

Sarcoma Pathway Board Meeting

Thursday 18th May, 14.00 -16.00hrs
Auditorium, Christie Hospital Education centre

Present		
James Wylie	JPW	The Christie
Jane Edwards	JE	CMFT
Gary Whittaker	GW	Patient & carer representative
Wendy Chapman	WE	Patient & carer representative
Maxine Cumbo	MC	The Christie
Lisa Cooper	LC	The Christie
Bernie Delahoyde	BD	The Christie
Maggie Cox	MC	The Christie
David Mowatt	DM	The Christie
Arnand Kirwadi	AK	The Christie
Patrick Shenjere	PS	The Christie
Catherine Coyle	CC	The Christie
In attendance		
Lucie Francis	LF	Manchester Cancer
James Leighton	JL	Manchester Cancer

1. Minutes of last meeting

JPW welcomed all to the meeting and noted the apologies received so far. The minutes were accepted as an accurate record of the meeting but JPW asked that the names of those that attended were put into the record.

Action – RP to add names of those present at April meeting to the minutes

2. Update from CMFT in regard to diagnostic/resection/follow up services for patients

JE confirmed that Mr Paul has agreed to continue in the Sarcoma service at CMFT in the medium to long term and she was confident that the service could now be sustained.

She confirmed that for the replacement post that the advert had now gone out and the closing date was on 19th May. She explained that there had been a good level of interest with possible interviews scheduled for 21st June. The post would be a predominantly Sarcoma role with an interest in T&O and based at CMFT rather than RJAH.

RJAH have agreed to continue to support the service whilst in the transition and after appointment as the applicant develops into their role. JE confirmed that it would be a 6 month cycle for the applicant to take up the post.

JE then outlined how the service was currently functioning and explained that there were no current issues or risks.

GW asked if the service could accommodate more referrals with “lumps & bumps” awareness raising programmes as a consequence of the Vanguard. JE felt confident that the service could address this and would review accordingly.

With regard to those patients requiring diagnostics interventions JE informed the group that this was to be managed on a patient to patient basis and based on the referral patterns.

JE was asked on patients being deflected to RJAH and she confirmed that the service will always be advised by the MDT on this. JPW suggested that this needs to be kept under review.

JE explained that in the interim, a locum post had been considered and a JD has been agreed. But she explained that given that the substantive post was so close to closing it was decided to hold off until this process was complete.

DM confirmed that the Christie was coping with the current workload and JPW suggested that work should be done to monitor were the surgery was being performed. He suggested that there should be some structure to how the operating site was decided at the MDT meeting and then this needs to be monitored.

BD asked the board to ensure that there were no changes to the pathway as a result of the change of personnel. JPW & JE assured her that the intention was to maintain the existing pathway.

JPW raised the issue of the nominated diagnostic lead for the pathway and that this needs to be replaced, given the recent changes. JE agreed to pick this up as the appointment process is completed.

Action - JE to confirm the diagnostic lead for the Sarcoma pathway

EC asked about the future of the pathway board and JPW agreed that it needs to be reconfigured in light of the changes and a previously circulated commissioning document. However he confirmed that there was some uncertainty on the status of the commissioning process and the CRG. Therefore it was hard to provide assurances on the future and apply a timescale.

3. Any other business

There were no items for any other business.

4. Date and time of the next meeting