

Improving Sarcoma MDTs - a BSG study day. Programme.

13th February 2019.

10 to 4:30 pm, Hilton London Euston.

The aim of this meeting is to consider the recommendations of the MDT review from CRUK, share ideas, problems and good practice about Sarcoma MDT working, consider a national study run through MDTs, and agree a way forward.

We will share the meeting contents and outcomes with BSG members.

Time	Topic	Speakers
09:30 to 10:00	Registration	
10:00 to 11:00	Introduction and aims of the day	
10:00 to 10:30	Setting the scene: <ul style="list-style-type: none"> • Why have a meeting? • What makes a sarcoma MDT and why do we have them? • Evidence for MDTs • NHS Cancer Strategy and MDTs • CRUK initiative • Results of 2018 BSG survey • What attendees want from the meeting. 	Craig Gerrand Consultant Orthopaedic Surgeon, RNOH. President BSG.
10:30 to 11:00	How can we improve MDTs?	Prof. Muntzer Mughal Clinical Lead, MDT Improvement School Cancer Academy, UCLH Cancer Collaborative. Chief CMO, London Cancer.
11:00 to 12:00	Drinking from the firehose. How to manage the inflow?	
11:00 to 11:15	Scene setting <ul style="list-style-type: none"> • Size of the problem of new referrals • Guidelines for USS screening of lipomatous tumours in primary care • E-referrals - bedding in 	Craig Gerrand

11:15 to 11:30	Repositioning MDT meetings in the patient pathway	Jonathan Gregory, Consultant Orthopaedic Surgeon, ROH Birmingham
11:30 to 12:00	Working groups 1: <ul style="list-style-type: none"> • Approaches to 2ww referrals • Optimal strategies for managing the inflow of new referrals • How do you communicate with the referred patient? • What is the function of the sarcoma MDT in the referral pathway? • How to meet the new cancer target? 	All
12:00 to 13:00	The ideal sarcoma MDT	
12:00 to 12:15	Scene setting <ul style="list-style-type: none"> • Features of an ideal sarcoma MDT • Why are sarcoma MDTs different? • How do we get to the “ideal” MDT? • Communication strategies for the sarcoma MDT 	Craig Gerrand
12:15 to 12:45	Working groups 2: <ul style="list-style-type: none"> • Identify good practice examples from your MDT to share • What doesn't work well? • How do you measure success? • Where are the biggest delays? • How do you bring in the patient perspective? 	All
12:45 to 13:00	Feedback from working group discussion	All
13:00 to 13:45	LUNCH	
13:45 to 14:45	Pathways and protocols	
13:45 to 14:00	Scene setting <ul style="list-style-type: none"> • Why use pathways and protocols? • National guidelines • Examples from other specialisms 	Andy Hayes, Consultant Surgeon, Royal Marsden Hospital
14:00 to 14:30	Working groups 3: <ul style="list-style-type: none"> • Identify areas where protocols would be helpful • Examples of good practice • Mechanisms for sharing and updating 	

14:30 to 14:45	Feedback from working group discussion	All
14:45 to 15:45	Data collection and quality	
14:45 to 15:00	How good is national data collection and what does it tell us about sarcoma services?	Sandra Strauss. Consultant Medical Oncologist and clinical lead for Sarcoma, National Cancer Registration and Analysis Service.
15:00 to 15:30	Working groups 4: <ul style="list-style-type: none"> ● How are data collected in your MDT? ● How is quality measured and maintained in your MDT? ● What should we audit nationally and how? 	
15:30 to 15:45	Feedback from working group discussion	All
15:45 to 16:30	Next steps and wrap up	Craig Gerrand
	END	