to the group.

**Conclusions:** Alison to go to the Anglia CNS group to find out what is happening there. All to trial the checklist that Southend use and to review the Chelmsford psychological assessment tool, and feedback.

| Action items: All to trial the checklist review the psychological tool and feedback at next meeting. | Person responsible: Emma to send electronic version to all | Deadline: Next CNS meeting |

### Terms of reference

**Discussion:** Alison said that it was important that the group had terms of reference so that meetings could be justified and understood by others. She circulated a draft terms of reference and all agreed that these were fine. Emma agreed to be Deputy Chair in Alison’s absence.

**Conclusions:** Terms of reference agreed.

| Action items: Alison will email all electronic copy | Person responsible: AG | Deadline: ASAP |

### Peer Review

**Discussion:** Alison asked how Peer Review was going in other hospitals. All agreed that they were under enormous pressure, as CNS’s seemed to be the sole producer of the evidence required. It was felt in some cases other MDT members contributed nothing to process and that “the buck stops here” if anything were to be wrong with the evidence. There was also a huge investment in time over and above contracted hours to meet Peer Review with no financial or time back forthcoming.

**Conclusions:**

| Action items: | Person responsible: | Deadline: |
Minutes of Meeting

Attendees: Hazel Adams, Alison Garnham, Mandy Green, Jane Torble, Rachel Keenan

Apologies: Kerry Boxhall, Faye Munson, Emma Azeem, Marilyn Lewis

Minutes of previous meeting

The group went through the minutes are dealt with each issue as it arose:

Holistic Assessment

MG distributed the assessment document used at Colchester and the underpinning policy. Chelmsford and Ipswich has something similar but there appears to be no consensus across many networks, and trusts have individual policies and documents.

There appears to be moves towards information checklists for medical notes. Some areas have trialled patient information prescriptions but this had not particularly gone well. CNS’s do not have access to computers in clinic and all felt the information given to patients was already of a good standard.

Psychological assessment was discussed and again there is no one tool. All trusts are using something different. MG and JT mentioned a sheet that can be generated from Infoflex.

Patient Information Survey 2011

All felt that even though the peer review measure indicated a survey being carried out every three years it was a fruitful to carry this out annually as we can then compare from previous years. All agreed to continue to use the network survey with geographical differences. Last years action points were reviewed:

- Copy of consultation given to patients – how to increase uptake (all trusts)
- Food and parking (Ipswich)
National patient survey results were looked at and discussed and in particular the importance of the CNS in the patients journey. AG said that this year’s peer review will address this more. JT noted that nationally percentages were low in the area of “were family members given any information to care for you at home”. All agreed this should be addressed in the local audit.

MG asked AG to send her a copy of the overall audit results from last year. MG and JT also requested a list of unit patients to be included in the centre audit to avoid duplication.

**Peer Review**

All had a general discussion about peer review. MG asked if we could review the 2WW proforma as it appears out of date. A exemplar can be found at the West Suffolk Hospital for the group to compare with or use as a template.

**AOB**

AG asked why Dr Lamont had not responded to any emails sent by Deborah Woods regarding the interval debulking audit her is carrying out. MG asked that Deborah sends the data to her.

A general discussion about workloads was had and the Unit CNS’s told of their lack of support in outpatients. MG has to prepare clinic notes and chaperone in outpatients. This is obviously unacceptable in times when the CNS role in the patient journey is so important.

MG introduced the new cancer support group at Colchester called COPES. MG to send out details to all. Ipswich still working on getting a support group restarted.

All agreed to continue with Emma Azeem’s RT questionnaire. AG said that there is a new referral form for Bourne Hall and will distribute.

AG asked that deaths within 28 days of treatment be sent to her to present at Mays NSSG meeting. She also mentioned new data

that will be required in this year’s Annual Report on Clinical Lines of Enquiry. AG to email details of this for all.

The meeting was closed.

Next meeting date to be decided at the NSSG meeting in May 2011.

**Appendix 6: NSSG Chair Review**

---

**Essex Cancer Network**

**NSSG Chair Annual Review**

**Name:** Anders Linder  
**NSSG Site:** Gynae

**Date of Review:** 30.10.10
**Structure:** Anders Linder has held the post of chair for two years. He will hand over Khalid Razvi from Southend in 2011. Khalid Razvi currently acts as deputy Chair. The NSSG is well attended with a good representation from across the Network. The CNSs from each of the five Trusts meet separately from the NSSG. An Audit meeting is planned for 5th November 2010

**Strengths:** Anders has developed a good rapport with his colleagues across the extended network. He has overseen the development of the new NSSG, formed when the two networks merged in 2007. The NSSG hosted the Spring Meeting of British Gynaecological Cancer Society in 2010.

**Areas for Improvement:** Anders does not believe he has had sufficient time to organise and reflect. Strategic plan: There are issues in Ipswich around the relationship with Cambridge which can be all-consuming. A third gynaecologist is needed at Ipswich and a second at Southend. Not entirely self-sufficient and better ownership of the agenda is a goal.

**Documentation:** The NSSG has produced the following documentation:

- **Constitution:** This includes Referral, Diagnosis and management Guidelines for Gynaecological Cancers.
- **Work programme:**
- **Annual report:**

**Peer review outcomes and concerns:**

No major concerns

**Data and audit**

There are different data collection systems across the Network which needs to be resolved to ensure that the MDS can be exported to Excel, CSV or something universal. Anders is very keen to engage with this clinically.

**Personal development needs and plans:**

Anders would benefit from a course in “Chairing a Meeting” which would benefit both the NSSG and SMDT. Improve the function of the NSSG to ensure greater productivity.

Improve the functioning of SMDT

Planning to attend advanced communication skills course

Signed

Mr T W Carr
Medical Director
Essex Cancer Network
30th October 2010

**Next Review Due by 31st October 2011. This Review will be with the new Chair Mr Khalil Razvi who takes over the chair in Summer 2011**
## Essex Cancer Research Network – Gynaecological Studies and Recruitment 2010/11

<table>
<thead>
<tr>
<th>Trial Name and Short Description</th>
<th>Southend</th>
<th>Basildon</th>
<th>Chelmsford</th>
<th>Colchester</th>
<th>Ipswich</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA125 Doubling Time / Use of changes in CA 125 Doubling Time to detect activity of Cytostatic Agents in Women Relapsing with Ovarian Carcinoma.</td>
<td>0/0</td>
<td>0/0</td>
<td>In set up</td>
<td>In set up</td>
<td>In set up</td>
</tr>
<tr>
<td>CHORUS / A randomised trial to determine the impact of timing of surgery and chemotherapy in newly diagnosed patients with advanced epithelial ovarian, primary peritoneal, or fallopian tube carcinoma</td>
<td>0/0</td>
<td>0/0</td>
<td>0/0</td>
<td>0/0</td>
<td>0/0</td>
</tr>
<tr>
<td>DNA Methylation Study / DNA Methylation as a predictor for response and progression free survival in patients with ovarian cancer</td>
<td>0/23</td>
<td>0/8</td>
<td>0/0</td>
<td>0/5</td>
<td>0/41</td>
</tr>
<tr>
<td>ICON 6 - mEOC / Trial of open label carboplatin and paclitaxel +/- bevacizumab compared with oxaliplatin and capecitabine +/- bevacizumab as first line chemotherapy in patients with mucinous Epithelial Ovarian Cancer</td>
<td>0/0</td>
<td>0/0</td>
<td>In set up</td>
<td>In set up</td>
<td>In set up</td>
</tr>
<tr>
<td>PORTEC3 / Randomized Phase III Trial Comparing Concurrent Chemoradiation and Adjuvant Chemotherapy with Pelvic Radiation Alone in High Risk and Advanced Stage Endometrial Carcinoma</td>
<td>0/0</td>
<td>0/0</td>
<td>0/0</td>
<td>0/0</td>
<td>0/0</td>
</tr>
<tr>
<td>Symptoms of cervical cancer in young women</td>
<td>0/0</td>
<td>0/0</td>
<td>0/0</td>
<td>0/0</td>
<td>0/0</td>
</tr>
<tr>
<td>NSECG - National Study of Endometrial Cancer Genetics</td>
<td>0/0</td>
<td>0/0</td>
<td>0/0</td>
<td>0/0</td>
<td>0/0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>0/23</strong></td>
<td><strong>0/8</strong></td>
<td><strong>5/17</strong></td>
<td><strong>3/7</strong></td>
<td><strong>20/84</strong></td>
</tr>
</tbody>
</table>