

Haematological Oncology Pathway Board

Thursday 25th February 2016, 3pm – 5pm, HTU Seminar Room, The Christie

Attendance:	
Name	Pathway Representation
Mike Dennis	Chair
John Burthem	Consultant, CMFT Representative
Hayley Greenfield	Consultant, Pennine Representative
Jo Tomlins	Nursing and Christie Representative
Liz Bates	Patient Representative
Leila Hamrang	Patient Representative
Hitesh Patel	Consultant, WWL Representative
Montaser Haj	Consultant, Stockport Representative
Suzanne Roberts	Consultant, Bolton Representative
Hussein Baden	Consultant, Tameside Representative
Simon Watt	Consultant, UHSM Representative
Simon Jowitt	Consultant, SRFT Representative
Lucie Francis	Macmillan User involvement Manager, Manchester Cancer
Nicola Remmington	Pathway Manager, Manchester Cancer
Apologies:	
Eleni Tholouli	Consultant, CMFT Representative
Beth Chalfin	Specialist Physiotherapist, CMFT
Rowena Thomas-Dewing	Consultant and Survivorship Lead, SRFT

Agenda Item	Action
<p>Welcome and Introductions Apologies were noted.</p> <p>a) Patient Representative Leila Hamrang was welcomed to the Board. Leila is observing today's meeting in order to ascertain as to whether she wishes to join as a member of the Board representing the TYA demographic going forward.</p> <p>b) User Involvement Lead Lucie Francis (Macmillan User Involvement Manager) was welcomed to the Board. Lucie will be covering Hannah Leaton's work for the Board and is an existing member of the User Involvement Team [Tel: 07920 817 665 Email: Lucie.Francis@nhs.net].</p>	
<p>1. Minutes of the last meeting SR queried Item 5. k) Greater Manchester Cancer Vanguard, stating that the summary did not accurately reflect the high level of concern amongst the group. Minutes to be amended.</p> <p>Remaining minutes agreed as correct and will be uploaded to the Manchester Cancer Webpage.</p> <p>a) Matters arising not on the agenda Pathway Board Attendance list. Group requested for attendance to be represented by Trust as opposed to individual.</p>	<p>ACTION: NR to update PB attendance list to show Trust attendance as opposed to individual attendance and share with PB.</p>
<p>2. Objective 1 - Improving outcomes/survival rates</p> <p>a) Pathway Guidelines for the indications for invasive investigations HG presented the draft guidelines to the group. JT suggested also to include reviewing the practice regarding investigations for elderly patients who are not fit for intervention as the investigations would be for information only and to establish as to the validity of such investigations. There was a group discussion regarding Head & Neck diagnostics and MD agreed to contact the Head & Neck Pathway Board Director [Miss Susannah Penney, Email: Susannah.Penney@cmft.nhs.uk] to get an overview about the various neck lump diagnostics that occur across Manchester Cancer and to establish what opportunities there may be for establishing a standardised practice within this area.</p> <p> HG_Initial_Investigations_MCPB.docx</p>	<p>ACTION: HG to update draft guidelines to include flowchart and summary of pathway and also PB suggestions.</p> <p>ACTION: MD to contact H&N PB to request info regarding H&N</p>

<p>a) Network level Pathway development</p> <p>The Board agreed the AML and ALL pathway. The ALL trial was open and active but is currently on hold after an annual update established that further regulatory approval was needed regarding the drugs involved (technical issues as opposed to any concerns regarding toxicity etc). MD highlighted that another area of concern was regarding younger AML patients and ensuring that they are referred on rapidly to the appropriate diagnostic/treatment centre.</p> <p>MD requested for volunteers to develop further network level pathways and requested to email MD to confirm.</p>  <p>AML_ALL_Network_Pathway_Feb16.doc</p> <p>b) Clinical outcome MDT pilot update</p> <p>MD highlighted that the pilot has been underway since 14/12/15 with the first MDT being conducted at The Christie utilising a computer based referral system (Clinical Outcomes Web Portal). There have been some minor teething problems but essentially the pilot is progressing well and could potentially be rolled out within Haematological services by April 2017.</p>	<p>diagnostic practice.</p> <p>ACTION: Volunteers from PB to complete further network level pathways.</p>
<p>3. Objective number 2 – Improving the patient experience</p> <p>a) Specialist Nursing Group Update</p> <p>JT fed back to the team that the Nursing Group had met in January and was fairly well attended but future meeting days will be rotated in order to facilitate better representation.</p> <p>b) Living With and Beyond Cancer Health and Wellbeing events</p> <p>JT informed the group that there had been a Health & Wellbeing event for transplant patients held during November 2015 which was sponsored by the Anthony Nolan foundation and was very successful. The plan is to have a second event (not transplant related) during Spring 2016 (date TBC) co-ordinated by SRFT– 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.</p> <p>LWABC Late Effects Survey</p> <p>NR highlighted that four trusts have forwarded their completed responses (included in agenda). The LWABC Pathway Board have requested for one single response to be issued by each Pathway Board and NR asked for confirmation from the Board that they were happy with the detail of the responses – this was agreed by all. NR to amalgamate and send single response to LWABC Pathway Board.</p> <p>c) Patient Experience Survey</p> <p>JT stated that the bulk of the Nurses Meeting had been focussed on the development of the patient survey questions. The draft version of the survey was then discussed along with feedback comments already received from the PB. An amended draft incorporating</p>	<p>ACTION: JT to forward date of next Health & Wellbeing Event when confirmed.</p> <p>ACTION: NR to amalgamate responses and send single completed survey to LWABC PB.</p> <p>ACTION: JT/NR to update draft survey and</p>

<p>received suggestions will be forwarded to the PB for approval prior to the next PB meeting in order to ensure timely implementation. The aim is for final survey to be available by April 2016.</p> <p>The agreed method of delivery was for both a paper questionnaire to be issued directly to patients via CNSs (with a Freepost return envelope to be provided addressed to Manchester Cancer) and also for a link to be shared with patients for those willing to complete electronically (SurveyMonkey). LB highlighted that there would be many patients who would prefer a paper version to complete. LF confirmed that the draft questionnaire had been shared with a patient focus group and feedback included that the survey was quite long and an introductory summary description including as to how the information collated will be used should be included.</p> <p>SR asked for an update regarding Treatment Summaries. JT stated that the nurse due to present an update at the Nursing Meeting failed to attend and therefore this has been rolled over to the next Nursing Meeting's agenda. JT will update all at the next PB meeting.</p> <p>d) Patient User Involvement LF confirmed that the Patient User Involvement Team have received further funding until the end of March 2017. LF provided a summary of the latest User Involvement Progress Review Report Oct-Dec 2015. LF also highlighted that if anyone is aware of any patients wishing to get involved please forward her details to them.</p> <p> TH 311215 Manchester Cancer U</p>	<p>share with PB.</p> <p>ACTION: JT to provide update regarding Treatment Summaries after next scheduled Nursing Meeting.</p>
<p>4. Objective 3 – Research and clinical innovation</p> <p>a) Haematological Research Resource MD stated that he has written to the Bolton and Tameside Cancer Clinical Leads highlighting the Clinical Research Nurse resource issue. Sue Dyde has confirmed that Bolton have recently successfully appointed a Research Nurse who will be in post in the near future.</p> <p>b) Research Trials report The Q3 NCRN summary document was circulated for the group to review. SW highlighted that as a region we are probably recruiting as expected (GM is rated 9th of 15 for recruitment and for population size we are ranked in 10th position at 2.9million). SW discussed the letter of concern issued by Nigel Bundred regarding the low rate of Trial Recruitment stating that there may have been a misunderstanding regarding the recent reduction in population size of Greater Manchester due to realignment (some of the population previously assigned to GM was re-aligned to Lancashire). SW will draft a response to Nigel Bundred and share with the Board prior to sending.</p> <p>MD highlighted that generally there is not a great deal of enthusiasm for Observational Trials which was conceded by the Board. Also, when there is a lack of Research Nurse resource, inevitably focus will be on recruiting to Interventional Trials as a priority over Observational Trials. HP highlighted that many trials are only available at Central and queried as to why they are not available at other sites (due to occurrence rate at Trusts not</p>	<p>ACTION: SW to draft a response to Nigel Bundred and share with Board prior to sending.</p>

<p>being deemed high enough). MD also highlighted that there is a legal issue in terms of governance and sponsorship of trials etc. but the aim is for the development of a centralised R&D Centre through the Cancer Vanguard within the next six months and therefore it would be possible to nominate multiple sites for trials as opposed to the current one or two.</p> <p>Further issues raised:</p> <ul style="list-style-type: none"> – Most Observational Trials are region specific and therefore cannot be recruited to which is why there is such a disparity in Observational Trial recruitment. – There is not currently a platform to view all available open trials at MDT meetings. NR to establish as to any progress in this area from Manchester Cancer. 	<p>ACTION: NR to establish current position regarding ability to view all open trials at MDT meetings.</p>
<p>5. Objective 4 – Improving and standardising high quality care across the whole service</p> <p>a) Manchester Cancer Haematological Cancer Annual Report MD highlighted that we need to re-evaluate KPIs for the future and we can assign time to the development of this at the next PB meeting as Dave Shackley (or a Cancer Vanguard representative) will be present. Inevitably, the Cancer Vanguard will have a significant impact on the workings of MDTs and the development of more integrated ways of working. NR highlighted that the development of Quality Standards is also an area requested to be focussed on by the Cancer Vanguard team.</p> <p>b) HMDS Partnership</p> <p> HMDS_report_Feb_2016.docx</p> <p>A written update from John Burthem (JB) was tabled. JB highlighted that the main concerns are as follows:</p> <p>Structural difficulties – there is currently a fragmented diagnostic service within GM. Also services are currently available in certain Trusts that would need to be dismantled due to being not fit for a GM wide HMDS. This was possibly underestimated at the outset regarding legal ramifications (required redundancies etc.) but progress has been made to address this.</p> <p>Financial issues – many services in GM are sending samples to Leeds and are likely to pay the same price whether they send to a GM hub or a Leeds Hub. However, two trusts (CMFT & The Christie) do not currently send anything to Leeds and are therefore looking at an additional expenditure of £500,000 per Trust. If a GM HMDS is to be established the service will need income coming in to ensure sustainability and development. Problems that have occurred during negotiations with Leeds have arisen due to Leeds perceiving their relationship as one of a Provider/User relationship and have not been receptive to the concept of redirecting a lot of guaranteed work to a newly established GM HMDS.</p> <p>Capacity issues – need to establish reporting provision and as to which service/individuals</p>	

<p>would be willing to assign reporting sessions. Finances of this will need to be considered.</p> <p>Future Proofing – JB highlighted that even if the initial deal with Leeds is not ideal it will help ensure that Greater Manchester reporting occurs and that GM does not lose diagnostic expertise going forward. Also, need to develop and maintain Cytogenetics and Molecular diagnostics services within GM.</p> <p>JB is due to meet with Stephen Gardner within the next two weeks to clarify the current position and to establish as to whether an impasse has been reached.</p> <p>c) Peer Review The peer review report for SRFT was tabled. All Trust’s reports have now been received.</p> <div style="text-align: center;">  SRFT_External_Peer_Review_Team_-_Ha </div> <p>d) Capacity Audit reviews Received from Christie and CMFT. SJ stated there is no official response from SRFT but they are hoping to develop capacity and scenario planning as part of the electronic prescribing system for Chemotherapy.</p> <p>e) Clinical Guidelines</p> <ul style="list-style-type: none"> • MD confirmed that John Radford has agreed to attend the next Pathway Board meeting to present the developments with regard to updated Lymphoma guidelines. • SJ highlighted the recent request to review the NICE recommendations for the management of NHL, with particular reference to the use of baseline PET in NHL. [Link for NICE Lymphoma Guidelines: https://www.nice.org.uk/guidance/indevelopment/gid-cgwave0671/documents/pg42] • Guidelines for the diagnosis and treatment of myeloproliferative neoplasms including: Polycythaemia vera; Essential thrombocythaemia and Myelofibrosis - MD confirmed that these have been approved and are now available on the MC website. • MD stated that the Acute Lymphoblastic Leukaemia guidelines need updating - Anna Castleton (Consultant at The Christie, ALL Lead) has volunteered to co-ordinate this but MD has requested for further volunteers in order to ensure a collaborative approach. <p>f) Stem cell transplantation MD stated that the Greater Manchester bid to host the annual EBMT meeting 2019 was</p>	<p>ACTION: JB to feedback after meeting with Stephen Gardner regarding the future of the HMDS project.</p> <p>ACTION: Capacity audits from Salford and PAHT to be submitted prior to next PB meeting.</p> <p>ACTION: NR to forward date of next PB meeting to John Radford.</p> <p>ACTION: Volunteers to complete update on ALL guidelines to contact MD</p>
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<p>unsuccessful and Frankfurt was appointed as the host. MD commended ET's efforts.</p> <p>g) TYA As HG has stood down as the TYA lead for PAHT she had previously requested for a nomination/volunteer to take over as TYA Lead for the PB. Currently, none have been received. HG stated she could ask her colleague at PAHT who has taken over as the PAHT TYA lead. MD requested for all to consider the possibility of taking over the role and to contact him should they be willing to do so.</p> <p>h) Greater Manchester Cancer Vanguard NR confirmed that a Cancer Vanguard representative will be attending the next Pathway Board meeting in order to clarify the current position and the expected developments and how the Haematological Oncology Pathway Board can/will be involved.</p> <p>i) Manchester Cancer Joint SACT Five Year Strategy SR confirmed that she attended the last SACT Pathway Board as a Haematology representative. The SACT Pathway confirmed that they had only been focussing on completing network guidelines for solid tumour groups. SR highlighted to the SACT PB that there needs to be network agreed guidelines for Chemotherapy in Haematology in order to be Peer Review compliant. SR stated the Board articulated that they were receptive to the idea of including Haematology and suggested inviting Andrew Wardley to the next Haemo-Onc PB in order to further confirm the inclusion of Haematology in future SACT network developments.</p>	<p>ACTION: all to consider possible replacement as the TYA Rep for the PB.</p> <p>ACTION: NR to ensure the Cancer Vanguard team have next PB date.</p> <p>ACTION: MD to invite Andrew Wardley to next PB meeting.</p>
<p>6. AOB</p> <p>a) Osteonecrosis of the jaw in myeloma XI participants SW highlighted that he is keen to do an audit on the above and asked the Board to consider this. SW stated that Myeloma XI data with regards to ONJ is not collected nationally. The Board agreed to conduct an audit (SW to lead).</p>	<p>ACTION: SW to complete audit on Osteonecrosis of the jaw in myeloma XI participants</p>

Date of next meeting:

Thursday 28th April 2016, 3pm – 5pm, HTU Seminar Room, The Christie.



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ONCOLOGY PATHWAY