

Meeting of the Peninsula Sarcoma Advisory Group

Thursday 19th September 2019

Strawberry Fields, Lifton farm Shop, Lifton, Devon

FREEDOM OF INFORMATION

This group will observe the requirements of the Freedom of Information Act (2000) which allows a general right of access to recorded information including minutes of meetings, subject to specific exemptions. No one present today had any objections to their names being distributed in the minutes.

Draft Notes (to be ratified at the next SAG meeting)

Chair: Dr Toby Talbot (TT)

Consultant Clinical Oncologist, Royal Cornwall Hospitals NHS Trust

1.0 **Welcome and Introductions**

1.1 (Refer to separate record of attendance on the SWCN website).

2.0 **Service Development**

2.1 Following consultation, of the recently published NHSE Sarcoma Specification there has been minimal changes to the draft specification discussed at the previous meeting (slight changes have been made in Genomics and Young Adults/Teenagers).

2.2 In order to continue providing sarcoma services locally, the Peninsula will need to be compliant with the national service specifications, and due consideration must be given to the tasks required in order to provide a collaborative, cohesive and clinically effective service. If the team is unable to satisfy the specification and be able to demonstrate what is required, the service is at risk of not being remunerated and commissioned.

2.3 The specification requires a single MDT for the region. This has required aligning job roles at Exeter in order for all relevant MDT members to dial in on Tuesday mornings. TT thanks Exeter for making these changes in order to accommodate this. Apart from a few minor technical glitches, the MDT is working well, and TT is confident that he can go back to NHSE to say that we are meeting this specification requirement.

2.3.1 The MDT is running longer at 1 hour 45 minutes and TT needs to discuss with the group ways that this could run more effectively.

2.4 The specification requires the team to define their scope of practice / surgery and case review. Only Exeter and Plymouth have surgical services for Sarcoma patients. TT stressed the importance that disruption to patients must be very minimal.

- 2.5 TT explained that the service should be referred to as the 'Peninsula Sarcoma Service' as opposed to individual trusts, as protocol and pathways for the region need to be agreed.
- 2.6 The service needs to identify someone to be responsible for data collection and KPIs need to be agreed in order to demonstrate that the service is satisfying the specification and to highlight any challenges.
- 2.7 With the Peninsula working as a joined up service, TT suggests unifying Exeter and Plymouth websites and rebranding the 2ww referrals forms as the Peninsula Sarcoma Service.
- 2.7.1 ED explained that there are currently two clinical referral guidance's for GPs: the South and West Devon, and the North and East Devon. The SW forms consider a soft tissue lump more than 5cm in size to be of concern, whereas the NW form is 4cm. ED asked that this could be the same.
CT confirmed that the BSG Guidance is " a soft tissue lump exhibiting in size more than 5cm"
- 2.7.8 **ACTION:** BK to look into website changes.
- 2.8 **ACTION:** BK to circulate the service specification to the group for comments with the minutes.
- 2.9 The team discussed differences in investigation pathways across the trusts, which can cause delays. Exeter does not currently offer direct access to imaging and therefore unnecessary appointments are being used which effects 2ww pathway. There is concern that the system could be at risk of being flooded were this is the case, or concern that GPs would be reluctant to make direct referrals. ED explained that direct access to tests is available in Torbay and works well.
- 3.0 **28 Day pathway and CWT update**
- 3.1. Ruth Card sent apologies from Cornwall .The service is currently performing well concerning CWT.
- 4.0 **MDT**
- 4.1 Although there was initial concern that the formation of a joint MDT would lead to disruptions for surgeons, now this has been implemented across the Peninsula there has been good feedback.
- 4.2 As previously discussed, mixing two caseloads together has made the MDT longer and more complicated. The group has recognised that where possible, the MDT should be streamlined.
- 4.3 The group identified that pathology attendance to the MDT is challenging, as there is a limited number of pathologists in place at Exeter. Plymouth pathologists are unable to attend the MDT before 9:30am and therefore this needs to be coordinated appropriately.

4.4 In order to streamline the MDT further, the group felt that having transparent guidelines for discussion would help. Often local discussion has taken place prior to the MDT and can be repetitive. The group would like the complex longer cases to be discussed after 9:30am in order to ensure that pathology are present.

4.4.1 **ACTION:** Exeter and Plymouth to look at coordinating pathology job plans by speaking to the pathologists about how attendance can be facilitated better to allow them to contribute.

4.5 The group discussed reporting and where histopathology is not ready. It was agreed that discussion of that particular case should not be had until it becomes available.

5.0

Lipoma Pathway

5.1

KF and RCHT have identified that a pathway for Lipoma would help reduce the length of the MDT, as its use would mean that such cases are not being brought to the MDT.

5.1.1 Please see draft Lipoma pathway circulated with the minutes.

5.2 The group considered discussing benign cases in MDT but by reference only and in no detail.

5.3 ED advised that often a letter from the Sarcoma MDT will usually stop the GPs from making another referral and therefore the group should consider whether a benign Lipoma letter would be helpful.

6.0 Genomics

6.1 The group identified that the right kit needs to be used to separate the biopsy specimen, and where disruption is not caused to a patient's treatment the teams are happy to commit to genomic sequencing.

6.2 WGS will be offered to Sarcoma Patients across the Southwest.

6.3 Please see slides circulated with the minutes from a recent WebEx providing a Sarcoma Genomic Pathway update.

6.3.1 **ACTION:** BK to arrange for a Genomic update at next meeting.

7.0 LWBC Update

7.1 RCHT are running rehab clinics for Sarcoma patients, based at The Cove. These patients are seeing the CNS team prior to chemotherapy with the emphasis on offering psychological support.

7.2 At Exeter, there is a cross over between Sarcoma and melanoma, and ideally, IT systems need to communicate better with each other. With the implementation of MYCARE to the RD&E, this issue is hoped to be rectified.

8.0 Research Update

- 8.1 ISKS is currently leading recruitment.
- 8.2 The ISKS is a unique biological, epidemiological and clinical resource created to investigate the heritable aspects of adult onset sarcoma (Ref :)
- 9.0 **AOB**
- 9.1 Date of next meeting
- 9.1.1 **ACTION**: BK to liaise with TT for a meeting on a Thursday 6 months from now.

-END-

DRAFT