

London and South East England Sarcoma Network Sarcoma Advisory Group Minutes

Date: Friday 18 July 2014, 15.00-17.00

Venue: Boardroom, 3rd Floor, 170 Tottenham Court Road, London W1T 7HA

Chair: Professor Jeremy Whelan (JWh) and Mr Andrew Hayes

ACTION LOG

ACTION	Owner	Date agreed	Status/due date
MM to request copy of West Sussex Presentation	Melissa Morris	18 th July 2014	24 th October 2014
MM to circulate SAG.	Melissa Morris	18 th July 2014	24 th October 2014
GF to produce data for comparison	Gemma French	18 th July 2014	24 th October 2014
MM to make contact with Sussex to obtain presentation of audit results and invite to next meeting	Melissa Morris	18 th July 2014	1 st September 2014
2010 – 2012 retroperitoneal follow-up audit to be carried out and results presented at the next meeting.	Aisha Miah	18 th July 2014	24 th October 2014
SJ to produce a draft letter to Sarcoma UK to ensure patients do not receive 2 surveys.	Stephanie Johnson	18 th July 2014	1 st September 2014
CPL and AD to bring RMH patient survey feedback to next meeting	Cerys Propert-Lewis	18 th July 2014	1 st September 2014
MM to organise meeting with NHS London commissioners AH and JWh in first instance to explore process and resourcing of diagnostic clinic feasibility planning	Melissa Morris	18 th July 2014	10 th September 2014
GF to produce a comparison data and discuss at next SAG	Gemma French	18 th July 2014	24 th October 2014
SJ to update 2 week rule form for RNOH with GF and include Spine box as an option	Gemma French	18 th July 2014	20 th September 2014
GF to liaise with web manager to get form uploaded	Gemma French	18 th July 2014	20 th September 2014
MM to find out CCG Leads and Local Area Commissioning Leads	Melissa Morris	18 th July 2014	30 th September 2014

1. Welcome and Introductions

JWh welcomed members and highlighted the last meeting in April had been cancelled due to the tube strikes and several actions had been carried over. It was also noted that representatives from Sussex had been scheduled to present their diagnostic clinic audit at the meeting but late apologies had been received.

Action: MM will contact West Sussex for a copy of their presentation which had not been forwarded for this meeting.

2. Minutes from the meeting held on 17 January 2014

The Minutes of the last meeting were accepted as an accurate record of proceedings. JWh and members reviewed the action log from the last meeting and updated the following:

Dexrazoxane guidance for metastatic soft tissue and bone sarcomas

Action: SS is currently reviewing this and will report back to next meeting.

Research Strategy:

This has been completed and circulated.

Follow Up Guidelines

BS amended guidelines and updated version is available on LSESN website.

Follow up audit of retroperitoneal sarcomas

Group agreed a 6 month period using 2012 data to audit and identify; the amount of imaging undertaken, pick up rate, size and treatment modality.

Action: AM to present at next meeting

Patient Survey

UCLH/RNOH had completed for their services. For RMH this will be circulated in a couple of weeks and action plan brought to next meeting for review and sign off.

Sarcoma UK are also working with Quality Health to run a large Sarcoma specific survey to try and obtain more patient feedback. SJ to produce draft letter to sarcoma UK to clarify that patients should not get 2 surveys.

Action: CPL/AD to bring to next meeting

3. **Diagnostic services**

3.1 Presentation from West Sussex

This was carried over to next meeting due to late apologies from West Sussex

3.2 Increase in referrals to centres

JWh informed the group, that as part of a recent presentation to The London Cancer Board, discussions had been held around the increase in diagnostic referrals into the main centres, especially from GPs through the two week wait system. The increase in demand had highlighted the need for local diagnostic services to be established to prevent patients travelling long distance unnecessarily. It had also been recognised that the current estimated pickup rate for sarcomas from 2 week wait referrals was 6-7%; which further supported the development of local diagnostic services.

The data reviewed at the board demonstrated a 70% increase over two year period and the increase of diagnostic demand was becoming a strain on specialist resources. The group were asked to consider how this could be approached for resolution?

The group agreed that the Sussex team would be re-invited to present their service audit data and other diagnostic service providers would be asked to present similar audit data to review effectiveness of services and the potential development of a diagnostic service model.

3.3 Initial post code mapping exercise

MM discussed the post code mapping exercise utilising the 2 week rule referral data for each of the centres by mapping the post codes of area/CCG where each patient had been referred from. The aim was to analyse and utilise this data to inform commissioners where establishment of diagnostics services outside of the two centres would benefit the patients and relieve pressure at the centres.

The group discussed the density of referrals. TB/AH highlighted that not only did the increasing demand impact on consultant time and clinic capacity but also generated increased demand on radiology and pathology services as GP local access to radiology was not good and for those patients that had undergone review the quality was often very poor, requiring further imaging to be undertaken.

MM highlighted Croydon had recently expressed an interest in engaging and potentially providing a local diagnostic service but before further consideration could be given there needed to be assurances that this development of diagnostic service in that location would be best placed to alleviate pressure on centres and be convenient for patients.

The group agreed further work should be undertaken, in conjunction with commissioners, to review the data

from Sussex and other diagnostic providers to identify locations for development as well as appropriate operating procedures with clearly defined links to specialist centres. It was acknowledged that this is a major piece of work to explore even feasibility and additional resource to support it would be required by the SAG.

Action: MM to organise meeting with NHS London commissioners AH and JWh in first instance to explore process and resourcing of diagnostic clinic feasibility planning

4. Peer review reports and update

- RMH
MM reported that RMH had undertaken IV panel and uploaded at 97% compliant with no issues.
- LSS
GF reported that UCLH have also undertaken an IV and uploaded 90% for attendance at MDT.

MM updated that the SAG had uploaded a self assessment report and as part of this had highlighted concerns around the site specific sarcomas as an area for further monitoring and review. This had already been raised at the London Cancer Board Presentation and was due to be discussed at the forthcoming commissioning meeting with LC/LCA and commissioners.

5. Communication Update

Service Profiles:

JWh highlighted that service profile had been produced by NCIN. The data is taken from 2010 and hence not representative of current position but still useful for review.

GF is producing a comparison overview with other trust data and this will be circulated prior to next meeting for formal review.

Action: GF to produce a comparison data and discuss at next SAG.

6. Commissioning Update

JWh updated on the arrangements for LCA/LC and confirmed that Sonja had left the LC and had not been replaced. The LCA had been approached and agreed to provide project management support for sarcoma and MM was now undertaking this on 1 day a week. A memorandum of understanding was being developed for formal sign off.

Sarcoma CRG update: The CRG was continuing to develop a service specification. The CRG has also been engaged in activities related to review of specialist commissioning which is ongoing. The possibility of changes to current CRGs is not though very likely but re-prioritisation of work and associated support resources may adversely affect the Sarcoma CRG.

7. Thoracic Surgery for Sarcoma – Letter for information only

TB highlighted concerns that he had not been included in drafting the letter that had been distributed and believed the content was incorrect and misrepresentative of the current position at Harefield. TB suggested any surgery undertaken at Harefield had been in conjunction with himself and that the letter did not allow for flexibility. JWh responded and highlighted that the arrangements had been signed off as consensus after discussion between the SAG chairs and representatives of all Trusts involved. RBH were explicit in confirming the thoracic surgeons responsible for the management of sarcomas at RBH were Mr George Ladas and Mr Simon Jordan as those individuals are involved in the decision making MDTs. TB's concerns were noted.

8. 2 Week rule forms – small change for information

GF updated the group that there had been a slight change on the form which will replace the old form. RNOH would also like to add in a box for spine suspected 2 week rules and this was agreed.

Action: SJ to include spine box on 2 week rule referral form.

Action: GF to liaise with new web manager to get the new form uploaded.

9. Any Other Business



NORTH AND EAST



Action: MM to find out CCG leads and local area commissioners.

Present:

Jeremy Whelan (Chair)
Andrew Hayes
Gemma French
Melissa Morris
Tricia Moate
Stephanie Johnson
Tim Briggs
Chrissie O'Leary
Dirk Strauss
Myles Smith
Aisha Miah
Charlotte Benson
Alison Dunlop
Beatrice Seddon
Catherine Pulicani

Apologies:

Ian Judson
Anna Cassoni
John Schofield
Cat Fox

Date of the next meeting: Friday, 24 October 2014 – 3.00pm to 5.00pm in the Boardroom at the Royal Marsden, Chelsea.