

Haematological Oncology Pathway Board

Thursday 27th August 2015, 3pm – 5pm, HTU Seminar Room, The Christie

| Attendance | |
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| Name | Pathway Representation |
| Mike Dennis | Chair |
| Hayley Greenfield | Pennine Representative |
| Jo Tomlins | Nursing and Christie Representative |
| Eleni Tholouli | CMFT Representative |
| Simon Watt | UHSM Representative |
| Hitesh Patel | WWL Representative |
| Montaser Haj | Stockport Representative |
| Hannah Leaton | User involvement Lead |
| Rebecca Price | Pathway Manager |

| Agenda Item | Action |
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| <p>Welcome and Introductions Apologies were noted; Suzanne Roberts & Beth Chalfinch. Jane Woodward has offered her resignation. MD thanked her for all her contributions as she has been a valuable member of the board.</p> <p>a) User Involvement Manager Introduction Hannah Leaton – MC expressed her ambitions for the board for the upcoming year in regards to User involvement. The board agreed that they would like to work to find someone to step into Jane’s shoes. Hannah explained that she felt it was key that users feel confident and able to speak out/challenge the board. Hannah will be attending board meetings to support patient reps, and explained that the new rep can look to Liz bates (Current standing patient rep) for guidance and peer support if required. If any of board has any ideas/demographics ideas etc they have advised to discuss with Hannah. MD felt that as clinicians don’t have a huge amount of having user involvement on Boards, very much welcome contributions and hope people will feedback ideas to Hannah.</p> | <p>Action: All-feedback suggestions for user involvement to Hannah</p> |
| <p>1. Minutes of the last meeting Agreed as correct and will be uploaded to the Manchester Cancer Webpage.</p> | |
| <p>2. Objective 1 - Improving outcomes/survival rates</p> <p>a) Audit for the indications for invasive investigations MD explained that he felt that the board needed a defined plan of audits identified as key areas to take forward.</p> <p>It was discussed previously that one possible area to explore could be Staging of patients with lymphadenopathy and more specifically, whether unnecessary images and biopsies were being undertaken. MD expressed that he felt an audit could make things more efficient in the future and asked the group if they felt there was any some mileage in this? He added that he felt that any guidelines that are forthcoming will be more disease specific and probably won’t address more generic type issues.</p> <p>The general consensus was that people felt that there probably is some merit, but hesitation in wanting to lead on this as there is no defined standard for what they wanted to do making an audit difficult to measure. SW suggested the Idea of trainees possibly undertaking this Audit for development, alongside HG suggesting the idea of possibly any interested GP trainees being a good option to explore.</p> <p>As some of the board would be attending a GP education event on November 19th the group felt that this was a good Maybe use the attendance to look at & invite one or two GP trainees to discuss this work further.</p> <p>b) Network level Pathway development While the board recognise that each centre has own Haem- Onc pathways, they feel that to date there has never been clearly defined network pathway. MD felt this was an area for development that Manchester Cancer should tackle and volunteered to lead on this as there is no Network Pathway document as it stands. MD agreed to make a start on drafting</p> | <p>Action: HG agreed to lead evaluation of audit on initial investigations</p> <p>Action: MD to draft Network Pathway document</p> |

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| <p>something and bring this back to next board meeting.</p> | |
| <p>3. Objective number 2 – Improving the patient experience</p> <p>a) Specialist Nursing Group Update 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 namely survivorship projects and the end of treatment summaries documents HG had sent out for review. The Nurses agreed to review the treatment summaries and adapt them for Haematology and bring those back to the next Nurses meeting in September.</p> <p>b) Health and wellbeing events JT informed the group of a 2 Health and wellbeing events that are due to be held in the next 12 months, one in north Manchester and one at Salford. She went on to explain that one of these events would be Transplant specific, possibly sponsored by the Anthony Nolan foundation. These events are designed to bring patients together to discuss all manner of survivorship issues and act as an information point where by leaflets and information packs can be distributed to those who attend.</p> <p>These events are open to anyone who would like to attend and with be organised by Local groups who will coordinate these events along with Macmillan, Manchester Cancer and the Anthony Nolan foundation.</p> <p>c) Patient Experience Survey 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. The Board feels this could be a good opportunity to explore doing a more locally based survey possibly through Manchester Cancer. MD felt that a distinctive Haematological oncology survey to reflect the demands of blood cancers as opposed to a generic cancer patient survey would be preferable. Manchester Cancer and Macmillan user involvement manager are to feedback to MD and the board regarding the possibility of this, bearing in mind, Manchester cancer are currently thinking of undertaking a generic patient Survey in the upcoming months.</p> | <p>Action: Manchester Cancer Pathway manager / Macmillan user involvement team to explore options for creation of Haem-Onc patient survey.</p> |
| <p>4. Objective 3 – Research and clinical innovation</p> <p>a) Research Trials report The Q1 NCRN summary document was circulated for the group to review.</p> <p>Having highlighted a few inaccuracies previously logged and changed within the report the group opened up the discussion for thoughts on what could be learned discussing the challenges faced during this quarter.</p> <ul style="list-style-type: none"> – The group agreed that a number of issues are stopping the recruitment to and efficient running of trials: – Cost of running the studies – eg. Cost of extra scans – Staffing – Recruitment, sickness/ holiday Cover, workload issues | <p>Action: MD to discuss potential of a more integrated approach with regard to staffing</p> |

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| <ul style="list-style-type: none"> - Appropriateness of the trials – Patient population - Limited trial intake – Trial recruitment already at capacity <p>The board are happy with the report as a whole and look forward to receiving the next quarter’s summary. Potential for a more integrated approach to research across Manchester Cancer was considered eg RN’s working across more than one site</p> | |
| <p>5. Objective 4 – Improving and standardising high quality care across the whole service</p> <p>d) HMDS Partnership</p> <p>An update from John Burthem was tabled identifying that at the initial steering group meeting “productive initial discussion identified areas of consensus and areas where further information is required.....the group will meet on a monthly basis” SW explained that the first HMDS Steering Group took place on 15th July at Manchester Royal Infirmary, the subsequent meeting was cancelled and is due to be rescheduled at a later date. MD thanked JB for leading the group and taking this work forward.</p> <p>e) Peer Review</p> <p>The group discussed their individual successes and failings from the most recent peer review reports. They acknowledged the common themes for failure in certain areas were based around Job cover and staffing issues. MD thanked the board for their discussion, and asked for all members to circulate reports to each other for learning.</p> <p>f) Capacity Audit reviews</p> <p>Received from Christie and CMFT. HG has asked the Chemotherapy team to undertake the audit at Pennine - currently in progress. No update from Salford</p> <p>g) Clinical Guidelines</p> <p>MD asked the Board if it would be reasonable to ask a member of the Lymphoma team to attend future pathway board meetings, particularly as the Lymphoma team are developing new guidelines. It was agreed that as a starting point a member of the Lymphoma team should be invited to a pathway board meeting to present the guidelines.</p> <p>h) Stem cell transplantation</p> <p>ET informed the Board members that she has written a letter of interest for the Manchester bid to host the annual EBMT meeting 2019. Manchester City Council have pledged £50k towards the conference and the Anthony Nolan Trust may also be able to offer funding. ET asked if anyone had any links to any very famous people as it would be fantastic to put this into the bid. Any ideas/contacts please forward.</p> <p>MD commended ET for all her excellent work on the bid and also offered the Boards full support.</p> <p>i) TYA</p> <p>HG informed the Board that there is no TYA outreach nurse currently. The team at Christie are providing limited cover whilst they are recruiting.</p> <p>There is inconsistency between trusts, with regard to how quickly patients are being referred to the outreach nurse. MD to ask Mike Leahy (TYA Pathway Director) & Hodan Noor (TYA</p> | <p>Action: Peer review reports to be forwarded to RP for discussion at next pathway board.</p> <p>Action: Capacity audits from Pennine and Salford to be submitted prior to next board meeting MD to speak to Lymphoma Team</p> <p>Action: MD to speak to Mike Leahy/Hodan Noor</p> |

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| <p>Pathway Manager) to provide data.</p> <p>j) Manchester Devolution briefing document</p> <p>Circulated for information. There is still a lack of clarity; however it is clear that there is a desire to look at a co-ordinated approach for cancer in Manchester. Updates will be circulated as they become available.</p> | |
| <p>6. AOB</p> <p>None</p> | |
| <p>Date of next meeting - Thursday 22nd October (cancelled) 17th December 2015, 3 pm – 5 pm, HTU Seminar Room, the Christie</p> | |