

Greater Manchester and Oswestry Sarcoma Pathway Board Minutes of Meeting 8th October 2014

Christie NHS foundation Trust Administration Department 2
Level 3, Room 4
Time: 2-4pm

Attendance	Representation
Dr JP Wylie	Chairman. Clinical oncologist Christie FT
Mr D Mowatt	Consultant in reconstructive surgeon Christie FT
Dr P Shenjere	Soft tissue Pathologist Christie FT
Damian Heron	Director of North Wales Cancer Network
Mr P Cool	RJAH Consultant Surgeon and MDT Chairman, RJAH FT
Miss Maxine Cumbo	Physiotherapy, CMFT
Caroline Pemberton	Sarcoma CNS RJAH FT
Hodan Noor	Pathway Manager, Manchester Cancer
Ann Buchan	Sarcoma CNS, Christie
Apologies	
Miss G Cribb	Consultant Surgeon, RJAH FT
Dr M Leahy	Medical oncologist/research and TYA representative Christie FT
Mr R Lalam	Bone Radiologist, RJAH FT
Mr J Gregory	Consultant Surgeon , CMFT
Dr N Winn	Soft tissue Radiologist CMFT
Proff A.Freemont	Soft Tissue Pathologist, CMFT
Jane Evans	Sarcoma CNS RJAH FT
Helen Murray	Sarcoma CNS MRI

Agenda Item	Action
<p>1. Apologies</p> <p>Apologies were noted HN to email NW to clarify changes</p>	
<p>2. Minutes from the last meeting</p> <p>Corrections Jane Evans did not attend the last meeting however Helen Murray from MRI did. All other content is an accurate reflection of the meeting.</p>	HN amend minutes
<p>3. Matters Arising</p> <p>3.1 ToR</p> <p>3.1.1 Section 5.6 - include the following; Commissioning, DH to provide guidance from commissioning perspective and specialist rehabilitation MC to support.</p> <p>3.1.2 To keep the membership meeting numbers to a manageable size the proposal is to have Leads from each discipline the following are the named leads;</p> <ul style="list-style-type: none"> - Pathology, PS has contacted colleagues for agreement to be the representative and confirmed to proceed as well as share outcome of the meetings with the team. - Radiology, JW highlighted with the changes to radiology services and NW new position, The members would like to have NW as the lead, HN to email and check if NW would still be interested to remain as the radiology representative. - Physiotherapy, MC will be the lead. - Nursing lead will be shared between HM and AB for period of six months each. - Living with and Beyond DW will be lead. <p>3.2 Data Collection</p> <p>3.2.1 JW discussed the objective in the GMOSS annual plan to measure clinically meaningful outcomes and compare to international centres of excellence, by;</p> <ul style="list-style-type: none"> - Reviewing Somerset Cancer Registry (SCR) and re-assess whether it fulfils needs at the 3 centres - To Identify measures outside of the national requirements to compare to international centres of excellence. - Adopt the RCPATH minimal data set - <p>This will enable comparisons from other international centres of clinical excellence; the query at the last meeting was how this data will be collected.</p>	<p>All members to give comments of the draft ToR to HN by end of October.</p> <p>HN to email and check if NW would still be interested to remain as the radiology lead for GMOSS</p>

<p>There was originally scope to utilise the clinical web portal (CWP) which Christie has developed, Manchester Cancer are keen to develop this tool further and roll out to across pathways and Trust.</p> <p>The current approach of Manchester Cancer is to pilot this at Gynaecology services this being one centre service within the Greater Manchester sphere of influence, once the learning from test sites have been met the opportunity for Sarcoma to be included will arrive, however, not as soon as originally anticipated.</p> <p>HN is in the project working group and will update us on progress, in the interim HN to contact CWP colleagues to provide a short presentation at the next meeting for members to understand the process of using CWP.</p> <p>Members highlighted SCR has not been given opportunity to fulfil its potential and full utilisation of the systems is still dependant on colleagues completing the information. This does have an impact on national reporting due to the lack of data completeness; members agreed priority needs to be given to data completeness rather than systems of collection.</p> <p>Feedback for CMFT, data recording has improved tremendously from the previous reports, the priority is to maintain this across disciplines within Sarcoma.</p> <p>3.2.2 JW highlighted the basic requirements currently collected alongside the draft NICE quality standards 2015 ;</p> <ul style="list-style-type: none"> - SHA Clinical Lines of Enquiry: <ul style="list-style-type: none"> • % diagnosed with sarcoma and seen in specialist centre • % receiving surgical treatment • % accurately staged • Re-admission rates at 30 days - Draft NICE quality standard for sarcoma-Jan 2015 <ul style="list-style-type: none"> • Proportion sarcoma pts managed by/ or in conjunction with sarcoma MDT • % with a nominated key worker • % of pts having operation by MDT surgeon or designated surgeon • Amputation rates • Local and distant recurrence rates • 30 day mortality • Overall survival rates • Proportion of patients referred to a dedicated retroperitoneal sarcoma service • Retroperitoneal sarcoma survival rates • Patient experiences <p>The emphasis on the new standards is focused on quality of care and patient experience, the query is to ascertain how these measures can be or will be collected. Members agreed the NICE guidance data set should be the priority for the GMOSS members in response to the annual plan objective.</p>	<p>HN to contact CWP colleagues to provide a short presentation at the next meeting.</p>
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<p>Members discussed what information is currently readily available and potential gaps, the <i>key worker</i> section needs to be completed on SCR. <i>% of pts having operation by MDT surgeon or designated surgeon</i> query detailed definition needed. Members suggested GMOSS need to manage their own <i>Survival rate data</i> to ensure accuracy using the national spine. <i>Patient Experience data</i> is so few the national survey does not report however the current local process of patient experience across all sites will support this.</p> <p>JW will update members when the final NICE quality standards for Sarcoma are published.</p> <p>3.2.3 JW updated members action from previous meeting, he and GJ visited CMFT SCR data team to understand the process for data collection. The following are the learning and proposed actions to improve data quality;</p> <ul style="list-style-type: none"> - JW agreed to look at SCR to identify what are the key important data entry points, produce a laminated sheet of screen shot to highlight what needs to be completed. - Members also need to pre-populate as much as possible all surgical information will soon be prepopulated. - PS to discuss with pathology teams if they are given 5 key items to complete would colleagues be happy to pre-populate before an MDT rather than drop down menus which does create confusion. PS confirmed happy to have access to SCR and discuss with the team. - Reduce drop down list for soft, bone tissue sarcomas and pathology to improve quality and reduce pressures for data collections. - DM now has access to SCR and will input all operations as discussed at the last meeting. - Radiotherapy needs to be also included JW to discuss with ML as he has all the data. - SCR quarter 1 data report was discussed and members agreed very positive improvements in the data collection HN informed members to expect a refreshed quarter 1 and a quarter 2 report from CMFT data Manager by the end of October. 	<p>AH will share the patient experience audit with HN to share with GMOSS members.</p> <p>HN to arrange access to SCR for PS</p> <p>PC to identify the key codes for surgical list coding.</p> <p>JW will circulate pathology list and radiotherapy.</p>
<p>4. Work programme</p> <p>4.1 Objective 1: Majority of the items was discussed as part of matters arising.</p> <p>4.2 Objective 2: Audit existing primary care knowledge of sarcoma pathways and provide education and awareness programme to improve early diagnoses and outcome for patients.</p> <ul style="list-style-type: none"> - Early prevention and detections summit Tuesday 11th November 2014, 9.30am to 4pm., detail of location to follow. - Primary Care education Manchester Cancer currently organising a joint event first of which will be held in January 2015, Sarcoma is included in the list of 4 disease groups. Proposal to not deliver joint session with skin as this will confuse GPs in the referral. 	<p>HN contacting Sarcoma UK to identify learning from the pilot</p>

<ul style="list-style-type: none"> - HN contacting Sarcoma UK to identify learning from the golf ball pilot and explore joint working if the finding was successful. - The current practice of general surgery is where the golf ball should also focus <p>The specification to deliver GP training Top 5 tips for query cancer patients”</p> <ul style="list-style-type: none"> ▪ 30 minute presentation excluding Q&A ▪ Present no more than two case studies ▪ Open questions to delegates on what actions they would take for discussion ▪ Share top five things for query cancer ▪ Avoid specialist clinical details focus presentation on general practice presentations. <ul style="list-style-type: none"> - JW will provide a patient experience as case study and data to showcase the referral process to highlight the process. - JW propose to share a short questionnaire on the day to access the knowledge of Sarcoma JW and JG proposed to deliver the soft tissue Sarcoma session. - Invitation will go across Greater Manchester for three sessions (January, March, June) and potentially expand to Oswestry. - Online training session suggested as an opportunity to delivery training HN confirmed Manchester Cancer currently developing web solutions which will also be another opportunity to share the messages. <p>4.3 Objective 3: Ensure patients are able to fully access all aspects of care pre, during and post treatment of Sarcoma.</p> <ul style="list-style-type: none"> - To fully engage with the Living with and Beyond and Palliative Care service mapping to ensure full assessment of Sarcoma service delivery HN to share with AB to complete. - DM to register to attend event held by the Living with and Beyond on the 25th of November as the Sarcoma representative. 	<p>HN to share with AB to complete the mapping tool.</p>
<p>5. Research – clinical trials</p> <p>There is currently very low number of clinical trials and none open for soft tissue this does reflect the report published by the research network. Query on how the data is reported needs to be clear members find reading this information is confusing.</p>	
<p>6. Peer review</p> <p>Self-assessment report completed and uploaded CQUIN site</p>	
<p>7. AOB</p> <p>None</p>	
<p>8. Date of the next meeting</p> <p>28th January 2015 2-3.30pm Christie FT Clinical Oncology Seminar room</p>	