Log No.	Date Created	Status	Discussion summary	Action	Action Lead	Update
10	02.12.20	**Open**	**Title: Gateway C Sarcoma Module** **To: Update** **Owner: ML** ML updated the group that the sarcoma module will start to be worked on next year and it will be a national module. Of interest - They are about to release a course on "Managing physical effects" . The content includes some elements of side effects of certain treatments, like neuropathy. (Non-tumour specific course) It will cover: 1. Types of cancer treatment and side effects 2. Peripheral neuropathy 3. Lymphoedema 4. Cardiac and bone health This will be released next month.	ML to continue to update the group	ML	**10.03.21 - ML updated the group that discussions are ongoing and there is a project lead and GP lead which will be taking this foirward in the next few weeks - bring back to next meeting**
18	10.03.21	**Open**	**Title:** Welcome & Apologies **To:** Update **Owner:** AK AK invited introductions from the group and noted apologies from Helen Murray, Cath Coyle, David Mowatt, Joe Downie, Sue Sykes. Wiliam Croxley was welcomed to the group as an observer at the request of CC.	No further actions		
19	10.03.21	**Open**	**Title**: Minutes of the last meeting & Matters Arising **To:** Ratify and discuss **Owner:** AK/ALL ML shared the action log and went through open actions. She explained that the Gateway C module was now progressing and AK would be having meetings with the project team in the coming weeks to move this forward.	ML to put Gateway C on next agenda and AK will approach the group to ask for input into points to be addressed in the module	ML/AK	
20	10.03.21	**Open**	**Title: Review & Audit National Sarcoma Spec** **To: Update** **Owner: AK** AK informed the group that he reports back to the Sarcoma Expert Advisory Group (SAG). He explained that despite GM having one of the most clear and robust pathways they are not often as visible as they could be at conferences/via articles. He has spoken to DM about more collaborative work across The Christie, MFT and RJAH to include data sharing and promoting the good work.	AK to work up a strategy for collaboration across the NW Sarcoma service to include data collection within proton beam, research etc.	AK	
21	10.03.21	**Open**	**Title: Metastatic Bone Disease Service** **To: Update** **Owner: AK** **MBD Subgroup update -** AK explained that a metastic bone disease subgroup has been set up and have predominantly been communicating via email an prioritising setting up the study day/event. **MBD Study Day/Event 27th April 21-** AK shared the agenda with the group and a discussion about the day ensued. PS said the day was lacking pathology input and he and AK agreed to meet outside the meeting to see if this could be incoporated into this study day or be a session at a future event. AK stated that this would likely be an ongoing event as numbers of MBD are on the increase.	AK to meet with PS to explore including pathology in the event and will report back to the group at the next meeting	AK/PS	

22	10.03.21	**Open**	**Title: MDT Reform Project** **To: Discuss** **Owner: HC** HC had ammended and sent out the survey to the board distribution list for dissemination as appropriate. The survey garnered seven responses from attendees of Greater Manchester-based Sarcoma MDTs. Participants were based across three different NHS Trusts: Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (n = 3) Manchester University NHS Foundation Trust (n = 3) The Christie NHS Foundation Trust (n = 1). All respondents felt two of each clinician need to be present at each MDT however, 50% of local attendees (n=1) stated that two of each clinician are not always present at MDT. Representation across all types of MDT is good, with 100% of respondents reporting the attendance of at least one surgeon, radiologist, histopathologist, CNS and MDT Coordinator. Key findings: Attendees of Local MDTs do not have allocated time to prepare for MDT Some noted absence of Oncology and AMP representation at Local MDTs No representation from AHPs at Sector/Regional MDT It was noted that AHP do attend MDT and that the data may be skewed due to a poor response rate. HC will be leaving GMC at the end of March and introduced Jess Docksey who will be taking MDT reform forward.	JD to arrange meeting with AK to discuss next steps	JD	
23	10.03.21	**Open**	**Title: COVID 19 Update** **To: Update** **Owner: AK** * Clinical Leads Forum Update - AK provided an update of the slides shared during the meeting, which had been drawn from Tableau to look at Covid admissions. Currently there are 105 covid patients occupying ITU/HDU beds, with a total of 581 beds occupied by covid 19 patients. 30% of NHS staff sickness is attributed to covid, owever cancer services are being maintained. He went on to explain the prioritsation system and the GM surgical Hub which should be utilised if capacity is not avaialble locally for surgery. He explained there had been radiology issues but these had now been rectified and the backlog cleared. Guidance had also been disseminated by GM cancer on covid vaccination for patients and ML stated this was stored on the GM Cancer Forum. Acute oncology - AK explained there had been an incident of a patient being diagnosed in A&E at MFT and the pathway not being clear for sarcoma patients. ML explained that GM had done work in this area and agreed to speak to Louise Lawrence in the GMC team to look into this.	AK to continute to update the group ML to speak to LL re the AO pathway for sarcoma patients		
24	10.03.21	**Open**	**Title: Sarcoma Service Patient Survey** **To: Discuss** **Owner: HM/AK** ML had gained knowledge about patient surveys being co-produced at MFT across multiple tunour groups being led by the cancer lead nurse Dave Wright she has previously made an introduction and HM and AK will work with him to take this forward. This was still being worked up and AK said once done he would share with the patient reps for input and then brought back to the next meeting. Treatment Summaries - A discussion ensued on this topic and it became clear that there was disparity across the patch on the use of treatment summaries. AB agreed to look at the proton beam TS as this is being used routinely and has good feedback. AK will liaise with HM re treatment summaries at MFT. AB said the contact at RJAH would be Jane Evans and agreed to provide ML with email address to follow up usage there. The group agreed this should be on the agenda for the next meeting.	HM/AK to continue working up the survey with the team at MFT and then share with the SURs and bring to next meeting ML to ensure treatment summaries are on the next agenda and lisaise with HM/AB & Jane Evans re what is being used currently	HM/AK ML	

25	10.03.21	**Open**	**Title: User involvement Update** **To: Update** **Owner: WC/GW** **SURs Update -** WC & GW noted the updates. They reiterated to the group that numbers of attendance at the Manchester sarcoma support group remain low. **Patient Engagement at the Christie** - MC presented the poster she had shown at the BSG Conference around patient support groups meeting virtually during covid. The sarcoma AHP/nurse team designed a qualitative survey to be completed by service users at the next available support group. This was emailed to the participants prior to the meeting to enable them to consider their answers. This was followed up in the meetings verbally where the participants gave their permission for us to use their responses. The feedback from the group was reassuring. The service users were gaining something positive from attending the virtual group and it was going some way towards meeting their needs. Moving forward they intend to complete a more formal questionnaire with a larger number of participants to assess how they can improve attendance. They also are committed as a working group to try and promote the Support Group more effectively. It is interesting that the desire for both online and face to face support exists and this is something that they will take forward when they plan for post-Covid 19. WC suggested that they look at the intervals when the information about support groups is shared i.e. at different times post treatment and multiple times.	All to note		
26	10.03.21	**Open**	**Title:** Cancer Waiting Times Data **To:** Update **Owner:** AK AK spoke to the presented data set and stated that the data can be skewed easily as it is in percentages and the patient numbers are small. ML will distribute the slides with the Q3 data on post the meeting. AK explained that everyone should own their own data and that they can access the GM tableau system. ML will send a registration link to the group with the minutes.	ML to distribute the slides and tableau system link	ML	
27	10.03.21	**Open**	**Title: AOB** **To: Discuss** **Owner: ALL** **Shared care guidelines -** ML updated the group that DM and JW are helping to update the shared care guidelines and a first draft will be ready by the 9th April. AK thanked DM & JW for their help with this. **Data sharing -** This was discussed under item 3 on the agenda (review and audit national sarcoma spec). **Genomics -** AL confirmed he will be the genomics rep on the board and will liaise with ML re any guidance and pathways as they arise which will be done in process driven way with the genomics pathway manager Claire Goldrick and The Clinical Lead Fiona Blackhall **Attendance:** AK was pleased to note attendance was better but encouraged everyone to send a deputy if they were unable to attend. AK and ML agreed to meet outside of the meeting to discuss attendance from the Oswestry Team.	ML to put the guidelines on the next meeting agenda AL & ML to iaise re genomics work ALL to send a deputy if unable to attend AK/ML to discuss how to engage Oswestry Team in meetings		
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