

Minutes of the Haematology Pathway Board
15:00 to 17:00 hrs - Thursday 22nd Nov 2018,
Seminar Room 9, Mayo building, SRFT
Chair: Dr Eleni Tholouli

Members in attendance

Dr Eleni Tholouli	ET	Pathway Director	Ann Mathews	AM	Patient representative
Amanda Lane	AL	CNS Pathway Board Lead	Jo Tomlins	JT	Senior Nurse, Christie rep
Dr Hitesh Patel	HP	Consultant Haematologist	Dr Ann Harrison	AH	Macmillan GP
Helen Wrench	HW	Transformation Lead, PAT	Marie Hosey	MH	Assistant COO, Christie
Dr Clare Barnes	CB	Consultant Haematologist	Dr Satarupa Choudhuri	SC	Consultant Haematologist
Dr Montaser Haj	MH	Consultant Haematologist	Dr Simon Watt	SW	Research Lead, MFT
Fiona Dignan	FD	Consultant Haematologist	Ann Matthew	AM	Patient representative

In attendance

Alison Armstrong	Programme Lead, GM Cancer	Mel Attack	GM Cancer UI
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Members sending apologies and deputies

Dr Suzanne Roberts	No Deputy	Dr John Burthem	No Deputy
Adrian Bloor	No Deputy	Dr Sayee Chirputkar	No Deputy
Dr John Hudson	No Deputy	Richard Cowan	No Deputy
Dr Denise Bonney	No Deputy	Derrick Evans	No Deputy
Charlene Jones	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

I Advanced Care Planning

Discussion summary	Presentation given by Anne-Marie Raftery & Dave Waterman The need for discussion with patients and their relatives regarding the 'what might happen in the future' at an early stage was recognised and discussion had re how to embed this. Discussion on the 'respect' forms/process and that it is only implemented in some Trusts.
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	Discussion also regarding the IT system required to store advanced care plans. Training is available and the dates will be communicated to the board.
Conclusion	NA
Actions & responsibility	AA/ML – ensure training dates are communicated to the board

II NCPES

Discussion summary	<p><i>WWL (HP)</i> Positives:</p> <ul style="list-style-type: none"> telling patients about side effects patient involved in decisions working together care plan, good/very good care <p>Improvement needed:</p> <ul style="list-style-type: none"> offering advice on support groups offering research <p><i>Pennine (SC and AL)</i> Positives</p> <ul style="list-style-type: none"> Good overall <p>Improvements needed</p> <ul style="list-style-type: none"> waiting times for clinic appointments inform patient about side effects of chemo (action: to educate those giving chemo re side effects and update the information leaflet given out) <p><i>MFT - Oxford Road Campus (FD)</i> Positives</p> <ul style="list-style-type: none"> Good overall Highest rated tumour group in trust Above average re financial advice, social support etc <p>Improvements</p> <ul style="list-style-type: none"> Communication - written info to pts and GP's. Also how are patients told re diagnosis <p><i>MFT - Wythenshawe</i> Only 1 haem patient captured</p> <p><i>The Christie (JT)</i> Positives</p> <ul style="list-style-type: none"> On the whole good <p>Improvements</p> <ul style="list-style-type: none"> not good at giving out financial information (this has likely improved since Maggies centre) Nursing staffing – slightly lower than average <p><i>Salford (CB)</i> Positives</p> <ul style="list-style-type: none"> good care score of 9.3 <p>Improvements needed</p> <ul style="list-style-type: none"> Financial advice below average
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	<ul style="list-style-type: none"> • care plans • offering research <p><i>Stockport</i> Positives</p> <ul style="list-style-type: none"> • give information regarding support groups <p>Improvements needed</p> <ul style="list-style-type: none"> • patient information given regarding chemo significantly lower than average • discussing worries <p><i>Bolton</i> Positives</p> <ul style="list-style-type: none"> • At national average with overall care score at 8.9 <p>Improvements needed</p> <ul style="list-style-type: none"> • No major concerns to pick up on <p><i>East Cheshire</i> Positives</p> <ul style="list-style-type: none"> • did really well with overall care score at 9.2 • support and social advice given • clinic times and visits <p>Improvements needed</p> <ul style="list-style-type: none"> • care plan <p>Theme from many organisations regarding the need for improvements from a care planning perspective.</p>
Conclusion	NA
Actions & responsibility	ALL – to create action plans to address areas for improvement

4. ERAS+ Subgroup

Discussion summary	ET updated the group in that funding opportunities are still being sought. Sub group for the enhanced preparation and recovery project in haemopoietic stem cell transplant (SCT) patients (ERAS+) will be arranged once there has been made financial progress. ET has contacted Claire O'Rourke, GM Cancer Associate Director regarding funding opportunities
Conclusion	ET will continue to update the board on progress.
Actions & responsibility	ET to meet with John Moore

5. HCDP (HMDS) Update

Discussion summary	John Burthem could not attend but ET provided an update. Agreement on finances – costs have been proposed and are awaiting sign off. IT issues – ET was unaware of these. There is a partnership meeting next week but ET cannot attend. CO will represent GM cancer. Robin Ireland invited for Jan 2019. The service is currently 6 months behind the deadline but due to start phase 1 before Christmas.
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	<p>There was some discussion regarding the website. The patient representative on the governance group, Sally Shelmerdine, is keen to be develop a patient orientated aspect to the website. There are various elements to the website, one section for clinicians, one for clinical trials and one section for patients. Sally would like to have a group of patients to help decide re what should be included in the patient section and prepare this. Important to seek Ann’s and Derek’s view. Various members of the board questioned what was trying to be achieved by the patient section of the website as a wealth of patient information already exists e.g. on the Macmillan website and were keen not to re-invent the wheel. CNS’s can help out with this. FD suggested having key links to signpost to other websites could be an option. There was recognition that different patients may want different amounts of information. Potential focus of the patient section of the website being those elements specific to Manchester that we need to capture e.g. the pathway in Manchester detailed where the sample goes etc. The website will be included as an agenda item at next week’s partnership meeting. ET suggested it would be good to have a group outside of this board to review. John Burthem and Rachel Brown are doing the professional side, AL to put to CNS group to see who wants to be involved in this group. FD to help also.</p>
Conclusion	Update noted by the board.
Actions & responsibility	MA – to bring back to the meeting, the work that Sally Shelmerdine (Partnership patient rep) has done so far.

6. MDT’s and Metrics

Discussion summary	<p><u>M&M reviews at The Christie</u> ET chased Richard Cowen and John Radford again for their feedback following the introduction of M&M discussions at MDTs but has received no response. Discussion took place about M&M feedback at MDT with various models being utilised. Some Trusts are incorporating into the MDT and some have set up separate sessions with the same attendees due to the time pressures within the MDT. Myeloma and Leukaemia MDT is working out the practicalities.</p>
Conclusion	The Board noted the discussion
Actions & responsibility	<p>ET to get feedback from RC and John Radford at the Christie. MH to also try and speak to John Radford</p>

7.

I. 62 Day Pathway Report

Discussion summary	<p>MH stated that unfortunately the overall Q2 62-day figures show that GM has failed to meet the target. The board reviewed the 62 day performance figures by Trust for disease groups combined. MH will have the figures broken down by disease groups soon and will distribute.</p>
Conclusion	MH will continue to update the board on 62 day targets and feedback on the subgroup she attends.
Actions & responsibility	MH – to forward the disease group specific 62 day figures when available and continue to update the group

II. Audit Update and Presentation

Discussion summary	<p>The audits were presented for SRFT, WWL and Wythenshawe. SRFT (CB)</p>
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	<p>The audit showed that the standard was not being met with many patients being excluded. There are no local standards for radiology reporting 2WW scans, however, there were no problems highlighted from this perspective. No patients were seen within 7 days. One of the most significant delays in the pathway was the time sent to HMDS. To re-audit once local HMDS is up and running.</p> <p>WWL (HP) HP gave the highlights from the presentation. All patients were seen within 2 weeks. The pathway was reviewed for the 5 patients who breached to allow for a better understanding. Recognition was given to Samuel Newman who completed the audit.</p> <p>Wythenshawe Sophie Ralston, medical student gave an excellent presentation of her audit noting the areas for improvement.</p>
Conclusion	The Board noted the presentations
Actions & responsibility	NA

8. Pathway Guidelines & Treatment Protocols

Discussion summary	<p>Myeloma – ET is adapting. Meeting is needed with MM leads. Dates to be agreed to meet up in January to finalise.</p> <p>CLL pathway - AB is completing and should be ready before next board</p>
Conclusion	The board noted the update
Actions & responsibility	ET – arrange a meeting in January to finalise Myeloma guidelines

9. Commissioning

I. Biosimilars Audit

Discussion summary	ET noted that this should now be removed from the agenda
Conclusion	N/A
Actions & responsibility	AA/ML – agenda item to be removed for the next pathway board

10. Homecare Services in GM

Discussion summary	<p>ET outlined the proposal regarding the introduction of chemo at home and outlined the advantages of this over hospital care for some patients. It will facilitate patient choice. Funding needs to be secured from pharma. There was discussion if this would affect income of organisations.</p> <p>MA fed back some concern from a patient representative perspective but agreed that performing a patient satisfaction survey in Bolton of this service to gain a better understanding how it has worked for them is appropriate.</p> <p>Manchester Health Innovation will have their first meeting with pharma in early Dec 2018.</p>
Conclusion	The board noted the update on progress

Actions & responsibility	MA - to contact Louise Merrick at Bolton
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11. Paediatric Haematology

Discussion summary	Deferred to next meeting
Conclusion	NA
Actions & responsibility	DB to update the board in January on progress.

12. Specialist Nursing Group Update

I. Attendance at CNS Group Meeting

Discussion summary	Good attendance at the last CNS group meeting following ET's email regarding the importance of the meetings. Survey monkey to be used to understand the best time/day for meetings. Consideration to rotating the meetings or using a teleconference facility Aims/action plan for group to be developed.
Conclusion	The group noted the discussion
Actions & responsibility	NA

II. Living With & Beyond Cancer –Treatment Summaries

Discussion summary	The CNS group to look at developing further treatment summaries.
Conclusion	
Actions & responsibility	AL – to feed back at next meeting

13. Update from Transformation Lead

Discussion summary	<p>Q2 data received and perused. There was a query regarding the accuracy of data at Wythenshawe. Not just about holistic needs assessment but care plans also.</p> <p>HW asked if any providers had adopted risk stratified pathways- MH advised of their watch and wait implementation offering HW an opportunity to visit Stockport to understand the process, review relevant systems and guidance.</p> <p>Following the advanced care planning presentation by the Specialist Palliative team the group briefly discussed adding this field to the relevant Treatment summaries in order to capture conversations. The nursing group who are developing further templates to discuss adding this and attain approval from their relevant medical leads.</p>
Conclusion	The group noted the discussion
Actions & responsibility	Nursing group to agree additional advanced care planning field within relevant TS HW – to contact MH about a visit to Stockport to observe their active surveillance procedures

14. User Involvement Update

Discussion summary	No update as all user involvement captured in separate agenda items
Conclusion	NA
Actions & responsibility	NA

15. Research

Discussion summary	ET and SW presented the report. Significant improvement in trial recruitment noted. But Target is not a Haem-Onc trial and therefore recruitment figures are not accurate.
Conclusion	The board noted the update
Actions & responsibility	ALL – continue excellent recruitment

16. AOB

There was no AOB.

Date and time of next meeting

10th January, 15.00 – 17.00hrs Meeting Room 6, Trust Admin, 3rd Floor, The Christie

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

Date	Venue
7th March	Meeting Room 6, Trust Admin, 3rd Floor, The Christie
16th May	Seminar Rooms 4/5, 5 th Floor St Mary's
11th July	Meeting Room 6, Trust Admin, 3rd Floor, The Christie
5th September	Meeting Room 6, Trust Admin, 3rd Floor, The Christie
7th November	Meeting Room 6, Trust Admin, 3rd Floor, The Christie