

**Manchester Cancer Extraordinary Sarcoma Pathway Board – 13<sup>th</sup> April 2016**  
**Minutes of Meeting**

The Christie

Time: 3.00 - 5.00 pm

AGENDA ITEM	ACTION
<p><b>1. Apologies</b> Oliver Bennett, Ajith Siriwardena, Catherine Coyle</p>	
<p><b>2. Summary of the present GMOSS configuration (JW)</b></p> <p>The present GMOSS configuration is IOG compliant. At present the soft tissue sarcoma service relies on diagnostic and resection services based at CMFT and RJAH. Christie offers specialist onco-plastic support for truncal/scalp sarcomas and those requiring flap reconstructions. RJAH runs the bone tumour service and CMFT is the host Trust for the Sarcoma MDT. The CMFT service is currently run by Mr Gregory and Mr Paul, performing around 70 soft tissue sarcoma resections per year and triaging around 700-800 patients with suspicious soft tissue lumps. In addition ~10 benign cases are operated upon at CMFT per week.</p>	
<p><b>3. Summary of the proposed changes to staff and service at CMFT and potential effects on the sarcoma service (JW)</b></p> <p>Mr Gregory has recently handed in his resignation and his last working day is the 12th May. At present there has been no advertisement for a replacement. In addition, Mr Paul recently announced verbally to the MDT that he would be withdrawing his support to the sarcoma service and those new surgical cases and on-going follow-ups would need to be re-distributed to other Trusts within GMOSS. At this point in time no written confirmation of Mr Paul's proposed withdraw from the service had been received from either Mr Paul or CMFT.</p> <p>The board had a wide ranging discussion on the potential impact of this on the service and how it could be addressed. JE explained to the board that CMFT were confident that a replacement could be appointed for Mr Gregory and that there was a short term plan to provide cover.</p> <p>LD (NHS England) asked if patients currently on the pathway would be affected and CMFT confirmed that they would continue on the pathway as planned. LD stressed that a safe and equitable service must be maintained and asked that all future plans are shared with the commissioners.</p>	
<p><b>4. CMFT plans to address these challenges (MI/JE)</b></p> <p>The meeting agreed that the short term imperative was to provide a stable service. Therefore the meeting asked that the recruitment process for Mr Gregory's replacement should proceed as planned. JE confirmed to the meeting that a job description has been approved but is yet to go out to advert. CMFT plan to have further discussions with Mr Paul to clarify his on-going commitment to the sarcoma service.</p> <p>The RJAH team have offered to support the diagnostic service at CMFT including the weekly MDT and would travel to Manchester to undertake this. The diagnostic MDT would remain located at CMFT and would be followed by a new patient clinic in the afternoon. CM suggested that this was not the only model and all options should be considered. All referrals will be triaged by the surgical teams electronically to ensure a timely pathway is ensured. The operative benign work would be absorbed</p>	

<p>within the general orthopaedic workload at CMFT and this was estimated to be approximately an extra list per week.</p> <p>Until the situation with Mr Paul was clarified the resection service for proven soft tissue sarcomas would be shared between Christie and RJAH. It was noted that some patients had already been referred to both Trusts from CMFT. CMFT management would have further discussions with both Christie and RJAH to agree how this process would operate.</p> <p>With regard to follow-up care the meeting agreed to make greater use of the CNS teams and provide them with an increased level of support during this period.</p> <p>NL (Radiologist) asked that the meeting take note of the radiology resources that are supporting the services. She explained that the radiologist input was currently severely stretched and that any potential solution needed to be monitored to ensure that there was no detrimental impact on radiology. CMFT concurred with this position and the meeting agreed.</p>	
<p><b>5. Summary of discussion and future strategy</b></p> <p>In summary –</p> <ul style="list-style-type: none"> <li>• CMFT proceed with a recruitment process for Mr Gregory</li> <li>• RJAH to support the diagnostic MDT in the short/medium term whilst other options being considered</li> <li>• Until the situation is clarified with regard to Mr Paul the resection workload would be undertaken by Christie and RJAH. CMFT management would discuss this further with both Trusts</li> <li>• CMFT benign work to be absorbed into general orthopaedic workload</li> <li>• Impact of short term plan to be monitored</li> <li>• CMFT to update the group once clarification of Mr Paul’s commitment to GMOSS established</li> <li>• Board to meet again in May to review</li> </ul>	<p>JE</p> <p>PC/GC</p> <p>JE</p> <p>JE/MI</p> <p>JE/MI</p>
<p><b>4. AOB</b></p> <p>There were no items of any other business.</p>	
<p><b>Next meeting – Wednesday 18<sup>th</sup> May 2016, 2.00-4.00 pm, The Auditorium, The Christie</b></p>	