

**Minutes of the Haematology Pathway Board**  
**15:00 to 17:00 hrs - Thursday 27<sup>th</sup> Sept 2018,**  
**Meeting Rooms 4& 5, Trust Admin, 3<sup>rd</sup> Floor The Christie**  
**Chair: Dr Eleni Tholouli**

**Members in attendance**

<b>Dr Eleni Tholouli</b>	ET	Pathway Director	<b>Ann Mathews</b>	AM	Patient representative
<b>Charlene Jones</b>	CJ	TYA CNS, Christie	<b>Denise Bonney</b>	DB	Paed Haem Consultant
<b>Alberto Rocci</b>	AR	Consultant Haematologist	<b>Jo Tomlins</b>	JT	Senior Nurse, Christie rep
<b>Dr Hitesh Patel</b>	HP	Consultant Haematologist	<b>Dr Ann Harrison</b>	AH	Macmillan GP
<b>Helen Wrench</b>	HW	Transformation Lead, PAT	<b>Marie Hosey</b>	MH	Assistant COO, The Christie
<b>Pippa Bulger</b>	PB	CNS, MFT	<b>Dr Satarupa Choudhuri</b>	SC	Consultant Haematologist
<b>Dr Montaser Haj</b>	MH	Consultant Haematologist			

**In attendance**

<b>Fiona Lewis</b>	Pathway Manager	<b>Mel Attack</b>	GM Cancer UI
<b>John Radford</b>	Presenting 1 Stop Clinic		

**Members sending apologies and deputies**

<b>Dr Simon Watt</b>	No Deputy	<b>Dr John Burthem</b>	Represented by ET
<b>Adrian Bloor</b>	No Deputy	<b>Dr Sayee Chirputkar</b>	No Deputy
<b>Dr John Hudson</b>	No Deputy	<b>Richard Cowan</b>	No Deputy
<b>Amanda Lane</b>	Represented by Pippa Bulger	<b>Dr Clare Barnes</b>	No Deputy
<b>Fiona Dignan</b>	Alberto Rocci	<b>Derrick Evans</b>	No Deputy
<b>Dr Suzanne Roberts</b>	No Deputy	<b>Dr Denise Bonney</b>	No Deputy

**1. Welcome and introductions**

ET welcomed all and apologies were noted.

**2. Minutes of the last meeting.**

These were signed off as being a correct representation.

**3. Matters arising**

Discussion summary	No agenda matters Arising
Conclusion	NA
Actions &	NA

responsibility	
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#### 4. ERAS+ Subgroup

Discussion summary	<p>ET updated the group on the funding opportunities towards the enhanced preparation and recovery project in haemopoietic stem cell transplant (SCT) patients (ERAS+). The sub group still needs to be set up but funding is not yet in place and ET is still awaiting news from Macmillan. ET explained that cancer prehab and rehab is an arm of ERAS+ and has been accepted as a work stream by GM cancer but not for stem cell transplant. John Moore has explained that he is working with solid tumour groups within GM Cancer looking at large communities to make the most impact.</p> <p>ET is still keen to incorporate patient voice through development and will meet with MA and ML to pursue this further.</p>
Conclusion	ET will continue to update the board on progress.
Actions & responsibility	<p><b>ET</b> to set up a subgroup with <b>FD, JT and DE</b></p> <p><b>ET</b> to approach Christie and MRI charities for funding</p> <p><b>ALL</b> to pursue other lines of funding</p>

#### 5. HCDP (HMDS) Update

Discussion summary	<p>John Burthem could not attend as he was attending the HCDP Board today as there was a clash in timetables. Dave Shackley has attended the HCDP Board on ET's behalf and provided the following update:</p> <ul style="list-style-type: none"> <li>• New service 'soft launch' is 1<sup>st</sup> October, starting with adult MFT patients within the new service. There is a series of provisional dates for other GM partners to join ending with Christie in May 2019</li> <li>• Minor contractual issues between Christie and MFT are to be finalised in the next 1-2 weeks on data security agreements, SLA and finalised tariffs</li> <li>• The Website is in place though rudimentary currently</li> <li>• Data security of HODS data system now felt secure enough to use across system</li> <li>• Proposed tariffs broadly match Liverpool and Birmingham systems but are higher than Leeds, this needs further discussion</li> <li>• Transport to lab at MFT organised</li> <li>• New tests/ panels in pipeline</li> <li>• Recruitment in next 6-8 weeks on-going at MFT as service goes live</li> <li>• Robin Ireland to be invited back to undertake a service peer review and to reflect on progress (GM Cancer action) in January next year</li> </ul>
Conclusion	Update noted by the board.
Actions & responsibility	<b>JB</b> – to continue to update the board.

#### 6. MDT's and Metrics

Discussion summary	<p>ET asked how the MDT reviews were progressing. SR explained that Pennine have increased the radiology discussion time by half an hour in the MDT's which is working well with less cases carried over despite a few IT hitches. Any CLL watch and wait etc. are now added via the proforma and not formally discussed.</p> <p><u>M&amp;M reviews at The Christie</u></p> <p>JT stated that at the Christie Mike Dennis is now introducing quarterly MM</p>
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	discussions. ET will chase Richard Cowen and John Radford for their feedback.
Conclusion	The Board noted the discussion
Actions & responsibility	<b>ML/ET</b> – update the board on the GM Cancer MDT review process when plans are reinstated. <b>ET</b> to get feedback from RC and John Radford at the Christie

**7.**

**I. 62 Day Pathway Report**

Discussion summary	MH stated that unfortunately the overall Q2 62-day target figures across GM across all cancer groups are not good and are worse than Q1. MH had circulated the figures as per both the old and new policy and she explained that first seen Trusts need to get patients referred on by day 38 and treating Trust needs to treat by day 24. This is now the same policy across England applying to all Trusts. Trusts treating their own patients still adhere to the 62 day policy. MH also explained that this will be a new policy coming out next April which is a national policy and there will be some exceptions in that for research patients. She explained she is on the national committee developing this policy and will keep the group updated. Discussion ensued around the figures for each Trust and how various factors within these Trusts can affect the figures. ET asked MH about the Communication and Referral Pro-forma (CARP) rejection policy which has changed to become Inter Provider Transfer (IPT). MH explained that there will be a new National IPT policy which she is also on the subgroup for and there will be local addendums to this policy which MH will get the pathway boards involved in moving forward. ET said that Lymphoma is the main place that Haem is struggling with the 62 days figures which is why a Lymphoma pathway has been developed and why it is so important for the Haematologists within each Trust to liaise with the relevant surgeons in their Trusts as to how this can be taken forward.
Conclusion	MH will continue to update the board on 62 day targets and feedback on the subgroup she attends.
Actions & responsibility	<b>MH</b> – to continue to update the group

**II. Audit Update and Presentation**

Discussion summary	Audit updates from SRFT deferred as CB at HCDP meeting but will present at the next Board along with HP from WWL.
Conclusion	NA
Actions & responsibility	<b>CB/HP</b> - to present at next board <b>RC/SW</b> – to complete audit within their Trust, share findings with ET and present at future pathway board.

**8. Pathway Guidelines & Treatment Protocols**

Discussion summary	Myelofibrosis Pathway - ET asked the board attendees if they are all happy with the circulated pathway, the group agreed that they were, ET stated it can now then be uploaded to the GM Cancer Website. AML guidelines – in progress MDS – Mohammad Saif is leading and first draft written Lymphoma – Under review – Jane Norman written first draft
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	Myeloma – ET adapting, need meeting with MM leads CLL pathway - AB is completing and should be ready before next board
Conclusion	The board noted the update
Actions & responsibility	<b>ML</b> – Upload Myelofibrosis pathway to GM Cancer Website <b>ET</b> – Revise Myeloma guidelines <b>ET</b> – chase up Jane Norman re lymphoma guidelines and Mohammed for MDS <b>AB</b> – prepare CLL guidelines and pathway

### 9. Commissioning

#### I. Biosimilars Audit

Discussion summary	ET reiterated previous meeting discussions regarding collecting the data.
Conclusion	Board members to continue data collection on biosimilars and feedback to ET.
Actions & responsibility	<b>ALL</b> – to ensure data collection on biosimilars is carried out and feed back to ET/board

### 10. Homecare Services in GM

Discussion summary	ET explained that she has just had a meeting with Health Innovation Manchester who will support this. The next stage is working with pharma companies regarding funding. It is important that there is SuR involvement in this project. MA said she suggested that the discussion takes place with pharma and then she will ensure SuR's are involved in the meeting post this.
Conclusion	The board noted the update on progress
Actions & responsibility	<b>MA/ML and ET</b> to meet to discuss UI involvement in a number of board projects and how this might look.

### 11. Paediatric Haematology

Discussion summary	Deferred to next meeting
Conclusion	DB to meet with FD to move this forward
Actions & responsibility	<b>DB</b> to update the board in November on progress.

### 12. Specialist Nursing Group Update

#### I. Attendance at CNS Group Meeting

Discussion summary	PB updated the group that they are struggling to meet and the last meeting had to be cancelled due to large numbers of apologies. She explained that AL is looking at perhaps rotating the meetings or using a teleconference facility. A discussion ensued around how we can solve this moving forward, ET said she will email around in the first instance to explain how important attendance is and try to ascertain reasons for non-attendance.
Conclusion	The group noted the discussion
Actions & responsibility	<b>ET</b> - To email the CNS group re attendance

**II. Living With & Beyond Cancer – Sign off Treatment Summaries**

Discussion summary	ET asked the board for an opinion on the circulated treatment summaries from Pennine. The board agreed that these were good enough for a standard format and the way in which each individual Trust delivered them i.e. dictated, via Somerset etc. is up to that Trust. HW suggested that each Trust audited patients on the treatment summaries in 6 months' time.
Conclusion	Treatment summaries from Pennine signed off for implementation and all agreed to look at auditing the patients who had received them in 6 months if personnel available to do so.
Actions & responsibility	<b>ALL</b> – Implement Pennine Treatment Summaries within their own Trust and audit in 6 months' time

**III. Living With & Beyond Cancer – Sign off Recovery package Mapping Document**

Discussion summary	The circulated mapping document was discussed with the group. HW explained that Stockport have only just recruited to the Transformation Project Lead at Stockport so they are little bit behind in implementing the elements of the Recovery Package. AM said that she had concerns about how and when the HNA was delivered and the group agreed that the delivery of the HNA should be guided by the patient. The Pennine example was agreed as being the exemplar model which all Trusts should be moving forward to.
Conclusion	The group noted the discussion
Actions & responsibility	<b>ALL</b> - To move forward to implementing the Pennine model with the help of the transformation team in their Trust

**13. Update from Transformation Lead**

Discussion summary	HW introduced herself and spoke about the work done at Pennine which was the pilot site for the Recovery package Transformation work. She explained that she can share the data for compliance with delivering the Holistic Needs Assessment with the group and the group agreed this would be interesting to see.
Conclusion	The group noted the discussion
Actions & responsibility	<b>HW</b> - To forward the Recovery package compliance data with the group

**14. User Involvement Update**

Discussion summary	MA still to meet with ET and ML and will update the board further regarding involvement of Sur's at the next meeting.
Conclusion	MA to meet with ET to take the work plan for service users forward
Actions & responsibility	<b>MA</b> to schedule meeting with ET & ML ✓

**15. Research**

Discussion summary	ET spoke to the tabled report and reiterated that there will be an HCDP website which will include trials open for recruitment. The group discussed how the tables didn't take into account the diagnosing Trust who referred into the Christie to take part in a trial there; the discussion was noted by all.
Conclusion	The board noted the update
Actions &	<b>ALL</b> – continue excellent recruitment

responsibility	
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**16. AOB****I. One Stop Clinic Presentation – John Radford**

Discussion summary	John presented on the idea of a 1 stop clinic for Hodgkin's Lymphoma patients for the group to consider. He explained that there is an opportunity to shorten the post diagnosis part of the patient pathway. John outlined the processes involved in this shortened pathway and how this might look. He explained the benefits of this would be a unified approach to the management of HL in Greater Manchester, maximisation of trial recruitment, bio-banking and basic/translational research in the field and a One-Manchester population based outcomes data set made available. The maximum time from diagnosis to treatment reduced to 2 weeks and that it is likely to improve patient experience with very early contact with CNS and shorter waiting times. Discussion ensued around the points presented and the pros and cons of the proposal. Concerns raised around a CNS giving the diagnosis by telephone to the patient.
Conclusion	The board thanked John for his presentation and ET asked the group to send any though on the presentation to her for dissemination to John.
Actions & responsibility	<b>ALL</b> – To send comments on the presentation to ET for forwarding on to John.

**II. Proposed Meeting Dates for Next Year**

Discussion summary	ET explained we will now need to set dates for next year and she will meet with ML to set for 2019.
Conclusion	The group noted the discussion.
Actions & responsibility	ML to distribute Board dates for coming year.

**Date and time of next meeting**

22<sup>nd</sup> Nov 2018, 15.00 – 17.00hrs Seminar Room 9, The Mayo Building, Salford Royal (note change of date from 29<sup>th</sup> Nov)

**Future Meeting dates 2019 (All 3-5 pm on a Thursday afternoon)**

<b>Date</b>	<b>Venue</b>
10 <sup>th</sup> January	Meeting Room 6, Trust Admin, 3 <sup>rd</sup> Floor, The Christie
7 <sup>th</sup> March	Meeting Room 6, Trust Admin, 3 <sup>rd</sup> Floor, The Christie
16 <sup>th</sup> May	TBC
11 <sup>th</sup> July	TBC
5 <sup>th</sup> September	TBC
14 <sup>th</sup> November	TBC