

Greater Manchester **Cancer**

Haematological Oncology Pathway Board

Date of Meeting: Thursday 16th February 2017
Time of meeting: 3pm – 5pm
Venue: HTU Seminar Room, The Christie NHS Foundation Trust

Members present

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| Dr M Dennis | Chair | Dr Eleni Tholouli | CMFT |
| Jo Tomlins | Christie & Nursing Rep | Dr Hayley Greenfield | Pennine |
| Dr Simon Watt | UHSM | Dr Montaser Haj | Stockport |
| Dr Ann Harrison | GP | Dr Satarupa Choudhuri | Pennine |
| Derrick Evans | Patient Representative | | |

In attendance:

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| Nicola Remington | GMC Pathway Manager | John Burthem | CMFT & HMDS Lead |
| Claire O'Rourke | GMC Pathway Manager | Lucie Francis | Macmillan UI Manager |

Apologies:

Dr Hitesh Patel **WWL**

Welcome & Introductions: Dr Dennis (MD) welcomed all to the meeting and noted the apologies received. MD welcomed Derrick Evans to the board who will be acting as a patient representative to the board.

1. Matters arising not on the agenda & minutes of the previous meeting

a. 100k Genomes Project – Jane Rogan, Business Manager, MCRC Biobank

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| Discussion summary | Jane Rogan presented the following to the board:  100000 Genomes Project - Manchester! |
| Conclusion | The board welcomed the development of including Haemato-Onc sampling in the current project. |
| Actions and responsibility | All to ascertain viability of recruiting to the trial at respective trusts. Jane Rogan invited comments/feedback: Jane Rogan, Business Manager, MCRC Biobank T: 0161 446 3659 M: 07917 173490 E: Jane.Rogan@chrtsie.nhs.uk |

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- b. Minutes of the previous meeting were reviewed and approved.

2. Objective 1 – Improving outcomes/survival rates

a. Greater Manchester Cancer Board Cancer Plan

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| Discussion summary | MD summarised key elements of the draft report highlighting that the final report (to be issued in March 2017) will stipulate that the regional Haematological Malignancy Diagnostic Service (HMDS) will be implemented by January 2018:  Achieving world-class cancer outcomes in G |
| Conclusion | |
| Actions and responsibility | None stated. |

b. Network Level Pathway Development

i. Lymphoma Pathway (draft)

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| Discussion summary | HP not present.   Lymphoma Pathway Oct16draft.docx Lymphoma Pathway appendix OCT16 draf |
| | At previous pathway board meeting LB highlighted concerns regarding the quality of information given to patients when they present via A&E. |
| Conclusion | Presentation at A&E: The Nursing Group reviewed and recommended that this should be taken forward by primary care and the Lymphoma Association – the board agreed. |
| Actions and responsibility | JT to contact The Lymphoma Association to request patient information development. AH to forward generic TWW patient information leaflet currently issued to patients referred onto a cancer pathway. Further review of pathway at next pathway board meeting. |

ii. Teenage & Young Adult (TYA) Pathway & snapshot audit

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| Discussion summary | <p>SC presented the following audit findings:</p> <p> TYA Data.docx</p> <p>SC stated that the audit findings show that not all TYA patients are being referred to the TYA team at the point of diagnosis.</p> |
| Conclusion | <p>Recommendation is to ensure that all TYA patients are referred to the TYA service at point of diagnosis as stipulated in the TYA pathway:</p> <p> TYA Pathway Oct16.doc</p> |
| Actions and responsibility | <p>SC/CO'R to ascertain what sites have TYA accreditation (CMFT and PAHT confirmed but remaining sites not confirmed).</p> <p>SC to ascertain how much contact/information is provided to TYA patients who choose not to receive treatment at the TYA Principal Treatment Centre (PTC).</p> |

iii. Myeloma Pathway (draft)

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| Discussion summary | <p>SC presented the Myeloma pathway:</p> <p>  MC_Multiple_Myelom MC_Multiple_Myelom a_Network_Pathway_a_Network_Pathway.</p> |
| Conclusion | <p>Referral to transplant to be discussed at MDT and patient to be made aware of possibility of this treatment plan at start of their pathway.</p> |
| Actions and responsibility | <p>NR to forward Myeloma Focus Group comments to SC:</p> <p> Myeloma pathway UI feedback.doc</p> <p>SC to update Myeloma pathway with discussed points and share with the board.</p> |

3. Objective 2 – Improve Patient Experience

a. Specialist Nursing Group update

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| Discussion summary | JT summarised updated the board on the recent Nursing Group meeting held 26 th January:  Haemato-Onc_Nursing_Grp_Minutes 26 01 |
| Conclusion | |
| Actions and responsibility | JT to continue to update the board on the work of the Nursing Group. |

b. Living With & Beyond Cancer

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| Discussion summary | <p>Health & Wellbeing Events: JT informed the board that Pennine are to host a H&W event on the 22nd Feb 2017. Future Haemato-Onc H&W Events within GM have yet to be scheduled.</p> <p>Treatment Summaries: Work at Pennine to develop and standardise treatment summaries has produced the following examples currently in operation at Pennine:</p> <p>    Haematology Cancer Management Plan Lov Treatment Summary - Treatment Summary I</p> <p>   Haematology Cancer Management Plan CLI Treatment Summary (Treatment Summ Low</p> |
| Conclusion | Review of Treatment Summaries after they have been in operation for a number of months will be required. |
| Actions and responsibility | <p>Nursing group to continue to monitor H&W events and development of standardised treatment summaries and feed back to the board.</p> <p>HG to assess the use of Treatment Summaries currently being used at Pennine and feedback to the board prior to further dissemination across GM.</p> |

c. Local Patient Experience Survey

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| Discussion summary | <p>Current Survey summary report (draft) was reviewed:</p>  <p>Haem Local Pt Survey 2016 Report_</p> <p>DE highlighted that patients may give an inflated positive response to survey questions (due to being grateful for the life-saving treatment they have received) as their perception may be that the survey results will only be reviewed by Senior Management in order to monitor staff performance as opposed to being a tool to drive service improvement.</p> |
| Conclusion | <p>From the results obtained the most significant findings were in relation to the following areas:</p> <ul style="list-style-type: none"> • Clinical Trial availability • Effective management of symptoms including patients’ expectations of symptoms • Effective management of the side effects of treatment • Patients’ understanding of the term ‘Watch and wait’ |
| Actions and responsibility | <p>Work-plan to be developed within the Nursing Group focusing on the above identified areas. JT to monitor progression and feedback to the board.</p> |

d. User Involvement

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| Discussion summary | <p>Derrick Evans (DE) informed the board that he is the founding member of the Cancer Warriors: website here DE gave some background information regarding his cancer diagnosis/treatment and his mission to represent a broad range of patient views to the board.</p> <p>LF confirmed that a small community of patients/carers has now been established whose views will be fed into the board via DE & LB.</p> |
| Conclusion | <p>DE was welcomed as a valued addition to the board.</p> |
| Actions and responsibility | <p>All to contact LF should they require patient input in any current/future projects.</p> |

e. Pan-Vanguard Patient Info Videos:

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| Discussion summary | NR highlighted that the following patient information videos are soon to be made available to the be used across GM: http://design-science.co.uk/nhs-london-cancer-films/ The videos were initially created by UCLH and translated into 9 languages. Funding has been secured from the GM Vanguard team to allow for these videos to be marketed as a pan-vanguard venture. |
| Conclusion | All to utilise the patient videos once available. |
| Actions and responsibility | CO'R to issue finalised patient videos to all once available. |

4. Objective 3 – Research and clinical innovation

- a. Research Trials Report**
- b. Strategy to improve Clinical Trial Recruitment**
- c. Haemato-Onc Research Meetings, MCRC**

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| Discussion summary | Research Trials Report: NIHR report was reviewed:  HAEM_Trials report_Q1-Q3FY2016 SW highlighted that SRFT recruitment was very low (representation from SRFT not present at the meeting). |
| Conclusion | Strategy to improve Clinical Trial Recruitment: There is a need for a more co-ordinated approach to trial recruitment across GM, establishing as to which Trusts are to recruit to which studies etc. There is also a need to work more collaboratively as a network. Further re-focus on Observational trials without any detriment to recruitment to Interventional trials is to be focussed upon (especially within Christie & CMFT). Haemato-Onc Research Meetings, MCRC: MD confirmed that John Radford has agreed to rotate the day of the month this is scheduled in order to facilitate improved attendance rates. |
| Actions and responsibility | Strategy to improve Clinical Trial Recruitment: At the next pathway board meeting all to review current research portfolio and establish strategy to improve recruitment to Observational and Interventional trials across GM. Haemato-Onc Research Meetings, MCRC : CO'R to forward dates of meetings once |

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| | confirmed. |
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5. Objective 4 – Improving and standardising high quality care across the whole service

a. Haematological Malignancy Diagnostic Service (HMDS) update

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| Discussion summary | JB summarised the current position of the project. |
| Conclusion | <ul style="list-style-type: none"> • A bilateral workshop session was conducted on 12th January 2017, including Exec leads. • A formal agreement at this meeting was not reached. • Next step is to conduct an external review to ascertain which model to be pursued (however a binding agreement to adhere to the recommendation from the external review has not been secured). • The pathway board continue to support the proposed Manchester delivered service for all aspects of HMDS. • The pathway board wishes to ensure the HMDS project continues to be both transparent and inclusive. |
| Actions and responsibility | <p>JB to continue to provide regular updates to the board.</p> <p>MD/CO'R to write formal letter to HMDS Project leads highlighting requirement for transparency and inclusiveness.</p> |

b. TWW Referral form

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| Discussion summary | <p>The TWW referral form is currently under review and the board have been asked to consider the following:</p> <p>Suggestion: adopt for all forms the following line asking "the reason I am concerned this patient has cancer is....."</p> |
| Conclusion | The board agreed to the proposed addition to the TWW referral form. |
| Actions and responsibility | AH to feedback to the GP group the board's approval. |

c. Capacity Audit Reviews

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| Discussion summary | MD highlighted that the Capacity Audit Review reports for 2016/17 are due by the next pathway board meeting in April 2017. |
| Conclusion | As above. |
| Actions and responsibility | All trusts to complete their Capacity Audit Reviews using the Christie template and provide the report for inclusion at the next pathway board meeting on 27th April 2017. |

d. Osteonecrosis of the jaw in myeloma XI participants

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| Discussion summary | SW reviewed the audit results collated to date:  Zometa questionnaire spread: |
| Conclusion | Further work required. |
| Actions and responsibility | All to review audit results with appropriate colleagues at respective trusts and forward comments to SW: Simon.watt@uhsm.nhs.uk SW to present final report at next pathway board meeting 27th April 2017. |

6. Any other business

Lymphoma Clinical Guidelines and strategy - HG queried as to what progression has been made by the Lymphoma Group [at PB meeting 30th June 2016 Professor John Radford had agreed to invite pathway board members to attend the Lymphoma Group meetings in order to progress work on updating the Lymphoma clinical guidelines, however no formal invitations received to date]. **ACTION: MD will seek clarification from Professor John Radford.**

Video Conferencing Equipment at Stepping Hill Hospital – MH stated that currently there is insufficient Video Conferencing capacity at Stepping Hill Hospital (only 1 fully equipped MDT room) resulting in MH having to physically attend the MDT meetings at the Christie. MH requested for an official statement to be issued by the board to Stockport NHS Foundation Trust highlighting the importance of sufficient MDT Room provision (i.e. requesting additional Video Conferencing equipment to be funded). **ACTION: MD to issue letter to Stockport NHS Foundation Trust.**

Pathway Board Clinical Directors – Re-appointment process – MD informed the board that GMC is undertaking a re-appointment process to the role of Clinical Pathway Director as follows:

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- 4th February – 17th March: Advert out and applications accepted
- w/c 20th March – Notifications of interview
- 3rd/4th/5th May – Interviews (i.e. after Easter)
- 1st June – Start date of successful candidates (so that they can chair one meeting before summer break)

GMC are likely to ask for applications by way of a two-page CV and a brief covering letter setting out the candidates ambitions within the post, credibility and how they would contribute meaningfully to the delivery of the GM cancer plan and pathway improvements. MD encouraged any interested candidates to engage in the process. **Conclusion: The board wished to encourage MD to re-apply for the role of Clinical Pathway Director.**

7. Date of next meeting:

Thursday 27th April 2017, 3pm – 5pm, HTU Seminar Room, The Christie NHS Foundation Trust
Site map: [here](#)