

Greater Manchester and Oswestry Sarcoma Pathway Board Minutes of Meeting

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
Dr M Leahy	Medical oncologist/research and TYA representative Christie FT
Mr P Cool	RJAH Consultant Surgeon and MDT Chairman, RJAH FT
Mr J Gregory	Consultant Surgeon , CMFT
Dr N Winn	Soft tissue Radiologist CMFT
Miss Maxine Cumbo	Physiotherapy, CMFT
Caroline Pemberton	Sarcoma CNS RJAH FT
Helen Murray	Sarcoma CNS MRI
Hodan Noor	Pathway Manager, Manchester Cancer
Apologies	
Miss G Cribb	Consultant Surgeon, RJAH FT
Jane Evans	Sarcoma CNS RJAH FT

Agenda Item	Action
<p>1. Apologies</p> <p>Apologies were noted</p>	
<p>2. Background to Manchester Cancer</p> <p>HN gave a presentation on the background to Manchester Cancer and its aims to increase cancer survival improve patient experience and achieve over and above all national standards for Cancer.</p> <p>The focus of Pathway Boards will be on all areas of the patient pathway and the four cross cutting themes (living with and Beyond, Palliative Care, Teenagers and Young Adults, Preventing, Screening and Awareness) will inform and take forward clinical pathway board needs to support the overall objectives of Manchester Cancer.</p> <p>The role of the Pathway board members is to ensure the developments are documented in an annual work plan, which will form part of a three-year plan. HN also provided information on the Manchester Provider Board, made up of the 10 CEO's of the acute Trusts in Manchester along with representatives from the Strategic Clinical Network, patients and local commissioners.</p> <p>Cancer managers, leads and AHP are now also under the umbrella of Manchester Cancer, the core team are in attendance to the meeting and will report any pathway matters to this board. In the event there is a local issue to address this will also be the avenue to put forward any concerns regarding operational matters or Trust noncompliance to clinical matters proposed by the Pathway Board.</p> <p>The members were positive in the approach and structure of Manchester Cancer, it was agreed that the group will take on board the same geographical approach to the former Sarcoma Advisory group and include Oswestry to reflect the patient pathway.</p>	
<p>3. Terms of Reference</p> <p>JW explained that each Pathway Board would sign up to the Manchester Cancer Terms of Reference (ToR). The Sarcoma ToR needs to be amended to reflect the large geographical area covered by GMOSS. Members are required to provide feedback to HN to make the necessary amendments. HN/JW will then circulate this to relevant sarcoma leads across the geographical catchment area of GMOSS and ask for comments.</p> <p>JW discussed with the group the on-going uncertainty with regard to governance structure of MC when looking at services outside the Greater Manchester as is the case here. JW agree to discuss this</p>	<p>All members to give comments of the draft ToR to HN</p>

<p>further with MC and also discuss with adjoining Clinical Network leads</p> <p>Members discussed section 5.6 and agreed key areas of responsibilities below;</p> <ul style="list-style-type: none"> - Pathology Lead: in the interim it has been agreed by the members PS will represent bone and soft tissue. PS to consult with colleagues prior to next meeting to insure there is general agreement with this. - Radiology Lead: Proposed nomination of NW. NW to consult with colleagues prior to next meeting to insure there is general agreement with this. - Surgery Lead: JG/PC - Early diagnosis Lead: PC - Data Lead: JW/JG - Oncology and Research Lead: ML - Nursing Lead: CP and JE to discuss with other Trust CNS's to decide on best way to represent this group. ? rotating individuals every 12 months - Physiotherapy lead: MC - Living with and Beyond Cancer Lead: DM 	
<p>4. Work programme ideas for discussion</p> <p>JW presented areas to discuss in relation to the development of Sarcoma services for patients. The focus of the future work programme is beyond Nice compliance and peer reviews and more about the whole pathway approach and working towards the world class service with meaningful clinical outcomes.</p> <p>Below are the proposed options discussed;</p> <ul style="list-style-type: none"> - Review the whole patient pathway and aim to make improvements throughout from primary care to treatment and beyond. - Measure clinically meaningful outcomes and compare to international centres of excellence - Propagate pathways and educate referrers - Assess patient experiences and improve upon them <p>Members discussed the national specification key service outcome for bone and soft tissue to identify the level of information readily available across the three partner organisations. JW proposed to include positive margin rate and amputation rates. Identifying measures also requires bench marking and comparators to identify our patient outcome in comparison to the national or international services.</p>	<p>All members to email HN identified data set, definitions and categories for respective discipline to discuss at the next meeting.</p>

PC explained bone surgery is required annually to collect data across the national contract of 5 surgical sites with a set of indicators which is presented by surgeons.

PC suggested opportunity for members to follow this format including discuss difficult cases and this could include combine clinical oncology and radiotherapy by Trust.

- **Improved data collection**

Review SCR and re-assess whether it fulfils OUR needs at the 3 centres. Accepted that SCR functionality does have some limitations in relation to collecting outcome data as the main focus is performance.

Clinicians to identify outcome measures and identify a date to present this annually Need to include nursing, pathology, physiotherapy, radiotherapy, surgery and so on

Manchester Cancer currently exploring an option of real-time data systems, potential issues working across region needs to be explored further for Sarcoma

PC and JG welcome the opportunity for data share and using one system.

Sample data request from Somerset was discussed which identified significant gaps in the quality of data presently collected. At present operations being performed at Oswestry and CMFT are being recoded but none from Christie.

Members to input code of operation after a procedure to ensure this recordings are accurate.

Each Pathway Board meeting to present the last three months of outcome data identified by the pathway board to ensure improvements in the gaps.

- **Adopt the RCPATH minimal data set**

PS confirmed an agreement has been made to adhere to the main minimum data set field however due to the differences in IT systems the same templates cannot be supported.

NW confirmed this is also reflective of radiology currently the minimum data set has been agreed.

PC suggested this can also be standardised for surgery in relation to minimum data set this could be support.

At present to have individual data sets at the 3 treatment centres with GMOSS and present agreed key service outcomes at an annual meeting. In the longer term will strive for a single GMOSS data set which may but may not be based on SCR.

JW and JG to meet and review SCR data collection at CMFT

JW to contact Ben to present the data system under development.

DM to start inputting data onto SCR on number of operations performed at Christie.

HN to share the identified outcome data by members to CMFT Manager and request reports quarterly.

PS to discuss with other GMOSS pathologists and decide how best to take this forward. Could consider an audit of present reports against RCPATH min data set across 3 centres

<p style="text-align: center;">- Send a questionnaire to all GPs to determine present knowledge of pathways</p> <p>Assess GP knowledge of Sarcoma using a questionnaire to identify areas to improve knowledge.</p> <p>Lumps and bumps clinics is a cause for a concern, it was originally agreed that only trust linked with a diagnostic centre can have lumps and bumps clinic however there are currently clinics run in some part of the region without the support specialist diagnostic.</p> <p>ML suggested JW to contact Sarcoma Lead of each Trust to meet and discuss the work of their respective trust.</p> <p style="text-align: center;">- Audit diagnostic pathways</p> <p>JG proposed time from referral to first imaging to first appointment malignant or non-malignant can be reported to this meeting the informatics manager can report this information.</p> <p>PC raised this data will be complex from RJAH perspective</p> <p>JG proposed potential using PAS to collect Secondary care activity and link with initial hospital to diagnostic centre using the referring Consultant HN can support this with the support of members to develop a Performa for the audit.</p>	<p>HN to collect GP contact details in GMOSS area to send survey.</p> <p>HN to collect the suggested questions from members to develop a survey for GPs</p> <p>JW to circulate proposed questionnaire to GPs and discuss further at next group</p> <p>Discuss again at next meeting</p>
<p>5. Research – clinical trials</p> <p>To be discussed at the next meeting</p>	
<p>6. Peer review</p> <p>Self-assessment report to be shared at the next meeting.</p>	
<p>7. Patient Representation</p> <p>JW discussed the need to have patient representation. There were 2 patient representatives on the last SAG and JW has contacted them both and they have agreed to join this group. However, one of these individuals is awaiting further treatment and may not be able to take on this commitment. JW will re-contact them both. JG identified two other patients and can invite if needed. CMFT host an annual listening event which has a high attendance of Sarcoma patients. This could be an opportunity to engage or host similar event to widen the consultation.</p> <p>HN updated the group on the Patient Engagement event held on the 23rd of June in partnership with Macmillan. The event was an opportunity for patients and pathway Directors to scope approaches and methods to engaging patients. I programme of work and guidance</p>	<p>JW to email HN patient representative contact details to invite to the next meeting.</p>

<p>will be share by the end of July.</p> <p>HN will also be briefing patients prior to any board meeting and will debrief after the meeting to ensure effective engagement</p>	
<p>8. Clinical Education event proposal for discussion</p> <p>GP survey will support and identify areas for education.</p>	
<p>9. AOB</p> <ul style="list-style-type: none"> - Manchester Cancer Website up and running - Query in relation to what resource support is available as the work programme begins JW confirm the resource is the Pathway Manager role, however there are opportunity to apply for potential funds from external identified sources or propose change to the provider board. In future. 	
<p>10. Date of the next meeting</p> <p>10th September 2-4pm Christie, Trust Administration Department 2, level 3, room 6</p>	