Manchester Cancer

Haematological Cancer Pathway Board

Annual Report 2014/15

Pathway Clinical Director: Mike Dennis
Pathway Manager: Melissa Wright

Executive summary

The establishment of the Haematological Oncology Manchester Cancer provider board in 2014 provided the platform for collaborative working across all the provider trusts. The initial working group has largely consisted of clinicians who have defined and established the initial work plan for what will evolve to an expanded vision for a nationally leading service in relation to diagnosis and treatment of Haematological malignancy.

The challenges ahead
Development of a regional Specialist Integrated Haematological Malignancy Diagnostic Service
A number of stakeholder meetings have been held and alternative proposals for the future configuration of an integrated service has been evaluated. An integrated service in collaboration with Leeds has been approved in outline principle. A steering group has been formed to future define how this will be most effectively established for an efficient and compliant service.

Further evaluation of uniform data capture which will allow collection of data to robustly assess patient outcomes, to include optimal utilisation of evolving IT platforms.
Board presentation and evaluation has taken place of an innovative approach to most effectively develop a patient database through the current MDT structure. This will enable a robust platform for evaluating patient outcomes. Electronic templates have been developed and the system is soon to be piloted at one of the sector MDT's.

Develop a Manchester Cancer trials resource so that all MDT's can access real time information on potential studies.
Trial recruitment has been excellent, although the potential for even greater progress through collaborative working has been further evaluated. Utilisation of national established trials maps for Haematological trials has increased both patient and clinician awareness.

Optimal access to diagnostic tissue biopsy facilities (surgery and image guided core biopsies)
Audits and the implementation of new guidelines has identified areas for potential streamlining of initial evaluation and diagnostic services.

Mike Dennis
Consultant Haematologist
Manchester Cancer Pathway Director for Haematological Oncology

Introduction – the Pathway Board and its vision

This is the annual report of the Manchester Cancer Haemato-Oncology Pathway Board for 2014/15. This annual report is designed to:

- Provide a summary of the work programme, outcomes and progress of the Board – alongside the minutes of its meetings, its action plan and it scorecard it is the key document for the Board.
- Provide an overview to the hospital trust CEOs and other interested parties about the current situation across Manchester Cancer in this particular cancer area
- Meet the requirements of the National Cancer Peer Review Programme
- Be openly published on the external facing website.

- This annual report outlines how the Pathway Board has contributed in 2014/15 to the achievement of Manchester Cancer's four overarching objectives:
- Improving outcomes, with a focus on survival
- Improving patient experience
- Increasing research and clinical innovation
- Delivering compliant and high quality services

1.1. Vision

The Haemato-Oncology Pathway Board has an agreed Terms of Reference that reflects the organisation of the group. Unlike other tumour specific Pathway Boards, the clinical representation within Haemato Oncology is broadly made up of consultants representing the views of each Trust. Non-consultant members include a specialist clinical nurse, allied health professional and patient representatives. The 2013-14 Annual Plan set out in detail the ambitions of the Board which reflected the overarching objectives of Manchester Cancer and were agreed by all. In addition, the Board has recently recruited a named lead to support the development of Living with and Beyond Cancer initiatives. The Haemato-Oncology Board aims to develop a nationally leading service in relation to the diagnosis and treatment of Haematological malignancies within Greater Manchester.

1.2. Membership

The table below outlines the membership of the Pathway for the financial year.

Table 1. Haematological Oncology Pathway Board

NAME	ROLE	TRUST
Clare Barnes/Suzanne Roberts	Consultant Haematologist	Bolton
Jo Tomlins	Nurse Clinician	Christie
Eleni Thoulouli	Consultant Haematologist	CMFT
John Hudson	Consultant Haematologist	East Cheshire
Hayley Greenfield	Consultant Haematologist	Pennine
Simon Jowett/Clare Barnes	consultant Haematologist	SRFT
Dr Montaser Haj	Consultant Haematologist	Stockport
Hussein Baden	Consultant Haematologist	Tameside
Simon Watt	Consultant Haematologist	UHSM
Hitesh Patel	Consultant Haematologist	WWL
Liz Bates	Patient Representative	
Jane Woodward	Patient Representative	
Elizabeth Chalfin (joined Feb 2015)	AHP Representative	

Throughout last year the roles and responsibilities of the Board has expanded and there are now named leads for research (Simon Watt) and a patient advocate (Clare Barnes). The Board has yet to recruit a primary care representative or an early diagnosis lead.

1.3. Meetings

The first meeting of the Board took place on 10th April 2014 and meetings take place every two months. The minutes of the meetings are published on Manchester Cancers' website and can be found here

A full list of meeting dates and a record of attendance can be found in the appendix. In general, the board is well attended by all representatives, with deputies attending when required. The slight exception to this is East Cheshire, however communication has been made with the Trust representative and steps have been taken to improve this.

The Board note the importance of developing and delivering educational initiatives and will be looking to develop this further within the next year. In particular, members of the Board will be participating in a GP focused training event that is being organised by the Christie School of Oncology. The training will be focused on how to support GP's in the early diagnosis of this malignancy and will be able to incorporate aspects of the revised guidance from NICE on suspected cancer.

2. Summary of delivery against 2014/15 plan

No	Objective	Alignment with Provider Board objectives	Tasks	By	Status Green = achieved Amber = partially achieved Red = not achieved
1	Development of a regional Specialist Integrated Haematological Malignancy Diagnostic Service	Improving patient experience	Set up stakeholder meeting	August 2014	Green
			Pathway Board to agree a Trust to lead and recommendation paper	December 2014	Green
			Promote importance of this issue to Manchester Cancer and commissioners	January 2015	Green
			Proposal presented at Manchester Cancer Provider Board	February 2015	Green
2	Further evaluation of uniform data capture which will allow collection of data to robustly assess patient outcomes, to include optimal utilisation of evolving IT platforms.	Improving outcomes, with a focus on survival	Invite Jac Livsey to attend PB and give presentation of the Christie system	October 2014	Green
			MD to work to work with the outcomes team to refine haematology proformas	December 2014	Green
			Pilot of the database undertaken at the Christie	July 2015	Amber
3	Develop a Manchester Cancer trials resource so that all MDT's can access real time information on potential studies.	Increasing research and innovative practice	Consult with Clinical Network Manager and identify requirements for research activity data	July 2014	Green
			Report requirements agreed by Research Lead and Clinical Network Manager	September 2014	Green
			Develop of additional	December 2014	Amber

			components of report		
			Evaluate to determine improvements in research trial activity	August 2015	**Amber**
4	To improve surgical access for lump excision	Improving patient experience	Questionnaire regarding current accessibility to be completed	August 2014	**Green**
			Review of 2 week breaches	September 2014	**Amber**
			Draft a report highlighting the areas of significant clinical need	November 2014	**Amber**
			Disseminate report to Clinical Leads	December 2014	**Amber**

3. Improving outcomes, with a focus on survival

3.1. Information

Data on incidence and mortality for haematological malignancies is difficult to analyse in a meaningful way at a sub-national level as many of the malignancies are rare. They are a diverse group of diseases affecting people across the whole life course, but their greatest incidence is amongst the elderly. The prognosis and responsiveness to treatment also varies widely. The data below provides information on cases, incidence and mortality across a range of haematological malignancies.

Table 2. UK Incidence (2011) and Mortality (2012) counts

Cancer Type	Incidence			Mortality		
	Males	Females	Persons	Males	Females	Persons
Hodgkin Lymphoma	1,048	797	1,845	175	153	328
Leukaemia	5,014	3,602	8,616	2,723	2,084	4,807
Myeloma	2,660	2,132	4,792	1,481	1,261	2,742
Non-Hodgkin Lymphoma	6,926	5,857	12,783	2,550	2,126	4,676

Table 3. UK Incidence (2011) and Mortality (2012) rates

UK Incidence (2011) and Mortality (2012) rates						
	Incidence rate per 100,000			Mortality rate per 100,000		
Cancer Type	Males	Females	Persons	Males	Females	Persons
Hodgkin Lymphoma	3.2	2.3	2.8	0.4	0.3	0.4
Acute Lymphoblastic Leukaer	1.3	1.0	1.1	0.4	0.3	0.3
Chronic Lymphocytic Leukae	4.9	2.6	3.7	1.5	0.7	1.1
Acute Myeloid Leukaemia	6.4	4.2	5.1	3.3	2.1	2.6
Chronic Myeloid Leukaemia	1.1	0.7	0.9	0.3	0.2	0.2
Myeloma	6.6	4.4	5.4	3.4	2.2	2.8
Non-Hodgkin Lymphoma	18.2	13.2	15.5	6.0	3.8	4.8

3.2. Progress

In respect to the overall target of improving outcomes, last year's annual plan set an objective to further evaluate uniform data capture to support the collection of data to robustly assess patient outcomes, to include optimal utilisation of evolving IT platforms. There has been some significant progress in this objective with the presentation of the clinical web portal (currently Christie based) to the Board. Following this, it was agreed that a south sector pilot should be undertaken and this is due to be implemented in early June.

3.3. Challenges

The clinical web portal pilot is linked to a wider pilot within Manchester Cancer and further development of this within haematological malignancies is very much dependent on the outcomes of this. Many of the challenges faced relate to the information governance restraints of the current system which is associated with one Trust and impacts on accessibility of all Trusts within Manchester Cancer. To alleviate this, Manchester Cancer has agreed to recruit a clinical web portal Project Manager and to develop a Project Board that will lead on reconciling these concerns.

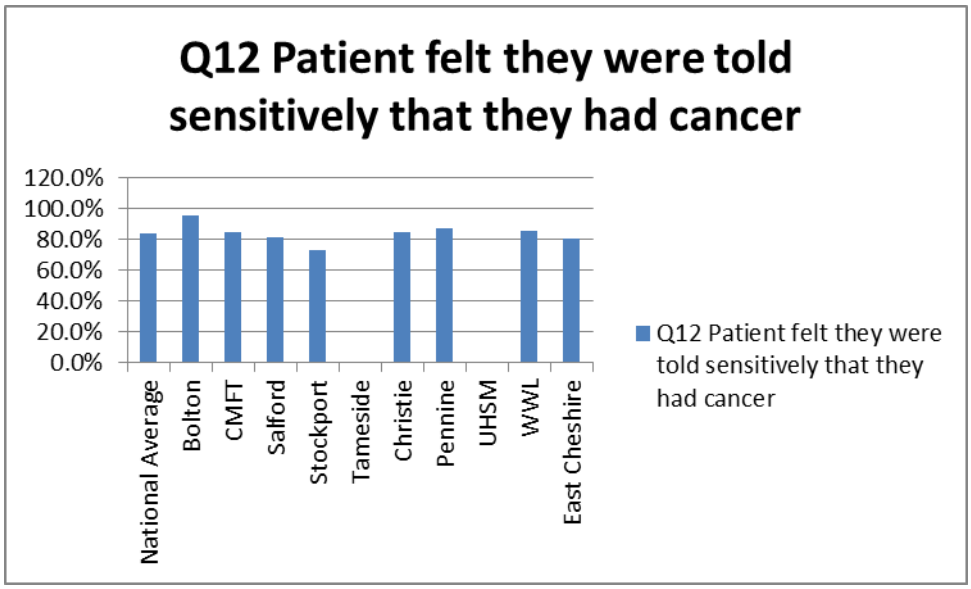
4. Improving patient experience

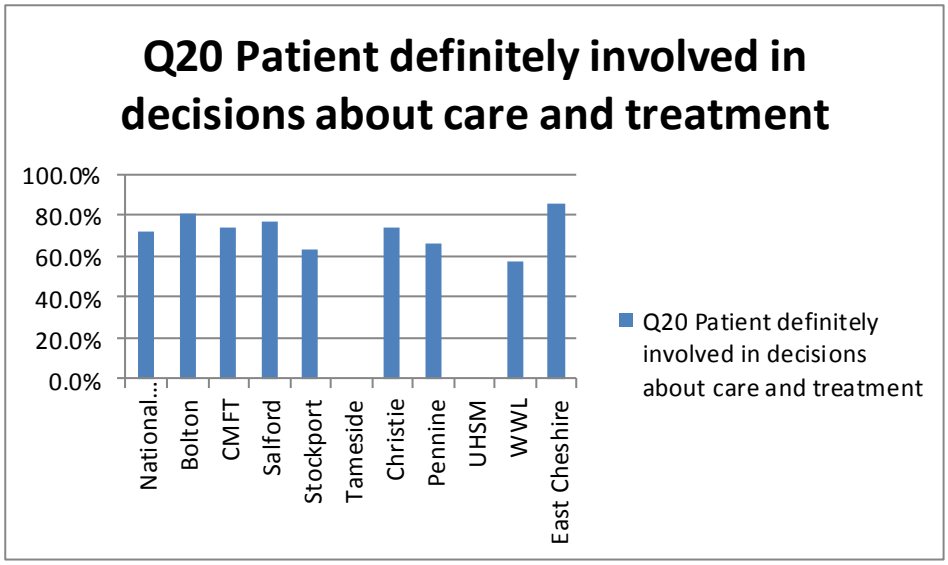
4.1. Information

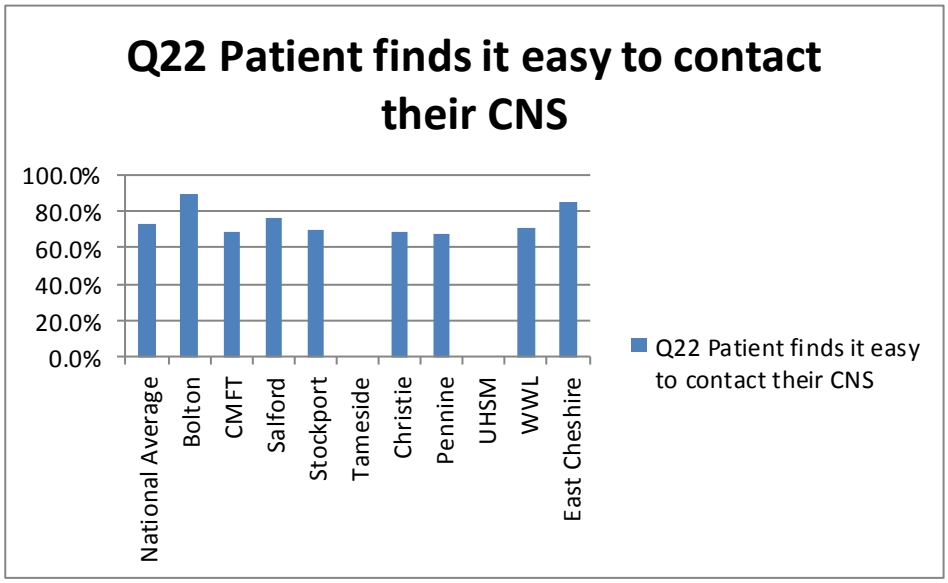
Outcomes from the National Patient Experience Survey (NCPES) were initially reviewed in the December meeting and have been reviewed in subsequent meetings including within the Specialist Nurses group. There were some key issues coming out of the responses from the survey which included the level of CNS support available to in-patient and out-patients within Pennine, the lack of social worker support and access to a CNS at CMFT and many Trusts noted their performance in relation to discussions around research trials. Where these issues were raised as a concern at the Board, key actions were put in place to address these by the Chair and will be monitored along with the key patient experience objectives.

This year patients were asked to highlight key questions from the survey that that they felt were particularly significant. These will be monitored by the Manchester Cancer Provider Board as part of their scorecard. Below are the results to a number of these questions in respect to haematological malignancies by Trust with the national average as a comparator. Trusts with less than 20 responses are not included in the results.

Figure 1. NCPES results to questions identified by Manchester Cancer Provider Board




Q20 Patient definitely involved in decisions about care and treatment
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
National...
Bolton
CMFT
Salford
Stockport
Tameside
Christie
Pennine
UHSM
WWL
East Cheshire
Q20 Patient definitely involved in decisions about care and treatment


Q22 Patient finds it easy to contact their CNS
100.0%
80.0%
60.0%
40.0%
20.0%
0.0%
National Average
Bolton
CMFT
Salford
Stockport
Tameside
Christie
Pennine
UHSM
WWL
East Cheshire
Q22 Patient finds it easy to contact their CNS

4.2. Progress

In respect to the overall target of patient experience, last year's annual plan set out two key objectives. First to develop a regional Specialist Integrated Haematological Malignancy Diagnostic Service (HMDS) and secondly to improve surgical access to lump excision. In regards to the first objective, there has been substantial movement towards developing this service. An overall agreement on the model of the HMDS was made by the Board which focused on a CMFT/Leeds Hospital Trust collaboration to develop a Greater Manchester Diagnostic Service that will facilitate the requirements of all Trusts. A Steering Group has been proposed in order to develop the finer details and a Chair and Vice Chair agreed. The overall proposal for the service and direction of travel has been approved by Manchester Cancer Provider Board.

In regards to improving lump excision, the Board felt an audit of two week wait breaches would highlight any issues in relation to access to lump excisions. From initial discussions within the Board it was felt that one Trust would initially be nominated to undertake this, with further Trusts to follow depending on the results. The Pennine Trust representative agreed to undertake the audit and the results have been presented to the Board.

4.3. Challenges

Despite the general consensus for the development of the HMDS and the recognition of the significant impact it will have in the delivery of high quality, accurate, reliable and timely diagnostic information, there are still several key clinical and corporate concerns that will take time to surpass. The Board have requested formal updates on a regular basis in regards to progress and the further development of the HMDS will continue to be an objective of the Pathway Board annual plan.

Although the results of the Pennine audit into two week wait referrals highlighted that a number of patients underwent lymph node biopsies, many of these patients were aged under 30 and none required treatment. It would be useful to understand if this treatment pattern is reflected in other tumour groups. There have been initial discussions as to whether less invasive investigations should be undertaken within this demographic group and it would be beneficial to have a wider understanding of clinical practice across other centres.

5. Increasing research and innovative practice

5.1. Information

Last year Greater Manchester Clinical Research Network (GMCRN) participated in 218 interventional and 120 observational trials. CMFT and the Christie were the two largest recruiting centres recruiting 65 and 117 patients respectively. The MYELOMA XI trial recruited patients from the largest number of Trusts with WWL not recruiting any patients into trials last year. Trial recruitment is regularly discussed at Board meetings with the Research Lead providing additional data on trials that will open and about to recruit.

There has been considerable published research across this specialism last year. Links to the research papers can be found in Appendix 3.

5.2. Progress

In respect to the target of increasing research and innovative practice, last year's annual plan set out an objective to develop a Manchester Cancer trials resource to enable all MDT's to access real time information on potential studies. The Research Lead for the Board, Simon Watt has spent significant time working with the Clinical Network Manager to identify how the Board could work towards developing trial maps that could provide key information on trials open across the region at MDT's. The work to develop the trial maps is being led nationally so there is a limit to developing this objective further at a local level. A clear communication strategy between the Clinical Research Network Manager and Simon Watt on new and available trials has been agreed.

5.3. Challenges

Within research there have been resource issues linked to the availability of research nurse and lead investigators. A meeting has taken place with the team at Tameside and suggestions made on how their service can be improved. Salford has been challenged due to recruiting due to staffing issues and have begun the recruitment process.

6. Delivering compliant and high quality services

6.1. Information

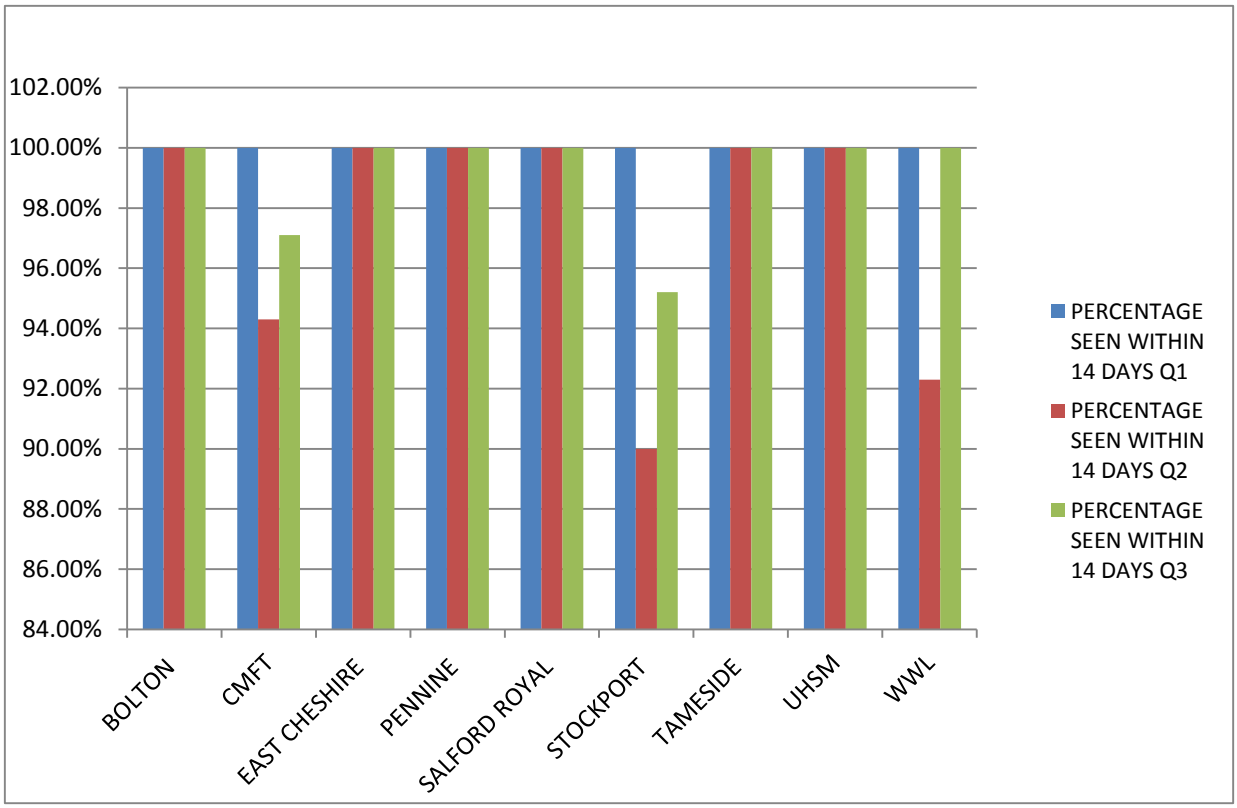
Due to the rarity of certain haematological malignancies, there is limited publically available clinical outcomes data at a regional level. Data that is currently available includes cancer wait data and staging data.

Cancer wait data

Two week wait

Figure 1 presents the two week wait performance across Manchester Cancer for quarters 1 - 3 2014-15. The data identifies that most Trusts are meeting the target of seeing all patients referred via the suspected cancer route within the national standard (96%).

Figure 2. Haematological Oncology 2 week wait performance Q1- Q3

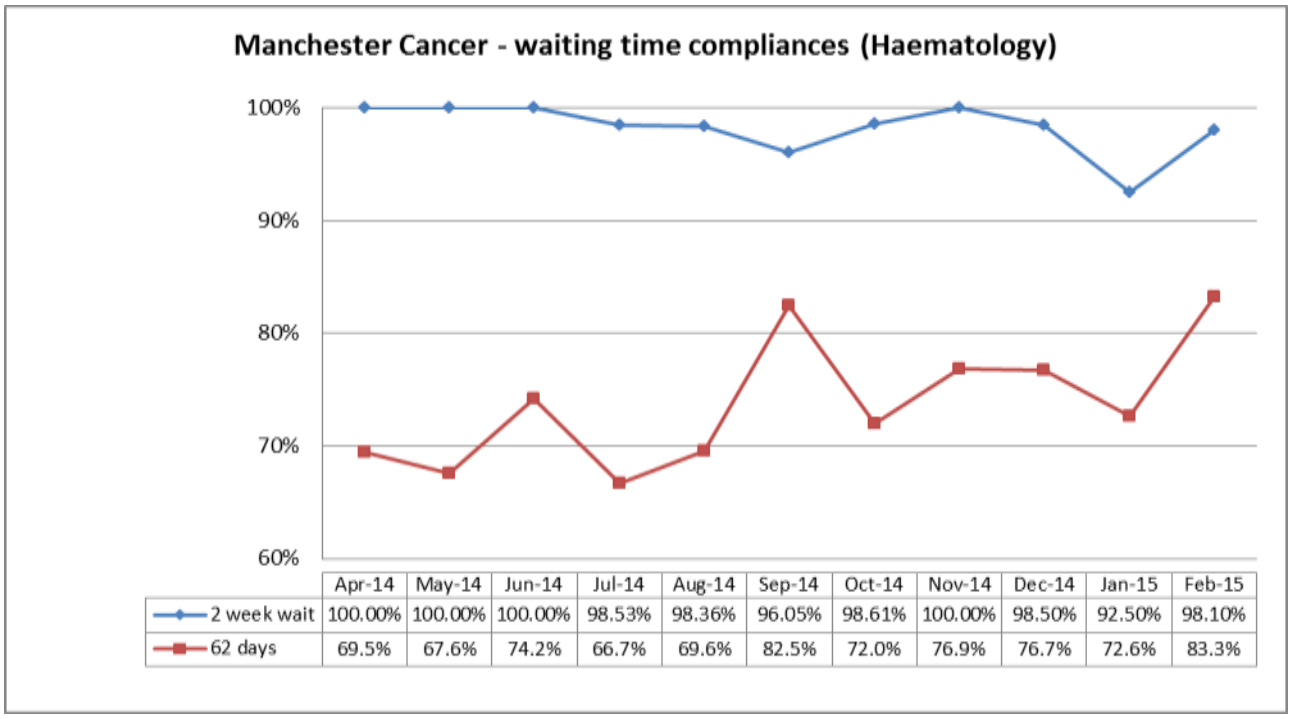


31- and 62-day data

The data from figure 2 indicates that the region as a whole is meeting the 31 day from diagnosis to treatment performance target. However the performance in relation to 62 days indicates that there is a consistent challenge in ensuring patients are diagnosed and receive their first treatment within this timeline.

Figure 3. Haematological Oncology cancer wait performance Apr 2014 – February 2015

		Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
Manchester Cancer	2 week wait	100.00%	100.00%	100.00%	98.53%	98.36%	96.05%	98.61%	100.00%	98.50%	92.50%	98.10%
	62 days	69.5%	67.6%	74.2%	66.7%	69.6%	82.5%	72.0%	76.9%	76.7%	72.6%	83.3%
	31 days	100.0%	100.0%	100.0%	100.0%	100.0%	98.7%	100.0%	100.0%	100.0%	98.5%	100.0%



The Board receives data on cancer waits on a regular basis. Within the Board there is an acknowledgement that there are several factors that would impact on the performance of cancer wait targets. These include many non-haematological cancers entering this pathway incorrectly and vice versa. Within the Board there were also concerns regarding the time taken to undertake surgical lump excisions and understanding this issue became an objective of last year's annual plan.

Staging data

The data below provides the stage distribution for Non-Hodgkin Lymphoma (NHL) in 2012 by Clinical Commissioning Group (CCG). It indicates that most NHL are diagnosed in the later stage and there are a significant numbers of NHL patients where their stage is unknown. Diagnosis at a later stage is often an indicator of poor access to early diagnosis interventions, however due to the rarity of haematological malignancies, diagnosis of their symptoms are not always straightforward.

Figure 4. Stage distribution for Non-Hodgkins Lymphoma by Clinical Commissioning Group 2012

CCG	Stage 1	Stage 2	Stage 3	Stage 4	Unknown	Total
NHS Bolton	9	3	10	17	9	48
NHS Bury	2	3	4	12	12	60
NHS Central Manchester	2	1	1	4	6	14
NHS Eastern Cheshire	3	6	3	8	17	37
NHS Heywood, Middleton & Rochdale	3	6	11	10	9	37
NHS North Manchester	1	N/A	1	6	6	14
NHS Oldham	1	2	5	13	17	38
NHS Salford	4	4	N/A	10	18	36
NHS South Manchester	3	2	2	4	6	17
NHS Stockport	9	5	11	19	19	63
NHS Tameside and Glossop	5	7	4	17	12	45
NHS Trafford	4	3	2	17	12	38
NHS Wigan Borough	6	1	N/A	15	29	51
Total	*52*	*43*	*54*	*152*	*172*	*498*

6.2. Progress

There were no objectives set by the Haemato-Oncology Board in regards to this Manchester Cancer target. This year it is intended that the further development of the HMDS service would be moved to this section.

As part of the Peer Review process, Boards in their role as a network group are required to produce clinical guidelines and patient pathways. There has been some progress on the development of these. The development of clinical guidelines is a standing agenda item at Board meetings and a list of the clinical guidelines can be found here

Representatives from the Board will be supporting a GP training event with a focus on early diagnosis of haematological malignancies in order to assist future GP's to effectively manage patients who they suspect as having cancer.

7. Objectives for 2015/16

The objectives for 2015-16 will build on the notable work undertaken by the Board last year and in addition reflect on the additional activity that is taking place within the newly established Haematological Oncology Specialist Nurses group. Specifically this will include:

- Improving diagnostic capacity – to develop the HMDS Steering group and agree timelines for HMDS implementation
- Assessment of patient outcomes – to complete the implementation of the Clinical Web Portal south pilot
- Review of invasive investigations – to clarify when and why these are implemented across the region and develop a network guideline to standardise practice
- Living with and beyond cancer – to map the current provision and develop LWBC initiatives across the region
- Recruitment to trials – to develop a more proactive approach to identify and support low recruiting centres with an ambition to increase by 10% the numbers of patients recruited

8. Appendix 1 – Pathway Board meeting attendance

Include here a table outlining the attendance at each Board meeting and a summary of each member's attendance for the whole year.

NAME	ROLE	TRUST	10/04/2014	26/06/2014	28/08/2014	23/10/2014	18/12/2014	26/02/2015	23/04/2015
Clare Barnes/Suzanne Roberts	Consultant Haematologist	Bolton	✓	✓	✓	deputy attended	✓	✓	Apologies
Jo Tomlins	CNS	Christie	✓	deputy attended	✓	✓	✓	✓	✓
Eleni Thoulouli	Consultant Haematologist	CMFT	✓	✓	deputy attended	✓	✓	✓	✓
John Hudson	Consultant Haematologist	East Cheshir	Apologies	Apologies	Apologies	Apologies	Apologies	Apologies	✓
Hayley Greenfie	Consultant Haematologist	Pennine	deputy attended	✓	✓	✓	✓	✓	✓
Simon Jowett/Clare Barnes	consultant Haematologist	SRFT	✓	✓	✓	✓	✓	✓	✓
Dr Montaser Haj	Consultant Haematologist	Stockport	Apologies	✓	✓	✓	✓	✓	✓
Hussein Baden	Consultant Haematologist	Tameside	Apologies	✓	✓	✓	✓	✓	Apologies
Simon Watt	Consultant Haematologist	UHSM	✓	✓	✓	✓	✓	✓	✓
Hitesh Patel	Consultant Haematologist	WWL	✓	✓	deputy attended	deputy attended	✓	✓	✓
Liz Bates	Patient Representative				✓	Apologies	✓	Apologies	✓
Jane Woodwar	Patient Representative				✓	✓	Apologies	Apologies	✓
Elizabeth Chalfin (joined Feb 2015)	AHP Representative							✓	Apologies

9. Appendix 2 – Pathway Board Annual Plan 2015/16

Haematological Oncology Pathway Board Annual Plan 2015-16

Pathway Clinical Director:	Mike Dennis
Pathway Board Members:	
Pathway Manager:	Melissa Wright
Date agreed by Pathway Board:	
Review date:	June 2016

Summary of objectives

No	Objective	Alignment with Provider Board objectives
1	To implement the Clinical Web Portal Pilot and evaluate its performance in providing robust patient outcomes	Improving outcomes with a focus on survival
2	To develop the Haematological Malignancies Diagnostic Service	Delivering high quality, compliant coordinated and equitable services
3	To review the indications for invasive investigations and develop a network guideline	Delivering high quality, compliant coordinated and equitable services
4	To enhance Living with an beyond cancer initiatives for haematological patients	Improving patient experience
5	To enhance the recruitment of haematological oncology patients to clinical trials	Increase research and clinical innovation

Objective 1: To implement the Clinical Web Portal Pilot

Objective:	To implement the Clinical Web Portal Pilot
Rationale:	At present there are 4 sector MDT's which each have a slightly different way of collect patient data. The use of the CWP will help to standardise this across the region.
By (date):	Implementation of CWP – October 2015 Evaluation of pilot -May 2016
Board measure(s):	Real-time data on outcomes available and presented at Pathway Board.
Risks to success:	CWP is currently being piloted by other pathways across the region and it will be important to ensure that the Haematological pilot is identified as priority within this work stream.
Support required:	Support to manage Information Governance Issues currently impacting on implementation.

Work programme

Action	Resp.	By (date)
Identify any outstanding Information Governance and/or additional factors impacting on the South sector pilot	MD/JL	July 2015
Date agreed to implement pilot	MD/JL	October 2015
Outcomes data from pilot presented to Pathway Board	MD/MW	On-going
Review of South pilot undertaken	MW/PB	May 2016

Objective 2: To develop the Haematological Malignancies Diagnostic Service

Objective:	To develop the Haematological Malignancies Diagnostic Service
Rationale:	To establish an effective and high performimg HMDS service fro Greater Manchester to ensure the care provided to patients is supported by high quality, accurate, reliable and timely diagnostic information
By (date):	January 2016
Board measure(s):	Compliance with NICE IOG guidance for HMDS
Risks to success:	Ineffective communication across partner organisations regarding the organisation and management of the project
Support required:	It will be important for Manchester Cancer to facilitate when necessary the decisions taken by the HMDS Steering group and associated working group

Work programme

Action	Resp.	By (date)
HMDS Steering group membership to be agreed	Stephen Gardner	July 2015
First meeting of HMDS Steering group to take place	SG	July 2015
HMDS Project Timeline to be updated and agreed	HMDS SG	September 2015
Reports of outcomes of HMDS Steering group to be disseminated to Pathway Board	SG/MW	On-going
Any issues regarding process to be communicated to HMDS Steering group	MD/MW	On-going

Objective 3: To review the indications for invasive investigations and develop a network guideline

Objective:	To review the indications for invasive investigations and identify whether a network guideline is required
Rationale:	Following an audit of 2WW activity it was recognised that patients referred with lymphadenopathy <30 years may be over investigated. It would be important to understand whether this is common across all Trusts and develop a guideline to effectively manage the treatment of this patient group.
By (date):	April 2016
Board measure(s):	Audit of current practice to monitor, measure and assess current service
Risks to success:	It will be important to get reliable data to assess whether a change to current practice is required which will require a number of Trusts to engage in the audit
Support required:	Any findings from the audit that require strategic intervention will need to be raised at the Provider Board

Work programme

Action	Resp.	By (date)
Audit tool to review the indications for invasive investigations to be developed and number of patients audited to be agreed	PB	August 2015
Audit to be undertaken in >3 Trusts	PB	December 2015
Findings of the audit to be presented to the Pathway Board	PB	February 2016
Network guideline developed (if required)	PB	April 2016

Objective 4: To enhance Living with an beyond cancer initiatives for haematological patients

Objective:	To use a standardised approach to enhance Living with an beyond cancer initiatives for haematological patients.
Rationale:	To ensure patients with haematological malignancies can benefit from access to all elements of the Recovery Package.
By (date):	Implementation of treatment summaries –August 2015 Organisation of health and wellbeing events June 2016
Board measure(s):	The LWBC PB plan to perform a pan-site audit in 2015/16 for experience of life after cancer, the findings of this audit will inform progress.
Risks to success:	This pathway has less CNS capacity than other tumour groups so this may impact on the resource available to implement actions
Support required:	Identification of potential financial support to develop and run health and well-being events

Work programme

Action	Resp.	By (date)
LWBC lead to join PB and LWBC to be a standing agenda item	MD/RTD	June 2015
Mapping of current LWBC activity in each Trust	MW	July 2015
Disease groups for the implementation of Treatment summaries to be agreed	CNS group/PB	July 2015
Two Trusts identified to run health and wellbeing events	CNS group/PB	September 2015
Evaluate implementation of Treatment summaries	CNS group	February 2015
Evaluate health and wellbeing event	CNS group	June 2016

Objective 5: To enhance the recruitment of haematological oncology patients to clinical trials

Objective:	To enhance the recruitment of haematological oncology patients to clinical trials and improve on current performance by 10%.
Rationale:	Manchester Cancers objective is to increase the proportion of patients involved in trials to 40% by 2019. In order to do so, regular trial participation and knowledge about available trials is essential for participating clinicians.
By (date):	June 2016
Board measure(s):	The research update provided by the Clinical Research Network.
Risks to success:	It will be a challenge to encourage busy clinicians to engage as Principal Investigators for national trials. Low recruiting centres may not have the necessary infrastructure to deliver these objectives.
Support required:	Any infrastructure barriers to research recruitment identified to be progressed to Manchester Cancer.

Work programme

Action	Resp.	By (date)
Research update as atanding agenda item at each Board	SW/MW	On-going
Review of CRN 2014-15 Annual report to review performance of all Trusts	PB	June 2015
Discuss participation to determine any areas of difficulty	PB	On-going
Approach low recruiting sites to progress further	SW/MD	On-going

Appendix: Manchester Cancer Provider Board objectives

1. Improving outcomes, with a focus on survival

We aim to:

- have a cancer survival rate for all cancers one year after diagnosis that is consistently higher than the England average for patients diagnosed beyond 2012
- have a one-year survival rate higher than 75% for patients diagnosed in 2018
- narrow the gap with Sweden's one-year survival rate from 12% (now) to 6% for patients diagnosed in 2020
- approach Sweden's one-year survival rate by 2025, and
- have greater than 70% of cancer patients diagnosed in 2020 survive at least five years

2. Improving patient experience

We aim to:

- improve year-on-year the patient experience across the region (as measured by the National Cancer Patient Experience Survey), and
- have the best performance in core patient experience questions of any major city area in England by 2015

3. Increasing research and innovative practice

We aim to:

- increase the proportion of patients involved in clinical trials from 30% to more than 40% by 2019

4. Delivering high quality, compliant, coordinated and equitable services

We aim to:

- support our specialist commissioning colleagues to deliver compliance in the four historically non-compliant specialist cancer surgery services (oesophago-gastric, hepato-pancreato-biliary, gynaecology and urology) by December 2015, and
- maintain regional compliance with the national cancer 62-day waiting time target

10. Appendix 3 – Sample of Published Research Papers

The Christie

Vosaroxin and vosaroxin plus low-dose Ara-C (LDAC) vs low-dose Ara-C alone in older patients with acute myeloid leukemia

Ibrutinib versus ofatumumab in previously treated chronic lymphoid leukemia

Survival outcomes and treatment costs for patients with double-refractory chronic lymphocytic leukaemia (DR-CLL).

Ofatumumab in poor-prognosis chronic lymphocytic leukemia: a Phase 4, non--interventional, observational study from the European Research Initiative on Chronic Lymphocytic Leukemia.

High-dose chemotherapy plus autologous stem-cell transplantation as consolidation therapy in patients with relapsed multiple myeloma after previous autologous stem-cell transplantation (NCRI Myeloma X Relapse [Intensive trial]): a randomised, open-label, phase 3 trial.

Siltuximab for multicentric Castleman's disease: a randomised, double-blind, placebo-controlled trial.

Patient-reported outcomes for multicentric Castleman's disease in a randomized, placebo-controlled study of Siltuximab.

Autologous stem cell transplantation is an effective salvage therapy for primary refractory multiple myeloma.

Escalated-dose versus control-dose conformal radiotherapy for prostate cancer: long-term results from the MRC RT01 randomised controlled trial.

Final report of the intergroup randomized study of combined androgen-deprivation therapy plus radiotherapy versus androgen-deprivation therapy alone in locally advanced prostate cancer.

Investigation of a patient reported outcome tool to assess radiotherapy-related toxicity prospectively in patients with lung cancer.

4 Gy versus 24 Gy radiotherapy for patients with indolent lymphoma (FORT): a randomised phase 3 non-inferiority trial.

An integrated characterization of serological, pathological, and functional events in doxorubicin-induced cardiotoxicity.

CMFT

In vivo T-cell depletion using alemtuzumab in family and unrelated donor transplantation for pediatric non-malignant disease achieves engraftment with low incidence of graft vs. host disease.http://www.ncbi.nlm.nih.gov/pubmed/25546609

Sleep disordered breathing in mucopolysaccharidosis I: a multivariate analysis of patient, therapeutic and metabolic correlators modifying long term clinical outcome.http://www.ncbi.nlm.nih.gov/pubmed/25887468

Is it congenital or acquired von Willebrands disease?http://www.ncbi.nlm.nih.gov/pubmed/25381916

QuantiGene Plex Represents a Promising Diagnostic Tool for Cell-of-Origin Subtyping of Diffuse Large B-Cell Lymphoma.

Post-Transplant Lymphoproliferative Disorder in Adult Renal Transplant Recipients: Survival and Prognosis

Diagnostic Mutation Profiling and Validation of Non-Small-Cell Lung Cancer Small Biopsy Samples using a High Throughput Platform

Synchronous splenic and bone marrow haemangiolymphangioma: a novel entity.

Integrated genomic analysis identifies recurrent mutations and evolution patterns driving the initiation and progression of follicular lymphoma

Primary extranodal marginal zone B cell lymphoma of the uterus: a case study and review of the literature.

Single-cell analysis of K562 cells: an imatinib-resistant subpopulation is adherent and has upregulated expression of BCR-ABL mRNA and protein.

Extracorporeal photopheresis for treatment of adults and children with acute GVHD: UK consensus statement and review of published literature.http://www.ncbi.nlm.nih.gov/pubmed/24887389

Impact of pre-transplant co-morbidities on outcome after alemtuzumab-based reduced intensity conditioning allo-SCT in elderly patients: a British Society of Blood and Marrow Transplantation study.http://www.ncbi.nlm.nih.gov/pubmed/25285801

A multicentre UK study of GVHD following DLI: rates of GVHD are high but mortality from GVHD is infrequent.http://www.ncbi.nlm.nih.gov/pubmed/25310308

Measuring Therapeutic Response in Chronic Graft-versus-Host Disease. National Institutes of Health Consensus Development Project on Criteria for Clinical Trials in Chronic Graft-versus-Host Disease: IV. The 2014 Response Criteria Working Group Report.http://www.ncbi.nlm.nih.gov/pubmed/25796139
The evolution of cellular deficiency in GATA2 mutation.http://www.ncbi.nlm.nih.gov/pubmed/24345756

Hematopoietic stem-cell transplantation for advanced systemic mastocytosis.http://www.ncbi.nlm.nih.gov/pubmed/25154823

Impact of pre-transplant co-morbidities on outcome after alemtuzumab-based reduced intensity conditioning allo-SCT in elderly patients: a British Society of Blood and Marrow Transplantation study.http://www.ncbi.nlm.nih.gov/pubmed/25285801

Stockport

A study of the implementation of romiplostim & eltrombopag in the NHS in England