

Haematological Oncology Pathway Board

Thursday 25th June 2015, 3pm – 5pm, PTC Seminar Room, the Christie

Attendance	
Name	Pathway Representation
Mike Dennis	Chair
Hayley Greenfield	Pennine Representative
Rowena Thomas-Dewing	Salford Representative
Jo Tomlins	Nursing and Christie Representative
John Burthem	CMFT Representative
John Hudson	East Cheshire Trust Representative
Simon Watt	UHSM Representative
Hitesh Patel	WWL Representative
Montaser Haj	Stockport Representative
Tanya Humphreys	User involvement Lead
Suzanne Roberts	Bolton Representative
Melissa Wright	Pathway Manager
Apologies	
Name	
Beth Chalfin	Specialist Physiotherapy Haematology
Hussein Baden	Tameside Trust Representative
Jane Woodward	Patient representative
Liz Bates	Patient representative

Agenda Item	Action
<p>1. Welcome and Introductions</p> <p>MD welcomed everyone to the Pathway Board meeting and in particular welcomed Tanya Humphreys the User Involvement Lead at Manchester Cancer. Apologies were noted.</p>	
<p>2. Minutes of the last meeting</p> <p>Item 4 (c) GP Education event. MD indicated that two clinical representatives have been identified to facilitate the event on 19th November.</p> <p>MD contacted London Cancer regarding their perspective regarding Clinical Nurse Specialists ratios and they identified that this had not been part of their remit to date and they would be interested in any evaluation that Manchester Cancer undertake. HG requested that the minute in section 4 (a) regarding the CNS resource across all Trusts being of similar WTE be amended to reflect that this would need to be adjusted to mirror the population size of each Trust.</p> <p>5 (b) There has been no communication with SD in regards to the level of funding available to each Trust however SW is regularly updated in regards to opening trials.</p> <p>6 (d) It has been agreed by the authors that the CLL and MPD guidelines will be updated at a later date. There was a discussion regarding the development of network lymphoma guidelines as the author for this was reluctant to develop these locally.</p> <p>7 (d) The issues regarding Acute Oncology have been raised with the Pathway Director who would be happy to attend the Board if there were further on-going issues. SR explained that there were concerns at Bolton regarding this service as the resource is not available for haematological patients.</p> <p>ACTION: MD to indicate to the author of network lymphoma guidelines that if guidelines are not updated these will be developed as part of the Pathway Board activity. SR to email MD with specific details to raise with Acute Oncology Pathway Director.</p>	<p>MD</p> <p>SR</p>
<p>3. Manchester Cancer Objective 1 - Improving outcomes/survival rates</p> <p>(a) Manchester Cancer Annual report/plan</p> <p>MD explained that the report reflected on the work that had been undertaken by the Board over the last year highlighting the achievements and the plan identifies the areas of work that will be undertaken over the forthcoming year. JB thought it might be useful to include an objective regarding a process for consenting clinical research samples. MD felt it may be more appropriate to consider this as part of the development of a HMDS objective.</p> <p>MD raised the issue of membership as he had received feedback regarding the configuration of the Board and indicated that there had been some interest expressed by Pathologists and Bio-medical scientists to attend the Board. HP felt that additional attendance by other representatives may be useful for certain areas of work, specifically CNS's. RTD explained that in her role as Living with and</p>	

<p>Beyond Cancer (LWBC) lead she will be able to ensure that issues more focused to the needs of patients be incorporated into the activity of the Board. JH thought it might be more useful to keep the membership small and focused on its aims and objectives. It was felt that the core membership should remain with invited attendees to input on certain areas of work as well as an annual meeting to engage with a wider group of stakeholders.</p> <p>(b) Clinical web portal update</p> <p>MD highlighted that there has been some issues regarding the implementation of this due to I.T. challenges. MW indicated that the gynaecology pilot of the system was presented to the Provider Board last week. The pilot highlighted significant improvements to data collection and no increase in time taken to complete the MDT as well as uncovering unknown issues within the pathway of certain patients. The next step will be to develop a Project Board and recruit a Project Manager/Business Analyst to lead on this activity and it is anticipated that lung will be the next pathway to implement CWP across the North West sector (Wigan, Bolton, and Salford). JT highlighted the concerns from CNS's regarding the CWP not having the capability to include certain Somerset fields. MW indicated that this wasn't seen as too onerous within the gynaecology pilot and there were certain fields that can be pasted directly from Somerset into the CWP.</p>	
<p>4. Objective number 2 – Improving the patient experience</p> <p>(a) Specialist Nursing Group Update</p> <p>JT feedback regarding the last nursing meeting which was well attended. JT indicated that there was a good discussion regarding the development of LWBC activities and the nurses group would also like to undertake a local patient experience survey to explore some of the questions from the national survey in some more detail. TH indicated that there had been a delay by the commissioners of the National Cancer Patient Experiencer Survey (NCPES) and the questionnaire did not go out in November and it was unclear whether it had gone out to date which may result in no survey being conducted for 2014-15. This will provide the Board an opportunity to explore doing a more locally based survey. MD felt that a distinctive Haematological oncology survey to reflect the demands of blood cancers.</p> <p>(b) Living with and Beyond Cancer</p> <p>RTD explained her role as the LWBC lead for the Board and discussed the range of activities that have taken place to date. This included a survivorship mapping questionnaire sent to all Trust CNS's to identify which recovery package activities are currently undertaken within their Trusts (i.e. holistic needs assessments, treatment summaries, health and well-being events) as well as information regarding their follow-up schedules. RTD explained that as detailed in the annual report, she would like to implement and standardise the use of treatment summaries across certain haematological oncology disease groups and suggested the template developed by Macmillan.</p> <p>MD asked whether CNS would have the capacity to complete this for each patient within the agreed disease groups. MW explained that for many pathways, CCG's have started to include the implementation of recovery package activities, particularly treatment summaries into their service specifications. HG indicated that she has designed a TYA Haematological treatment summary and this could provide the structure for the template. RTD explained that there was also a plan to implement two Health and Wellbeing events for Haem-Onc patients and had already identified</p>	

<p>Salford as one of the Trust venues for this.</p> <p>(c) Manchester Cancer User Involvement Team</p> <p>TH explained the role of her new team and is undertaking a scoping exercise of user involvement initiatives and is arranging meetings with Pathway Directors to get their perspective on what work they would like to undertake. She explained that the team will be developing a training programme for patients to support them in user involvement and the aim of her team is to ensure that all activities undertaken can be sustained over time. The team will also be launching a campaign to recruit a wider range of people affected by cancer as well as a feasibility study to standardise patient information across the geographical area. HG asked how this would fit in with patient prescriptions. TH reported that many Trusts no longer use these. TH asked if Board members had any patient contacts that would like to be engaged at a different level into Board activity that she would forward her contact details or alternatively she would be happy to contact the patient directly.</p> <p>ACTION: JT and TH to discussion the implementation of patient survey and update at next meeting HG to disseminate TYA Treatment Summary template</p>	<p>JT/TH HG</p>
<p>5. Objective 3 – Research and clinical innovation</p> <p>(a) Research Update</p> <p>MW highlighted that the clinical trials annual report had been circulated with the papers. SW explained that some of the high recruiting trials including Myeloma XI trial would be closing soon. MD asked whether there had been any update on the development of regional trial maps and SW agreed to look into this. SW identified that access to research nurses to support the implementation of trials, particularly the more intensive trials was challenging and Trust representatives identified that most of their research nursing support is funded through the Clinical Research network. SR identified that the research nurses at her Trust have indicated that they will not be supporting any further interventional trials for haematology. HP explained that there were no staffing issues at WWL but there had been issues in relation to the pharmacy set up which are being resolved.</p> <p>ACTION: SW to investigate process with regional trial maps MD to identify the research nurse support available across all Trusts MD to look at the issues raised within Bolton</p>	<p>SW MD MD</p>
<p>6. Objective 4 – Improving and standardising high quality care across the whole service</p> <p>(a) Progress on HMDS Partnership</p> <p>JB explained that the first HMDS Steering Group will be taking place on 15th July at Manchester Royal Infirmary. JB highlighted that the NICE guidance may change to indicate a population size of 4.6 million for each HMDS which may impact on the development of this project. JB explained that the first meeting will be used to agree the structure of the service as explained at previous meetings and investigate whether alternative models could meet the needs of Manchester. JB indicated that he has asked Trusts to provide numbers on their current diagnostic activity and explained that the new service should not cost any more to Trusts than they are currently paying if they are using Leeds as</p>	

<p>their current service. MD thanked JB for leading the group and taking this work forward.</p> <p>(b) Peer Review</p> <p>MD reflected that there were a number of external visits planned in the coming weeks. HG highlighted that the response to Pennine’s submitted evidence indicated non-compliance as a network on certain pathway areas, however this may be upgraded following the review of the evidence. These included HMDS, laboratory investigation guidance and patient referral pathways.</p> <p>(c) TYA update</p> <p>HG explained that the Pathway Board met recently and had looked at the NCPES which highlighted concerns regarding this patient group representation within the survey and may look into undertaking a Manchester patient survey.</p> <p>ACTION: Network level pathways to be developed by Pathway Board and included in the work programme</p>	<p>MW</p>
<p>7. A.O.B</p> <p>SR identified that there were concerns regarding the delivery of chemotherapy which is shared with solid tumours at Bolton. As the Lead Chemotherapy Clinician for the Trust SR has been working on the Peer Review documentation required for the Trust and feels that the Haem-Onc will be non-compliant. SR felt that the 5-year chemotherapy strategy does not reflect the needs of haematology. JH thought it might be useful to discuss these issues with a similar smaller Trust and invited her to East Cheshire. MW confirmed that the Pathway Director for Systemic therapies had stepped down. MD explained that Prof. Jayson had indicated that his vision for haematology was for it to be commissioned through one provider Trust, however MD felt this was not something that would be agreed by the Board so it was not taken any further.</p> <p>MW explained that she will be leaving Manchester Cancer and as such, this would be her last meeting. MD thanked her on behalf of the Board for the work undertaken to support the Pathway Board.</p> <p>ACTION: SR to contact JH at East Cheshire regarding chemotherapy delivery MW to update SR regarding the progress of the Systemic Therapy Pathway Board</p>	<p>SR/JH MW</p>
<p>8. Date of next meeting - 27th August 3pm – 5pm 2015 HTU Seminar Room, the Christie</p>	