GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

Greater Manchester Cancer

Haemato-oncology Pathway Board

Minutes of the Pathway board meeting held on Thursday 13th July 2017 15:00 to 17:00hrs – HTU Seminar room D, The Christie

Attendance	Representation
Dr Eleni Tholouli (Chair)	Clinical Director, Haem-Onc Pathway Board, GM Cancer
Jo Tomlins	The Christie
Dr Fiona Dignan	CMFT
Dr Montaser Haj	Stockport
Catriona Quillinan	CNS
Liz Bates	Patient representative
Dr Simon Jowitt	SRFT
Dr Sumaya Elhanash	UHSM
Sarah Lowiss	Pennine
Dr Hitesh Patel	WWL
Dr Suzanne Roberts	Bolton
Apologies	
Dr Simon Watt	UHSM
Dr Ann Harrison	GP representative
Dr Satarupa Choudhri	Pennine
In attendance	
Michelle Leach	Haem-Onc Pathway Manager, GM Cancer
David Wright	Clinical Director, TYA Pathway Board, GM Cancer

1. **Welcome and introductions**

   ET welcomed all to the meeting and introduced ML as the new Pathway Manager taking over from CR and FD as a new member. ET thanked Dr Mike Dennis on behalf of the board for his hard work and commitment as the previous Clinical Director. Apologies were noted.

2. **Minutes of last meeting**

   The minutes of the last meeting were recorded as being accurate

3. **Matters Arising**

   I. **Annual report**

Discussion summary	ET explained that the annual report will need to be prepared and input will be required from the board members. The template for the report has not yet been signed off but will be ready in the imminent future.
Conclusion	The board noted that they will need to provide information for the completion of the annual report.
Actions & responsibility	**ML** to forward template to ET

II. Board restructure & Terms of reference

Discussion summary	**Restructure of Haem-Onc board members** **CNS** representation - group will be reformed and co-chaired by Catriona Quillinan & Amanda Lane **Research** Lead for the board will remain Simon Watt **Living with Beyond Cancer** lead Rowena Thomas-Dewing has stepped down it was agreed the CNS Group will allocate a lead at the first meeting **TYA** representative will be David Wright who is the newly appointed Clinical Director for the TYA Pathway Board **Radiology, Diagnostics, Surgery** - agreed not to have leads in these areas attending board meetings but for each Trust to have a named link person for radiology, histopath and surgery (general/ENT). **Stem Cell transplantation** – lead was ET, not priority at the moment but need is recognised and will be revisited at next meeting **GP** representative – would like to have 2 reps but recognise that time constrains make this challenging **Cancer Manager** – suggested this could benefit the group and its aims to improve cancer target performance **Commissioner** – agreed to have a named commissioner linked to Haem-Onc board but recognise that they will not be able to attend every meeting **Review of Terms of Reference** agreed in 2014 **Attendance & Voting -** The board decided that quorate is 5 people plus clinical director. Challenges to attend for John Hudson as single handed at Macclesfield, ET to find out if he is able to video link into meeting. ET proposed that voting on agenda items is formalised. The group agreed that if majority (over 50%) vote when meeting is quorate the item is sanctioned.
Conclusion	The board noted the review and actions.
Actions & responsibility	**CNS Meeting - ML** to liaise with CQ to set up the CNS meeting ✓ **Radiology, Diagnostics, Surgery - ALL** to email ET details of named link for radiology & surgery ✓ **MDT Manager – ML** to liaise **Commissioner – ML** to liaise ✓ **Attendance – ET** to contact John Hudson ✓

4. HMDS review

Discussion summary	Prof Ireland has been recruited as an independent external reviewer. There will be an initial meeting to gather information/facts on 28th July with The Christie, CMFT and the HMDS Steering Group (discuss current service provisions, understand history of events). The main review meetings will be 5th & 6th October. To ensure this review is not just seen as advisory and for both CFT and CMFT to endorse the report Dave Shackley (Clinical Director for GM Cancer) agreed involvement of a Lead Commissioner and patient representation. Unfortunately MoU from both CFT and CMFT to commit and implement the report's suggestions could not be obtained but both trusts continue collaboration with the reviewer. Robin Ireland will also have final report approved by 2 further UK HMDS experts to ensure recommendations are balanced and fair. The review group in Oct will include service users, commissioner, patient representatives and Dave Shackley the Clinical Director for GM Cancer. Claire Orourke is putting together a briefing pack as requested by Robin Ireland and

	facilitating the external HMDS review. LB volunteered to be available on 6th October and ML said she will work with the User Involvement team to have further input from people affected by cancer.
Conclusion	The board noted the report, ET will continue to update the board on progress
Actions & responsibility	**ML to liaise with UI team re service user involvement in the review process** ✓

5. Pathway Guidelines & Treatment Protocols

Discussion summary	**Guidelines** – ALL guidelines to be reviewed every 2 years or sooner if significant changes occur CML guidelines - agreed by board and signed off MPN's due review Sept 17 and are being worked on Lymphoma – Jane Norman (CMFT) is reviewing at the moment; ET will distribute for sign off prior to November meeting CLL – Adrian Bloor (CFT) to write in parallel with National BSH guidelines; ET will distribute once available AML and MDS – to be reviewed next year Myeloma – are been revised by Satarupa Choudhuri (Pennine), Alberto Rocci (CMFT) & Jim Cavet (CFT), to be signed off at next board meeting; ET will distribute **Pathways** Acute Leukaemia – Pathway agreed and signed off Lymphoma – Pathway nearly complete, HP to revise with suggestions CML & Myeloma – SC will complete/revise and send to ML for uploading to GM Cancer Website CLL – ET to allocate reviewer MPN – Tim to do JT to contact to arrange this ET asked CNS group to look into links for videos for pathways for hard of hearing people etc. **Common Treatment Protocols** ET asked the board if they would like common treatment protocols. All were in favour, SR said she would share protocols from Bolton for discussion at the next meeting
Conclusion	The board noted the discussions and actions and confirmed their support
Actions & responsibility	**Guidelines** **ET** – send ML CML guidelines, chase and distribute Lymphoma, Myeloma, MPN & CLL guidelines ✓ **ML** to PDF and upload CML guidelines to GM Cancer website when received ✓ **Pathways** **ET** – to allocate CLL pathway to be written ✓ **HP** – revise and forward Lymphoma pathway and email to ET&ML ✓ **SC** - revise and forward Myeloma pathway and email to ET&ML **SC** – to prepare CML pathway and email to ET&ML ✓ **JT** – contact Tim Somervaile to write MPN pathway ✓ **ML** to PDF and upload acute leukaemia, lymphoma & myeloma pathways to GM cancer website once finalised **ET** – ask CNS group to look into materials available for patients with disabilities for the different disease pathways ✓ **Common Treatment protocols** **SR** to share Bolton's with the group and ML to put on agenda for next meeting

6. 62 Day performance Data

Discussion summary	GM Haem-Onc has been performing below national average for 62d cancer target over the past 3-4 years. The board discussed last year's data which was recently made available. However performance was broken down by CCG rather than Trust. ML noted that the data is not very helpful at the moment she explained GM Cancer is looking at ways to present this in a more meaningful way in the future. Need to identify poor performing Trust's to investigate patient pathway and understand delay reasons. Data currently available however does confirm delays occur when patients follow a dual pathway during their presentation/diagnosis affecting 62d performance. Discussion around delays from referral to treatment when a patient has to be referred to another speciality for tests such as lymph node excision. ET requested that each Trust have a named link person for radiology and surgery (general/ENT) to help solve problems and delays in the 62day pathway.
Conclusion	The board noted the report, need data analysed by Trust rather than CCG to identify poor performers and investigate reasons. Having named consultants for lymph node biopsy/excision and radiology
Actions & responsibility	**ML** to keep the board updated with the progress on data collection and presentation ✓ **ALL** to provide details of named radiologist & surgeon (general/ENT) ✓

7. MDT Structure and Cancer Peer Review

Discussion summary	UK wide project to improve effectiveness of MDTs. MDTs are also reviewed across all pathways in GM, aiming to make better use of specialists' time. The board discussed that some disease groups such as CLL for watch and wait or MGUS can be discussed virtually via email rather than at a traditional MDT. This will free up time to concentrate MDT discussions at the more complex cases. Use of proformas would be helpful for virtual MDTs would be useful. The board agreed to start with CLL and MGUS but to review protocols and forward a list of the more straight forward cancers to expand this list. The group agreed that any patient undergoing systemic therapy should always go to MDT.
Conclusion	The board agreed to initiate virtual MDTs for CLL & MGUS across all 4 MDT sectors
Actions & responsibility	**ET** – to share proforma and guidelines for virtual MDT

8. Local Patient Experience Survey

Discussion summary	JT presented her slides on the patient experience survey. She highlighted the long term effects section which seemed to be an area patient's had most concerns. LB asked if there was any difference in age groups wanting access to support groups and JT said there was not. JT said the survey will need repeating again in the future.
Conclusion	The board noted the presentation and thanked JT
Actions & responsibility	**JT** – revise patient questionnaire and lead on repeating survey next year, email slides to ML to upload to GM cancer website **ML** - upload slides to GM cancer website

9. CNS Group & Plan

Discussion summary	JT is stepping down from the role of chair for this group. The board thanked JT for her work. CQ & AL will be co-chair CNS group moving forward.

	CNS group to meet every 2 months to address following items • Scoping exercise - collect information on CNS staffing across GM and availability of nurse led clinics • elect a lead for Living with & beyond cancer • collate info materials available in different formats for patients with disabilities and Haem-Onc cancers ie videos to explain diseases • standardise 'end of treatment summaries' • develop training/competency pack for CNSs • develop plan for delivery of Health & Wellbeing events (to include info/guidance on long term treatment consequences, holistic needs etc)
Conclusion	The board noted the discussion
Actions & responsibility	**ML** to liaise with CQ & AL to set the next meeting up and organise agenda and administration ✓ **CQ/AL** to represent CNS group at board meetings and feed back on actions

10. Living with & beyond cancer

Discussion summary	A large part of the cancer plan is delivering the Recovery Package ML explained that there is a Steering Group and an implementation group looking at this. The CNS group can feed into this from individual Trusts. DW also feeds into this group.
Conclusion	The board noted the discussion and await feedback from the CNS Group
Actions & responsibility	**CQ/AL** to update the board on progress

11. User Involvement

Discussion summary	No update from LB ML informed the board that LF the User Involvement Manager had gone on Maternity Leave and would be replaced by Melanie Atack in the near future. The board thanked LF for her support and commitment.
Conclusion	The board noted the discussion
Actions & responsibility	**Action –** no further actions for the board

12. Research

Discussion summary	**Trials report – FY 2016/17 Q1-Q4 report** ET noted that recruitment across GM was excellent as mostly was in complex interventional studies. However, GM is only in joint 8th place of 15 CRNs in England in terms of overall recruitment. To further increase recruitment numbers ET suggested to open more observational trials across GM. ET also noted that some Trusts only have high recruitment in to observational and others low recruitment into interventional studies. ET therefore encouraged each Trust to look at a healthy balance in recruiting to both, interventional and observational studies. SR informed the board that Bolton would be prioritising interventional studies as they already recruit well into observational studies. **Strategy to improve clinical trial recruitment** • ET has identified a research lead in each Trust who are directly contacted by Sarah Kirk when new suitable studies have been identified. • ET and SW met with Sarah Kirk and Francisca Martimarti (GM cancer Research lead) to identify suitable studies. Currently 4 suitable studies available to new sites, encouraged to open:

	MEASURE – Observational, MPNs TREATT – interventional, Tranexamic acid in intensive chemo V1 – observational, all haem cancers ENRICH – interventional, MCL • Agreed that GM will centrally approach trials centres for a set number of access sites for phase 3 trials (4 sites for Intensive AML trials, 10 sites for Myeloma and NHL trials). That way we will avoid sites been rejected in the process as happened with Myeloma XI. • Audit current resources in research. ET met with Sue Dyed. SD has assured ET that there are enough research nurses available to support all Trusts if they are experiencing staffing issues – proposed research nurses who float across multiple sites to support where most needed. **100,000 Genome project** ET updated group - not as easy as initially thought. Will focus on AML samples first as this is the easiest pathway to this study and this will be opening at SRFT, Christie & CMFT. Expansion to additional tumours to be evaluated at a later time point. **Other** -LB asked if we collected data on patients who decline trials as if we understand why people decline we may be able to do something to change this in the future. ET asked each Trust lead to find out if they collect this information and if not to collect for the next month. -John Radford has shared link where patient friendly information on lymphoma trials available at the Christie is accessible - will be useful also to colleagues when considering referral. ML to email out with minutes for all to look at and disseminate with colleagues. -MRI was awarded IMPACT status and is a member of a UK trials network focusing on stem cell transplantation; includes funding for a research nurse and will improve recruitment numbers in GM.
Conclusion	The board noted the reports and discussion
Actions & responsibility	**ET** - email all consultants re the collection of data on patients who decline trials and report back to the next board with the information **ML** - share link to Christie Lymphoma website with minutes ✓

13. Educational event

Discussion summary	ET explained that as part of the boards' outcomes it is important that educational events are delivered. The following events are being organised and details will be distributed to board members. -CMFT: Transplant specific complications on 15th Sept 2017 -Christie: John Radford organising a day to review treatments of different lymphomas in 9th or 16th Nov 2017 -GP events: ML explained that there is a Vanguard project called Gateway C looking at providing GP education and it may be that they can help with this. -Forum for staff to present audit and research
Conclusion	The board noted the report
Actions & responsibility	**ET** to share the save the date for the education events with ML; **ML** to distribute **ML** to ask Vanguard (Gateway C) project lead to come and present at this meeting

14. Any other business

Discussion summary	SW requested the board discuss the use of biosimilar RTX in his absence. The saving on biosimilar RTX is 50% or higher. However it takes longer to deliver the

	infusion to the patient (4hrs as opposed to 90mins). A discussion ensued around this subject. There is a CQUINN related to this, ML to try and find out if the cost analysis has been done. ET agreed to provide a board led guidance in agreement with lymphoma leads and ensure forward auditing. This will ensure safe practice and close monitoring will ensure any shortfalls are quickly highlighted. Collected data can then be published. Board asked to change November board date as it clashes with the NW Haematologists meeting
Conclusion	The board noted the discussions and confirmed their support
Actions & responsibility	**ET** to contact lead pharmacists and speak to John Radford to obtain consensus on biosimilar RTX ✓ **ML** to put biosimilars RTX on next agenda and speak to commissioners re cost analysis ✓ **ML** to send out revised date for next board ✓

15. Date and time of next meeting

- 28th September 3-5pm – HTU Seminar Room
- 23rdth November 3-5pm – TBC (revised from 16th November)