

Issue 4

Spring Edition



WWW.PENINSULACANCERNETWORK.ORG.UK

Peninsula Cancer Network

Network News



Welcome to the Spring edition of our Network News, our first production since the move into our new West Yarner offices at Dun Cross near Dartington.

Spring has also brought the challenge of implementing the Cancer Reform Strategy. Following the SHA Cancer Summit and the final Network event held at the Lescaze offices to develop local priorities with our key stakeholders from across the Peninsula, the first draft of the Reform Strategy Implementation Plan has been endorsed by the Network Board.

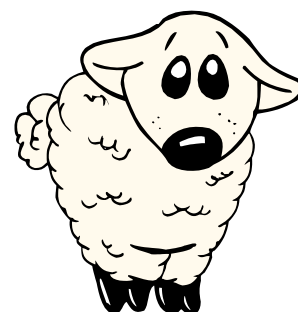
Over the next few months this will be discussed with commissioning colleagues on the Collective Commissioning Group, clinicians and other professionals on our Site Specific Groups as well as Local Implementation Groups, PCTs and Trusts. This will inform the expansion of the Plan into an integrated Work Programme identifying the responsibilities for each of these bodies and the Network Management Team to deliver.

The Peninsula will be going further as a pathfinder Network to develop proposals on raising Skin Cancer Awareness, promoting internal Trust referrals to the 62 day pathway, driving the 30 day radiotherapy target, embedding the C-PORT chemotherapy service development tool in all our acute Trusts and addressing service inequalities.

This will probably be our busiest year yet and on May 2nd we welcome Sir Ian Carruthers to our "Living with Cancer" event at St Mellion when we will discuss the improving prospects for cancer patients thanks to the work of colleagues in all the healthcare organisations and voluntary bodies across the Network.

A handwritten signature in black ink, appearing to read "David Chambers".

David Chambers
Director





In a time of change, NHS Networks provides an island of stability within the health and care sector. As the NHS body responsible for promoting and supporting networks and networking, NHS Networks connects organisations and individuals throughout health and care, transcending the limitations of the Health Service's bureaucratic structure.

There are networks in place for every sort of health professional – from pathologists to PAs – which allow the sharing of experiences, ideas and information. Networking disseminates good practice but is usually only able to do so within the relevant network. Networks are pockets of good practice and shared ideas. NHS Networks, as the 'network of networks', allows that good practice and those ideas to disseminate beyond the network into the wider health sector.

There are nearly 500 networks in the Register of Networks, browsable and searchable on the www.networks.nhs.uk website, with more added every week. Networks cover every subject imaginable within health and care, from cancer to commissioning, from paediatrics to prison health, from human resources to haematology. There are also managed clinical networks which provide support for specific care pathways. All networks have the potential for patient benefit through the sharing of good practice which stops people from 'reinventing the wheel'.

Networks are a tool, not just for those who belong to them or participate in them, but for everyone who works in or with the health and care sector. A network is a portal which allows access to expert knowledge and can be used either to disseminate important information, such as new protocols or legislation, or to gather information for

consultations. On several occasions, the Department of Health has used NHS Networks in this way, for example soliciting the views of our PEC Chair Network on the future of Professional Executive Committees following the PCT reconfiguration in 2006.

As an information resource, NHS Networks has the broadest possible remit, providing links and gathering information from and for every possible part of the health and care sector, which encourages 'cross-pollination' of ideas between individuals and organisations who would otherwise have no contact. News and information is derived from not only the networks within the Register but from NHS bodies, Governmental departments, professional organisations and health charities. The NHS Networks site provides a publicly accessible, permanent, categorised home for all this material and also has a discussion forum where site users can enquire about other potential material.

While providing direct administrative support to a number of key networks, NHS Networks mostly allows networks to run themselves. Part of the site brings together published documents on establishing and managing networks; there are no fixed rules about how to structure or run a network but, as with any aspect of networking, there are lessons to be learned from what other people have done.

More than 25,000 health professionals visit the NHS Networks website every week. Why not join them?



What Now?

Cancerbackup has launched an online community for people affected by cancer, www.whatnow.org.uk, where people can chat to each other in similar situations, share tips and benefit from patient-to-patient information.

Join What Now? and you can:

Create your own profile page with pictures, videos, a personal blog and more.

Find people with similar experiences, add them to your buddy-list and keep up with how they are getting on.

Help others by posting comments on the forums, using the chatrooms and uploading useful videos.

Read our expert blogs, written by nurses, and send in your tips, or follow cancer stories in the news.

Early feedback from members on the site has already been really positive:

"My god, what a fantastic website. Since my original diagnosis in 98 I've been looking for a forum for people like me - and here it is!" Natasha

Living with Cancer

7th Annual Peninsula Cancer Network Day
St Mellion International Conference Centre - Friday, 2 May 2008

Speakers include;

Sir Ian Carruthers OBE

Chief Executive NHS South West

Ciarán Devane

Chief Executive Macmillan Support

Dr Peter Littlejohn

Clinical Director NICE



To avoid disappointment

Please register with Karen Ford, Network Administrator
(karen.ford2@nhs.net) 01803 860668

New Members to the Team

Nikki Thomas Nurse Director



Nikki has just moved to Devon, after spending the last 15 years in South East London. After successfully learning to drive in December. Nikki has only lost a wing mirror and a tyre since (difficult driving conditions)

Qualifying as an adult nurse some years ago, Nikki has always worked in haematology or oncology, most recently as a Lead Nurse/Head of Nursing.

Since moving into a house on Dartmoor (similar to Peckham), she has met most of her neighbours than she did in the last 15 years. Her role as the Nurse Director is to provide advice & support to healthcare staff across the Peninsula, as well as lead on key cancer agenda items across both Devon & Cornwall

Jonathan Miller Cancer Commissioning Manager



I have worked for the NHS for 15 years, both in hospital and commissioning roles including 3 years as Cancer Services Manager for Chelsea & Westminster Hospital. My previous role was as Head of Service Redesign for Devon PCT. I live in Topsham with my wife and two daughters and like surfing. My role as

Cancer Commissioning Manager is to provide advice to all four PCTs in the Peninsula and support the Network team.

Amanda Nadin Patient Information Manager



Amanda recently moved from London back to her home town of Totnes to join the Peninsula Cancer Network as the Macmillan Information & Support Manager. She has previously worked for the Healthcare Commission, where she was involved in clinical governance reviews of NHS organisations. She has worked for UCLH NHS Foundation Trust as a Clinical Governance Manager, and most recently worked at the University of Westminster's School of Integrated Health as a Development Manager, jointly setting up an academic unit that supports complementary therapists work within the NHS. Amanda is looking forward to meeting and working with her colleagues across the Peninsula to build on the already excellent work that is taking place around patient information

FORCE Cancer Charity Celebrates it's 21st

To commemorate this event we will be hosting an open day at the FORCE Cancer Support Centre on Tuesday 27th May from 10.00am – 6.00pm. The Open Day will provide an opportunity for anyone to visit the Centre which is based in the grounds of the Royal Devon and Exeter Hospital. There will be information about our support services and a series of displays charting the charity's progress and its future plans.

Alongside conventional cancer treatments, support involving additional information, counselling and complementary therapies for patients and carers, is now regarded as an essential and increasingly integral part of cancer care. Over the past 11 years FORCE has developed these services from one day a week based in a medical outpatient department, to a five day a week service run within a purpose built Centre. The Centre, which opened in September 2004, receives over 200 visitors a week, and it also continues to offer an in-patient service of support and counselling as well as complementary therapies.

Besides the already existing site-specific support groups, FORCE have now teamed up with the brain tumour charity 'Hammer Out' (www.hammerout.co.uk) to form a monthly support group. We also continue our successful generic groups: the Expressive Art group, a Relaxation and Anxiety Management group, and a 'Moving On' group, the latter being for patients and carers after treatment has been completed.

Last year we evaluated our services by conducting satisfaction surveys with 300 randomly selected people in each of the following groups: Patients and Carers, Trust staff and Community Healthcare Professionals. The aim was to determine the level of awareness and degree of satisfaction with the Centre services.

In summary there was a high degree of satisfaction among patients and carers with the services, the volunteers and the staff at the Centre. Some would have liked to have heard about us sooner after diagnosis, and many did not know we offered an inpatient service. Trust Staff had a high awareness of the Centre and felt it also gave them support in caring for cancer patients and relatives. In the community there was less awareness of the Centre and a number of requests for more information. However those who had referred patients to us had received good feedback. Partly to address the issue of Community awareness we have started to take "road shows" to other areas in Devon and have already visited Honiton and Okehampton, and will visit other towns in Devon in the coming year.

Meriel Fishwick – Chief Executive 01392 406165

Robert Oliver – Support Services Manager 01392 406151

The 2nd Exeter Minimally Invasive Oesophagectomy Course



The 2nd Exeter Minimally Invasive Oesophagectomy Course: This was an international symposium attended by 30 delegates from across Europe and had an extremely distinguished expert invited faculty. There was a day of live operating including cases from Exeter, Pittsburgh USA, and Coimbatore India, followed by an day of in-depth lectures and debate.

It was an extremely successful event, part-sponsored by industry and confirms Exeter as a the very forefront in pioneering this operation

Exeter have just published our initial series of patients undergoing Minimally Invasive Oesophagectomy. The survival figures and mortality rate are the best currently published in any series of this cancer operation. Exeter have now performed nearly 120 of these cases, making us the largest European centre for this procedure.

Mr. Saj Wajed M.Chir, FRCS
Consultant Upper GI & General Surgeon

Carers Champions Plymouth in partnership with Plymouth City Council invite all professionals who have contact with carers to attend one of our

Carers Awareness Workshops

Practitioners consistently have contact with unpaid carers to friends, family and neighbours. This workshop aims to raise awareness of the needs of carers, issues faced by carers and some of the services that are able to support them in Plymouth. The workshop will be an opportunity to meet carers, Carers Champions and Social Care Workers, and find out more about -

Carers Issues

Diversity

The law and Carers Assessments

The work of Carers Champions Plymouth and other voluntary agencies

Dates available for 2008:

(fully booked)	Thursday 20 th March	Wednesday 16 th April
(fully booked)	Wednesday 14 th May	Wednesday 18 th June
	Wednesday 16 th July	Wednesday 13 th August
	Wednesday 17 th September	Wednesday 15 th October
	Wednesday 12 th November	Wednesday 10 th December

Time: 9.30am – 1.00pm

Venue – Venton West Room, William & Patricia Venton Centre, Astor Drive, Mount Gould, Plymouth



Places are free, but numbers are limited. To book a place please contact the Carers Champions Team on 01752 211348 or email: carers@colebrookhousing.co.uk



NURB379 Specialist Cancer Module

The NURB379 Specialist Cancer Module is currently running at the Royal Cornwall Hospital. The programme is just over half way through and the feedback from students and lecturers has been very positive. Royal Cornwall has also ran 'Foundations in Oncology' days based on the format devised by colleagues in Plymouth. These have been very well received by those working with cancer patients in Cornwall and we are hoping to extend the programme later in the year. We are also hoping to re-establish the Cornwall Cancer Study Day later in 2008/09 as an event for celebrating positive projects and initiatives for our patients.



For further information contact Naomi.Burden@rcht.cornwall.nhs.uk

Naomi Burden' Clinical Practice Educator

The National Forum of Gynaecological Oncology Nurses (NFGON)

The National Forum of Gynaecological Oncology Nurses (NFGON) has formed a sub committee chaired by Debbie Fitzgerald (CNS-South Devon Healthcare Foundation Trust) looking at the possibility of writing national guidelines for the drainage of malignant ascites. This distressing condition is present in up to 33% of patients with ovarian cancer at presentation and 60% of patients with recurrent disease (Corner *et al* 2000). Once refractory to chemotherapy the usual method of management is through intermittent paracentesis. In some areas the use of permanent drain placement is currently under trial.

The group are carrying out a Cochrane review through the gynae group and hope to repeat a national survey on current protocols. From an initial look this appears to be varied even within the same hospitals depending on where the drainage is carried out.

It would be very helpful if anyone could share their documentation and protocols in order to take this worthwhile initiative forward.

If you would like to discuss this further or are willing to share your documentation please send to

Debbie Fitzgerald Gynae/ Oncology CNS, Gynae Clinic, Torbay Hospital, Torquay Devon TQ2 7AA Tel 01803 654627 E Mail Debbie.fitzgerald@nhs.net

Ref Corner J, Bailey C (2000) *Cancer Nursing Care in Context*. Blackwell Science, Oxford.

The 1st Haematology Research Study Day

The 1st 'Haematology Research Study Day - An update in research' took place in 2006 at The Royal Seven Stars Hotel in Totnes. Nationally recognised speakers heavily involved in research presented at the meeting. This provided an opportunity for local staff to be updated in their knowledge on current trials and informed of new trials. The day also explained how the Peninsula was performing nationally in relation to trial accrual.

3 annual meetings have now taken place with all 5 Trusts in the Peninsula releasing staff for the day. To date the total number of delegates is 94. Several of the delegates were also speakers and many of the medical staff were able to stay for the whole day.

Each day has offered opportunities for relaxed networking as well as education. Overall evaluations are excellent with a clear demand to continue. The Panel sessions are always particularly well evaluated as they facilitate active participant involvement. Though organising study days are at times challenging and stressful, the fact that practitioners 'vote with their feet' and value these Haematology study days is the strongest incentive needed to continue. The next meeting is 15th January 2009 and any interested parties should contact caroline.harnett@nhs.net



Second Annual Derriford Hepatobiliary Study Day

In conjunction with the Peninsula Cancer Network

11am Friday 6th June 2008. Derriford Hospital, Plymouth



The second annual Derriford Hepatobiliary study day offers an opportunity for health professionals and trainees to review some of the current and future issues in hepatobiliary disease.

Speakers and topics for 2008

Professor Philip Johnson, University of Birmingham
New medical treatments in the management of hepatoma

Professor Simon Taylor-Robinson, Imperial College, London
Epidemiology and pathology of malignant biliary disease

Professor Massimo Malago, University College Hospital, London
Surgery for proximal biliary malignancy

Dr Elizabeth Toy, Royal Devon & Exeter NHS Foundation Trust
Current and future prospects in chemotherapy for pancreatic cancer

Dr Nick Murphy, Queen Elizabeth Hospital, Birmingham
ITU care following extended liver resection

Dr Simon Jackson, Consultant Radiologist, Plymouth Hospitals NHS Trust
Imaging of biliary malignancy

Local Organiser: **Mr David Stell**, Consultant Hepatopancreaticobiliary & Transplant Surgeon, Plymouth Hospitals NHS Trust

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ACANCERNETWO
RK.ORG.UK**

Registration is free

To register please contact:
Samantha Maher
Peninsula Cancer Network
s.maher@nhs.net
01803 860 674

South West Cancer Intelligence Service

2008 Training Programme

These workshops are aimed at non-clinical staff involved in collecting cancer data. This includes MDT co-ordinators, cancer data managers, medical secretaries and any other staff concerned with oncology who feel they may benefit. The courses include basic anatomy, morphology, aetiology, epidemiology, treatment methods and coding data.

There is a £10 charge to attend. Programmes and registration forms available from Dianne.

If you are interested in these workshops, please contact me in the first instance.

Dianne Prior

<mailto:Dianne.prior@swpho.nhs.uk>

Date 2008	Workshop	Duration
25 Sept	Digestive system (including a very brief overview of how cancers develop)	10–3.30
09 Dec	Breast cancers (including a very brief overview of how cancers develop)	10–3.30

The latest issue of our quarterly newsletter, SWPHOCUS (Winter 2008), is available now at:

<http://www.swpho.nhs.uk/resource/item.aspx?RID=35410>



National Cancer Research Network Regional Road Shows

South: London, Friday 23rd May – The Cumberland Hotel

North: Leeds, Thursday 5th June – The Royal Armouries

Midlands: Birmingham, Wednesday 18th June – The International Conference Centre

NCRN Director (David Cameron)

Delivering with the Pharmaceutical Industry (Rick Kaplan)

Celebrating success and the 2009 review (Karen Poole)

Comprehensive Clinical Research Network (Regional CCRN Director)

Panel Questions & Answers Session

4 - 5 breakout sessions (topics to be confirmed)

Provisional Topics include:

Targets and performance

Network structures

Consumer involvement

Importance of working in collaboration with the Cancer Service Network

Registration forms can be obtained by contacting Ann Courtman. - ann.courtman@nhs.net



**National Institute for
Health Research**

Restorative Dentistry at Peninsula College of Medicine and Dentistry.



Matthew Jerreat is a Year 4 Lead /Honorary Consultant and Specialist in Restorative Dentistry at Peninsula College of Medicine and Dentistry. He is responsible for the overall co-ordination of the fourth year programme which includes student learning and wellbeing and delivery of the curriculum. He qualified in dentistry at Bristol University in 1999 and completed his Fellowship in Restorative Dentistry in 2006 (Royal College Surgeons, Edinburgh). He holds NHS Restorative Dentistry contracts in Musgrove Park and Royal Devon and Exeter Hospitals and provides management of patients with head and neck cancer and developmental disorders. His specialist interests include multidisciplinary care of patients with orthodontic-restorative needs and the rehabilitation of cancer patients with dental implants.

The Multidisciplinary team (MDT) for head and neck cancer is central to the head and neck cancer service provided in the Trust Hospitals. They are responsible for assessment, treatment planning and management of every patient. A wide range of support services should be provided.

Restorative dentists, clinical nurse specialists, speech and language therapists, dieticians and hygienists play crucial roles, from the pre-treatment assessment period until rehabilitation is complete.

The major goal of rehabilitation, for the restorative dentist, of the head and neck cancer patient should be

two-fold; first to restore the functions of mastication, deglutition and speech and the second to restore normal mid-facial contour and dental appearance.

The MDT should take responsibility for ensuring that accurate and complete data on disease stage, management and outcomes are recorded. Information collection is also crucial to be able to improve the service. All head and neck cancer patients seen in the trust are a high priority and should be offered different treatment options depending on multiple factors.

The restorative dentistry network is now growing for head and neck cancer patients and with this an improved service for the patients. Treating this group of, sometimes, terminally ill patients is rewarding and challenging. With modern techniques and materials patients can be restored with titanium dental implants with great success and is a very cost effective treatment option offering patients an improved quality of life.

Challenges to the service can be identifying patients at risk for oral complications, health care providers are able to start preventive measures before cancer therapy begins, reducing the occurrence of problems brought about by different treatment modalities. The most important risk factors leading to problems are oral or dental disease that already exists, and poor oral care during cancer therapy. The majority of the patients do not see a dental hygienist throughout their treatment.

My aims for the next year are to develop ongoing links with the local general dental practitioners and introduce protocols for managing dental disease in head and neck cancer patients. My vision is to see a network of dental hygienists/therapists working alongside the patients own general dental practitioners to allow the more complex and technically demanding treatment to be carried out by the restorative dentist in Hospital.

Appointment to the Council of Macmillan Cancer Support

Richard Thorpe, the Chair of the Network's Supportive Care Group, has been appointed, by the Board of Macmillan Cancer Support, to the charity's Council. The Council provides advice on all aspects of Macmillan's work and is able to influence the development of future strategy and the policies that underpin it.

Richard has worked, as a volunteer at the Mustard Tree Macmillan Centre, since its relocation to Derriford Hospital in 1998. He became involved with the Peninsula Cancer Network in 2001 when he was appointed as a Lay Member of the Executive Board. His experience in frontline cancer support led to his election as Chair of the Supportive Care Group in 2005; he is currently a member of the Network's Clinical Advisory, Specialist Palliative Care and Research and Development Groups.

Richard is delighted by his appointment to the Council and looks forward to his involvement in the new National Cancer Survivorship Initiative which was outlined in the Cancer Reform Strategy.



Health Inequalities and Cancer

The first meeting of the Peninsula Cancer Network Health Equity Audit Group was held on 17 March at Yarnar. The Directors of Public Health of the PCTs, the South West Public Health Observatory and the SHA are keen to identify and reduce health inequalities in cancer across the Peninsula. Working together across the Peninsula, provides a larger and more diverse population to identify and measure the impact of inequalities. There are about 300 general practices in the Peninsula and with the emphasis on practice-based commissioning, the Health Equity Audit Group is studying the associations between the size and rurality of the general practice and the deprivation of the practice population against a range of measures including uptake of screening, smoking prevalence, cancer incidence and mortality. The work is at an early stage but there is a real opportunity to measure the size of inequality gaps and work with commissioners (practice based commissioning groups and the PCTs) to reduce health inequality and improve cancer outcomes. Dr Ian Mackenzie, the Peninsula Cancer Network public health consultant is chairing the group and can be contacted at ian.mackenzies@nhs.net for further information.

SAN ANTONIO BREAST CANCER SYMPOSIUM 2007

Having been a patient advocate with a keen interest in prevention and treatment for a number of years, I jumped at the opportunity to join the Breakthrough Breast Cancer group going to San Antonio this year. I had known of this event's importance in the research world for sometime and was very excited by the prospect of attending. I feel it is important that advocates who wish to contribute to scientific

discussion around the table alongside scientists and health professionals, are given the opportunity to attend similar events either here in the UK or elsewhere. There were approximately 9,000 delegates at this year's event and out of these there were 200 patient advocates. Most of the advocates were connected in some way to the Alamo Breast Cancer Foundation. An organisation whose purposes are to provide support and information by trained peer volunteers to help educate the public about breast cancer. For the last ten years the ABCF has hosted the "Hot Topics Mentor Sessions" at the Symposium in which some of the nation's leading breast cancer experts provide an overview of the most compelling SABCS presentations. The growth in international collaboration amongst scientists is recognised to be essential in developing and running new trials in research to improve the diagnosis and treatment of breast cancer and, hopefully, to learn how to prevent the disease occurring. My fellow advocates feel that *international*



collaboration of patient advocates is also an important factor and learning with patient advocates from many different countries, being able to ask questions of the experts each evening and discussing services provided in our home countries fosters this development. We become aware of the many similarities between treatments and outcomes in different countries and also of the differences. The difficulties under which some delegates are struggling to develop even a very basic service, underlines the benefits of having a National Health Service, even if it is not perfect or equitable.

However, the Americans are much further ahead in educating and empowering the advocate and the very apparent and mutual respect between lay and professionals is impressive. Patients are able, and have the confidence, to ask serious questions of the panels of experts who attend the mentoring sessions held for advocates each evening. They show an almost professional skill when asking questions but I do wonder how wide awareness of breast care and the science is across this huge country, where there are far more women (and men) putting themselves forward in user-involvement. Advocates are much more involved in the research process where their input is seen as essential from the start. It was also felt that the American advocates were much better prepared than those from other countries.

It would seem that the US advocacy organisations are run by people who have had breast cancer – rather than by professional managers who develop strategy with input from advocates who have had breast cancer.

There were many really interesting presentations and debates with an enthusiastic buzz throughout the symposium and it is very encouraging how much progress is being made. It was very useful to hear about international research into advances in breast cancer treatments and prevention. There was lots of information about the link between combination HRT and the risk of breast cancer and that there has been a 66% drop in HRT prescriptions in the US and that in 2002/3 US incidence of breast cancer dropped to the rates of 20 years ago and that this reduction was sustained in 2004. We wondered if British GPs discuss this when women ask them for advice about HRT.

Patricia Fairbrother

Specialist Palliative Care Education

St Luke's Services, Plymouth & Rowcroft Hospice, Torquay

Are you a Qualified Health Care Professional working in a Specialist Palliative Care environment?

Are you

New to the service?

In need of an update / refresher?

Then this is the ideal programme for you!

You must be able to attend all of the 3 study-days:

Either:

PROGRAMME 1- Tuesday May 13th , June 24th , August 5th 2008

or

PROGRAMME 2 – Tuesday Nov 4th , Dec 16th 2008, Jan 27th 2009

Venue: St. Luke's Hospice, Plymouth.

Time: 9.30 – 4.00pm.

This is an opportunity to:

Assess your learning needs.

Understand national / local strategy / initiatives & guidelines.

Update your symptom management knowledge and skills.

Provides a comprehensive range of learning relevant to the following KSF dimensions:

C1 Communication Level 2/3, C2 Personal & people development Level 3, C4 Service Development Level 2, C5 Quality Level 2/3, C6 Equality, diversity & rights Level 2/3.

HWB2 Assessment & Care Planning Level 2/3, HWB5 Provision of Care to meet health and wellbeing needs Level 3, HWB4 Enablement to address Health & Wellbeing Level 3.

Note: identifying exact dimensions depends upon the context of your role and therefore how you will be applying your skills.

Programme cost £135.00 (Lunch provided) – cheques in advance please & payable to St. Luke's Hospice

For further information and booking please contact:

Paula Hine / Marilyn Prowse on: 01752 401172

NSSG Dates April – July 2008

April 2008

10th	Soft Tissue Sarcoma	Arundell Arms
11th	Colorectal	Arundell Arms
15th	Pathology	Arundell Arms
18th	Haemato-oncology	Arundell Arms
24th	Lung	Arundell Arms

June 2008

10th	Chemotherapy	Arundell Arms
18th	Pathology	Arundell Arms
12th	Skin	Arundell Arms
27th	Specialist Palliative Care	Arundell Arms
13th	Upper GI	Arundell Arms

May 2008

12th	Urology	Arundell Arms
13th	Research & Development	Arundell Arms
13th	Non Surgical –Oncology	Arundell Arms
20th	Partnership Group	Arundell Arms

July 2008

3rd	Imaging Group	Arundell Arms
3rd	Neuro-oncology	Derriford Hospital
9th	Partnership Group	Arundell Arms
11th	Gynae	Arundell Arms
18th	Haemato-oncology	Arundell Arms
25th	PCCG	Arundell Arms

April 2008

17th	Local implementation Group	Cornwall
23rd	SWCIS Upper GI Study Day	
23rd	Plymouth PARB (LIG)	

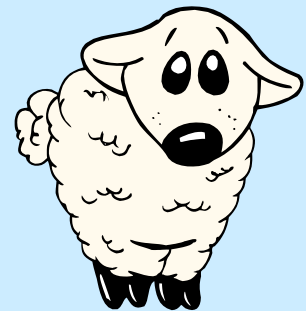
June 2008

27th	Executive board	Arundell Arms
19th	Local Implementation Group	Cornwall

May

2nd	Peninsula Cancer Network Day	
22nd	PCCG	Arundell Arms
23rd	Clinical Advisory Group	Arundell Arms

July 2008



Please Note: The above dates were correct at time of print and may change.

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 1st August 2008

Send all your articles to Annie.sillitoe@nhs.net

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