

Greater Manchester **Cancer**

Haematology Pathway Board

**Minutes of the Haematology Pathway Board**  
**15:00 to 17:00 hrs - Thursday 17<sup>th</sup> May 2018,**  
**Seminar Room, Clinical Sciences Building, Wythenshawe Hospital**  
**Chair: Dr Eleni Tholouli**

**Members in attendance**

<b>Dr Eleni Tholouli</b>	ET	Pathway Director	<b>Ann Mathews</b>	AM	Patient representative
<b>Jo Tomlins</b>	JT	Lead Nurse Clinician	<b>Derrick Evans</b>	DE	Patient Representative
<b>Fiona Dignan</b>	FD	Consultant Haematologist	<b>Amanda Lane</b>	AL	CNS Group Lead
<b>Kathryn Chamberlain</b>	KC	Transformation Lead, MFT	<b>Dr Ann Harrison</b>	AH	Macmillan GP
<b>Dr Suzanne Roberts</b>	SR	Consultant Haematologist		MHa	Consultant Haematologist
<b>Dr Satarupa Choudhuri</b>	SC	Consultant Haematologist	<b>Dr Clare Barnes</b>	CB	Consultant Haematologist
<b>Dr Sayee Chirputkar</b>	SaC	Consultant Haematologist	<b>Richard Cowan</b>	RC	Consultant Clinical Onc
<b>Adrian Bloor</b>	AB	Consultant Haematologist	<b>Dr Simon Watt</b>	SW	Consultant Haematologist
<b>Karen Blackburn</b>	MH	Cancer Manager	<b>Dr John Burthem</b>	JB	Represented by ET

**In attendance**

<b>Michelle Leach</b>	Pathway Manager	<b>Mel Atack</b>	GM Cancer UI
<b>David Dolan</b>	SHO, PAHT		

**Members sending apologies and deputies**

<b>Marie Hosey</b>	Represented by Karen Blackburn	<b>Dr Hitesh Patel</b>	No Deputy
<b>Dr Denise Bonney</b>	No Deputy	<b>Charlene Jones</b>	No Deputy
<b>Dr Montaser Haj</b>	Represented by Sayee Chirputkar	<b>Dr John Hudson</b>	Consultant Haematologist
<b>Catriona Quillinan</b>	Represented by Amanda Lane	<b>Helen Wrench</b>	Represented by Kathryn Chamberlain

**1. Welcome and introductions**

ET welcomed all and explained we would now be joined by a representative from the Trust leads for the implementation of the Recovery Package today it would be Kathryn Chamberlain but moving forward the permanent board member would be Helen Wrench from PAHT. Apologies were noted.

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

These were signed off as being a correct representation.

### 3. Matters arising

Discussion summary	Manchester has won the National bid for CART Cell therapies AB is leading on this.
Conclusion	The group noted this information.
Actions & responsibility	AB to feed back on the progression of this at future meetings.

### 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"> <li>- The MCRC Haem Town Hall Event bid is still in the pipeline</li> <li>- The MAHSC bid was unsuccessful</li> <li>- MacMillan is still a potential source.</li> </ul> <p>Other preliminary meetings have been underway ET would like to run the project as a randomised control trial and will continue to search for funding. As soon as it starts progressing the sub group will be set up with the people who volunteered to attend the group. The group discussed this being set up as a trial and it was thought it should be set up as a pilot in order to get some data in the first instance. Measurement strategy was discussed and some measurement could be CPET study, assessing the muscles on hand grip and quads and scan to measure muscle fitness and body fat content. It was proposed that Janelle York Prof of Nursing at the University may be able to help JT agreed to pass on contact details it may also be worth looking at links to MIHP and some other avenues.</p>
Conclusion	Next steps DA, ET & LB to meet with JT FD CJ to form a subgroup and work on proposal. ET will send an email to ask for availability. 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	<p><b>ET</b> to set up a subgroup with <b>FD, JT, CJ and DE</b></p> <p><b>ET</b> to continue looking for funding sources</p> <p><b>ET</b> to contact Janelle York</p> <p><b>ALL</b> to pursue other lines of funding</p>

### 5. HCDP (HMDS) Update

#### I. HCDP External Report

Discussion summary	Completed to be removed as an agenda item 5 (II) will replace.
Conclusion	NA
Actions & responsibility	NA

#### II. Implementation/Partnership & Steering Group

Discussion summary	JB informed the group that a series of user meetings have started to establish what are the requirements of individual Trusts. The website has been set up which is now being populated with information to help guide what people do with their samples and what test to ask for. Transport links are also being looked at and utilising existing transport networks and develop the urgent service. Cytometry is
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	up and running but there is still some more work to be done and should all be ready for the day of inception of service. Aspirate reporting is happening but more staff will be recruited. Histopathology going well and the dynamics between both Christie and MFT labs is working well and will all report to the same IT system. Cytogenetics is business as usual. Emergency reporting at weekend is still being looked at but it will be Saturday morning and bank holiday cover which means a maximum of 24hrs where the service is not covered. Software (HODS) is now installed and no issues of note have arisen although accessing the programme has been troublesome. The aim is that it will go live in July whether this goes to an external server or may move to MFT from the Christie AB is progressing this within the Christie. The national site for the NW in Genomics is at St Marys' it has been agreed that the majority of Manchester Haem genetics will be left at St Marys but in the future there may be other issues arising between Liverpool and Manchester.
Conclusion	Update noted by the board.
Actions & responsibility	<b>JB</b> – to continue to update the board and develop more frequent lines of communication with peripheral Trusts.

**6. MDT's and Metrics**

Discussion summary	ML informed the group there is no further steer on MDT reform at current from GM Cancer but will keep the group informed as progression happens.  ET spoke to the group about internal peer review as this is these will be due in the near future. It is thought that most will be in July however PAHT will be in November
Conclusion	ET asked that ALL feedback on the outcomes of internal peer review at this meeting.
Actions & responsibility	<b>ML/ET</b> – update the board on the GM Cancer MDT review process when plans are reinstated. <b>ALL</b> – to feedback at board re Peer Reviews

**7.**

**I. 62 Day Pathway Report**

Discussion summary	KB (deputy for MH) spoke to the tabled report the average for Q4 was 83.3% from Haem so did not meet the standard of 85% compliance. ET asked about the new breach reallocation policy. KB explained that there are issues in the system of uploading to the national system and explained the figures. The bottom line will not change but the different Trusts figures will look different under the new policy this will affect The Christie the worst. SC spoke about breaches from other specialities i.e head and neck and how they impact upon haematology, KB confirmed that the breach would be allocated to Haem not where the delay was incurred. ET suggested working within the Trusts teams to improve moving the patients through the pathways.
Conclusion	MH will continue to update the board on 62 day targets.
Actions & responsibility	<b>MH</b> – to continue to update the group

**II. Audit Update and Presentation**

Discussion summary	<p>David Dolan SHO from PAHT presented on the audit of the management of patients on a 2WW. He spoke to the figures on the slides and the demographics. ET asked about the outliers SC agreed to go back and look at the reasons behind these and report back to the board. Discussion ensued about people who hadn't been upgraded to a pathway as all Trusts should be looking at these figures. AL explained about the navigator roles at Pennine which is a band 4 role and helps to guide the patient through the pathway and ensure the correct tests etc are done at the correct time and relay this information back to the patient these are Macmillan funded roles. KC said that there are similar at MFT across both sites.</p> <p>ET asked if breaches are now being discussed at MDT and encouraged them all to continue to do this to have clinical input into breaches.</p>
Conclusion	<p>The board thanked David and SR for their presentation. 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, Stockport, Wythenshawe.</p> <p>Stockport and Salford agreed to present at the next Board.</p>
Actions & responsibility	<p><b>CB/HP/RC/SW</b> – to complete audit within their Trust, share findings with ET and present at future pathway board.</p>

**8. Pathway Guidelines & Treatment Protocols**

Discussion summary	<p>Lymphoma – The updated pathway was projected for comment. Discussion ensued about the appropriate place to do CT scan. ET agreed to make the relevant changes and circulate.</p> <p>AML – in progress</p> <p>MDS – Mohammed is leading and this is in progress</p> <p>CLL - National guidelines now available and will be ready for next meeting AB t progress</p> <p>Lymphoma – Under review</p> <p>Myeloma – Nearly complete SC to forward to ET in the near future</p> <p>Pathways</p> <p>CLL pathway AB to update</p>
Conclusion	<p>The board noted the update</p>
Actions & responsibility	<p><b>ET</b> – To make agreed adjustments to the lymphoma pathway</p> <p><b>SC</b> – Revise Myeloma guidelines and bring back to next board for sign off</p> <p><b>ET</b> – chase up Jane Norman re lymphoma guidelines and Mohammed for MDS</p> <p><b>AB</b> – prepare CLL guidelines and pathway</p>

**9. Commissioning**

**I. Biosimilars Audit**

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

responsibility	ET/board
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**10. Homecare Services in GM**

Discussion summary	JT has scaled back the business case with not as much CNS input but involving project support to help with administration etc.
Conclusion	The board noted the discussion
Actions & responsibility	<b>JT</b> to continue to update the board on progress

**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	<p><b>Living With &amp; Beyond Cancer</b> ML explained that a mapping exercise had been done by the CNS group but not all Trusts were able to attend, she will continue to chase the CNS's to complete this document then send to ET</p> <p><b>Treatment Summaries</b> Discussion ensued about the Pennine templates and who are using them. The group asked Kathryn to take this back to the Transformation Team Management group. ET asked all to look through the TS's and feedback any changes that would be needed to form a minimum data set. AL explained that the directive was that TS's should be done at the end of modalities but sometimes this would not be appropriate, ET stated this would need to be ratified at board. ET asked the patients if they felt Treatment Summaries would be of benefit after discussion and the process being explained by AL they agreed they would.</p>
Conclusion	ET to send the Pennine Treatment Summaries to the people who have written the guidelines to provide feedback.
Actions & responsibility	<p><b>ML</b> – To chase the Trusts who didn't attend the CNS mapping event and update the document</p> <p><b>ALL</b> – To look through the Pennine Treatment Summary Templates and feedback to <b>ML</b> on any changes they feel would be needed to provide a minimum data set.</p> <p><b>AL</b> - To present on nurse led stratified follow up at the next board</p>

**13. User Involvement Update**

Discussion summary	No update at this meeting
Conclusion	NA
Actions & responsibility	NA

**14. Research**

Discussion summary	No update provided at this meeting
Conclusion	NA
Actions & responsibility	ALL – continue recruitment

**15. Educational Events**

Discussion summary	ET thanked all those who attend both the education day 3 <sup>rd</sup> May and ALL Event 25 <sup>th</sup> April. Feedback was positive from both events
Conclusion	The Board noted the discussion
Actions & responsibility	<b>NA</b>

**16. AOB**

Discussion summary	<b>Lymphoma 1 stop shop pathway</b> ET spoke to the flow chart which had been distributed to the group. This is being used at both MFT and Bolton. She encouraged the other Trusts to take up this policy with their radiology colleagues to shave time off the radiology pathway for Lymphoma patients if it is a problem within their units.
Conclusion	The Board noted the discussions
Actions & responsibility	<b>ALL</b> to discuss the Lymphoma pathway with radiology in their Trust

**Date and time of next meeting**


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**26<sup>th</sup> July 2018**                      **15.30 – 17.30hrs Main Board Room, Cobett House, MRI**

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**Future Meeting dates and times 2018**

27<sup>th</sup> Sept 2018                      15.00 – 17.00hrs Meeting rooms 4/5, Trust Admin, The Christie  
29<sup>th</sup> Nov 2018                      15.00 – 17.00hrs Meeting rooms 4/5, Trust Admin, The Christie