



Haematological Oncology Pathway Board

Thursday 30th June 2016, 3pm – 5pm, HTU Seminar Room, The Christie

| Attendance: | |
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| Name | Pathway Representation |
| Mike Dennis | Chair & Clinical Director, Consultant Haematologist, The Christie |
| 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 |
| Satarupa Choudhuri | Consultant Haematologist, TYA Lead |
| Charlene Jones | TYA CNS, Greater Manchester & Cheshire |
| Hitesh Patel | Consultant Haematologist, WWL Representative |
| Montaser Haj | Consultant Haematologist, Stockport Representative |
| Chetan Patalappa | Consultant Haematologist, Bolton Representative |
| Hussein Baden | Consultant Haematologist, Tameside Representative |
| Lucie Francis | Macmillan User involvement Manager, Manchester Cancer |
| Nicola Remington | Pathway Manager, Manchester Cancer |
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| In Attendance: | |
| John Radford | Chair of the Manchester Lymphoma Group |
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| Apologies: | |
| Eleni Tholouli | Consultant Haematologist, East Cheshire Representative |
| John Burthem | Consultant Haematologist, East Cheshire Representative |
| Ann Harrison | Primary Care Representative |
| Leila Hamrang | Patient Representative |
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| Agenda Item | Action |
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| <p>Welcome and Introductions Apologies were noted.</p> | |
| <p>1.</p> <p>a) Minutes of the previous meeting The minutes were agreed as correct and will be uploaded to the Manchester Cancer Website.</p> <p>b) Matters arising not on the agenda</p> <p>i. Lymphoma Clinical Guidelines and strategy update – Professor John Radford. JR highlighted that the aim is to take a network approach to updating the Lymphoma clinical guidelines. Up to a few years ago the guidelines were very comprehensive but now wish to review and update guidelines individually for each disease group. JR invited comments from the Board. All agreed this would be the best approach and agreed to an initial joint meeting from which guidelines will be produced and each document will be finalised before progressing to the next as opposed to waiting for all to be completed before publishing. JR confirmed that they have recently appointed an administrator (due to start in 6 weeks) who will be able to maintain the guidelines on the website and ensure the most recent is available etc. and will also be able to publicise updates through E-newsletters. JR will send invite to all to attend the next Lymphoma Group meeting to progress.</p> <p>ii. Teenage Cancer Trust Clinical Nurse Liaison Specialist for Teenagers and Young Adults with Cancer at the Christie – Charlene Jones was welcomed and introduced to the Board. Tel: 1061 446 3730 Email: Charlene.jones@christie.nhs.uk CJ summarised the current position of the service and highlighted that there had been issues due to there being a six month gap from the last TYA liaison specialist leaving post and CJ starting. However, lots of developments are now underway. TYA Referral Proforma: CJ highlighted that it is not a robust enough system to simply refer to a TYA consultant but in order to ensure appropriate referral in a timely manner the TYA proforma should be used which will also ensure consistency and equity for all. CJ will send the TYA referral proforma and guidelines to all and this will also be uploaded to the Manchester Cancer website.</p> <p>iii. Pathway Board Membership Highlighted that with additional members/change of roles the membership list</p> | <p>ACTION: JR to send invite to the Pathway Board to the next Lymphoma Group meeting in order to progress with update of guidelines.</p> <p>ACTION: CJ to send TYA Guidelines & Proforma to NR to forward to PB and to upload on Manchester Cancer website.</p> <p>ACTION: NR to</p> |

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| <p>the process of internal validation is to continue.</p> | |
| <p>3. Objective 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 hosted by SRFT – scheduled for Saturday 15th October 2016 at the Marriott Hotel Worseley Park and open to all across GM. RT-D will issue invitation to all. Current topics for invited speakers are: Late Effects, Survivorship, Fatigue, Exercise & Diet, signs & symptoms. Also, the Lymphoma Association are presenting on the day. LF is to attend and present a summary of what the Manchester Cancer User Involvement Team have achieved to date and seek further recruitment. MDS UK Support Group – MD stated that he attended this meeting last month in Chorlton (future meetings to rotate venue) and this was well attended with positive feedback. http://mdspatientsupport.org.uk/ Bpositive Charity – From website: <i>‘Bpositive is a beacon of moral support for acute leukaemia patients, their families and their friends; a network of people who understand, through first-hand experience themselves, and are there to offer them support in any way they possibly can.’</i> http://www.bpositive.org.uk/ - End of Treatment Summaries Update JT explained that within PAHT there is a LWABC team in place for two years and an element of their remit is to develop and embed Treatment Summaries across all specialties. To avoid duplication Catherine Wardley (Treatment Summary lead with the Nursing group) has therefore deferred responsibility to this group. A meeting with the LWABC group was scheduled for 21/04/16 which CW was to attend and at which the development of a Haem specific Treatment Summary is on the agenda (Patient, GP, Consultant and CNS representation will be present). JT yet to receive agreed draft from CW. <p>c) Patient Experience Survey JT/NR stated that the number of received surveys is at 19 which is a disappointing response rate. Discussion ensued regarding how to improve the response rate with the following suggestions:</p> <ul style="list-style-type: none"> • Flyer to be displayed on the information screens within the clinic waiting areas • Postcard sized version of the flyer to be provided so patients can be handed these at clinic. | <p>ACTION: RT-D to send invitation to H&W Event to all members of PB & Nursing Group.</p> <p>ACTION: JT to provide update regarding Treatment Summaries after receiving update from CW.</p> <p>ACTION: NR to re-send pdf of flyer to all sites to display on information screens within clinic waiting area. ACTION: NR to send</p> |

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| <p>d) Patient User Involvement LF provided an update of the current position of the UI Team and stated that their main objective 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. 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>postcard size version of the flyer to all sites.</p> <p>ACTION: All to forward details of patients/carers expressing an interest to join the UI team to LF.</p> |
| <p>4. Objective 3 – Research and clinical innovation</p> <p>a) Research Trials report</p>  <p>HAEM CANCER _Trials report_Year-E</p> <p>SW was not present but the 2015/16 Full Year Trials Report was discussed. Last year Greater Manchester Clinical Research Network (GMCN) participated in 61 interventional and 10 observational trials in Haemato-oncology. With an overall population size ranked 11 of 15 CRNS, Greater Manchester ranked 7 of 15 in interventional trials and 11 of 15 in observational studies CMFT and the Christie were the two largest recruiting centres recruiting 59 and 142 patients respectively. MD noted that all sites are now recruiting patients to trials.</p> <p>b) Clinical Trials Viewing Platform – NIHR https://www.ukctg.nihr.ac.uk/</p> <p>MD stated that the clinical trials link on the MC website will be changed to the UKCTG link (above).</p> | |
| <p>5. Objective 4 – Improving and standardising high quality care across the whole service</p> <p>a) Chemotherapy Strategy for Haematological malignancy MD stated that Andrew Wardley has requested for regular Haemato-Onc representation at the SACT Pathway Board meetings. Discussion ensued regarding seeking a combined/integrated SACT strategy or whether to complete a Haemato-Onc strategy separately. Group agreed that long-term integrated policy would be preferential as it would be best for patients but as the SACT Pathway Board currently have a 5 Year SACT delivery plan which does not include Hameto-onc therefore a separate strategy will initially be required (5 Year SACT Delivery Plan to be sent to PB). Group agreed to have a joint Pathway Board meeting with the SACT PB in order to progress further – October 2016 date to be arranged.</p> <p>b) SACT Data</p> | <p>ACTION: NR to send SACT 5 Year Strategy document to PB.</p> <p>ACTION: NR to arrange joint PB meeting with SACT PB in October 2016.</p> |



20160609_SACT_Data_Completeness_Report

The above report was reviewed. All agreed that the data had inaccuracies and MD stated that this area highlights the benefits that would be encountered if all sites were using the same electronic prescribing system.

c) Administration of IV cyclophosphamide for non-cancer indications

The PB have been requested to develop a protocol for the above due to the practice within rheumatology (and other specialties) of the administration of IV cyclophosphamide for non-cancer indications such as in the context of vasculitis and connective tissue disorders. Tameside is not an 'IV chemotherapy Trust' and therefore IV chemotherapy for cancer is not provided at this site. As a result there is uncertainty as to whether it is appropriate to administer this drug at Tameside for these indications. MD agreed to contact Andrew Wardley in order to collaborate in a network solution to this issue.

ACTION: MD to contact AW to develop a protocol for the Administration of IV cyclophosphamide for non-cancer indications.

d) HMDS Service Update –

JB was not present but HG stated that meetings have yet to reconvene due to difficulty in ascertaining a date suitable to all. MD stated that he will contact JB & Adrian Bloor in an attempt to increase impetus in the process. JB will also be invited to attend the next PB to present a summary of the project delivery. Also need to ascertain as to whether a Commissioner should be present at the HMDS meetings and as to whether a Project Manager can be identified.

ACTION: MD to contact JB & Adrian Bloor to encourage progression of the HMDS project/ confirm requirement of a Commissioner on the HMDS board/ identify a new project manager.

ACTION: MD to invite JB to attend the next PB to present a summary report of the position of the HMDS project.

e) Manchester Cancer Haematological Cancer Annual Report



NR confirmed that the report is due by the 15th July 2016. MD invited the Board members to forward ideas for the Work Plan objectives for 16/17 within the Annual Report.

ACTION: All to contact MD/NR with suggestions for the Work Plan objectives for 16/17.

f) Capacity Audit reviews

Item deferred to next meeting so all can be reviewed at the same time (Pennine & the Christie audit outstanding).

ACTION: Pennine & the Christie to update capacity audit and forward to MD/NR.

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| <p>g) Clinical Guidelines Acute Lymphoblastic Leukaemia guidelines - Dr Anna Castleton provided updated draft for comment:</p>  <p>Manchester_Cancer_ ALL_guidelines_June1</p> <p>All to review and forward comments: Anna.Castleton@christie.nhs.uk</p> <p>h) Osteonecrosis of the jaw in myeloma XI participants Item deferred to next meeting as SW not present.</p> | <p>ACTION: All to review ALL guidelines and forward comments to Anna Castleton.</p> <p>ACTION: (carried over) SW to provide update on audit at next PB meeting.</p> |
| <p>6. AOB</p> <p>None stated.</p> | |
| <p>Date of next meeting: Thursday 25th August 2016, 3pm – 5pm Venue: HTU Seminar Room, The Christie</p>  <p>HAEMATOLOGICAL ONCOLOGY PATHWA</p> | |