

Greater Manchester **Cancer**

Haematology Pathway Board

**Minutes of the Haematology Pathway Board
15:30 to 17:30 hrs - Thursday 26th July 2018,
Medical Board Room, Cobett House, MRI
Chair: Dr Eleni Tholouli**

Members in attendance

Dr Eleni Tholouli	ET	Pathway Director	Ann Mathews	AM	Patient representative
Dr Clare Barnes	CB	Consultant Haematologist	Dr Denise Bonney	DB	Paed Haem Consultant
Fiona Dignan	FD	Consultant Haematologist	Amanda Lane	AL	CNS Group Lead
Kathryn Chamberlain	KC	Transformation Lead, MFT	Dr Ann Harrison	AH	Macmillan GP
Pippa Bulger	PB	CNS, MFT	Richard Cowan	RC	Consultant Clinical Onc
Dr Satarupa Choudhuri	SC	Consultant Haematologist	Dr Simon Watt	SW	Consultant Haematologist
Dr Sayee Chirputkar	SaC	Consultant Haematologist	Dr John Burthem	JB	Consultant Haematologist

In attendance

Michelle Leach	Pathway Manager	Mel Attack	GM Cancer UI
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Members sending apologies and deputies

Marie Hosey	No Deputy	Dr Hitesh Patel	No Deputy
Adrian Bloor	No Deputy	Charlene Jones	No Deputy
Dr Montaser Haj	Represented by Sayee Chirputkar	Dr John Hudson	No Deputy
Amanda Lane	Represented by Pippa Bulger	Helen Wrench	Represented by Kathryn Chamberlain
Jo Tomlins	No Deputy	Derrick Evans	No Deputy
Dr Suzanne Roberts	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	Spilt dose Daratumomab - SW spoke to the group at the last meeting about the board sanctioning split dose which they are already undertaking at Wythenshawe for the first dose, ET asked all if they had opinions. After general discussion ET said she is happy to endorse on behalf of the board if all who are delivering in split dose
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	collect data. SW is already doing this at Wythenshawe. Due to lack of resources group was not keen to collect prospectively data.
Conclusion	SW to share protocol and all to agree to report incidents via yellow card and back to ET at the Pathway Board.
Actions & responsibility	SW to share protocol for split dose with all. ALL report incidents via yellow card and bring back to board.

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+).</p> <ul style="list-style-type: none"> - MacMillan is still a potential source and a decision is imminent <p>John Moore has some transformation funding monies and ERAS+ has been set up as a GM Cancer work stream. ET will speak to him next week to see how haemopoietic SCT patients could be part of this. FD explained that UCLH are already doing this work and it is badged as transplant school which is very similar to the work done by John Moore's surgery school. RC asked if Christie and MRI charity could potentially put money into this project, the board discussed and thought this would be a good idea, ET will pursue this.</p> <p>ET said that the patient voice was key in getting this off the ground and through development; MA said that DE was still very keen to get involved on behalf of service users.</p>
Conclusion	ET will send an email to ask for availability FD, JT and DE for a subgroup meeting. ET will report back at the next board on the meeting with John Moore.
Actions & responsibility	<p>ET to set up a subgroup with FD, JT and DE</p> <p>ET to approach Christie and MRI charities for funding</p> <p>ALL to pursue other lines of funding</p>

5. HCDP (HMDS) Update

I. Implementation/Partnership & Steering Group

Discussion summary	<p>JB spoke to the summary document tabled. Cytogenics are to remain at Christie. The company supposedly addressed the HODS system issues around penetration testing i.e. issues with security. Another round of penetration tests is awaited to confirm the errors were corrected. Once completed and secure all are hopeful the system will be up and running. In terms of finances the model aims that the new system doesn't cost the users any more than they currently paying. HCDP benchmarks against Birmingham which is a cheaper model than Leeds (Leeds financial model was too complex to compare). The go live date of July will not be met but confident that mid-august will be the new go-live date (provided security/penetration issues were successfully addressed).</p> <p>Out of hours samples requires re-negotiating of contracts and this will take a couple of months but they are looking at other options in the interim. Notice has formally been served to HMDS Leeds by Salford and will be used as the "proof of concept" for the service, covering all key issues from sample handling and the timeliness and quality of reports, through to contractual arrangements and activity/costs.</p>
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	M&M reviews within MDTs is being done across the region except at the Christie led MDTs. Lessons learnt discussed and RCAs are also needing to be discussed at MDTs. RC to pursue with the Christie MDT Lead and ET will raise as well. DB explained about the paediatric system and that this is audited nationally.
Conclusion	The Board noted the discussion
Actions & responsibility	ML/ET – update the board on the GM Cancer MDT review process when plans are reinstated. RC to find out when the Christie will start doing M&M reviews at MDT

7.

I. 62 Day Pathway Report

Discussion summary	MH was unable to attend but sent the following update: Q1 has not achieved national target across the GM&C, the majority of trusts are struggling and have seen an increase in breaches. Urology is the main culprit, but an increase in referrals has also been seen within this area. MH sent a data sheet, which shows disease group breaches (this was still subject to validation).
Conclusion	MH will continue to update the board on 62 day targets.
Actions & responsibility	MH – to continue to update the group

II. Audit Update and Presentation

Discussion summary	Stockport 2WW Lymphoma audit - 1/1/17 to 31/7/17: SaC spoke to the presented slides and explained the criteria and timeframe the audit was completed. She concluded that most patients are seen within 14 days, seeing patients within 7 days might be a challenge at Stockport. Time to CT request can vary depending on the speciality but time to CT and time to CT reporting after request is good. Discussion arose around delays due to FNAs. ET said that Susi Penney Head & Neck Surgeon suggests that the doctor who does the FNA should book the biopsy immediately and swiftly proceed to biopsy/excision if FNA was not diagnostic; SaC explained that this is not always the case at Stockport. ET mentioned that the lymphoma pathway is available on the GM Cancer website and SaC should share this for best practice within het institution. ET asked how the system could be streamlined and SaC said that she feels that getting the surgeons to biopsy quicker would help improving diagnosis time lines. RC suggested presenting her data to the surgeons and ask for their help with it. SaC agreed that this could be done at Trust surgical audit days. ET explained that GM Cancer is trying to move forward to CT scans being performed and reported within 7 days of request. The board discussed the importance of GP referrals to the correct speciality to avoid delays. AH said that they have been trying to promote GP education around referral. ET asked SC if she had managed to sort out her radiological issues at Pennine and was told this has not yet been sorted but there is a meeting in the near future. SW said he has issues with delayed reporting at Wythenshawe and feels that this is due
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	to not enough radiologists. The board discussed and came to the conclusion that this needs to be escalated to the Radiology Lead and Trust Cancer Board.
Conclusion	The board thanked SaC for her presentation. ET explained that all trust need to undertake similar audits and present to the board. Trusts still to complete audit are CFT, Wigan, SRFT, Wythenshawe. CB from Salford agreed to present at the next Board.
Actions & responsibility	CB/HP/RC/SW – to complete audit within their Trust, share findings with ET and present at future pathway board.

8. Pathway Guidelines & Treatment Protocols

Discussion summary	AML – in progress MDS – Mohammad Saif is leading and first draft written CLL - AB said national guidelines now available, will be ready for next meeting Lymphoma – Under review – Jane Norman preparing Myeloma – Nearly complete, ET adapting CLL pathway - AB to write
Conclusion	The board noted the update
Actions & responsibility	ET – Revise Myeloma guidelines ET – chase up Jane Norman re lymphoma guidelines and Mohammed for MDS AB – 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	ALL – to ensure data collection on biosimilars is carried out and feed back to ET/board

10. Homecare Services in GM

Discussion summary	Chemotherapy at Home Proposal –This is being worked up with Health Innovation Manchester they are keen to project manage this. ET said UI is very important for this and AM agreed to be involved as the patient rep.
Conclusion	The board noted the update on progress
Actions & responsibility	MA/ML and ET to meet to discuss UI involvement in a number of board projects and how this might look.

11. Paediatric Haematology

Discussion summary	Transition of care: DB explained that she has not had much chance to look at this but will hopefully be able to do so in the near future. There needs to be some work done with the older end of the cohort i.e. late teens perhaps to work with the TYA Board on this. DB will meet with FD in Sept to take tis forward.
Conclusion	DB to meet with FD to move this forward
Actions & responsibility	DB to update the board in September on progress.

12. Specialist Nursing Group Update

Discussion summary	<p>PB explained that mostly Treatment Summaries were discussed at the CNS meetings. KC explained that there is UI involvement in auditing clinics and how likely the patients are to receive an HNA and Treatment Summary.</p> <p>ET explained to the group that there needs to be a focus at the next board on Treatment Summaries and asked ML to circulate the Pennine summaries again. Discussion ensued around care plans and advance care plans for end of life care. ML said she could ask Anne Marie Raftery The Pathway Director for EoL and Supportive Care Board if she can speak to the board about advanced care planning at the next meeting.</p> <p>Transformation Team - KC asked that all contact their Trust Transformation Team who will help them implement the recovery package within their Trust.</p>
Conclusion	ML to ensure Treatment Summaries is a main agenda time and send round the Pennine examples.
Actions & responsibility	<p>ALL – To look through the Pennine Treatment Summary Templates ready to feedback at board</p> <p>ML - To invite Anne Marie Raftery to talk on advanced care planning to board</p>

13. User Involvement Update

Discussion summary	<p>MA explained about the User Involvement Programme’s away day for service users on pathway boards. The outcome of this is a work plan for the coming year. MA will meet with ET and the service users of this board to formulate how they can help input PAbC voice into key work areas.</p> <p>RC explained about the GM Cancer Conference on the 26th November and that the service users have a section on that agenda.</p>
Conclusion	MA to meet with ET to take the work plan for service users forward. RC will send the organiser of the Cancer Event in the School of oncology’s contact details to ML so she can provide distribution lists.
Actions & responsibility	<p>MA to schedule meeting with ET</p> <p>RC to send contact details of cancer event organiser to ML</p>

14. Research

Discussion summary	<p>SW spoke to the tabled report and presentation. He explained that, this year, overall more people have been recruited to trials in GM at a time when there are fewer trials about. ET requested all to encourage recruitment to trials within their Trust. ET and SW are exploring with commissioners whether there could be a CQUINNS attached to research to attract more involvement particularly from smaller hospitals. RC asked if this could become more joined up across tumour sites not just haem-onc and suggested SW liaise with Nigel Brundred.</p> <p>Myeloma 14 – all expressed interest except for Christie and PAT. ET is to meet with Adrian Hackney (Commissioning Lead for Cancer in GM) to discuss the excess treatment costs for this trial.</p> <p>100,000 Genome project: ET updated that 43 AML patients between Christie and MRI have been recruited to this.</p>
Conclusion	<p>The board noted the update</p> <p>ET to meet with Adrian Hackney re MM XIV trial</p>

Actions & responsibility	ALL – continue excellent recruitment ET to feedback to the board on the meeting with Adrian Hackney
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15. AOB

One Stop Clinic Presentation – John Radford

Discussion summary	Deferred to September
Conclusion	
Actions & responsibility	

Date and time of next meeting

27th Sept 2018 **15.00 – 17.00hrs Meeting rooms 4/5, Trust Admin, The Christie**

Future Meeting dates and times 2018

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

DRAFT