Haematological Oncology Pathway Board

Thursday 10th April 2014, 3pm – 5pm, HTU Seminar Room, The Christie

Attendance	
Name	**Pathway Representation**
Mike Dennis	Chair
Clare Barnes	Bolton Representative
Jo Tomlins	Nursing and Christie Representative
Eleni Tholouli	CMFT Representative
Catherine Wardley	Pennine Representative (deputy)
Simon Jowitt	Salford Representative
Hitesh Patel	WWL Representative
Melissa Wright	Pathway Board Manager
Apologies	
Name	
John Hudson	East Cheshire Trust Representative
Montaser Haj	Stockport Trust Representative
Hussein Baden	Tameside Trust Representative

Agenda Item	Action
1. Welcome and Introductions MD welcomed everyone to the first Pathway Board meeting.	
2. Apologies Apologies were noted.	
3. Background to Manchester Cancer and Pathway Boards MW gave a short presentation on the background to Manchester Cancer and its ambition to reduce the excess premature deaths from cancer in Greater Manchester and to support the growing number of patients that will be living with and beyond cancer. The focus of Pathway Boards will be on all areas of the patient pathway, not just those that take place within acute hospitals. This will be done through the collection and analysis of data, which will support the identification of opportunities to change and improve current pathway models. This work will be documented in an annual work plan, which will form part of a three-year plan. MW also provided information on the Manchester Provider Board which is made up of the 10 CEO's of the acute Trusts in Manchester along with representatives from the Strategic Clinical Network, patients and local commissioners. ET asked whether The Haematological Oncology Pathway Board should include a wider representation of all areas of the pathway. MD felt that the current membership should broadly remain although a CNS (or other colleague) should be recruited to act as a deputy for each representative, who would inevitably be required to attend the board with some regularity. Additional members were also discussed as part of the board terms of reference. The nursing lead would be responsible to coordinate active contribution from nursing colleagues. **ACTION** **The Board will nominate representatives from other clinical disciplines to engage with the Pathway Board as and when necessary**	**ALL**
4. Terms of Reference MD explained that each Pathway Board required a Terms of Reference which has already been amended to fit with the specifics of this pathway. It also required named leads for certain pathway areas. The following named leads were proposed at the meeting. HG – Teenagers and Young Adults JT – Specialist Nursing ET – Stem Cell Transplantation ET thought that it would be useful to look at delays in accessing surgery and any impact this has on on-going treatment. The task of how to secure a patient representative was also discussed. ET had a patient whom she felt would be suitable for the Board, but who may not be able to dedicate the time at	

present. MW explained that all patients' representatives will be offered bespoke training on supporting Pathway Boards from Macmillan. It was agreed that 2 patient representatives should be sought for the Board. The terms of reference as tabled were agreed by the board. **ACTION** **MD to email members of the Board to seek nominations for named leads for the pathway areas** **All members of the Board to nominate suitable patients and forward contact details to MW** **MW to ensure patient representatives are enrolled onto Macmillan patient event**	 **MD** **All** **MW**
5. Establishing a priority work plan Several areas of the pathway were identified and agreed by the board for priority inclusion into the work plan: Specialist integrated Haematological Malignancy Diagnostic Service (SIHMDS) – The process for this was not consistent across all Trusts. The lack of HMDS provision within Manchester was identified as a top priority which should be reviewed with immediacy. Surgical access for Lump excision – It was felt that the wait for surgical intervention for lumps was delaying on-going treatment for patients and would be having impact on patient outcomes. Clinical Outcomes – The members thought it would be useful to look at 2WW referrals to identify whether there is a need for GP education as well as to identify where breaches happen. MDT configuration **ACTION:** **Work plan areas; Diagnostics; Lumps; Clinical Outcomes; MDT configuration**	 **MW**
6. Clinical Outcomes The meeting discussed the range of data that could be brought to the Pathway Board and the development of additional datasets to support the understanding of clinical outcomes. Through the MDT's each MDT lead has local data collection e.g. SJ started a database local to Salford but this does not include survival data. Pennine and CMFT both use Somerset. MD would also like to look at National Patient Survey data which is collected on a yearly bass at Trust level and split by disease groups. SJ thought it would be useful to identify what data is routinely collected on Haematological Oncology within other regions. **ACTION** **MD to investigate the progress nationally with regard to data set collection**	 **MD**

Data from the national Patient Survey Data, 2WW, 31/62 CWT to be brought to the next meeting	**MW**
7. Peer review 2014 MD identified how the Pathway Board will support the work of the peer review process and indicated that there may be some diagnostic compliance issues for the network later this year as a consequence of the lack of a SIHMDS.	
8. MDT Structure MD asked about the current configuration of MDT's and whether these were optimal or needed evaluation. ET thought that there wasn't enough radiation oncology support and CW felt this was similar for Pennine. MD suggested that the challenge in getting specific clinical input may present a case for reducing the numbers of MDT's. SJ thought that this would increase the time commitment of these meetings which may not be feasible. ET felt radiation oncologists should be available on a monthly basis for MDT's with rare and difficult cases. MD thought it would be useful to review how all specialties input into MDT's. **ACTION:** **MD to coordinate review of MDT configuration and deficiencies**	**MD**
9. Diagnostic Pathways/SIHMDS These were discussed earlier in the meeting	
10. Research portfolio MD felt it would be important to evaluate who is undertaking which trial and where these are based with a view to having a Manchester Cancer coordinated/collaborative portfolio. The impact of travel in regards to accessing clinical trials was also noted. MW explained that Cancer Research Networks will no longer exist in their current form but will be merging with the Clinical Research Networks. There will be six divisions to these networks and cancer will be in the first division. The value of previous research reports to the network group were noted. **ACTION:** **Manchester cancer research report for Haematological oncology to be tabled at all subsequent boards**	**MW**
11. Clinical Guidelines MD highlighted that most of the clinical guidelines are due for review. SJ thought it would be useful to place all relevant guidelines onto the website that will be hosted by Manchester Cancer Services. MW explained that work is underway to create the website for Manchester Cancer and a further update on its development will be given at the next meeting. **ACTION:** **MD to talk to Paddy Carrington regarding his role in coordinating the updating of guidelines**	**MD**
12. Educational programme It was agreed that this would be undertaken in conjunction with the North West Haematology Education Programme.	

13. Clinical Concerns These were discussed earlier in the meeting	
14. Patient Experience This was discussed earlier in the meeting	
15. A.O.B. There was no other business	
16. Date of next meeting Following a request from HG it was agreed that the meeting dates would be moved to the fourth Thursday of every other month. The previous electronic invites would be replaced with the new dates. The offer of rotating the meeting to alternative sites was made, however members agreed that they were happy to continue meeting at The Christie. **ACTION:** **Updated dates and venue details to be circulated for 2014** **Date of next meeting - Thursday 26th June, 3 pm – 5 pm, The Christie (HTU seminar room)**	**MW**