

Greater Manchester **Cancer**

Haematological Oncology Pathway Board

Date of Meeting Thursday 22nd December 2016
 Time of meeting 3pm – 5pm
 Venue HTU Seminar Room, The Christie NHS Foundation Trust

Members present

Dr M Dennis	Chair	Dr Eleni Tholouli	CMFT
Jo Tomlins	Christie & Nursing Rep	Liz Bates	Patient Representative
Dr Hayley Greenfield	Pennine	David Riley	TYA CNS
Dr Simon Watt	UHSM	Charlene Jones	TYA CNS
Dr Montaser Haj	Stockport	Dr Ann Harrison	GP
Dr Hussein Baden	Tameside		


In attendance:





Nigel Bundred	Divisional Lead, NIHR	John Burthem	CMFT & HMDS Lead
Nicola Remington	Greater Manchester Cancer	Lucie Francis	Macmillan GMC

Apologies:



Dr Rowena Thomas	SRFT	Dr Clare Barnes	SRFT
-Dewing		Dr Chetan Patalappa	Bolton
Dr Satarupa Choudhuri	Pennine	Dr Hitesh Patel	WWL

1. Dr Dennis (MD) welcomed all to the meeting and noted the apologies received.
 - a. Minutes of the previous meeting were approved.
2. **Objective 1 – Improving outcomes/survival rates**
 - a. **Network Level Pathway Development**
Lymphoma Pathway (draft)

Discussion summary	<p>HP not present. LB highlighted concerns regarding the quality of information given to patients when they present via A&E. LF stated that a focus group of patients facilitated by HP took place in Oct. Summary:</p>  <p>Lymphoma Guidelines UI Meeting 13 10 16.</p>
Conclusion	<p>Presentation at A&E: The Nursing Group is to review this and establish potential solutions.</p> <p>Focus Group: Further session required (to be minuted and shared with the board).</p>


<p>Actions and responsibility</p>	<p>All to review Lymphoma Pathway:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  Lymphoma Pathway Oct16draft.docx </div> <div style="text-align: center;">  Lymphoma Pathway appendix OCT16 draf </div> </div> <p>Lymphomas Pathway Focus Group: LF to organise a further session and share minutes with the board.</p> <p>Myeloma pathway (draft):</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  MC_Multiple_Myelom a_Network_Pathway </div> <div style="text-align: center;">  MC_Multiple_Myelom a_Network_Pathway </div> </div> <p>SC not present. All to send comments to SC and to be reviewed at next meeting</p>
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b. TYA Pathway & snapshot audit



<p>Discussion summary</p>	<p>SC not present – audit information discussion deferred to next meeting.</p>
<p>Conclusion</p>	<p>TYA Pathway – CJ stated that the current draft required additional information.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  TYA Pathway Oct16.doc </div> <div style="text-align: center;">  TYA Data.docx </div> </div>
<p>Actions and responsibility</p>	<p>TYA Audit - SC to present audit findings at next meeting supplemented with data reflecting the number of patients <i>discussed</i> as well as the number of notification forms received (potential disparity between official notification forms received and number of patients actually discussed at MDT).</p> <p>TYA Pathway – CJ & SC to update and present at next pathway board meeting.</p>

3. Objective 2 – Improve Patient Experience


a. Specialist Nursing Group update

Discussion summary	<p>JT summarised the 24hr hotline survey results:</p>  <p>24hr Helpline Audit Dec16.pdf</p> <p>Wigan & UHSM do not have 24hr support available.</p>
Conclusion	Immediate solution not easily identifiable.
Actions and responsibility	Action – MD to raise the issue with Dave Shackley as this is a GM issue as opposed to a specific Haemato-Onc issue.

b. Living With & Beyond Cancer

Discussion summary	<p>Health & Wellbeing Events: JT stated that the SRFT event in Sep had approx. 50-70 attendees with positive feedback received. Pennine are to host a H&W event on the 22nd Feb 2017.</p> <p>Treatment Summaries: Work at Pennine to develop and standardise treatment summaries has produced following examples:</p>  <p>Haematology Cancer Treatment Summary Haematology Ca Management Plan Haematology Cancer Treatment Summary - Treatment Summary Haematology Cancer Treatment Summary</p>  <p>Haematology Cancer Management Plan Haematology Cancer Treatment Summary Haematology Ca Treatment Summary</p>
Conclusion	Continued work required.
Actions and responsibility	Nursing group to continue to monitor H&W events and development of standardised treatment summaries.

c. Local Patient Experience Survey

Discussion summary	Current results summary report (draft) was reviewed:  Local Patient Survey - Haem Report Summ
Conclusion	Further analysis required.
Actions and responsibility	JT & NR to analyse further and finalise report. Workplan to be developed within the Nursing Group.


d. User Involvement

Discussion summary	LF informed the group that Leila Hamrang has chosen to step down from the board. A replacement representative has been sourced: Derrick Evans (DE) who will attend the next Pathway Board meeting in February.
Conclusion	LF is continuing to work to develop and establish a small community of people affected by Haematological cancer to link in with LB & DE in order to ensure a broad representation of views.
Actions and responsibility	All to contact LF should they require patient input in any current/future projects.

4. Objective 3 – Research and clinical innovation

a. Professor Nigel Bundred, Divisional Lead, NIHR

Update on collaboration opportunities with NIHR

Discussion summary	NIHR report was reviewed:  HAEM_Trials report_Q1-3FY2016-: NB highlighted that GM's position nationally has dropped from 11 th in 2015 to currently 9 th of 15 networks. Biggest drop has been in Observational Trial recruitment. NB stated that NIHR funding can only be sustained through
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	maintaining or improving trial recruitment. MD highlighted that there are many barriers to recruitment such as capacity constraints/pharmacy support constraints/ research Nurse support constraints. As recruitment can be difficult many trusts are consciously focussing on Interventional trials as these will lead to more tangible benefits for patients. NB stated that Interventional and Observational studies are not mutually exclusive and should not be viewed as such.
Conclusion	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).
Actions and responsibility	<p>Action – 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.</p> <p>Action – NR to forward details of the University of Manchester Research Meetings chaired by Professor John Radford to the board (held monthly).</p>

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

a. Haematological Malignancy Diagnostic Service (HMDS) update

Discussion summary	<p>JB summarised the current position of the project:</p>  <p>HMDS Report for Pathway Board_JB_D</p>
Conclusion	<ul style="list-style-type: none"> • A bilateral workshop session has been established for 12 January 2017, including Exec leads. • A Report on HMDS is required for the Greater Manchester Cancer Board meeting in January 2017 from which clear guidance regarding expected timeframes should be forthcoming. • The board is opposed to the idea of sending samples from Manchester to Germany for molecular analysis given there is the viable option to do this work in Greater Manchester. • The pathway board continue to support the proposed Manchester delivered service for all aspects of HMDS.
Actions and responsibility	JB to continue to provide regular update to the board.


b. Electronic Prescribing Systems

Discussion summary	Audit results from James Leighton unavailable due to lack of response from recipients – deferred to next meeting.
Conclusion	
Actions and responsibility	JL to send reminder to all recipients and to cc MD.





c. Administration of IV cyclophosphamide for non-cancer indications

Discussion summary	Board felt this was more appropriate for the SACT pathway board.
Conclusion	
Actions and responsibility	MD to forward this issue to Andrew Wardley (CD of SACT Pathway Board) to address.

d. Chemotherapy Capacity Snapshot Survey

Discussion summary	The following report was reviewed:  Chemo Capacity Survey Results Dec16
Conclusion	To be analysed at next Nursing Group meeting.
Actions and responsibility	NR to resend survey to the Lead Haematology Nurses at each trust (currently only sent to the Lead Chemo nurses). JT to have as an agenda item for the next Nursing Group meeting.


e. Capacity Audit Reviews

Discussion summary	    Christie_Capacity_Audit_1516.docx CMFT_High_Intensity_Chemotherapy_Capacity_Audit_1516.docx Salford_Capacity_Audit_1516.docx PAHT_chemo peer review 2015-2016 FII
Conclusion	
Actions and responsibility	Deferred to next meeting.

f. Osteonecrosis of the jaw in myeloma XI participants

Discussion summary	SW stated he should have audit results to report for next meeting.
Conclusion	
Actions and responsibility	Deferred to next meeting.

g. Transition from Manchester Cancer to Greater Manchester Cancer

Discussion summary	NR summarised the following briefing paper regarding the recent formation of 'Greater Manchester Cancer':  Greater Manchester Cancer_Briefing_10 2
Conclusion	Greater Manchester Cancer is the entire cancer programme of the Greater Manchester Health & Social Care Partnership (refer to briefing note above).
Actions and responsibility	None required

6. Any other business

ET shared the following relating to the European Society for Blood and Marrow Transplantation (EBMT) bid:

Updated presentation: <https://we.tl/Lkt8sAVR5A>

Video available on YouTube: <https://youtu.be/gpGaOo8kn6g>

The master video file can be downloaded here: <https://we.tl/9ZKMBJo9A5>

7. Date of next meetings:

Thursday 16th February 2017, 3pm – 5pm, HTU Seminar Room, The Christie