1. Welcome and Introductions

The Chair was temporarily taken by Mr Barnaby Rufford as Khalil Razvi was delayed for a few minutes.

Introductions were made, including the welcoming of Wendy Davies the new User Representative.

2. Apologies

Dr M Venumbaka, Jonathan Evans Jones, Deborah Woods, Sue Maughn, Dianne Digweed, Wendy Ella, Rebecca Pulford, Marilyn Lewis, Emma Azeem, Saad Tahir, Rachael West, Alison Garnham
3. **Previous Minutes - 5th November 2010**

The previous minutes of 27th May were tabled. The attendance was incorrect. Colin Partington was present at the meeting, as was Mr Vemulapalli. The minutes were then signed off as true record.

4. **Matters Arising**

4.1 **NSSG 2010/13 Work Programme**

This was discussed item by item in detail.

**Service Planning -**

- It was recognised that whatever the precise final structure of the Health Service, Commissioners will require expert advice, which will come from this group. It was felt in view of the changing NHS structure that marketing the group was not a priority.

- Brachytherapy provision at Colchester was in place and only required sign off by the physicist for the service to commence. Several CNS’s pointed out that travelling from Colchester to Southend had created hard-ship for patients so the re-commencement of this service was welcomed.

- Arrangements at Southend for delivering brachytherapy have been streamlined with the provision of a dedicated operating list so the need to scale up the capacity has produced some organisational benefits.

- Service Improvement was discussed largely without comment or amendment. Dr Lamont agreed to produce a leaflet regarding the use of CA125 in the follow up of Ovarian Cancer before the next meeting.

**Service Delivery -**

- It was agreed largely without comment. There is still some anxiety about data-collection and, in particular, the use of the Somerset System. There was widespread consensus that data-collection was essential, in particular data that had real clinical meaning. Hopefully this can be promoted through the Network Informatics Group.

**Service Quality, monitoring and evaluation -**

Audit subjects agreed:-

1. Patient Satisfaction Audit
2. Endometrial Cancer Audit
Several components to be looked at:

The use of MRI and timing of Radiotherapy and the use of brachytherapy on examples. The percentage of ovarian cancers presented as emergencies would also be recorded prospectively and presented.

ALin pointed out the specific gynae information from the National Patient Satisfaction Audit was not available to him. It was suggested that this information may be available from the Network.

**Education and Workforce**

Dealt with elsewhere in the meeting.

**Research**

This was deferred in anticipation of the late arrival of Naveed Sarwar and K Madhavan.

**4.2 Commissioning**

The likely structures for Commissioning in the future were discussed, together with the outcome of the NSSG Chairs Meeting held recently by Tom Carr were also highlighted.

**4.3 Enhanced Recovery**

This has progressed well and has been well documented in Southend. Other sites are implementing components, but there was concern regarding the amount of paperwork that some Enhanced Recovery Pathways seem to require.

There was no sense of clarity as to what the requirements would be for a centre to demonstrate that they had an Enhanced Recovery Programme

**4.4 UKGOSOC**

ALin informed the group that this would be closing in February 2012 and that some final results should be expected in mid-2013.

**4.5 Peer Review - Feedback from Trusts**

This information was not available at the time of the meeting. It was suggested that Sue Maughn might circulate this by e-mail later.

**4.6 Use of CA125**

It was agreed that the routine use of this blood test in the follow up of ovarian cancer is now no longer standard practice. Patients can still choose to have the blood test performed if they wish and a leaflet explaining the pro’s and con’s of this will be written by Dr Lamont.
4.7 Workforce Strategy

The update from Southend is that an additional Gynae-Oncologist will be appointed soon. The position of Medical Oncologists was now adequate and at Ipswich, it was confirmed at present there is no plan for a 3rd Gynae-Oncologist Surgeon. CNS cover would be adjusted at Southend to cover absences due to pregnancy.

4.8 Network Research

This discussion was delayed as late as possible in the meeting in order to include Dr K Madhavan who arrived late and Dr N Sarwar and the discussion continued privately after the meeting closed.

AS pointed out that many studies were recruiting badly. A number of reasons were put forward for this, including the complexity of the studies and, problems with Chemotherapy provision, particularly at the level of pharmacy support, but also in terms of general capacity.

KL and NS to discuss ways to re-invigorate the research, although it was accepted that the portfolio of studies was rather limited and that recruitment across the country in Gynaecology is poor.

4.9 CNS Report

Alison Garnham was not present at the meeting. The CNS’s reported that they have not met recently and there are is nothing new to add at present.

5. Any Other Business

- A draft letter was circulated addressed to Professor Rawlins, Director of NICE, regarding the use of Bevacizumab in ovarian cancer. It was agreed that the Chair could sign this.

- Dr Madhavan mentioned that the Post Graduate Medical Institute at Anglia Ruskin University at Chelmsford had good bio-medical sciences and was interested in setting up trials and this was noted.

5.1 Rehabilitation Pathways

These were presented by Kate Patience and were approved.

5.2 Sarcoma Pathways

These were approved, although there were some enquiries about the Sarcoma NSSG, which will be dealt with outside the meeting.
6. **Date of Meetings for 2011/12**

3 dates have been fixed and this causes difficulties for some members who have to travel a long distance. This was triggered by Peer Review, which states that members should attend 2 out of 3 meetings, therefore, implying that meetings should be at least 3 per year. It will be investigated as to whether 2 meetings might still be acceptable.

The one definite date that is agreed is the Audit and NSSG meeting, on Friday 25th May. The other 2 suggested dates, 9.3.12 and 7.9.12, will be confirmed by e-mail Once the final number of meetings has been agreed.

**9th March 2012** - 2.00pm-4.00pm Swift House - Middle & Annexe

**Friday 25th May 2012** - All day audit am; NSSG pm - Venue to be confirmed

**7th September 2012** - 2.00pm 4.00pm Swift House - Board & Middle see below

**POST MEETING NOTE:**

Sue Maughn confirmed that it was the Network Board who said that the Group need to bring their meetings in line with everyone else, so the additional dates would all stand.

**Confirmed Dates for 2012**

Friday 9th March 2012 - **no change** (NSSG 2-4pm Middle and Annexe, Swift House)

Friday 7th September 2012 - this will now be the annual Audit in the morning and NSSG in the afternoon – venue to be confirmed (**previously this was NSSG only 2-4pm**)

Friday 14th December 2012 - **new date** NSSG 2-4pm Board and Middle, Swift House