

Meeting:	Sarcoma Advisory Group
Date:	19 November 2018
Time:	3.00 – 4.30pm
Venue:	MediCinema, RVI, Newcastle
Present:	Tom Beckingsale, Consultant Orthopaedic, Newcastle (TB)
	Quentin Campbell Hewson, Consultant Paediatrician Oncologist, Newcastle (QC)
	Petra Dildey, Consultant Pathologist, Newcastle (PD)
	Katie Elliott, CRUK Strategic GP, Cancer Alliance (KE)
	Karen Fisher, CNS, Newcastle (KF)
	K M Ghosh, Consultant, Newcastle (KG)
	Danielle Gorman, CNS, Newcastle (DG)
	Gail Halliday, Consultant, Newcastle (GH)
	Geoff Hide, Radiology Consultant, Newcastle (GH)
	Ashish Magdum, Microsurgery Fellow, Newcastle (AM)
	Derek Manas, Consultant, Newcastle (DM)
	Mani Ragbir, Consultant Plastic Surgeon, Newcastle (MR)
	Kenneth Rankin, Consultant Orthopaedic Surgeon, Newcastle (KR)
	Brioney Scott, CNS, Newcastle (BS)
	Raj Sinha, Consultant, Newcastle (RS)
	Joanne Taylor, CNS, Newcastle (JT)
	Radha Todd, Medical Oncology Consultant, Newcastle (RT)
	John Tuckett, Radiology Consultant, Newcastle (JT)
	Luke Wigney, Data Clerk, Newcastle (LW)
Apologies:	Sion Barnard
	Richard Milner
	Hans Van der Voet, Consultant Clinical Oncologist, South Tees
	Penny Williams,

MINUTES

1.	INTRODUCTION	Lead	Enc
1.1	Welcome and Apologies		
	PD welcomed the group and apologies were noted.		
1.2	Declaration of Interest		
	There were no declarations of conflict of interest.		
1.3	Minutes of the previous meeting 23.04.18		Enc1
	Minutes of the previous meeting were agreed as a true and accurate record.		
1.4	Matters arising		
	Terms of Reference – Sign Off		

	<p>The group discussed the TOR and it was noted that MDT attendance was to reduce to 30% and that each speciality should be represented. KE highlighted that these are the new minimum requirements for MDT meetings however the TOR are specific for this tumour group. MR to circulate wording for the group to agree these prior to being included in the TOR.</p> <p>Network Pathways for Approval Soft Tissue Sarcoma</p> <p>The group reviewed the soft tissue sarcoma pathway and the following suggestions were recommended:</p> <ul style="list-style-type: none"> • Radiology Upgrade before coming to centre – Patients to have a standard MRI protocol prior to being referred to clinic. This wouldn't change the pathway but would enhance and help the MDT discussion. • Diagnostics – image guided core or open biopsy • Top Box – remove the wording 'growing rapidly'. Wording should now state 'History of previous sarcoma' • Due to ultra sound capacity these may not get done within two weeks hence a 2ww referral to head and neck. <p>Bone Sarcoma</p> <p>This pathway was discussed at the last meeting and it was suggested that referrals are made to CUP. KE informed the group that only Newcastle has MOU for CUP and other Trusts will not accept referrals. Agreement was to be sourced from the orthopaedic team for the timescales of referrals and what the best route is for patients with abnormal x-rays as there is a variation across the patch. KE reiterated the need for a clear route for primary care referrals. It was suggested for the GP to investigate for myeloma and metastatic prior to referral as the local orthopaedic team are not accepting patient referrals.</p> <p>The following changes were agreed to the form</p> <ul style="list-style-type: none"> • 2 week wait to be removed and replaced with urgent referral to local orthopaedic team (expect to be seen in 2 weeks) • Bone disease and myeloma (remove 'or') • Under 18s to be referred to paediatrics • 16-18 year old to GNCH not GNCC • 19 and over to TYA <p>A discussion was held regarding the timeline diagnostic. It</p>		
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		<p>was reported that it is unlikely that 50% of diagnosis can be done by day 14. KE informed the group that this is being measured nationally by Cancer Waiting Times however the group felt that day 28 was more realistic.</p> <p>It was agreed to make the above amendments to the form and recirculate to the group for comments. KE agreed to change the 2ww referral form.</p>		
2.	AGENDA ITEMS			
	2.1	Cancer Alliance Update		
		<p>Alliance Funding</p> <p>There has been a national commitment to continue Cancer Alliances however no clarification of funding from March 2019 has been received. There could be a potential reduction of 70% for Alliance support staff which has been highlighted as a risk. As soon as an update is available from the National Team this will be shared.</p> <p>KE informed the group that the Alliance was one of two Alliances across the country to receive 100% transformation funding for this year however this is linked to the 62 day performance. This funding is being used on pathway work within Trusts, Cancer Navigators posts and community education within primary care.</p>		
	2.2	Transfer of Care (IPT)		
		<p>The group discussed the Inter Provider Transfer and a sample of an aide memoir was shared. The group felt that they already had a current proforma which works well but would require a few changes to bring this up to date.</p> <p>Questions were raised regarding once the form is updated how this is shared with other Trusts and it is expected this would be through the cancer managers. All IPTs should be received by the MDT co-ordinator.</p>		
	2.3	Consultation of Sarcoma Specification		
		<p>A deadline for responses on the current specification is required by 11 December. PD will be sending a combined response but encouraged all to respond individually too. PD highlighted specific areas including:</p> <ul style="list-style-type: none"> • Key workers for all patients (this is already done through CNS) • All specialities training programme and succession planning • Clinical pathology to be available 24/7 – it is presumed this will be for haematology and biochemistry however PD agreed to clarify • Accreditation for all except radiology • Referral with hospital palliative care – already have 		

		<p>good links through CNS</p> <ul style="list-style-type: none"> • Core MDT advance communication course • Bone Sarcoma to be discuss at National MDT • Links with skull base MDT – this is already being done • Gynae – refer to Sarcoma MDT • Patients from Leeds are to be offered a choice to come to Newcastle or Birmingham <p>There is a webinar next Thursday and PD asked for several people to join.</p>		
3.	STANDING ITEMS			
	3.1	Clinical Trials		
		No update was available at today's meeting.		
	3.2	Any Other Business		
		None.		
	3.3	Next meeting		
		Thursday 28 March 2019 – 1.30 – 4.30pm, (Audit Event) Monday 18 November 2019 – 2.00 – 4.00pm Venue TBC		
4.	MEETING CLOSE			