## Sarcoma Advisory Group

**Date:** 25<sup>th</sup> October 2013  
**Time:** 07.30am – 9.00am  
**Venue:** Pathology Museum Room, Freeman Hospital  
**Present:**
- Tom Beckingsale, Orthopaedic Surgeon, Newcastle  
- Petra Dildey, Histopathology, Newcastle  
- Juliet Dixon, MDT Co-ordinator  
- Karen Fisher, Sarcoma CNS, Newcastle  
- Jeremy French, HPB Consultant, Newcastle  
- Craig Gerrand, Orthopaedic Surgeon, Newcastle  
- Liz Gregson, CNS MSU, Newcastle  
- Geoff Hide, Consultant MSU Radiologist, Newcastle  
- Toni Hunt, Network Delivery Lead, Northern Clinical Networks and Senate  
- Daniela Lee, Consultant Clinical Oncologist, Newcastle  
- Derek Manas, Surgery, Newcastle  
- Shona Murray, Chair, Consultant Orthopaedic Surgeon, Newcastle  
- Raj Sinha, Consultant Musculoskeletal Radiologist, Newcastle  
- Phil Sloan, Consultant Pathologist, Newcastle  
- John Tuckett, MSU Radiology, Newcastle  

**Via Video link:**
- TB  
- PD  
- JD  
- KF  
- JF  
- CG  
- LG  
- GH  
- TH  
- DL  
- DM  
- SM  
- RS  
- PS  
- JT
### In Attendance

- Hans Van Der Voet, Consultant Clinical Oncologist, South Tees (HV)
- Luke Wigney, Data, Newcastle (LW)
- Claire McNeill, Peer Review Co-ordinator, Northern Clinical Networks and Senate (CM)
- Sherron Furtado, Research Physiotherapist (SF)

### Apologies:

- Mark Verrill, Consultant Oncologist, Newcastle (MV)
- Juliet Hale, Consultant Paediatric Oncologist, Newcastle (JH)
- Mani Ragbir, (MR)
- Ruth Christer (RC)
- Mat Tabaqchali (MT)

### Brief Summary of Meeting:

Bi Annual meeting

### ACTION POINTS:

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| 2           | Presentation Re QIDIS Initiative- A quality control Study | Areas for further development were summarised as;  
  - Access to psychological support  
  - Pre Amputation Consultation  
  - Pain management services  
  - Patient transport to Limb Fitting Services  
Discussions took place regarding rehabilitation and also the need for a sarcoma physiotherapist. |             |                   |
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<td></td>
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<td>Post meeting Note: Document attached to provide details of levels of psychological support available at Newcastle.</td>
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<td>3a &amp;3b</td>
<td>Peer Review</td>
<td>Documents reviewed and a number of new appointments to be reflected in the constitution and membership detailed below; Newcastle; John Tuckett MSU Radiologist Rad Todd, Medical Consultant, Tom Beckinsale, Orthopaedic Surgeon Liz Gregson, Clinical CNS South Tees; Dr Azribi now replaced by Tamal Mansey The documents were then endorsed by the Group. Issues still to be addressed are; Video link facility currently not being used by Dr Kumar in Cumbria. Post meeting note: Tony Branson will raise this with Jonathan Nichol at Cumbria next week. Feedback to be provided at the next meeting. Lack of CNS resource.</td>
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<td>3c</td>
<td>Research</td>
<td>Group discussed Research.</td>
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<td>3d</td>
<td>Retroperitoneal Surgical Services CNS Support</td>
<td>Discussions took place regarding the bi banking and the problems of storing specimens if not linked to a project and a suggestion made for one person to be employed across the trust to collect samples. An application had been rejected by RCF for funding to support this. SM suggested using the Trust held funds donated by patients. QIDIS –18 month study regarding assessment of function outcomes with new technology will be undertaken.</td>
<td>For information</td>
<td>All</td>
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<td>3d</td>
<td>Retroperitoneal Surgical Services CNS Support</td>
<td>Acute need for a dedicated CNS. Activity levels high with 70 new referrals pa with 120-150 episodes reviewed. An interest for a nurse led follow up clinic has been expressed. Currently 60% of patients breaching, internal streamlining has been undertaken to try to address this. Pre Op Radiotherapy for retroperitoneal patients will be ready Jan 2014 PD advised of the increased workload within the pathology service with no additional staffing. PD advised this was now at critical point and future new appointments would need to consider having a pathology element included.</td>
<td>For information</td>
<td>All</td>
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<td>3e</td>
<td>Plastic Surgical Services CNS Support</td>
<td>There is no dedicated key worker for patients under the plastic service. Currently some nursing time is borrowed from burns and wound care but this is not consistent or co-ordinated. Feedback from patients is unsatisfactory. KF to</td>
<td>April 2014</td>
<td>KF</td>
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<td>3f</td>
<td>Communication with GPs</td>
<td>provide an update on reallocation at the next meeting.</td>
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<td>3f</td>
<td>Communication with GPs</td>
<td>A 2 WW referral rate Audit had been undertaken. One of the outcomes was a request for a dedicated email address for primary care advice and queries, which is currently being processed and the Network will disseminate this to GPs. Suggestion to visit GP practices to provide brief training sessions on referral pattern to be considered. A 400 word résumé would be produced for the next GP Bulletin due in December.</td>
<td>Nov 2013</td>
<td>SM</td>
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<td>3g</td>
<td>Business Case Vol US Guided Biopsies</td>
<td>Volume of imaging requests (including plastic) is increasing 10% year on year. Figures provided suggest and increase from 139 referrals in 2010 to approx. 337 so far this year (however this date still needs to be cleansed). No option available to expand the session to a full day however may be an option to open an additional scanner and run more capacity within the same time scale. Agreed to collect data for two months to compare demand to current capacity.</td>
<td>April 2014</td>
<td>RS</td>
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<td>3h</td>
<td>Audit</td>
<td>Follow up protocols- concerns express that imaging may be undertaken too frequently and no co-ordinated approach between surgery, plastic and oncology. Follow up guidance document to be drafted by JF and CG and brought to the</td>
<td>31.10.13</td>
<td>JF/CG</td>
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Attached is the Macmillan Treatment summary. It can be modified for local use as there are no copyright restrictions. It is on Newcastle Somerset so ready to be used by any MDT.

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| 3i | Sarcoma Service Profiles | TH highlighted the following as outliers  
- Patients (from #G2) aged 70+ - 37%  
- Patients (from #G2) with recorded ethnicity which is not White-British – 3%  
- Urgent GP referrals for suspected cancer seen within 2 weeks - 81%  
- Patients attending trust within the time frame and % first or only – 75%  
- Percentage receiving surgical treatment – 84%  
SM confirmed points 1 and 2 were to be expected. Point 3 and 4 already addressed re clarifying 2ww with GPs. Point 5 was a positive outlier and higher than the national average. | For information | All |
<p>| 4b | Constitution | Group agreed to consider a sub section for retroperitoneal sarcoma. JF to email SM. | | JF/SM |
| | Newcastle Limb Fitting Service | SM advised the contract with the Newcastle Limb Fitting Service was due to be reviewed next year. | For information | All |</p>
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<td>4c</td>
<td>Date of Next Meeting</td>
<td>Still to be confirmed</td>
<td>April 2014</td>
<td>SM</td>
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tel 011382 529796