

Haematological Oncology Pathway Board

Thursday 17th December 2015, 3pm – 5pm, HTU Seminar Room, The Christie

Attendance:	
Name	Pathway Representation
Mike Dennis	Chair
Hayley Greenfield	Consultant, Pennine Representative
Jo Tomlins	Nursing and Christie Representative
Eleni Tholouli	Consultant, CMFT Representative
Hitesh Patel	Consultant, WWL Representative
Montaser Haj	Consultant, Stockport Representative
Suzanne Roberts	Consultant, Bolton Representative
Hussein Baden	Consultant, Tameside Representative
Hannah Leaton	User involvement Lead
Nicola Remmington	Pathway Manager
Apologies:	
Simon Watt	UHSM Representative
Simon Jowitt	SRFT Representative
Liz Bates	Patient Representative

Agenda Item	Action
<p>Welcome and Introductions Apologies were noted.</p> <p>a) Pathway Manager Introduction Nicola Remmington (NR) was welcomed to the team as Melissa Wright’s replacement [Email: Nicola.Remmington@nhs.net Tel: 0161 918 2088 Mob: 07825 761205].</p> <p>b) User Involvement Lead Hannah Leaton announced that she is leaving her role at Manchester Cancer. Hannah’s workload for the Board is to be absorbed by Lucie Francis [Email: Lucie.Francis@nhs.net] who is an existing member of the User Involvement Team. MD thanked Hannah for her contribution to the Board.</p>	
<p>1. Minutes of the last meeting HG queried Item 2. a) Audit for the Indications for invasive investigations, as to whether this had been correctly assigned to her to complete as her understanding had been that she had agreed to complete pathway guidelines as opposed to an audit. MD clarified that the agreed task had been for HG to complete a guideline on the investigation of undiagnosed potential Haematological malignancy e.g. lymphadenopathy. Minutes to be amended.</p> <p>Remaining minutes agreed as correct and will be uploaded to the Manchester Cancer Webpage.</p>	
<p>2. Objective 1 - Improving outcomes/survival rates</p> <p>a) Pathway Guidelines for the indications for invasive investigations HG stated that she will complete a draft version for the next meeting and then review as to whether additional support is required.</p> <p>b) Update on clinical outcome MDT pilot MD stated that this has been highlighted consistently in all Trust’s Peer Review reports with regards to all patients with a cancer diagnosis being discussed at MDT at appropriate times within the pathway. For the past twelve months discussion has occurred regarding running an MDT pilot but this has been stalled essentially due to a lack of IT support. MD was pleased to announce that the pilot is now underway as of week commencing 14/12/15 with the first MDT being conducted at The Christie utilising a computer based referral system (Clinical Outcomes Web Portal). SR requested confirmation as to whether duplication of input will occur as data will continue to be required to be input onto the Somerset Cancer Register (SCR). MD confirmed that the Chief Execs of GM Providers have agreed a strategic direction of replacing SCR with this new Clinical Outcomes Web Portal. MD also confirmed that clinical reports across Trusts will be able to be accessed by all treating Trusts.</p> <p>c) Network level pathway development MD shared with the Board the first draft of a network level pathway and invited the group to forward comments/suggestions to contribute to the final draft. Electronic version to be sent to group. MD invited volunteers to contribute to additional pathway documents. HG highlighted that the Trusts also need to complete their own local pathways as well as the</p>	<p>ACTION: HG to complete draft doc for next PB meeting.</p> <p>ACTION: NR to send draft Network Pathway document to</p>

<p>Network pathway.</p>	<p>group. All to forward comments to MD/NR</p>
<p>3. Objective number 2 – Improving the patient experience</p> <p>a) Specialist Nursing Group Update JT fed back to the team that the Nursing Group had met in October and was well attended.</p> <p>b) Health and wellbeing events JT informed the group that there has been a Health & Wellbeing event for transplant patients held during October 2015 which was sponsored by the Anthony Nolan foundation and was very successful. The plan was to have a second event (not transplant related) before the end of the year co-ordinated by SRFT but this has not occurred – JT to update on progression at the next meeting. JT confirmed that this second event will be open to all patients across Greater Manchester and not just to SRFT patients. JT stated that the nursing group has successfully recruited patients to attend these events but the logistics of co-ordinating and establishing these events has been challenging due to available resource.</p> <p>HL stated that the most common feedback that they receive from Health & Wellbeing events is that patients very much value the opportunity to interact with Consultants in a different environment and HL urged the group to attend any future events when possible. JT confirmed that she would provide future dates as soon as available in order to facilitate Consultants attendance.</p> <p>MD requested an update regarding a planned Health & Wellbeing event at PAHT. JT stated there had initially been discussions regarding this but Catherine Wardley (CW) and Amanda Lane (AL) [CNSs at PAHT] have been heavily involved in other aspects of the Specialist Nurse Pathway Board and therefore this has been deferred. CW & AL have been focussing on the End of Life Treatment Summaries which should be finalised and available for the next Pathway Board meeting and also Education Events for Haematology Nurses planned for April/May 2016.</p> <p>c) Patient Experience Survey The nurses group had previously requested to undertake a local patient experience survey to explore some of the questions from the national survey in more detail. NR confirmed that Manchester Cancer would be able to resource the development and co-ordination of such a survey and shared with the group copies of a Urology survey that had recently been developed by Manchester Cancer, including a questionnaire protocol document, as an example. NR stated that going forward the resource allocation would have to be reviewed depending on the scale of responses but initially the development and analysis would be provided by Manchester Cancer. The agreed method was for a paper questionnaire to be issued directly to patients via CNSs and for a Freepost envelope to be provided addressed to Manchester Cancer. The Board then discussed the possibility of both an electronic version and a paper version to be made available – NR to review. JT stated she will draft a survey document with the Nursing Group and bring to the next PB for approval and also welcomed</p>	<p>ACTION: JT to forward date of next Health & Wellbeing Event when confirmed.</p> <p>ACTION: JT to share End of Life Treatment Summary doc at next PB meeting.</p> <p>ACTION: NR to assess possibility of electronic Haem-Onc patient survey.</p> <p>ACTION: JT to draft Survey questions and forward to group prior to</p>

<p>input from the Consultants.</p> <p>d) Patient User Involvement</p> <p>HL provided a summary of the User Involvement Progress Review report June-Sep 2015, highlighting the success of the team in recruiting people affected by Cancer to Pathway Boards. HL stated they have identified a potential new patient representative for the Haemato-Onc Board who will initially observe the next meeting in February 2016. HL also stated that she will seek confirmation from the current patient representative as to whether she wishes to continue to be a member of the board due to lack of attendance.</p> <p>MD stated that the Board had been requested to forward ideas regarding User Involvement and asked if HL had received any such responses – HL stated none received to date.</p>	<p>next PB.</p>
<p>4. Objective 3 – Research and clinical innovation</p> <p>a) Haematological Research Resource</p> <p>MD confirmed that he had discussed the potential of a more integrated approach towards staffing with Sue Dyde [Research Delivery Manager, NIHR] who stated that it is not a viable option to look at cross-site working currently as they have evaluated this in recent years and found that those appointed to such roles have all moved to a single Trust based role in a very short time frame, citing reasons of lack of job satisfaction due to loss of working hours due to travel and variation of work systems between Trusts.</p> <p>MD stated that another challenge is that only a small proportion of Research Nurses are funded by the CRN as many are actually employed by the Trusts directly which poses challenges for the CRN in terms of governance and direction.</p> <p>ET stated that they have a very effective Nurse at CMFT and The Christie who manages to work across sites and although the position is challenging it is possible with the right individual in the role.</p> <p>b) Research Trials report</p> <p>The Q1& Q2 NCRN summary document was circulated for the group to review.</p> <p>MD highlighted that the level of performance was above the national target.</p> <p>The group discussed identified issues:</p> <ul style="list-style-type: none"> – SR stated that although Bolton’s position looks okay a majority (13 of 14) of those recruited were to the MDSBio Trial and now the Trust is completely closed to recruiting to Interventional Trials due to a lack of Research Nurse resource. The Trust currently only has 1 Research Nurse and therefore they are only willing to recruit to Observational Studies and this does not look likely to change in the near future. <p>MD stated that he will write to Bolton’s Cancer Lead highlighting this issue.</p> <p>HB stated that Tameside have the same issue due to only have 1 Research Nurse</p> <ul style="list-style-type: none"> – HG stated that they are having issues with Pharmacy and currently do not have a Clinical Trials Pharmacist and had a near breach of protocol to the Myeloma XI trial as a result. For PAHT’s commercial trials the PI is having to complete all of the ECR 	<p>ACTION: MD to write to Bolton & Tameside highlighting need for additional Research Nurse resource.</p>

<p>data themselves. PAHT's Research Nurse is also currently off on long-term sick. HG stated that as soon as there is a slight problem in the system recruitment suffers greatly as the system in place is not robust.</p> <ul style="list-style-type: none"> – HP highlighted that Wigan are present on the Recruitment Trials report for the first time in 6 years as they have successfully recruited 1 patient to the Myeloma XI trial. <p>The board are happy with the report as a whole and look forward to receiving the next quarter's summary. MD highlighted that a more integrated approach to research across Greater Manchester is still the best option to improve recruitment but sustainability at a number of sites is a massive challenge and a huge disincentive for recruitment to trials. MD stated that the Board could talk to Cancer Managers individually but also stated that the Board should address the CRN directly in relation to clarifying the currency in trial recruitment to Haemato-Onc trials relative to that of solid-tumour trials in order to ensure that Haemato-Onc trials are getting an appropriate allocation of resource.</p>	<p>ACTION: MD to write to CRN to clarify resource allocation</p>
<p>5. Objective 4 – Improving and standardising high quality care across the whole service</p> <p>e) HMDS Partnership</p> <p>A written update from John Burthem (JB) was tabled highlighting that although there had been some challenges over the last six months the last meeting held this week had been very positive and there continues to be unanimous support with regards to the development of this partnership with Leeds, yet the challenges are with regards to making practical steps forward. HG had attended the meeting and agreed with JB's summary and stated that progress has been slow due to the formalisation process being very complex. HG highlighted that this process will impact The Christie and CMFT significantly and there have been HR issues due to the large number of jobs that will be affected which has contributed to the slow rate of progress. HG stated that there had been an agreement at the last meeting to meet with Trust Leads to discuss further and to formalise the process and therefore more visible progress should be apparent by the next meeting in January 2016, however, a formal model had still yet to be agreed. MD highlighted that there was potential for the situation to remain the same for the next five years and for the Haemato-Onc service to still be non-compliant and therefore it is imperative that progress be made. MD stated that JB has suggested for Dave Shackley to meet with him Stephen Gardner and MD to establish the key progression points that will be expected in 2016.</p> <p>f) Peer Review</p> <p>The peer review report for CMFT was tabled. 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 MDT capacity and ensuring all patients are referred for discussion; job cover and staffing issues resulting in the MDTs not always being quorate. SRFT report not received.</p>	<p>ACTION: MD to invite Dave Shackley to next HMDS Steering Group meeting.</p> <p>ACTION: NR to send Central PR Report to group.</p> <p>ACTION: SRFT PR report to be forwarded to NR.</p>

<p>g) Capacity Audit reviews</p> <p>Received from Christie and CMFT. HG stated that the audit at PAHT is being run prospectively as opposed to retrospectively and has requested timelines for progression but has not been updated as yet. No update from SRFT – MD to contact SRFT Cancer Lead.</p>	<p>ACTION: Capacity audits from PAHT and SRFT to be submitted prior to next PB meeting – MD to contact Salford.</p>
<p>h) Clinical Guidelines</p> <p>MSCC guidelines were agreed. MD confirmed that John Radford has accepted that a member of the Lymphoma team will be attending future Pathway Board meetings and will present the updated Lymphoma guidelines.</p> <p>Guidelines for the diagnosis and treatment of myeloproliferative neoplasms including: Polycythaemia vera; Essential thrombocythaemia and Myelofibrosis were discussed. MD invited the Board to review and if concerns have not been received prior to the next Pathway Board meeting the guidelines will be approved and uploaded onto the Manchester Cancer website.</p>	<p>ACTION: MD to invite JR to next PB.</p> <p>ACTION: All to review issued guidelines and forward any concerns to MD.</p>
<p>i) Stem cell transplantation</p> <p>ET updated the Board members regarding the Greater Manchester bid to host the annual EBMT meeting 2019. They have been successful in the initial recruitment rounds and are currently one of three possible bids from a total of nine (competitors are Frankfurt and Prague). ET stated that Frankfurt was a very strong bid and would most likely be successful.</p> <p>MD commended ET for all her excellent work on the bid and stated even if unsuccessful this time round it would still help with future efforts due to increasing visibility for Greater Manchester as a potential venue.</p>	
<p>j) TYA</p> <p>HG informed the Board that she has stood down as the TYA lead for PAHT and therefore is a little more distant from the process and offered to the Board to reallocate the role if more appropriate.</p> <p>MD stated that a previous concern had been with regards to Louise Pennington [TYA Outreach Nurse Specialist] leaving so MD had met with Dave Wright [Nurse Lead for TYA] and Mike Leahy [Pathway Board Lead for TYA] and they have assured MD that they have made an appointment to the role with an expected January 2016 start date. MD asked the group to inform him if there are any issues with Trusts getting support from the TYA team for patients as this should no longer be an issue.</p>	<p>ACTION: all to suggest possible replacement as the TYA Rep for the PB.</p>
<p>k) Greater Manchester Cancer Vanguard</p> <p>NR provided a hand-out of a presentation given by the Vanguard Team at a recent engagement event. NR summarised the current position regarding the Greater Manchester</p>	<p>ACTION: MD to draft letter of concern and</p>

<p>Cancer Vanguard which is an NHS England established partnership between Manchester Cancer & Provider Board, Trafford CCG and The Christie. This partnership has been asked to come together with The Royal Marsden and UCLH to form a single national cancer vanguard. The aim of the GM Cancer Vanguard is to establish a single system provider for GM cancer services. This will be focussed on driving improvements in clinical outcomes and patient experience across the entire patient journey including health promotion, diagnosis and care. The Cancer Vanguard provides a mechanism to address accountability at city level for the entire cancer pathway and ensure equitable service provision across GM with The Christie as the 'system leader'.</p> <p>MD highlighted that The Christie as a system leader will need to separate its provider function from its system leader function in a transparent way and that although The Christie will be working closely with the Commissioners within the Cancer Vanguard it does not mean that services will automatically be assigned to The Christie and it is the responsibility of the Cancer Vanguard team to ensure that all providers are treated in a fair and equitable way.</p> <p>The group discussed their high level of concerns in relation to lack of communication and uncertainty regarding decision making and MD stated that he would draft a letter of concern to Dave Shackley (DS) and share with the group for further contributions prior to sending. MD will invite DS or a Cancer Vanguard representative to the next Pathway Board meeting to provide assurances regarding the role of The Christie and the impact of the Cancer Vanguard specifically on Haemato-onc service provision.</p> <p>Further updates will be provided as they are made available by the Vanguard team.</p>	<p>share with group prior to sending to DS</p> <p>ACTION: MD to invite DS (or rep) to the next PB Board meeting.</p>
<p>6. AOB</p> <p>SR raised her concern regarding the Manchester Cancer Joint SACT Five Year Strategy document and the fact that Haemato-Onc has not been included. SR has invited herself to the next SACT Pathway Board meeting to raise her concerns which the Board seconded.</p>	<p>ACTION: SR to provide update to PB after attending SACT Pathway Board meeting.</p>
<p>Date of next meeting: Thursday 25th February 2016, 3pm – 5pm, HTU Seminar Room, The Christie.</p> <div style="display: flex; align-items: center;">  <p>HAEMATOLOGICAL ONCOLOGY PATHWA</p> </div>	