

London and South East England Sarcoma Network Sarcoma Advisory Group Minutes

Date: Friday 11th December 2020, 15.00-17.00

Venue: MS Teams

Chair: Andy Hayes (AH)

1. Welcome and Introductions

AH welcomed members to the meeting and noted the following **apologies:**

Charlotte Benson (CB)	Consultant Medical Oncologist	RMH
David Sallomi (DS)	Consultant Radiologist	ESHT
Jeremy Whelan (JWh)	Consultant Medical Oncologist	UCLH

2. ACTION LOG including outstanding actions from previous meeting. All other actions from previous meeting were completed and have been removed.

ACTION	Owner	Date Added	Due Date
MK to take GIST discussion back to Chief Exec and feedback at next SAG meeting	MK	Sep 20	Dec 20
AH to email surgeons at Brighton for an update	AH	Dec 20	Mar 21
GF to ensure the surgeons are on the distribution list and extend invitation to attend	GF	Dec 20	Mar 21
JWo/SH to make contact with CNS' at RMH re PCC. (Alison) and feedback at the next meeting	JWo/SH	Dec 20	Mar 21
GF to send Robin Jones the staging forms that are used at UCLH for recording staging data in the MDT	GF	Dec 20	Mar 21

Previous minutes were agreed.

3. GISTs at Brighton

At the last meeting there was a discussion regarding not only GISTs at Brighton but also retroperitoneal and extremity sarcoma. There was attendance from two upper GI surgeons from Brighton who wanted feedback on the possible expansion of the sarcoma service at Brighton. AH wrote a detailed later summarising the discussion and giving feedback that there would need to be a link MDT for GISTs, mirroring the arrangements with RSCH but that the SAG could not support retroperitoneal sarcomas surgery by a non-specialist sarcoma service. There was no attendance from Brighton today.

Action: AH to email surgeons at Brighton

Action: GF to ensure the surgeons are on the distribution list and extend invitation to attend

4. Personalised Cancer Care

SH has joined RNOH as the Macmillan Project Manager for 2.5 years leading on the Personalised Cancer Care agenda. SH gave a presentation which included background information on PCC and the implementation plan at RNOH. By next year everyone who has been diagnosed with cancer should have access to PCC.

The focus at RNOH to date has been on Holistic Needs Assessments and next steps include End of Treatment AHP/Nurse Led Clinics with Treatment Summaries, IT developments for sharing information across Trusts and the launch of a HOPE course. Feedback from patients has been very positive to date.



SH Presentation SAG
Meeting 11th December

MA discussed capacity problems at UCLH to do this. The lead cancer nurse at UCLH is working on a business plan to obtain additional resource to support this work.

At RMH the CNS' and clinic nurses are doing the paperwork in clinic. Sometimes they give patients an abbreviated form to complete and return to them.

Action: JWo/SH to make contact with CNS' at RMH. (Alison) and feedback at the next meeting

MD spoke with regards to funding. Cancer Alliances can support pump priming of posts, however he feels like this is a business as usual service. If the Trust believes that the CNS workforce is not adequate to support the work required he strongly recommends putting a business case together in the first instance. If the business case is not successful first time round, cancer alliances can work with Trusts to support re-submission of the business case and provide additional data etc.

5. Covid 19

Update from each Trust

RNOH:

RNOH are catching up with non-cancer work and dealing with long waiting patients. The 'New normal' has been established, working to a green pathway etc. For LSS referrals have gone back up to pre-covid levels but diagnoses are much lower than last year according to data. Breaches and waiting times are stable. RNOH is currently inundated with 2WWs

UCLH:

PD gave an update from UCLH who are running at full capacity, almost back to normal workload. Changes include more telephone and video consultations. They have identified specific subsets of patients who are suitable for telephone consultations. The UCLH CNS team are busy due to the additional burden of covid swab bookings etc. UCLH are also overwhelmed with 2WWs (mainly for abdominal sarcomas).

RMH:

RMH referrals are also back to levels seen pre-covid. It doesn't appear that the number of diagnoses has decreased as shown in the LSS data

It was agreed to keep Covid-19 on the SAG agenda

6. TCST 2WW Meeting Feedback

JWo, AH, and GF have recently met with TCST to discuss the volume and quality of 2WWs received in both sarcoma centres and discuss how they could help us to improve this part of the pathway. There has been a discussion regarding improving the support and guidance that is available to GPs prior to making a referral. Both centres are going to look at their data prior to the next meeting....

7 RMH Update of Developing Diagnostic Hubs

AH fed back to the group the developing network including specific issues relating to the Croydon service. He emphasised the importance of pathology and radiology engagement at the beginning of this process as there had been significant issues raised by the pathology service linked to Croydon that have hopefully now been addressed.

8. Follow-Up Guidelines

BMS has drafted the follow-up guidelines which were circulated to various volunteers of the SAG in October for comment. BS has some final amendments to make before circulation and sign off.

9. East of England Radiotherapy Protocol

BMS noted that the East of England Radiotherapy Operational Delivery Network had recently agreed a network protocol for radiotherapy treatment of sarcomas of the limb/trunk. It is expected that the protocol will be implemented in each department treating sarcoma by the end of December and will be reviewed in Oct 2021.

10. NCRAS COSD Data

SS presented the latest NCRAS data which showed compliance of the three trusts (RNOH, UCLH, RMH) against key COSD items. RNOH and UCLH performance has improved and is very good for 2020, RMH performance still requires some improvement. The SAG discussed how the various COSD items are collected at each of the Trusts and how a new process of collecting staging data in the LSS MDT has greatly improved performance.



National COSD
priority sarcoma items

Action: GF to send Robin Jones the staging forms that are used at UCLH for recording staging data in the MDT

11. SAG Hosting

GF has spoken to Mandy Sanderson at NHS England regarding the SAG Oversight Board meeting. Mandy has circulated some potential holding dates to key attendees and will confirm asap. JWh and GF have drafted terms of reference and an agenda.

12. Patient Feedback

No patient representation and no feedback received.

13. Governance

Nothing noted.

8. AOB

Mr Hayes informed the group of the forthcoming Virtual BSG on 24th/25th February and encouraged members of the group and their colleagues in their sarcoma networks to attend

Date and location of next meeting

Friday 12th March 2021, 15:00 – 17:00 MS Teams

Present:

Mabs Ahmed (MA)	Consultant Clinical Oncologist	UCLH
Fernanda Amary (FA)	Consultant Histopathologist	RNOH
Lee Bayliss	Consultant Surgeon	RNOH
Marc Delon	Programme Lead	NCL
Gemma French (GF)	Sarcoma Improvement Manager	UCLH/RNOH
Piers Gatenby	Consultant Surgeon	RSCH
Craig Gerrand (CG)	Consultant Surgeon	RNOH
Spyros Gennatas (SG)	Consultant Medical Oncologist	RMH
Andrew Hayes (AH)	Co-chair of SAG and Consultant Surgeon	RMH
Suzy Hudson (SH)	Macmillan PCC Project Manager	RNOH
Robin Jones (RJ)	Consultant Medical Oncologist	RMH
Tanya Joseph (TJ)	General Manager, Sarcoma & JRU	RNOH
Vasilios Karavasilis	Consultant Medical Oncologist	UCLH
Aisha Miah (AM)	Consultant Clinical Oncologist	RMH
Maria Michelagnoli (MM)	Consultant Paediatric Oncologist	UCLH
Maureen McGinn (MMc)	Senior Project Manager	RM Partners
Emily Pegg (EP)	Deputy Divisional Manager	UCLH
Beatrice Seddon (BMS)	Consultant Clinical Oncologist	UCLH
Dirk Strauss (DS)	Consultant Surgeon	RMH
Sandra Strauss (SS)	Consultant Medical Oncologist	UCLH
Vanessa Topp (VT)	Deputy Divisional Director, Cancer Services	RMH
Julie Woodford (JWo)	Nurse Consultant	RNOH
Shane Zaidi (SZ)	Consultant Clinical Oncologist	RMH