



Meeting: Haematology Expert Advisory Group
Date: 11th October 2018
Time: 9.00– 12.00
Venue: Evolve Business Centre
Present: Shirley Bone, Haematology Specialist Nurse
 Victoria Hervey, Consultant Haematologist, Sunderland
 George Homes, Northumbria
 David Iles, Patient Representative
 Gail Jones, Consultant Haematologist, Newcastle
 Jonathan Slade, Deputy Medical Director, NHSE
 Jon Winn, Patient Representative
 Linda Wintersgill, Data and Information Manager, NCA
 Angela Wood, Consultant Haematologist, South Tees (Chair)
Attendance: Claire McNeill, Senior Administrator Cancer Alliance
Apologies: Mari Kilner, NHCT

SB
VH
GH
DI
GJ
JS
JW
LW
AW
CM
MK

MINUTES

	Lead	Enc
1. INTRODUCTION		
1.1 Welcome and Apologies AW welcomed everyone to the meeting, introductions were made. Apologies listed above.		
1.2 Declaration of Conflict of Interest There were no declarations of conflict of interest.		
1.3 Minutes of the previous meeting 19.04.18 Minutes were agreed as an accurate record		Enc1
1.4 Matters arising Post Meeting Note re Matters arising.		
<ul style="list-style-type: none"> GP Shared Care Action to take local agreements to locality groups via their Trust cancer leads. As local commissioners would also be there to discuss		
<ul style="list-style-type: none"> Research CM has emailed Jemma Fenwick a few times to chase for update on the following;		
<ol style="list-style-type: none"> Why is Lymphoma reported separately to haematological? To provide an updated list of trials to circulate to the 		

group.

3. To provide an comparison with a similar alliance (South West Peninsula)

No update provided. Emailed chaser again on 12.10.18

- **Training Packages for Blood cancer**

AF confirmed via email most of the local training seems to be generic rather than site specific.

- **Membership**

KW to email CM with NHODS Representative and Histopathology representative.

No details received. CM chased again.

- **TYA Services at North Cumbria**

No TYA services are provided at North Cumbria

- **Chemo care**

AW to update if delays have now been resolved in south hub at the next meeting.

- **Quality Standard 150**

CM had asked for this to be added to the agenda of the Cancer Unit Managers and will chase again.

2. AGENDA ITEMS

2.1 Cancer Alliance Update

The Northern Cancer Alliance is one of only two alliances to receive 100% of transformation funds. This was dependent on performance and we should have had a 25% reduction for Q3 and Q4. However across the Alliance we had a 23% increase in Urology referrals which had a significant impact so the national team took this into consideration and allocated the full funding.

Digital Capital transformation planned for radiology is an issue and AF is in discussions to release into the system. TB is due to retire and an advert has gone out for expressions of interest for secondary care clinical lead.

KW/CM

AW

Model going forward is to have both primary and secondary care clinical leads.

JS discussed the Board meeting yesterday which was looking at how the cancer alliance linked with ICS. Specific focus on decision making and transparency.

2.2 Data Presentation

Data Presentation will be sent out via email as the presentation includes non-published data and cannot be uploaded to the website.

MYLO – MPD should be included

CLL – ensure all are being recorded

Risk factors – LW to check proportion of cases considered preventable. Non-Hodgkin's lymphoma percentages

Group asked for data to be provided by individual tumours as well as sites to look at outliers.

LW to look figures on how many patients caused the alliance to breach the 62 day target.

LW

Group discussed the possibility of further delays in 62 days target due to radiology delays.

COSD data to be added.

Group requested the data completeness 2018 YTD stage able data be reported by trusts.

- **Inter provider transfers**

Documents have been previously circulated for comments. This is aimed at preventing delays in patients being transferred between two providers. Its intention is to be used as an aide memoire only and not to add any additional admin burden.

Group agreed to amend forms for Lymphoma, Myeloma and Hodgkin and confirmed these were the only ones needed for Haematology inter provided transfers.

Once agreed the group would like to include this within the clinical guidelines to ensure it is kept up to date. CC to add to clinical guidelines.

CC

Group agreed non conformant forms would not be rejected as did not want to delay pathways.

Group also discussed the 28 day target being introduced for shadow monitoring being introduced in 2020. Group discussed the challenges this will involve. Tumour specific targets may be more relevant in the future.

VH to draft forms and return to Linda Wintersgill within one week.

VH

2.3 Regional Workforce

Group discussed workforce.

GH advised GJ attending meetings and the Cumbria on call rota and agreement has been rolled over for another 4 months this is shared between North Cumbria locums, Newcastle and Northumbria.

GJ confirmed she has only receiving appropriate referrals.

Group discussed the challenging situation and the shortages in the following trusts;

- 2 Short in Carlisle
- 2 north Tees
- 1 South Tees short wef from January 19
- 1 Durham

Group discussed the shortfall and questioned if they should look at different ways of working. GJ advised there was no appetite to dramatically change working processes when previously discussed. All acknowledged the need to persuade people going forward, and thought it would be better to start addressing this before services were under pressure.

LW to ask Sarah Hamilton to look at haematology Consultants, Specialist nurses and trainees to provide workforce projections to support this work.

LW

JS advised its high on NHSE priorities.

Group agreed to keep this as a regular agenda item.

2.4 Referral Guidelines for non-2ww Haematology

AW asked if there was guidance for non 2ww referrals. GJ advised Newcastle use a directory of services.

2.5 Terms of Reference

Enc 2

Amendments discussed;
Core members
To add in primary care representative
To add in nurse representative
To remove admin staff and add to extended membership
Extended membership
To add NEHODS
To add Pathology – when needed
To add Radiology – when needed

Quoracy agreed as 3 MDT representatives.

CM to update and circulate to group for sign off via email.

CM

AW to email other Trusts to encourage attendance.

3 STANDING ITEMS

3.1 Clinical Guidelines

AW to chase outstanding sections. All sections to be returned by the 20 November.

AW

Group agreed to have each section separately and to have a version control and date of review on each section. Each Section will then be uploaded separately onto the website after being endorsed via email by the group.

System needed to be in place to ensure change in practice is cascaded out. Group suggested MDT chairs to communicate with each other if there was change. AW to write to the 3 MDTs to ask for any change in practice to be communicated with other MDTs.

AW

Any NICE or Cancer Drug Funds will need to be added.

Clinical trials just need link due to frequent changes.

3.2 Any Other Business

- **Neck node biopsies- ENT surgeon**

Group discussed the general trend is to use core needle biopsies however these can on occasion be non diagnostic.

Group queried if there was an update protocol.

Katrina Wood would be asked to review current policy and send copy to CM to circulate to Radiology group and Head & Neck group.

KW

KW then circulate to radiology leads

CM

Group discussed the importance are aware of the differences and reasons for choosing a specific method. SB to be this back to the nurses group.

SB

- **Lymphoma – IV methotrexate**

AW discussed feedback from a meeting she attend regarding the two options for treatment which patients are offered.

Group discussed the difference between IV Methotrexate V Intrathecal and questioned if we needed to update our intrathecal as evidence based is questionable.

Group agreed they needed to set regional guidelines

Further work needs to be done to establish –

- Is there sufficient capacity?
- Who needs
- Where its given
- Is there the infrastructure to provide over weekends?
- Age cut off as 70 to establish

Actions;

SB to take to nurses.

AW to write to Tobias and Wendy to update guidance

GJ to look at numbers

All three centres to look at capacity /demand.

Measure GFR – Sunderland and South Tees confirmed they do have access to Measure GFR but delays normally incurred.

GJ to check Cumbria has access to measure GFR.

**SB
AW
GJ
All**

GJ

3.3 PROPOSED Next Meeting:

Thursday 25th April 2019, 9.00 - 12.00 at Evolve Business Centre

Thursday 3rd October 2019, 9.00 - 12.00 at Evolve Business Centre

4. MEETING CLOSE

contact

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