

Haematological Oncology Pathway Board

Thursday 26th June 2014, 3pm – 5pm, HTU Seminar Room, the Christie

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

Agenda Item	Action
<p>1. Welcome and Introductions MD welcomed everyone to the Pathway Board meeting.</p>	
<p>2. Apologies Apologies were noted.</p>	
<p>3. Minutes and Matters Arising</p> <ul style="list-style-type: none"> • Patient representatives MW explained that 3 names had been forwarded to her and one of these patients was also able to attend the Macmillan patient engagement event that took place on Monday. The members felt that all patients should be given the opportunity to become patient representatives. <p>ACTION: MD and MW to meet with all three patient users together to identify their interest and suitability to join the Pathway Board.</p> <ul style="list-style-type: none"> • Clinical Guidelines MD explained that he had talked to Paddy regarding this, and due to his commitment as President of the BSH, he will no longer be able to undertake this work and would like the Pathway Board to lead on this. This will be led by MD. • Pathway Board meetings MW confirmed that the meeting dates for the year had been sent out and all meetings would take place in the HTU Seminar Room. 	MW/MD
<p>4. Nominated Leads for the Pathway Boards</p> <p>MD confirmed that the leads that had been agreed to date were: HG – Teenagers and Young Adults JT – Specialist Nursing, this would also involve the setting up of a specialist nursing meeting. HG thought it would be useful for members to provide specialist nurse contact details from their Trust. ET – Stem Cell Transplantation</p> <p>MD indicated that Tim Illidge had put himself forward to contribute to the Research output. He would be invited to the Pathway Board to present on particular areas of academic/translational interest. SW would lead on research in regards to the development of trial information and collaborative opportunities across the Network. In regards to survivorship, MD explained that Rowena had agreed to lead on survivorship. CB agreed to become the patient advocate. MD highlighted that the Board may also need a lead on improving surgical access support and undertaking some groundwork that could assist all MDT's. MH suggested asking Trusts to provide a protocol. MD explained that there is new guidance being developed from the Lymphoma Lugano meeting that will have an implication on the current process and he felt that this may be a good time to evaluate the current process across the sector. CB felt that consultants would need to discuss this with surgeons. ET thought that this should be undertaken via the Trust Cancer Leads. HG said she would be happy to get this issue on the</p>	

<p>agenda of Pennine’s Cancer Leads meeting but thought it would be useful to see the new guidance in the first instance. MD thought it would be useful to have local data as evidence of the concern and HB suggested that each Trust should provide their own protocol then an audit of compliance against the standards should be undertaken. CB suggested a simple audit from the last 12 months of all the breaches to identify the issues in the time taken for a needle or core biopsy from the referral to a surgeon.</p> <p>ACTION: All Trust representatives to collect data on HSC205 for the last financial year and complete questionnaire on their processes and provide this to MW</p>	<p>Trust Reps/MW</p>
<p>5. Review of MDT Structure</p> <p>MD explained that he been visiting the different MDT’s to understand how they worked and he thanked everyone for making him welcome. He had written a report which outlined that there was a clear focus on making optimal management decisions with patients at its heart. MD also highlighted that there wasn’t a desire to change the MDT structure. MD felt that video conferencing worked well but has its implications. CB felt that it easier to contribute to the meetings when physically in the room as there are sometimes technical issues, however it is not practical to go to every MDT. ET queried the comment in the report regarding Clinical Oncology and CMFT. MD identified that from discussions with the lead clinicians, there was now comprehensive coverage for all the MDT’s with trainees covering if the lead clinicians were absent.</p> <p>In regards to data management, MD felt it would be better if all MDT’s were using the same data system and that there were pro’s and con’s to every data system. MD thought that a bespoke system that was easy to use that would require input from clinicians to ensure all required data was collected would be a good plan for the future and explained that Clinical outcomes group at the Christie have developed a web portal system that the lymphoma team are piloting. MW explained that in the long-term this system could be made available to all Trusts, however the issues regarding logistics, functionality and costs for implementing this are currently being scoped by Jac Livsey and Manchester Cancer Provider Board. Members thought it would be useful for Jac to present the database to the Pathway Board to understand if it would meet the needs of Haematological Oncology. It was suggested that additional guests could be invited to view the demonstration.</p> <p>MD thought it would also be useful if information regarding active clinical trials was available on a database hosted by Manchester Cancer.</p> <p>Diagnostic services were also highlighted. Currently diagnostic services are facilitated through Leeds, Hammersmith Hospital and the Christie, but these services are sometimes experience significant delays. MD explained that the MDT’s had indicated support for a Manchester based HMDS. MD felt that this hasn’t happened because there wasn’t one single organisation that had managerial support to develop this and asked whether this was still the case. ET thought that both CMFT and the Christie would be interested in moving this forward. HG indicated that</p>	

<p>Pennine had been approached to undertake sessions at a central HMDS, but didn't think there was not a great deal of enthusiasm from haematology colleagues, as Leeds was felt to provide a good service. HB asked whether developing a local HMDS was a legal requirement due to the population size. MD explained that there wasn't a requirement, but to not develop a local provision may risk the loss of local expertise and would have an impact on the development of haematological trainees as well as research opportunities. SJ explained that Shape of Training report indicated that haematology training would be changing so this would no longer be a relevant concern. There would also be benefits in regards to improving quality and turnaround times of the service and reducing delays.</p> <p>ET asked if there was any funding for this. SW asked whether a collaborative approach across Trusts could be implemented. MD explained that it is the role of the Pathway Board to identify areas for service development and to bring these to commissioners. MW explained that once a clinical assessment of this had been agreed by all Trusts, the next step would be to take any decisions to the Manchester Cancer Provider Board for consultation and approval. The Provider Board included the Chief Executives of all Trusts as well as the Lead CCG for cancer commissioning. CB thought it would be useful to have a local diagnostic presence at MDT's to support education and training in this area.</p> <p>ACTION: Jac Livsey to be invited to demonstrate the database at a future Pathway Board meeting.</p> <p>A separate meeting to be organised with all Trusts representatives as well as pathology representatives.</p>	<p>MW</p> <p>MW/MD</p>
<p>6. Data</p> <p><u>Research Network</u></p> <p>MW explained that this data had been received from the NIHR Clinical Research Network. This has replaced the former Cancer Research Networks. MD explained that data had been provided for the last quarter as well as the previous financial year. The data highlighted that there was a substantial portfolio of research trials across Greater Manchester. MD though that there should be a more collaborative approach to developing the research portfolio using the Pathway Board to facilitate this. This could make the process more efficient for patients.</p> <p>Members thought that developing an electronic portfolio that allowed access to the data across the Network would be more useful in recruiting patients into trials. MD felt that a more bespoke report, provided by someone with a research background with detailed information on what the trials were would be more useful in the future.</p> <p>ACTION: SW to evaluate options for a network research trial portfolio</p> <p><u>2WW data Q3&Q4 2013-14</u></p>	<p>SW</p>

<p>MD highlighted that the 2WW data indicated 1 breach in acute leukaemia</p> <p><u>NCPES 2013</u></p> <p>This has been circulated for information. Tameside and UHSM were not included as their numbers of patients were too small for reliable analysis. CB highlighted that Bolton came in the top 10 nationally. MD explained that the patients completing the survey may have been treated in a number of different Trusts as part of their treatment. MW explained that the survey takes place between September and November and all eligible patients (based on ICD10 codes) are asked to complete the questionnaire. MD highlighted that each organisation had done reasonably well overall, although not so well in certain areas and thought it would be useful to look at trends year-on-year. MH queried the process of collecting data as it differed significantly to the surveys undertaken by the Trust. MW explained that this was a national survey undertaken by an independent organisation and the methodology for collecting the data would be the same across all organisations.</p> <p>In future, members would also like to review SACT data along with a pan-Manchester morbidity, mortality meeting. ET thought it would useful to have a pan-Manchester MDT for rare and difficult cases. CB thought that this may be difficult as these cases come up sporadically and may not fit in with a quarterly MDT meeting. HG thought this could be tied in with an educational event.</p> <p>ACTION: MW to discuss the development of an electronic report with Clinical Research Network Manager</p> <p>SACT report to be tabled at next pathway board meeting</p> <p>Educational event including rare cases discussion to be arranged</p>	<p></p> <p>MW</p> <p>MW</p> <p>MD</p>
<p>7. Annual Plan</p> <p>MD explained that each Pathway Board was required to complete an annual plan. From the last meeting it had been agreed that the areas the Board would like to focus on were; diagnostics; clinical outcomes and data; research and access to biopsies. The work on the report would be completed outside of the meeting and presented to members for feedback.</p> <p>ACTION: MW to work with MD on annual plan and circulate to Pathway Board members</p>	<p></p> <p>MW/MD</p>
<p>8. Cutaneous Lymphoma</p> <p>MD informed the meeting that Richard Cowan and Eileen Parry(Dermatologist from Salford Royal), run a cutaneous lymphoma service and highlighted that this comes under the remit of the Pathway Board.</p>	<p></p>
<p>9. Peer Review</p>	<p></p>

<p>MD referenced the briefing document on Peer Review prepared by Manchester Cancer and explained that this would be a validated self-assessment for Haematology in 2014.</p>	
<p>10. Clinical Guidelines</p> <p>These were discussed earlier in the meeting and it was highlighted that most of the clinical guidelines for this network were out of date.</p> <p>ACTION: MD will be contacting members to support him in the update of the clinical guidelines.</p>	<p>MD</p>
<p>11. A.O.B.</p> <p>MD thought it would be useful to identify any new appointments.</p> <p>Macclesfield Hospital – Jane Robertson Wigan – Usman Ahmed Central Manchester – Mohammed Saif</p> <p>HB asked if there were any guidelines for the numbers of Haematologists required per unit. MD suggested benchmarking the numbers of consultants across the sector. SJ thought this would require a larger piece of work looking at numbers of patients as well as catchment populations. CB acknowledges that some Trusts may not have all the data on this and may require work to validate the numbers. SW explained that in Tameside, Haematology sits within Pathology which is managed in UHSM. MD identified that there was also an issue with single handed Haematologists and this should be raised as a concern.</p> <p>ACTION: MD to write to Medical Director of Tameside to summarise issues regarding the robustness of the service.</p> <p>SJ asked whether other members were behind in their initiation of electronic prescribing as this was raised as a serious concern within Salford peer review measures. Members acknowledged that all Trusts are in the process of setting this up.</p>	<p>MD</p>
<p>12. Date of next meeting</p> <p>Date of next meeting - Thursday 28th August, 3 pm – 5 pm, The Christie (HTU seminar room)</p>	