

Issue 7

Winter Edition



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Peninsula Cancer Network

Network News

Welcome to the Winter edition of Network News.

As the snow starts to fall we are reminded it is just a year since the publication of the Cancer Reform Strategy. In that time, with our partner organisations, we have developed plans to meet the additional challenge in the South West of achieving its objectives two years ahead of the rest of the country.

Many exciting initiatives are emerging from across the Peninsula and we look forward to featuring them in future editions of this Newsletter.

In the New Year, we can also look forward to the introduction of our new Network website, the revised Cancer Waiting Times, a reformed Peer Review process and further discussions on the implementation of Improving Outcomes Guidance. Needless to say, the proposals developed through the Cancer Network have at their heart the achievement of the best possible clinical outcome for patients wherever they live in Devon and Cornwall.

The collaboration of clinicians, professional colleagues and patients through our Site Specific Groups in this and work on the Cancer Reform Strategy continues to produce positive results.

This was admirably demonstrated by the Soft Tissue Sarcoma teams in Exeter and Plymouth working together to agree patient pathways for their service whilst preparing their individual bids to be the single Centre for this part of the South West SHA.

Can I take this opportunity to thank all our colleagues in all parts of the Peninsula for their significant commitment to the work of the Network throughout the past year.

Finally, on behalf of all the Cancer Network Team may I wish you a very Happy Christmas and successful New Year.

Director



Network Annual Report now available on PCN website. Link below

<http://peninsulacancernetwork.org.uk/docs/annualReports/PCNAnnual%20Report%202007-8.pdf>

2 Week Wait Choose & Book

For the past two years, since October 2006, South Devon Healthcare NHS Foundation Trust (Torbay Hospital) has been accepting direct referrals for two-week-waits (2WW) via the Choose and Book system (CAB). This means that patients can book their hospital appointments whilst still at their GP appointment, without the need to go through a clinical assessment service or wait to be contacted by the hospital.

This gives valuable certainty to patients, at a time when they will be feeling vulnerable and anxious, about how soon they will be seen and where - along with specific advice about what will happen at their outpatient appointment which is printed out as part of their appointment confirmation in the practice.

Now, two years on, Torbay Hospital, is still the only trust in the country to provide direct booking access for 2WW patients.

This - alongside ongoing CAB development work across the South Devon health community - means that around 95% of all first outpatient appointments are now booked via Choose and Book, ranking Torbay Care Trust first in the country.

In recognition of this achievement, South Devon Healthcare has recently run a regional 2WW CAB event with the Strategic Health Authority and, working with the national CAB team, has been invited to update the 2WW CAB guidance, which is to be launched on November 17th in London.

This has reinforced the Trust's national profile - already helped by the fact that the Head of Service Improvement, Neal Foster, sits on The National Specialty Reference Group, a body of Royal College Representatives that advises on the development of Choose and Book. This has enabled the Trust to keep its finger on the pulse of future strategy and ensure best practice is shared and utilised.

For more information contact Neal Foster

email: Neal.foster@nhs.net

South Devon Healthcare 
NHS Foundation Trust

Christmas Crossword

Make all the words fit into this crossword.
Each word is only used once.

ELF
TOY
GIFT
BELL
TREE
STAR
SANTA
COMET
CUPID
VIXEN
CANDY
FROSTY
WREATH
DASHER
DONNER
SLEIGH
DANCER
CHIMNEY
BLITZEN
RUDOLPH
PRANCER
SNOWMAN
PRESENTS
REINDEER



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Christmas Word Search



U Z F H R U D O L P H P U H U
N U V A Y E L L E B A R W N T
L O S I G T I L S C U P I D E
T E R A X L S N A M W O N S M
S S P T N E J O D B R H R E O
T T R S H T N I R E H S A D C
N O E L U P A A K F E K T Y H
Y C S E W G O C C Z X R S E T
B K E D R R A L L Y Y O T N A
G I N G E R B R E A D W I M E
S N T N C W M G P E U N B I R
M G N T N E Z T I L B S A H W
K O U D A N C E R F U S A C K
D N P R R C H R I S T M A S A
L A A G P E A C E A Z V S V K

BALL
BELL
BLITZEN
CANDYCANE
CHIMNEY
CHRISTMAS
COMET
CUPID
DANCER
DASHER
DONNER
ELF

FROSTY
GIFT
GINGERBREAD
NOEL
NORTHPOLE
NUTCRACKER
PEACE
PRANCER
PRESENT
REINDEER
RUDOLPH
SACK

SANTA CLAUS
SLED
SNOWMAN
STAR
STOCKING
SUGARPLUMS
TOY
TREE
VIXEN
WORKSHOP
WREATH

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Congratulations are in order

Mr Mark Coleman, Plymouth Hospitals NHS Trust, has agreed to take up the role of Clinical Lead for the Laparoscopic Colorectal Cancer Surgery Training Programme.

I have been appointed by the Department of Health (DOH) as the National Clinical Lead for Laparoscopic Colorectal Surgical (LCS) Training. Earlier this year a National Training Programme (NTP) for LCS commenced for Consultant Colorectal Surgeons and is run by 12 training groups in England and Wales, sponsored by the DOH. This programme is intended to provide equal access to all patients with colorectal cancer to a surgeon trained in LCS in every Trust.

The whole programme will be coordinated from Plymouth for at least the next 2 years. My vision for this programme is to harness and coordinate the key elements of the NTP to maximise the opportunities for all consultants who need access to LCS training.

I am delighted to have been successful in being appointed to this post against considerable opposition from around the country. It reflects well upon the progress that surgeons and their teams the South West have made in the development of laparoscopic surgery in recent years.

Further information contact Mark Colman 01752 517532

Mark.colman@phnt.swest.nhs.uk



Service Development Report

An event was held recently which enabled information staff from trusts, Cancer service managers and the service improvement team to examine the new requirements within the Cancer Reform Strategy. This has led to the formation of a dedicated group, who will meet on a monthly basis to exchange ideas and thoughts on how the new targets can be met and sustained.

There is considerable confidence across the Peninsula that the targets will be achieved, but due to the delay in the national systems and information, it may be difficult to demonstrate our achievement for some time.

The Service Development team are about to welcome a new member. Linda Bedford will start work as a Service Improvement Facilitator on 12th November 2008.

Linda will be in post for one year, to assist with the additional work load which the reform strategy has produced, and to help with the gap left by Emma Wheatfill from South Devon; who is on maternity leave until June 2009.

Liz Alsbury, PCN, Service Development lead 01803 860670



Cancer Multidisciplinary Teams

A new project is about to get underway to support the development of cancer multidisciplinary teams (MDTs). Anyone with an interest in this area can take part.

Background

The Cancer Plan 2000 stated that care of all patients with cancer should be formally reviewed by a specialist team to help ensure that all patients have the benefit of the range of expert advice needed for high quality care. The Cancer Reform Strategy issued in December 2007 confirmed that MDT working will remain the core model for cancer service delivery in the future.

The focus to date has been on getting the MDTs in place (over 1500 around the country). The focus now needs to move on to how these MDTs are working.

The National Cancer Action Team has therefore established a project to:

- identify domains/themes that are essential for a good/high performing MDT;
- agree how MDTs could be measured against each domain/theme;
- provide support/tools to help MDTs to reach and maintain a good/high level of performance in each domain/theme.

The Project

The project will have three stages:

- **Stage one** will seek the views of a wide range of stakeholders (including all MDTs) by questionnaire on what the domains for a high performing MDT are/should be, how these could be measured and support required to achieve this level of performance. A questionnaire is expected to be issued around November. Business Boffins Ltd will be managing this stage of the project on behalf of the National Cancer Action Team;
- **Stage two** will involve workshops in February/March to discuss the outcome of the questionnaires with stakeholders and to seek their views on the best way forward;
- **Stage three** will be the development of a work programme for 2009/10 to support MDT development.
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An MDT development steering group has been set up to oversee this project. If you wish to be notified when the questionnaire is released please contact

mdtquestionnaire@businessboffins.com

If you wish to find out more about this project or would be interested in attending one of the workshops in the spring please contact Cheryl Cavanagh in the National Cancer Action Team on cheryl.cavanagh@gstt.nhs.uk



Fond farewell to Penny

This Christmas sees the end of an era as Penny Hodgkiss retires as Network Information Manager. As the longest surviving member of the Network Team from the pre-Cancer Plan days in the Peninsula, Penny has lived through four Nurse Directors three Medical Directors and two Network Directors.

Throughout that time she has kept the organisation fed with clear comprehensive information about local Cancer services even when the data has been very challenging to obtain.

But having been with the NHS in South Devon for over 22 years she has insider information on all the key players who make up our healthcare community, information that has proved invaluable to new arrivals in the Network Team. No doubt her skills at bridge and tennis have kept her both mentally alert and physically in shape to survive the rigours of working with the information and audit groups in the Peninsula. But Penny has taken a wider interest in the work of the Network than the apparent narrow brief suggested by her job title. For the past four years she has produced the Annual Report and provided her expertise in the training of new CQIiNS users, MDT coordinators and new information recruits to the Trusts.

All the time Penny has maintained a disarming sense of humour with her inimitable chuckle undermining over-serious discussions at exactly the right moment. Over the years she has worked closely with SWCIS and supported meetings of the Network Board, Management Team, Cancer Services Group as well as most of the Site Specific Groups, retaining a particular interest in Lung and Urological cancers.

Her ability to provide instant information for all her colleagues, has been invaluable, especially to the Director. Penny will be sorely missed but we would not deny her being spared the complexities of the new Cancer Waiting Times. The Network will not be quite the same in 2009.

We all wish her every happiness in a long and enjoyable retirement.

David Chambers



Patient, Every Treatment, Every Time

New Waiting Times Targets for the Cancer Reform Strategy.

The old 2WW, 31 and 62 day standards will stay the same with just a few minor changes but

The 31 day standard will be extended to cover **all** cancer treatments for **all** cancer patients. It will cover second or third treatments when patients require several treatments in sequence for example chemotherapy after surgery and also patients requiring treatment for recurrence of cancer.

All patients with suspected cancer detected through national screening programmes will enter the 62 day pathway (this includes breast, bowel and cervical screening programmes)

Hospital specialists will now have the right to ensure that patients who were not referred urgently by their GP, but who have symptoms of signs indicating a high suspicion of cancer, are managed on the 62 day pathway.

All patients referred to a specialist with breast symptoms, even if cancer is not suspected, will be seen within two weeks of referral (December 2009) with the exception of family history and cosmetic referrals.

One of the main changes that will affect GPs is that the Two Week Wait and subsequent 62 day pathway will be monitored **from receipt of referral**. This is a change from the date of decision to refer to allow the Cancer Pathways to come into line with the 18 Week Pathway already being monitored in all trusts. It is the responsibility of the GP to ensure that their patients are aware of the urgency of the referral and that the referral has been received by the hospital.

Similarly, to align with the 18 week pathway, patients will not be able to “stop the clock” to have time to consider their options or go on holiday! If a patient declines a “reasonable” offer of admission then the clock restarts as soon as they are available for another appointment (not the date of the appointment).

It is understood that this new way of monitoring the targets will result in a lowering of the current 95% operational standard for 62 day patients – however, until the first quarter’s data has been analysed (May 2009) no one is quite sure of the impact this will have. Whether the Healthcare Commission will use this data for assessments will depend on the quality of the data.

The 31 day target for all Radiotherapy treatment does not come on line until 2010. This is because there are capacity issues around the country and local investment is needed both in equipment and workforce to meet the anticipated demand.

Penny Hodgkiss

01803 860673

Mum, Can I have a dog for Christmas ?

No you can have turkey like everyone else !

What beats his chest and swings from Christmas cake to Christmas cake

Tarzipan

What do you give a train driver for Christmas ?

Platform shoes !

Whats happens if you eat the Christmas decorations ?

You get tinsel-itus !

How do snowmen travel around ?

By icicle

Why are Christmas trees like bad knitters ?

They both drop their needles !

What do you get if you cross an apple with a Christmas tree ?

A pineapple !

We had grandma for Christmas dinner ?

Really, we had turkey!

What do vampires put on their turkey at Christmas ?

Grave-y !

Breast Screening Development – ‘Red Dot’

There is wide spread concern in the Peninsula over the steady and sustained fall in women invited for breast screening examination for the first time. These are younger women in the age range from 50 - 53 years.

The ‘Red Dot’ initiative hopes to address these concerns. The system is simple and easy to use and is currently being piloted by a general practice in Cornwall. When the Practice Manager is informed that patients have not attended for breast screening examination, a tag is put on the patient’s electronic record using a Read Code. The surgery practice nurse contacts the patient by telephone to enquire about the possible reasons or concerns for their non-attendance.

This pilot study did not cause undue work to the practice due to the small number of patients involved but did show that some patients had not notified a change of address, others had not received the appointment details but were happy to attend for screening and a further patient had missed their appointment but was pleased to have been contacted so that a further appointment could be sent. No patient expressed particular concerns about the screening procedure.

The GPs and practice team felt that this was a logical next step in providing a personal approach to encourage women to attend for their mammograms.

The ‘Red Dot’ system is an encouraging yet simple way forward and will continue to be championed by patient groups and taken forward by the Network Breast Screening group working with Public Health colleagues.

Anna Burton

Patient Representative - Cornwall



Re. NURB 292 ‘Care of the Patient Requiring Chemotherapy’ – and NURB 360 ‘Enhanced Care of the Patient Requiring Chemotherapy’ Partnership Programmes 2009.

Applications for places on the above academic level 2 and level 3 Partnership Programmes between Torbay hospital and the University of Plymouth are now being invited. This year these partnership modules are funded by the Strategic Health Authority and are therefore free of charge.

Successful completion of the modules will be achieved through the Chemotherapy Knowledge and Skills based Competency Framework and an academic assignment.

The module programme consists of 12 days, 2 of which are clinical placements. The 10 taught study days for 2009 will be delivered on the following dates:

29th & 30th January,
5th & 6th March

5th & 6th February,
12th & 13th March

12th & 13th February,

If you have any queries regarding applications or any aspect of these modules please contact me

Jenny Daly

Macmillan Cancer and Palliative Care Education facilitator



Gynaecological Cancer Day

Working Together

Date & Time: 30 January 2009, 9 am - 4 pm

Venue: Lakeside, Roadford Lake
Lewdown, EX20 4QS

Cost: Free of charge (Registration essential)

This will be more than just an education event—it intends to draw together a spectrum of clinicians and patients to discuss the issues that matter and encourage communication, service development and truly integrated care.

Who should attend?



- Gynaecologists at all levels of experience
- Gynae Cancer Nurse Specialists
- General Practitioners
- Practice Nurses with interest in women's health
- Gynae ward and outpatient Nurses
- Palliative care clinicians
- Interested patients

Programme for the day will include:



- The challenges of the Cancer Reform Strategy
- Diagnostic services—what have they to offer
- Patient involvement
- Recent developments in the field
- Workshops

For further information:

Karen Ford, Peninsula Cancer Network,
EM: karen.ford2@nhs.net Tel: 01803 860668

Peer Review – the new approach

The National Cancer Peer Review programme is a quality assurance programme for cancer services. The overall aims of the programme are to undertake independent, fair reviews of services, improve quality and effectiveness of care and encourage dissemination of good practice.

The programme operates on the following key principles:

An emphasis on clinically-led peer review

A focus on systems and services within and across organisations in a cancer network to ensure coordination of patient care

A developmental approach

National consistency in the delivery of the programme

Users/ carers involved as an integral part of peer review

Following a consultation process the format of the review programme is set to change from 2009. Future peer reviews will be based on the same key principles but will aim to deliver a lighter touch approach, improved value for money, a greater focus on self assessment and internal quality assurance and a greater emphasis on outcomes.

The revised format will see the introduction of annual self assessment, bring changes to the preparation of evidence for future reviews and include local validation processes.

The Network has organised two local events to help support MDT personnel and other Network members in the implementation of the revised Peer Review process:

Friday 5th December 2008, Moorland Links, Hotel, Yelverton. **THIS DATE IS NOW FULLY BOOKED**

Friday 6th February 2009, Roadford Lake, Lewdown

Event outline

Overview of revised process

MDT review – roles, responsibilities and managing expectations

NSSG review – collective agreement

Local validation process – discussion and common agreement

Planning for the 2009-10 review programme

Who should attend?

MDT Lead Clinicians

Network Group Chairs

Nurse Specialist Leads

Cancer Services Managers

Lead Nurses for Cancer

Lead Clinicians for Cancer Services

Service Improvement Facilitators

Executive Leads for Cancer

PCT Cancer Commissioning Lead

Patient representatives

For further details or to register for the February event please contact Samantha Maher, Network Group Manager: s.maher@nhs.net

Advanced Communication Skills



Advanced Communication Skills Training workshop 14th-16th January 2009 Mill House Retreat

The Advanced Communication Skills Training accredited programme has been developed by the National Cancer Action Team and in response to the NICE Supportive and Palliative Care Guidance to improve communication and the patients' experience.

The aim of the programme is to implement a training model, involving a three day workshop, which is learner centred and is experiential. Role play with clear, positive and constructive feedback on performance is a key element to the workshop.

The course is targeted at senior health care professionals, including consultants, clinical nurse specialists and allied health care professionals who are involved in cancer care delivery. It is not intended for junior grades of staff and those who do not work with cancer patients.

The training is free but you will need your line manager's support and be able to attend for the full 3 days.

The workshop

Involves experiential learning

Is based on a learner centred agenda

Provides didactic overview of issues of communication

Uses role play to practice key skills

Previous courses have covered areas such as seeking informed consent, breaking bad news, and dealing with collusion, handling conflict and communicating with colleagues. Sessions will be structured around participants requests.

For an application form or more details please contact

Peninsula Cancer Network 01803 860 660 or ann.courtman@nhs.net

Professional feedback from Advanced Communications Course held on the 13th – 15th of October”

I have recently attended the three day advanced communication skills in cancer course run by the Peninsula Cancer Network. It was a great learning experience giving you the opportunity to explore ways of dealing with challenging situations in a manner that felt safe and comfortable. I would recommend this course to all healthcare professionals. Please do not be put off by the content of the course it is very well facilitated and even the role play is not too scary.

Peninsula Cancer Network



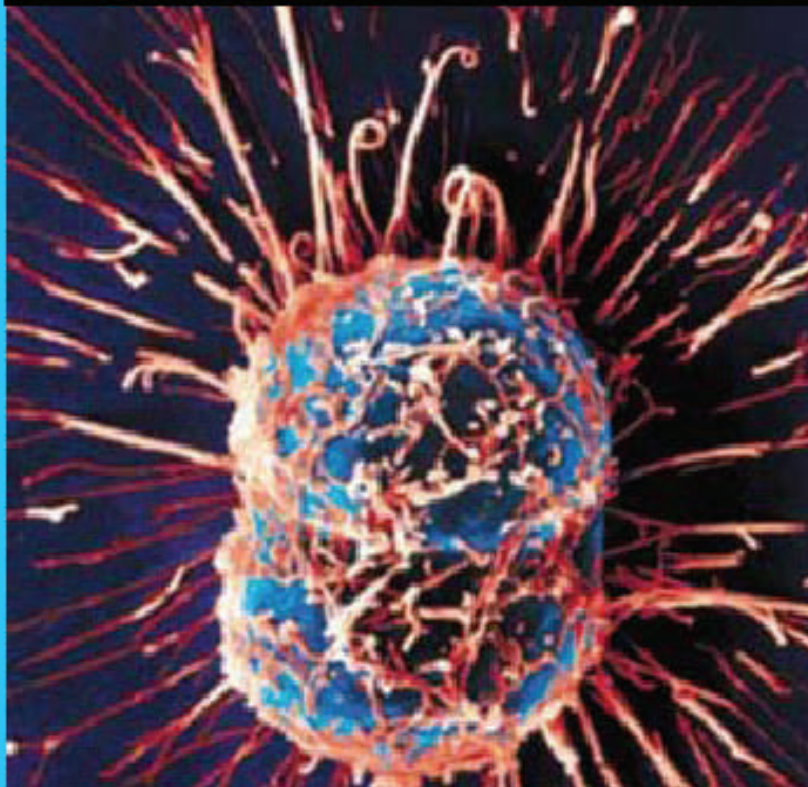
Devon and Cornwall

Call for abstracts

20 March '09

Cancer
into the
Next
Decade

The 8th Annual
Peninsula
Cancer
Network Day



Key Speakers:

Professor Mike Richards CBE, National Cancer Director, Department of Health

Peter Johnson, Chief Clinician of Cancer Research UK

This year's conference aims to inspire delegates to continue to deliver high standard of Cancer care across the Peninsula.

ABSTRACTS are invited for workshop and poster presentations under the following themes:

- Inspirational - items to inspire others towards best practice
- Innovation - changing cancer practice in the future
- Patient support - advances
- Improving services
- Patient Information
- Education
- Complementary therapies

Closing date for abstract submission: 12 December 2008

Send to: Network Day Abstracts, Peninsula Cancer Network, West Yarner, Dun's Cross, Dartington, Totnes, TQ9 6DX Tel: 01803 860668 Fax: 01803 860678
EM: karen.ford2@nhs.net

Network Dates & Events

December 2008

| | | | | | |
|-------------|----------------------------|---------------|-------------|-----------------|---------------|
| 10th | Supportive care | Arundell Arms | 12th | Executive Board | Arundell Arms |
| 11th | Education Group | Lifton Hall | 15th | Pathology | Arundell Arms |
| 12th | Specialist Palliative Care | Arundell Arms | 16th | Chemotherapy | Arundell Arms |

January 2009

| | | | | | |
|------------|-------------------------|---------------|-------------|-------|---------------|
| 9th | Clinical Advisory Group | Arundell Arms | 16th | Gynae | Arundell Arms |
|------------|-------------------------|---------------|-------------|-------|---------------|

February 2009

| | | | | | |
|-------------|-----------------|--------------|-------------|----------------|---------------|
| 11th | Education Group | Lifton Hotel | 26th | Neuro Oncology | Arundell Arms |
|-------------|-----------------|--------------|-------------|----------------|---------------|

March 2009

| | | | | | |
|-------------|-------------------|---------------|-------------|-----------------------|---------------|
| 6th | Breast | Arundell Arms | 17th | R&D Group | Arundell Arms |
| 12th | Skin | Arundell Arms | 24th | Non Surgical Oncology | Arundell Arms |
| 17th | Partnership Group | Arundell Arms | 26th | Soft Tissue Sarcoma | Arundell Arms |

April 2009

| | | | | | |
|-------------|-----------------|---------------|-------------|------|---------------|
| 23rd | Education Group | Lifton Hotel | 30th | lung | Arundell Arms |
| 24th | Colorectal | Arundell Arms | | | |

9th Annual Research Symposium 15th of May 2009 @ the Saunton Sands Hotel Braunton Nr Barnstaple. Please contact Ann Courtman on 01803 860660 or email ann.courtman@nhs.net to book your place.

It is with regret that the Update in Haematology Research Study day on 14/01/09 in Totnes is not going ahead. This is the decision following long discussions and as we are in a transition period with many new trials coming on board during the coming year. I feel it is best to have the next meeting in Jan 2010 in Totnes as we should have a very exciting agenda then. I hope to get a preliminary programme out mid summer 09 and hope you will all be looking forward to the day as much as I am, Caroline Harnett Haematology Advanced Clinical Nurse Specialist Level 5 Haematology South Devon Healthcare NHS Foundation Trust Caroline Harnett on 01803 655264 or email caroline.harnett@nhs.net to book your place

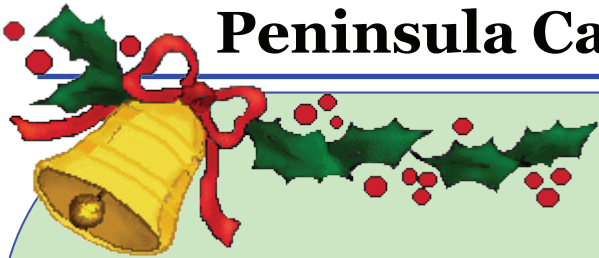
Network News

The content of these news items and the views expressed in any of the contributions to Network News are those of the authors and do not necessarily represent the policies or practices of the Peninsula Cancer Network which cannot take responsibility for any consequences arising from their publication.

Deadline for next edition 20th February 2009
Send all your articles to Annie.sillitoe@nhs.net



Peninsula Cancer Network Team



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| | | |
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| | | |
|--------------------------------|--------------|---------------------|
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| Gilly Beail User Facilitator | 07825 027605 | gilly.beail@nhs.net |

Cancer Services Collaborative Service Improvement staff based in Acute Trusts:

| | | |
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| Wendy Maunder, RD&E | 01392 406904 | Wendy.Maunder@rdefn.nhs.uk |
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