

Haematological Oncology Pathway Board

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

Attendance:	
Name	Pathway Representation
Mike Dennis	Chair & Clinical Director, Consultant Haematologist, The Christie
Eleni Tholouli	Consultant Haematologist, CMFT Representative
Rowena Thomas-Dewing	Consultant Haematologist and Survivorship Lead, SRFT
Hayley Greenfield	Consultant Haematologist, Pennine Representative
Jo Tomlins	Nursing and Christie Representative
Liz Bates	Patient Representative
Leila Hamrang	Patient Representative
Hitesh Patel	Consultant Haematologist, WWL Representative
Montaser Haj	Consultant Haematologist, Stockport Representative
Suzanne Roberts	Consultant Haematologist, Bolton Representative
Hussein Baden	Consultant Haematologist, Tameside Representative
Simon Watt	Consultant Haematologist, UHSM Representative
Ann Harrison	G.P. Clinical Cancer Lead, Trafford CCG
Lucie Francis	Macmillan User involvement Manager, Manchester Cancer
Nicola Remmington	Pathway Manager, Manchester Cancer
In Attendance:	
John Burthem	Consultant Haematologist, HMDS Lead
Adrian Bloor	Consultant Haematologist, HMDS
Andrew Wardely	Consultant in Medical Oncology, MC SACT Pathway Clinical Director
Thomas Pharaoh	Associate Director, Manchester Cancer
Apologies:	
Satarupa Choudhuri	Consultant Haematologist, TYA Lead

Agenda Item	Action
<p>Welcome and Introductions Apologies were noted.</p> <p>a) Primary Care Representative Ann Harrison was welcomed to the Board. Ann is the Trafford CCG Clinical Cancer Lead and Macmillan GP. Email: Ann.Harrison@nhs.net</p>	
<p>a) Matters arising not on the agenda</p> <p>i. Cancer Vanguard Update – Thomas Pharaoh, Associate Director of Manchester Cancer (Cancer Vanguard Team Representative) TP provided a summary of the current position:</p> <p> Cancer_Vanguard_H aem_Board_28_04_1</p> <p>MD thanked TP for attending and responding to comments/questions. MD stated that there had been significant concerns regarding what the Vanguard might mean for various units and TP’s presentation had been very informative and established a further platform for the Pathway Board to consider evolved ways of care delivery throughout the pathway.</p> <p>ii. Chemotherapy Strategy Update – Dr Andrew Wardley, Clinical Director Manchester Cancer Systemic Anti-cancer Therapies Pathway Board. AW provided a verbal summary regarding the work to date that the SACT Pathway Board have delivered:</p> <ul style="list-style-type: none"> • SACT Board have focussed on providing delivery of care closer to home and have been successful in moving away from a centralised model (at the Christie site) and now deliver at various sites covering a broad area. • The SACT Board aim to formulate a pathway that has a single governance structure in order to ensure standardisation and delivery of robust and safe clinical standards and ensuring equity of accessibility. • The SACT Board would like for Haemato-Onc to now be included within the single governance structure (previously had focussed on solid tumours only). AW wished to assure the board that this did not mean that there was a desire to take all SACT services over as some of the models currently in place across GM are in collaboration with other Trusts. • Benefits of this collaboration would be that Clinical Trials previously only available at the Christie would be made available at the sites the Christie are in collaboration with. <p>MD highlighted that there are substantial differences in the commissioning arrangements for solid tumour service provision and that of Haemato-Onc and therefore any changes would need to be assessed and benefits clearly</p>	<p>ACTION: NR to liaise with James Leighton</p>

<p>demonstrated.</p> <p>AW re-iterated that the aim is to work collaboratively across GM in the delivery of SACT. HG highlighted that collaborative working across Trusts is already in place for Haemato-Onc. NR stated that James Leighton [SACT Pathway Manager, Manchester Cancer] has proposed for a future joint Pathway Board meeting in order to develop and discuss any future collaborations/developments between the two groups. MD stated that it was imperative that Haemato-Onc now be included within the overarching SACT strategy and therefore a one-off joint Pathway Board meeting would best support the progression of this. MD also stated that it must be recognised that Haemato-Onc is very different to that of solid tumours yet there may still be some efficiencies to be explored, particularly around research and governance.</p> <p>iii. Lymphoma Clinical Guidelines and strategy update – Professor John Radford. Professor Radford was unable to attend the meeting and therefore this item has been deferred to the next scheduled Pathway Board meeting.</p> <p>b) Minutes of the previous meeting The minutes were agreed as correct and will be uploaded to the Manchester Cancer Website.</p> <p>c) Pathway Board Attendance 2015 Updated to show attendance represented by Trust as opposed to individual as requested at the previous PB meeting.</p>  <p>Pathway Board Attendance 2015.doc</p>	<p>to confirm a date for a future joint Pathway Board meeting (provisionally Oct16).</p> <p>ACTION: NR to notify Professor John Radford of the next PB Meeting</p>
<p>1. Objective 1 - Improving outcomes/survival rates</p> <p>a) Pathway Guidelines for the indications for invasive investigations</p> <ul style="list-style-type: none"> - Updated guidelines from HG were deferred to the next meeting. - Head & Neck update regarding overview of the Neck Lump diagnostics provided across GM.  <p>Neck_Lump_Diagnostic_Provision_GM_Apri</p> <p>Currently yet to receive information regarding UHSM and PAHT – SW and HG to provide Trust position to NR. MD stated that a benchmarking exercise will be undertaken at some point once all information has been received in order to standardise performance in relation to waiting times and diagnosis.</p>	<p>ACTION: HG to update draft guidelines to include flowchart and summary of pathway and also PB suggestions.</p> <p>ACTION: SW and HG to provide summary position to NR regarding the neck lump diagnostic provision at</p>

<ul style="list-style-type: none"> - Network level Pathway Development MD repeated his request for volunteers to develop further network level pathways (request minuted at previous two PB meetings but no volunteers have been forthcoming as yet). <p>b) TWW GP Referral Form The Board discussed the form and agreed on a number of minor changes. Updated form to be forwarded to Sarah Taylor [GP Cancer Early Diagnosis Lead for Greater Manchester, GMLSCSCN, CRUK] prior to scheduled rollout at end of April 2016. Updated draft including comments from PB:</p>  <p>2ww_1.10_Haematology_170316_v0.4_18</p>	<p>their trust.</p> <p>ACTION: Volunteers to complete further network level pathways to contact MD/NR.</p> <p>ACTION: NR to forward updated draft to Sarah Taylor prior to scheduled roll out.</p>
<p>2. Objective number 2 – Improving the patient experience</p> <p>a) Specialist Nursing Group Update</p>  <p>Specialist Nursing Meeting Minutes 14.0</p> <p>JT fed back to the team that the Nursing Group had met on the 14th April and was fairly well attended.</p> <p>b) Living With and Beyond Cancer</p> <ul style="list-style-type: none"> - Health and Wellbeing events The Health & Wellbeing Event to be hosted by SRFT is now due to take place in September 2016 (date TBC). RTD confirmed that the event will be open to all Haemato-Onc patients across GM and not just SRFT patients. LF asked if patient groups have been consulted when formulating the programme for the Health & Wellbeing events and also stated that she would be able to help facilitate this for future organising of events. RTD confirmed that a local support group at SRFT were consulted when formulating the agenda for the event. - End of Treatment Summaries Update JT stated that a focus group was held at PAHT last week looking at simplifying the End of Treatment summaries – JT yet to receive an update from this meeting. <p>c) Patient Experience Survey JT stated that this is close to being finalised. Amendments were suggested at the Nursing meeting and an updated draft was circulated to the PB prior to today’s meeting. Once the survey is approved the aim is to roll out over the next month for a duration of 3 months from start date (will review at this point depending on response rate). Agreed limit with MC [MC are co-ordinating the monitoring of responses and conducting analysis] is 1000</p>	<p>ACTION: For future H&W Events liaise with LF to gain appropriate patient input in setting the agenda.</p> <p>ACTION: JT to provide update regarding Treatment Summaries after next scheduled Nursing Meeting.</p>

<p>responses. JT asked the Board as to whether monitoring of the response rate per Trust should be considered in order to prevent a skewed response should a majority of responses be returned from a single/minority of Trusts resulting in a non-representative result. JT suggested ensuring an agreed target of responses per Trust and asked as to whether this should be equal across Trusts or should be based on population covered per Trust. NR confirmed that analysis will show Trust position in relation to response rate in order to ensure appropriate level of representation.</p> <p>JT confirmed that the survey will be issued by the CNSs at clinic to all patients with a cancer diagnosis (the survey will not be mailed out). Patients will be able to return a paper copy via a Freepost SAE envelope to MC or by electronically completing the survey via Survey Monkey.</p> <p>The PB approved the current draft of the patient survey.</p> <p>d) Patient User Involvement</p> <p>LF stated that the main objective for the UI Team is to develop and maintain a small community of people affected by Haematological Cancer to link in with LH and LB in order to ensure a broad representation of views.</p> <p>MD asked if the UI Team currently has information regarding all of the available support groups and User Involvement teams across GM. LF confirmed this to be the case and stated that they will be linking in with these groups to gather their views to ensure a further broadening of representation.</p> <p>LF also highlighted that if anyone is aware of any patients/carers wishing to get involved please forward her details to them. Email: Lucie.Francis@nhs.net</p>	<p>ACTION: JT/NR to finalise patient survey and roll out across network by end of May 2016.</p> <p>ACTION: All to forward details of patients/carers expressing an interest to join the UI team to LF.</p>
<p>3. Objective 3 – Research and clinical innovation</p> <p>a) Research Trials report</p> <p>The Q3 NCRN summary document was recirculated for the group to review as the full year report is not available until mid June.</p> <p>The response to Nigel Bundred’s letter regarding Trial recruitment was reviewed.</p>  <p>Nigel_Bundred_Letter_April2016DRAFT.doc</p> <p>NR stated that NB had today contacted NR requesting to meet with representatives of the board to discuss further. SW confirmed that he will meet with NB.</p> <p>Platform to view all available open trials at MDT meetings (MC website to act as a host domain)- NR confirmed that work development within MC in relation to this has as yet to be established and requested for MD to contact Thomas Pharaoh with specifics of request.</p>	<p>ACTION: NR to arrange meeting between NB & SW to discuss trial recruitment.</p> <p>ACTION: MD to email Thomas Pharaoh with itemised request for development of Open Trials platform.</p>

<p>4. Objective 4 – Improving and standardising high quality care across the whole service</p> <p>a) HMDS Partnership Update – John Burthem [Chair HMDS Steering Group] and Adrian Bloor [Vice Chair HMDS Steering Group] Summary of verbal update: The proposal to develop a partnership with the Leeds HMD Service has not made meaningful progress. The Steering Group that has been overseeing that work is now recommending to the Haemato-Onc Pathway Board that a different approach should be developed, including the option of developing an effective HMDS within Greater Manchester. This approach would need to be supported by all of the Haematology services in Greater Manchester, but it is particularly important that CMFT and the Christie are properly engaged in the process. There has been an initial exploratory meeting between the Christie and CMFT this week, and this was positive. It is intended to re-convene the Steering Group as soon as possible, to ensure that all of the key stakeholders are briefed on the initial CMFT/Christie discussion, and that all parties are included in the discussion going forwards. The Steering Group will continue to report regularly to the Haemato-Onc Pathway Board.</p> <p>b) Manchester Cancer Haematological Cancer Annual Report NR confirmed that the report is due by the end of June 2016. MD invited the Board members to forward ideas for the Work Plan objectives for 16/17 within the Annual Report. Draft report will be available for the next PB meeting. LB suggested setting GP education as an objective and ensuring collaboration with the Cancer Vanguard Education work stream. MD confirmed that a GP education event was hosted during October 2015 which was well attended and received positive feedback.</p> <p>c) Capacity Audit reviews SRFT Capacity Audit was recently received and was circulated with the agenda. MD stated that an updated audit will now be required from all other Trusts in order to have reports available within the same time frame (April 2015 – March 2016).</p> <p>d) Clinical Guidelines</p> <ul style="list-style-type: none"> Acute Lymphoblastic Leukaemia guidelines - Dr Anna Castleton has circulated the first draft for comment. Final document to be available for next PB meeting. <p>e) TYA New appointment of Pathway Board TYA Lead: Dr Satarupa Choudhuri, Tel: 0161 627 8387, Email: satarupa.choudhuri@pat.nhs.uk SC was unable to attend today's meeting. TYA specific issues will be on the next PB meeting</p>	<p>ACTION: JB to continue to provide update reports to the PB regarding progression of the HMDS project.</p> <p>ACTION: All to contact MD/NR with suggestions for the Work Plan objectives for 16/17. Draft report will be available for next PB meeting.</p> <p>ACTION: All Trusts (excluding SRFT) to update capacity audit and forward to MD/NR.</p> <p>ACTION: AC to forward updated guidelines for next PB meeting.</p>

<p>agenda.</p> <p>f) Osteonecrosis of the jaw in myeloma XI participants SW wishes to identify a registrar to assist in conducting the audit. MD will contact Trainee program director for a nomination. SW will provide update on progress of the audit at the next PB meeting.</p>	<p>ACTION: MD to contact TPD for a registrar volunteer to assist in audit.</p> <p>ACTION: SW to provide update on audit at next PB meeting.</p>
<p>5. AOB</p> <p>i. Protected Study Leave allocation – SW stated that it has become increasingly difficult to maintain levels of study leave allocation within UHSM and has been informed that this is also the case at CMFT. UHSM position is that there is not currently the resource to send clinicians to national/international conferences etc. and have issued a reduction stating only one member of clinical teams to attend annual conferences. SW requested for an official instruction issued by the Pathway Board stating the minimum acceptable allocation of Study Leave. MD stated he will contact The Royal College of Pathologists in order to ascertain what the current benchmark is.</p> <p>ii. Bolton representative - SR is due to go on maternity leave in Oct16 returning May17. During this time there will not be a Bolton rep at PB meetings as SR has been unable to identify a deputy (clinic scheduling at Bolton clashes with PB meeting schedule). MD and SR to discuss further.</p>	<p>ACTION: MD to contact RCP to ascertain regional benchmark for protected study leave.</p> <p>ACTION: MD & SR to discuss identifying a deputy Bolton Rep.</p>

Date of next meeting:

MEETING RESCHEDULED TO THURSDAY 30th JUNE 2016, 3pm – 5pm

(Originally booked for Thursday 23rd June 2016, 3pm – 5pm)

Venue: HTU Seminar Room, The Christie



HAEMATOLOGICAL
ONCOLOGY PATHWA