

<b>Meeting:</b>	<b>Haematology Expert Advisory Group</b>	
<b>Date:</b>	<b>5 October 2017</b>	
<b>Time:</b>	<b>9.00am – 11.00am</b>	
<b>Venue:</b>	<b>Evolve Business Centre</b>	
<b>Present:</b>	Angela Wood, Consultant Haematologist, South Tees (Chair)	<b>AW</b>
	Victoria Hervey, Consultant Haematologist, Sunderland	<b>VH</b>
	Gail Jones, Consultant Haematologist, Newcastle	<b>GJ</b>
	Adrienne Moffett, Deliver Manager, Cancer Alliance	<b>AM</b>
	Claire McNeill, Senior Administrator Cancer Alliance	<b>CM</b>
	Karen Dunn, Business Support Assistant, Cancer Alliance	<b>KD</b>
	Linda Wintersgill, Information Manager, Cancer Alliance	<b>LW</b>
	Jonathan Slade, Deputy Medical Director, NHSE	<b>JS</b>
	Katrina Wood, Pathologist, NUTH	<b>KW</b>
	George Holmes, Haematologist, NHCT	<b>GH</b>
	Deborah Grimes, CNS, CDDFT	<b>DG</b>
<b>Apologies:</b>	Jon Winn, Patient Representative	<b>JW</b>
	David Iles, Patient Representative	<b>DI</b>
	Penny Williams, Research Delivery Manager	<b>PW</b>

### MINUTES

1.	INTRODUCTION	Lead	Enc
1.1	<b>Welcome and Apologies</b>		
	AW welcomed everyone to the meeting, introductions were made. Apologies listed above.		
1.2	<b>Declaration of Conflict of Interest</b>		
	There were no declarations of interest.		
1.3	<b>Minutes of the previous meeting 27.4.17</b>		Enc1
	Minutes of the meeting held on 27.4.17 were agreed as an accurate record.		
1.4	<b>Matters arising</b>		
	<ul style="list-style-type: none"> <li>• <b>Clinical Guidelines</b></li> </ul>		
	<p>Unfortunately due to other pressures within the Alliance CM had not had time to update these. KD was now in post and would be the admin support for the Expert Reference Groups and would also be collating and producing the clinical guidelines.</p> <p>GJ discussed how we would manage this as a group.</p> <p>Agreement that a small Task to Finish subgroup would be</p>	<b>KD</b>	

		<p>formed to review specific sections.</p> <p>KW discussed the new classification form Lymphoma. GJ to ensure KW would be included in the Task to Finish group.</p> <p>The Group discussed the inclusion of all Trusts in the production of these works.</p> <p>KD and CM to ensure the Haematology Clinical Guidelines are clearly separated into sections for the Group to review and update specific sections. Group discussed the importance of all Trusts participating in this work.</p> <p>Task to Finish groups to be set up by GJ and AW, first meeting planned Jan/ Feb 2018.</p> <p>GJ and AW to plan to meet outside of the Group to take this forward.</p> <p>Clinical Guidelines to be added as standing agenda item.</p>	<p><b>GJ</b></p> <p><b>KD/CM</b></p> <p><b>GJ/AW</b></p> <p><b>GJ/AW</b></p> <p><b>KD</b></p>	
		<ul style="list-style-type: none"> <li>• <b>Haemosys</b></li> </ul>		
		<p>It was noted there were still ongoing delays at Gateshead to move them to the Haemosys system; they had also just moved to nhs.net.</p> <p>KW said there were concerns regarding the sustainability of the Haemosys system.</p>		
		<ul style="list-style-type: none"> <li>• <b>GCSF</b></li> </ul>		
		<p>GJ to check chemotherapy clinical guidelines to see if changes had been made, if not she would contact Steve Williamson Chemotherapy Chair.</p>	<p><b>GJ</b></p>	
<b>2.</b>	<b>AGENDA ITEMS</b>			
	<b>2.1</b>	<b>Regional Services update</b>		
		<p>AM informed the Group that following discussion at the previous meeting there were currently no further updates to report.</p> <p><b>STPs</b> JS updated the Group on the current position in relation to STPs. The aim was to create 1 group which would</p>		

	<p>combine the 3 current STPs, the delivery of which was still under discussion. This had both Regional and National support but with caveats.</p> <p><b>Workforce</b>  JS stated the Healthcare sector as a whole had workforce issues and pointed out how this had impacted on interdependencies between specialities.</p>		
	<b>2.2 Cancer Alliance Update</b>		
	<p>AM said following successful bids for transformation funding the Alliance had now recruited a number of new members of staff.</p> <p>Phase 1  Early diagnosis funding  2 project leads specific to transformation bids had been employed and would be looking at priority pathways:</p> <ul style="list-style-type: none"> <li>• Upper GI</li> <li>• Lower GI</li> <li>• Lung</li> <li>• Prostate</li> </ul> <p>Service Improvement Facilitators had also been recruited and would sit within Trusts.</p> <p>AM confirmed funding had also been secured for living with and beyond cancer.</p> <p>The Group discussed the national focus on 62 day targets and the work being undertaken to address this in line with national priorities.</p>		
	<b>2.3 Research</b>		
	<p>Penny Williams sent her apologies for the meeting.</p> <p>Ann Ward was working on introducing new studies for a number of sites, GJ referred to the appointment of a Senior SPR into a fellow post, originally recruited through charitable funds; this had made a difference to capacity and had improved the number of patients recruited to trials and had also increased commercial income which was now supporting the post.</p> <p>GJ stated bright red were really keen to get involved across the region. GJ to email out contract details to AW.</p>	<b>GJ</b>	

	<b>2.4 Data Presentation</b>		
	<p>LW presented the annual data presentation, which would be sent via email as she was unable to be uploaded it to the website, as it contained unpublished data. It was noted only published Registry data from 2014 was available, this was disappointing as when the new registry was introduced it was indicated up to date information would be available earlier.</p> <p>The following was discussed:</p> <p>Polycythaemia Vera – only one part of myeloproliferative – group believed these figures were inaccurate. LW to look at time series.</p> <p>AW discussed South Tees emergency presentations – Lymphoma admissions were high compared to national statistics. LW to include emergencies presentations in next report.</p> <p>GJ highlighted the inaccuracy of the Mortality data slide as this did not include low risk tumours which would greatly reduce the mortality figures.</p> <p>AW highlighted the South Tees breaches and identified ENT capacity was the Root Cause Analysis (RCA) for the majority of the breaches. AW asked if this impacted on other Trusts. KW discussed small samples causing some delay and how important it was to use a correct needle size to avoid delays in pathology reporting.</p> <p>The Group also acknowledged a large number of breaches were due to patients referred from different specialities.</p> <p>The Group agreed to review the RCA on all breaches, to establish any patterns, in order to understand issues across the Region and look for solutions for local issues or escalate any regional issues to the cancer unit managers.</p> <p>Accuracy of data to be reviewed with comments to be fed back to LW, who would escalate to unit cancer managers if necessary. The Group discussed the importance of accurately recording COSD data and also the difficulty in the reporting process.</p> <p>It was agreed the Group would consider the presentation and provide any suggestions on how to improve reporting.</p>	<p><b>LW</b></p> <p><b>LW</b></p> <p><b>LW</b></p> <p><b>All</b></p> <p><b>All</b></p> <p><b>All</b></p>	

	All feedback to be sent to LW.		
<b>3</b>	<b>STANDING ITEMS</b>		
<b>3.1</b>	<b>Any Other Business</b>		
	<p><b>Future of Haematology EAG</b></p> <p>AM confirmed Terms of Reference were currently under review and would be shared with the Group once available. Once received the Group would review them, looking specifically at quoracy and representation.</p> <p>Data would be presented annually and clinical guidelines would be signed off at these meetings.</p> <p>Any additional work would be undertaken by Task to Finish Group.</p> <p><b>MDTs and new changes</b></p> <p>The Alliance was currently undertaking a review of MDT efficiency with the next meeting due to be held on 20 October 2017. It was acknowledged and supported by the Northern Cancer Alliance Board, if changes went ahead they would not be conforming to national standards.</p> <p>South Tees were progressing this and AW asked what changes other Trusts were making.</p> <p>VH advised no changes made at the moment.</p> <p>GJ advised Newcastle did not discuss CLLs with low counts in MDT meetings.</p> <p>Group also discussed imaging.</p> <p>AW suggested including a consensus of this within CG. AW and GJ to take forward.</p> <p>GH discussed a “Virtual Attendance” at MDT meetings and suggested only attend part of the meetings. GJ and GH to discuss outside of meeting.</p> <p>Discussions took place regarding outsourced radiology and some concerns were expressed regarding missing reports.</p> <p><b>Patient and Carer conference</b></p>	<p><b>AM</b></p> <p><b>AW/GJ</b></p> <p><b>GJ/GH</b></p>	

	<p>DG referred to the 5<sup>th</sup> Patient and Carer Conference which had been held on 22 September 2017 and said the event had been a great success and well attended, formal evaluation was awaited.</p> <p>DG advised they had their own charitable fund looking at disease specific issues and stated work would be underway soon. AW suggested age specific issues could also be taken into consideration.</p> <p>AM advised Jo Mackintosh had recently taken up post as Macmillan Engagement and co-Design Programme Manager and suggested DG contact her to discuss current workstreams.</p> <p><b>GP representation</b></p> <p>JS was now attending meetings.</p> <p><b>Shared care arrangements</b></p> <p>VH discussed issues Sunderland had encountered when trying to pass low risk patients back to GPs and the reluctance of GPs to take these patients back. JS referred to contractual issues around this and confirmed there were some pockets of resistance. A National Working group was trying to get this on a more robust footing within contracts, however, they was not due to report back until the end of the year.</p> <p>It was noted GMC guidance would strengthen the argument for shared care and JS advised any issues needed to be taken to the CCGs to discuss with providers. JS to forward the GMC guidance to the Group for information</p>	<b>DG</b>	
<b>3.2</b>	<b>Next Meeting</b>		
	To be confirmed.		
<b>4.</b>	<b>MEETING CLOSE</b>		

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