



## Eastern and Coastal Kent

### MINUTES OF EAST KENT GYNAECOLOGY SERVICE IMPROVEMENT GROUP

HELD ON MONDAY 21st September 2009 AT 10.00AM

AT KENT AND CANTERBURY HOSPITAL

<b>Members Present</b>		Ingrid Cobourn, Women's Health Lead Commissioner, (Chair) (IC) Graham Bridge, Commissioning Support Officer (GB) - minutes Donna Osborne, Urogynaecology Physio (DO) Marie Reynolds, Pathways Project Manager (MR) Tina McKay, Deputy Clinical Services Manager (TM) Janet Smith, Lead Nurse Gynaecology (JS) Dr Kate Neales, Clinical Director/Consultant Gynaecologist (KN) Ben Stevens, CSM (BS) Dr Nasrin Nasr, GP Representative, (NN) Jenny Spanton, Head of Community Continence Services (JSP) Trish Williams, Urogynaecology Physiotherapist (TW) Davinia Brown, Finance Representative (DB) Stewart Town, Information Representative (ST) Robin Ufton, Audit Lead, (RU) Karen McIntyre, Gynae Lead, MMT (KMc) Dr Steve Norman, Consultant, MMT (SN) Ann Sutton – Chief Executive
<b>Apologies for Absence</b>		Karen Stone Theresa Davis Eve Andrews Cheryl Clennett Dr Chee Mah
<b>Minute Number</b>	<b>Minutes of last meeting held 20<sup>th</sup> April</b>	<b>Action</b>
2.	<p>Agreed as an accurate reflection subject to changes in 3. Service Updates where the Community Physiotherapy Update should read that the service is now on C&amp;B but the uptake of C&amp;B referrals for this service is low (20%) and thus further GP awareness is required as part of the pathway roll out process.</p> <p>JS confirmed that the Continence Service has no plans currently ref setting the service up on C&amp;B.</p> <p>Matters arising covered on Agenda items.</p>	
3.	<p><b>Service Updates:-</b>  <b>EKHT</b> – BS mentioned that the 18 week admitted pathway for August was 94% with a small backlog of 35 against a trajectory of 45 set by the PCT. The day case lists were fully booked and there are no patients waiting currently. 18 week pathway had achieved 100% in the last two weeks. Additional sessions were taking place to achieve 18 weeks overall however the use of the private sector has now ceased as at 1<sup>st</sup> September. There have been 2 additional posts advertised for QE for part time consultants. It is expected that these will be recruited to by 26<sup>th</sup> November .</p>	<b>EKHUFT</b>

	<p>Cancer referrals as at July was 94.2% within 2 weeks and 100% for 31 days. The 62 day target remains a challenge achieving 75% for a total of 8 patients which does skew the figures as 2 breached, one of which was due to patient choice.</p> <p>There is still an issue with patients who are put on the 2 weeks wait pathway not necessarily knowing or being informed by their GP until they arrive in the hospital. There is now a leaflet in distribution to try to alleviate this issue. ST handed out data to the members for GP referrals for 2 week wait specialities. There is still an increase in referrals particularly between April and July and work needs to be done to see why. This is well above average in Shepway compared to other localities.</p> <p>A Colposcopy Quality Assessment was held in Ashford last week and there are no issues regarding targets – the same applies at Medway.</p> <p>A pilot is to be held in relation to a Gynae Assessment Unit which opens on the 1<sup>st</sup> of October at QEQMH where elective and emergency gynae patients will see a dedicated nurse Monday – Friday between the hours of 8 – 6pm on Birchington Ward. The nurses have been trained to undertake scans and there will be cover for annual leave. This should reduce the number of women attending A &amp; E departments. The unit will provide the patients with a one stop ‘see and treat’ service with scanning and on call availability. There has been nothing publicised to the GP’s. IC to request communication briefing to all GP’s in East Kent and circulate referral criteria which JS is to supply.</p> <p>This will be reviewed after three months and if successful rolled out across the other sites. JS to bring review to January 2010 SIG</p> <p><b>Medway Update:</b> There were no figures available for the meeting from Medway however Medway stated there were no issues with regards to achievement of the 18 week pathway. KmC to bring figures to future meetings in liaison with Stewart Town</p> <p>The 31 day cancer target is a challenge as per EKHUFT. The Trust does also hold additional clinics to meet the 2 week rapid access target.</p> <p>Colonoscopy – issues are around pathology but the Trust is working towards a solution for the near future. KMc to update at next meeting.</p> <p><b>Community Continence Service Update:</b> The service continues to underachieve it’s activity mainly due to recruitment continuing to be a big issue. A band 7 and Head of Service post remain vacant along with a band 5 support worker. There could be a service re-design because of this.</p> <p><b>Urogynaecology Physiotherapy</b> Referrals received per month are up 10% to 180 currently There is a 6 week wait in Margate, elsewhere 1 month – patients in Margate are given choice if they wish to travel to be seen sooner. A Band 6 physio is to be based at Margate to alleviate the waiting times. Band 6 and band 5 staff are in training with a view to setting up ultrasound clinics.</p> <p>The service is meeting with and working in partnership with EKHUFT in relation to collaborative services including training for realtime ultrasound and clinics are to be set up via an SLA with EKHUFT. An audit looking at referral patterns and identifying gaps in the service has recently been completed in conjunction with a patient tracker system – DO/TW to feedback at next meeting..</p> <p>Other areas to be reviewed are urology, foetal, incontinence etc.</p>	<p><b>ST/Dr Chee Mah</b></p> <p><b>IC/JS</b></p> <p><b>JS</b></p> <p><b>ST/KMC</b></p> <p><b>KMC</b></p> <p><b>DO/TW</b></p>
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	DO confirmed the team are still receiving duplicate referrals ie patients are referred at the same time by GP's to both the continence and urogynaecology physiotherapy service and it is only through patient feedback that this has been picked up. Agreed that DO/Dr CMah take forward in the interim until the pathways are rolled out.	<b>DO/Dr C Mah</b>
<b>4.</b>	<p><b>Kings Avenue</b></p> <p>IC confirmed that a meeting was held in the PCT on the 26<sup>th</sup> August. Both Janet Smith and Tina McKay were present and it was proposed that the following services could be provided out of the site:-</p> <p>Rapid access Gynae General Gynae Womens Health Counselling Urodynamics Fertility services.</p> <p>Activity has been provided and the PCT will hold further meetings to discuss at which JS/TMCK will be present.</p>	
<b>5.</b>	<p><b>Commissioner Audit Plan</b></p> <p>RU discussed the new commissioning approach to provide good quality audit to aid commissioning decisions using 5 nationally agreed standards for clinical audit set by the Care Quality Commission from start to finish.</p> <p>Clinical audit is a collaborative process which clinicians can use to assess performance and for the provider to implement the changes including any clinical practice. The Gynaecology Service Improvement Group needs to identify it's priority areas where audits are to be commissioned over the next 12+ months and RU's team are available to give advice on how to develop the structure. SIG groups will need to identify areas to be audited by October which are then to be approved via the Commissioning Group. Audits must be related to NICE, SUI's, consent, documentation, adherence to clinical standards or a newly redesigned pathway etc. Providers will then be asked to adopt the audit from 1<sup>st</sup> April to 31<sup>st</sup> March the following year, agreeing a co-ordinated programme.</p> <p>IC to confirm agreed areas to RU in October once approved at next SIG/ECSG.</p> <p>JS/KMC to forward a list of EKHUFT comprehensive audit programme to IC to use whilst shortlisting so there is no duplication</p> <p>RU to send horizon scan report to all on Group for consideration</p> <p>Next SIG to agree areas to be audited and identify Lead Clinicians to take forward. Initial ideas are the front ending of A&amp;E audit and Map of Medicine pathway audit</p> <p>KN discussed the commissioning of services from Independent Providers asking if they will all be subject to the same requirements – RU confirmed this will apply to all providers commissioned to provide services.</p>	<p><b>IC</b></p> <p><b>JS/Kmc</b></p> <p><b>RU</b></p> <p><b>ALL</b></p>

<p><b>Map of Medicine Sign Off</b></p> <p>MR ran through the changes made to the pathway from PBC input to ensure the SIG were happy, confirming the pathway is currently still in draft pending PBC signoff. The group asked for further changes to be made to the incontinence and bladder and bowel pathways.</p> <p>KN suggested a prompt of 'either/or/and' is added between Urogynae and Bladder nurse. Also, Hysteroscopy needs to come off for Primary Care, this is being looked at for the future. It was also noted that scanning needs to be further up the chart and placed before the coil (item 14) on the pathway.</p> <p>For Sterilisation, not much more to be done in Primary Care. Boxes 8/10 and 12 are not needed.</p> <p>MR to email out to the members in pdf format to see if any changes need to be made.</p> <p>Under Abnormal bleeding, care should be taken not to remove too much information. The 2 weeks wait red flag to be taken out. KN stated that there should be a red flag under Post menopausal.</p> <p>MR to make necessary changes to pathway ready for sign off. Next steps are for PBC to sign the pathways off, then get virtual sign off from lead members in SIG prior to the Elective Care Strategic Group and Clinical and Cost Effectiveness Group for approval prior to the 18<sup>th</sup> December deadline for being published on line. KN asked that Janet Smith signs the pathways off for secondary care. IC advised that Dr Chee Mah will sign off for Primary Care.</p> <p>IC queried if MMT have commenced any work on MOM pathways yet – SN confirmed that the Trust has not and possibly could be using the work that has been undertaken in East Kent in due course.</p> <p>MR raised awareness of the MOM Awayday being held on the 21<sup>st</sup> September for lead clinicians, key influences etc. MR to send link with minutes</p>		<p><b>MR</b></p> <p><b>MR</b></p> <p><b>MR</b></p> <p><b>MR</b></p>
	<p><b>GP referral update</b></p> <p>ST updated members on the referrals, stating that there had been an increase in GP referrals across all localities with Canterbury showing the greatest increase. Gynae is doing better.</p> <p>ST to link in with Dr Chee Mah and undertake audit of referrals/action to address.</p>	<p><b>Dr Chee Mah/ST</b></p>
	<p><b>Any Other Business</b></p> <p>Ann Sutton said that she would be attending all Commissioning Groups to get a sense of what is going on and commented that she was very impressed with this one in relation to the pitching of performance and also service redesign/future developments. She commented on the good interaction between all present and the urgency to move developments forward to deliver best value and quality. As felt the new service in Margate is a great example of the work that must be undertaken by all specialities to stop the flow of patients through A&amp;E and asked that this be monitored very closely. KN confirmed that there will be a front door divert in A&amp;E for gynaecology patients.</p> <p><b>Service Specifications</b> – IC confirmed that work will need to commence on Gynaecology Service Specifications and that she will be linking in with Janet Smith to take this piece of work forward,</p>	<p><b>IC/JS</b></p>

	<p><b>Draft strategic plan</b> – IC confirmed that the Elective SCP tabled at the meeting details the SIG’s remit and what needs to be achieved in the future. IC to send out electronically to all members for any comments to be returned within 2 weeks..</p> <p><b>Ring Pessary F/Up’s</b> – IC confirmed that PBC Practices/Consortias have requested to undertake the service for all patients in the primary care setting. KN agreed that this is the best venue for all patients to be seen however secondary care should see the patient for a follow up visit within 6 – 8 weeks to follow up the patient. IC advised that JS will be requested to undertake some training in primary care and also MMTEKHUFT are to forward figures on patients in the system already if possible broken down by practice.</p> <p>KN discussed operational issues in relation to patients referred for ablation and the requirement of primary care to preop patients by administering zoladex injections prior to the procedure. This needs clarity with primary care – IC to ask Dr Chee Mah to take forward.</p> <p>Urodynamic Referrals – KN confirmed that there are patients going round in circles in the pathway who could be referred direct to EKHUFT. As this is not currently funded by the PCT – authorisation is required to enable patients to be referred directly. IC to look into with ACT and write to KN ccing in Ben Stevens.</p>	<p><b>IC</b></p> <p><b>ALL</b></p> <p><b>JS/KMC</b></p> <p><b>Chee Mah</b></p> <p><b>IC</b></p>
	<p><b>Date, time and venue for next meeting</b> Date of next meeting is <b>Monday 30<sup>th</sup> November 2009 at 10.00am</b> at Kent and Canterbury Hospital subject to room confirmation. Any agenda items to be sent to Ingrid Cobourn by no later than 17<sup>th</sup> November.</p>	<p><b>ALL</b></p>