GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

Greater Manchester Cancer

Haematology Pathway Board

Minutes of the Haematology Pathway Board
15:00 to 17:00 hrs - Thursday 22nd March,
Frank Rifkin Lecture Theatre, Mayo Building, Salford Royal
Chair: Dr Eleni Tholouli

Members in attendance

Dr Eleni Tholouli	ET	Pathway Director	**Ann Mathews**	AM	Patient representative
Jo Tomlins	JT	Lead Nurse Clinician	**Amanda Lane**	AL	CNS Group Chair
Fiona Dignan	FD	Consultant Haematologist	**Dr Ann Harrison**	AH	Macmillan GP
Dr Suzanne Roberts	SR	Consultant Haematologist	**Dr Montaser Haj**	MHa	Consultant Haematologist
Dr Satarupa Choudhuri	SC	Consultant Haematologist	**Dr Clare Barnes**	CB	Consultant Haematologist
Marie Hosey	MH	Assistant COO The Christie	**Dr Simon Watt**	SW	Consultant Haematologist

In attendance

Michelle Leach	Pathway Manager	**Mel Atack**	GM Cancer UI
Jonathan Heseltine	Speciality Trainee 2		

Members sending apologies and deputies

Derrick Evans	No Deputy	**Dr Hitesh Patel**	No Deputy
Dr Denise Bonney	No Deputy	**Charlene Jones**	No Deputy
Richard Cowan	Consultant Clinical Onc	**Dr John Burthem**	Represented by ET
Adrian Bloor	Represented by JT	**Dr John Hudson**	Consultant Haematologist

1. Welcome and introductions

ET welcomed all. Apologies were noted.

2. Minutes of the last meeting.

ML stated that a revised copy of the minutes had been sent round prior to the meeting and these were signed off as being a correct representation**.**

3. Matters arising

Discussion summary	Wythenshawe Haematology – Nothing further to report Tameside Haematology – Meeting between MFT, CFT and commissioners took place recently. Patient pathways had been drawn up for Tameside patients. This pathway flow will be revised but as it affects mostly non-malignant patients it is not to be discussed at this group.
Conclusion	ET stated that Tameside and Wythenshawe could now be taken off future agenda's.

Actions & responsibility	NA

4. ERAS+ Subgroup

Discussion summary	ET talked she is looking for funding opportunities towards the enhanced preparation and recovery project in haemopoietic stem cell transplant (SCT) patients (ERAS+). Dougal Atkinson (ITU Consultant at MFT) is the lead instead of John Moore. Liam Bagley (Lecturer at MMU) has also offered support and preliminary meetings have already happened. - ET proposed this project during a call of bids at the MCRC Haem Town Hall Event and was shortlisted with 2 others. The 3 proposals are to be submitted and have to fulfil a number of criteria incl to be collaborative between MFT and CFT. - At short notice an opportunity arose and ET submitted a bid to MAHSC on the board's behalf for up to 100k of funding. - ET contacted MacMillan and is awaiting call for proposals of research projects; due April 2018.
Conclusion	Next steps DA, ET & LB to meet with JT FD CQ CJ to form a subgroup and work on proposal. ET will send a doodle poll with her availability to meet. ET asked all to think of ideas for funding sources to start this 2 year project. This project offers a great opportunity for an MD or PhD but this will need additional funding.
Actions & responsibility	**ET** to send a doodle poll for availability to **FD, CQ, JT, CJ and DE** **ET** to write proposals for MCRC & MacMillan funding **ALL** to pursue other lines of funding

5. HCDP (HMDS) Update

I. HCDP External Report

Discussion summary	Nothing to report
Conclusion	NA
Actions & responsibility	NA

II. Implementation/Partnership & Steering Group

Discussion summary	IN JB's absence ET updated that the group is progressing well. JB has reported that everything is on target. SR requested better/more frequent communication from the HCDP group to the different Trusts. ET will feed back to JB.
Conclusion	Update noted by the board.
Actions & responsibility	**JB** – to continue to update the board and develop more frequent lines of communication with peripheral Trusts.

6. MDT's and Metrics

Discussion summary	ML explained to the group that MDT reform has currently been parked by GM Cancer who are focusing on other priorities. ET reminded the group that M&M's need to be included in the MDT so that a decision made by a group can be critically revised and lessons learnt accordingly. Also all root cause analyses (RCAs) for cancer pathway breaches should be reviewed within each MDT as agreed at the previous pathway board. A discussion ensued about how this is being moved forward within individual Trusts.

Conclusion	MFT started to review M&M's within wider MDT group, Christie to start in the near future. RCA reviews have also taken place at MFT, PAHT are starting next week, Salford also has a plan to action. Christie update from Lymphoma MDT awaited.
Actions & responsibility	**ML/ET –** update the board on the GM Cancer MDT review process when plans are reinstated. **MDT leads** – to enable M&M and RCA reviews within MDT and report progress back to the board.

7.

I. 62 Day Pathway Report

Discussion summary	MH spoke to the tabled quarter 3 figures and breaches. Some Trusts have a very poor performance but on close review the total patient numbers are small and a breach of only 1 patient can skew the overall percentages. She explained to the group about the reallocation of breaches and the relevant policy which has been in place since 2011 (unique to GM): for a CARP referral made before day 42 of the pathway a breach is allocated to the receiving trust, For a referral made after day 42 a breach is allocated to the referring trust. This reallocation agreement is Currently undergoing review. The group discussed this and its consequences to patients. A discussion ensued around rejection of CARP referrals. ET raised a specific case where a referral was rejected by a trust based on lack at MDT discussion despite a fully established diagnosis. This resulted in treatment delays and breach of cancer targets. MH agreed to look at this outside of the meeting and feedback to ET.
Conclusion	MH will continue to update the board on 62 day targets.
Actions & responsibility	**MH** – review case ET had emailed and feed back to ET **MH** – share with group rules for CARP rejections

II. Audit Update and Presentation

Discussion summary	Jonathan Heseltine (CMT2 at MRI) presented the results of an audit reviewing all cancer referrals from January to June 2017 at MFT. He explained that MFT targets require all CT scans to be reported within 7 days and 80% of histology within 7 days. Out of 38 patients diagnosed with a Lymphoproliferative Disorder only 15 were on the pathway as referred by their GP. A significant number of patients were referred from other specialities within the hospital but only 1 of those was upgraded to a 2WW. The times from request of first CT scan to reporting were too long and outside the set internal target with a wide range. It was explained that all CT scans had been reviewed within the MDT and a verbal provisional report given but in some cases the written formal report took a long time and in one case as long as 107 days. PET scan is reported faster. ET explained that this issue had been raised with radiology at MFT and they are looking at solutions. They are now aware of the 14 day target from scan request to formal report. Biopsy time lines were better. In summary 92% of patients were treated within 62 days from presentation but improvements are urgently needed in radiology reporting times and better data collection. Re-audit planned after implementation of changes. The group discussed whether low grade lymphoma patients should be stepped down on the pathway and marked as watch and wait. This suggestion is based on the knowledge that urgent treatment in this patient group does not influence outcome. However, it was felt that patients should not be stepped down. ET asked AM for a patients perspective on this matter. AM emphasised the importance for clinicians to manage patient expectations, listen to them and take their wishes into

	consideration.
Conclusion	The board thanked Jonathan for his presentation and his audit. The group asked if the slides could be shared and Jonathan agree. ET reminded all that each trust needs to undertake similar audits and present to the board. Trusts still to complete audit are CFT, Wigan, SRFT, PAHT, Stockport, Wythenshawe.
Actions & responsibility	**CB/HP/RC/SC/SW –** to complete audit within their Trust, share findings with ET and present at future pathway board. **ML** to share MFT slides with first draft of minutes

8. Pathway Guidelines & Treatment Protocols

Discussion summary	Lymphoma - ET to make final changes to this pathway and will then send out for final consultation. ET asked each trust representative to review local systems of radiology requests. A letter to support a change in practice and implement a slicker and faster method for patients to receive their scan appointments was dictated by ET and shared with all. The board agreed to look into this and feed back at the next meeting. Myeloma – needs further work and will be brought back to the next meeting after the educational event in May MPD - to be finalised by ET and sent to ML for distribution for consultation A website for guidelines is still work in progress. Pending guidelines are CLL (AB), MM (SC) and NHL (JN).
Conclusion	The board noted the update
Actions & responsibility	**ET –** To make agreed adjustments to the lymphoma and MPD patient pathway **SC** – Revise Myeloma guidelines and bring back to next board for sign off **ET** – chase up Jane Norman re lymphoma guidelines **AB** – prepare CLL guidelines and pathway **ALL –** To speak to Trust leads re delays in performing diagnostic radiology in 2WW referrals.

9. Commissioning

I. Biosimilars Audit

Discussion summary	All trusts are prospectively collecting data on biosimilars and have systems in place for this. MH asked if patients need to be informed that they are on a biosimilar drug. ET explained that patients must receive written information on the biosimilar as per NICE guidance. ET update the board that Gill Bernard (Commissioning) has now left her role. ML explained that there are only 2 commissioners covering cancer now and capacity is depleted. GM Cancer will need to use commissioning input at Board Meetings in a smarter way. Moving forward a commissioner will only attend board meetings when specifically required and by invitation only.
Conclusion	Board members to continue data collection on biosimilars and feedback to ET.
Actions & responsibility	**ALL –** to ensure data collection on biosimilars is carried out and feed back to ET/board

10. Homecare Services in GM

Discussion summary	JT updated the group that she has approached 3 drug companies for funding to support the project. At the moment logistics and costs are being looked into. She will feed back to the board at future meetings. A discussion ensued about the data that has been collected to feed into this process; number of treatment doses versus number of patients' treated. Wythenshawe and SRFT to re-look at numbers submitted and send to JT. ET has written a proposal asking for funding from Janssen. JT to write similar for Roche. Meetings were held with Celgene and awaiting their decision.
Conclusion	The board noted the discussion
Actions & responsibility	**JT** to write draft proposal for funding from Roche **ET** to complete proposal for funding from Janssen

11. Paediatric Haematology

Discussion summary	Transition of care deferred to the next meeting in the absence of DB
Conclusion	NA
Actions & responsibility	NA

12. Specialist Nursing Group Update

Discussion summary	Recovery Package Mapping Event - AL explained that the mapping event was cancelled due to low numbers but she had sent an email to the CNS group for availability so this could be rearranged. Nurse led Clinics – AL explained she had done some scoping into what is already available in GM. She feels patients can be subdivided into 3 groups for the purpose of nurse led clinics. She is currently completing the scoping exercise and will present at the next meeting. ET asked the group if they had any protocols for nurse lead clinics to share to forward them to AL.
Conclusion	The Board noted this discussion.
Actions & responsibility	**AL/TQ –** To rearrange mapping event **AL/TQ –** To present to the board on the outcomes of the nurse led clinics within Haemato-oncology across the conurbation

13. User Involvement Update

Discussion summary	MA updated the group that DE is hoping to start attending again from the next board
Conclusion	NA
Actions & responsibility	NA

14. Research

Discussion summary	Q3 GM Trials recruitment – SW briefly spoke to the tabled report and stated clinical trials are well recruited to. 100,000 Genome project – Two lymphoma patients and 18 AML patients have been recruited to date in GM Innovate UK - Manchester was successful in bidding for funding (7Mio) to set up

	network for CAR-T cell therapies. Not discussed but outstanding works allocated.
Conclusion	The board noted the report and thanked SW
Actions & responsibility	ALL – continue recruitment AB – Write patient pathways for CAR-T cell therapies

15. Educational Events

Discussion summary	Myeloma education day 3rd May 2018 as part of NW Haems ALL Event 25th April – pm only
Conclusion	The Board noted the above dates
Actions & responsibility	**All** – attend ALL & Myeloma events

16. AOB

Discussion summary	One stop clinic – was deferred, ET to contact John Radford to present at next meeting Rotation of location of pathway board meetings – not discussed
Conclusion	The Board noted the discussions/updates
Actions & responsibility	**ET** - to contact John Radford to present regarding 1 stop clinics at next board

Date and time of next meeting

17th May 2018	15.00 – 17.00hrs Seminar Room, Clinical Science Building, Wythenshawe Hospital

Future Meeting dates and times 2018

26th July 2018	15.30 – 17.30hrs Main Board Room, Cobett House, MRI
27th Sept 2018	15.00 – 17.00hrs Meeting rooms 4/5, Trust Admin, The Christie
29th Nov 2018	15.00 – 17.00hrs Meeting rooms 4/5, Trust Admin, The Christie