

Minutes of the PCA Haematology SSG

Thursday 23rd January 2020

The Arundell Arms Hotel, Fore Street, Lifton, Devon

FREEDOM OF INFORMATION

This group will observe the requirements of the Freedom of Information Act (2000) which allows a general right of access to recorded information including minutes of meetings, subject to specific exemptions. No one present today had any objections to their names being distributed in the minutes.

Meeting Minutes

Chair: Dr Jason Coppel

Consultant Haematologist, Royal Devon and Exeter NHS Foundation Trust

Reference	Notes
1.0	Welcome and Introductions.
1.1	Please refer to separate record of attendance via the SWCN website.
1.2	The group considered the minutes of the meeting held on 17 th October 2019.
1.3	Exeter has welcomed Deyna Cardoso as a new consultant at the Trust.
2.0	Matters Arising
2.1	(REF2:3) JC and BK are still trying to secure permission from Thames Valley in order to refer to their guidelines within the Peninsula SSG Guidelines.
2.1.1	ACTION: BK to continue to seek permission.
2.2	(REF 2.1) BK has yet to upload Sub speciality leads to the website, as the Peninsula Cancer Alliance is in the process of building a new website which will be more accessible for clinicians.
2.2.1	ACTION: BK to send round the list of Sub speciality leads to each of their trusts so that they all have an up to date copy.
2.3	(REF:2.4) JC circulated invitations to the monthly Myeloproliferative Neoplasms (MPN) meeting. Some trusts have had difficulties accessing the HILIS System, as it is not compatible with their trusts IT.

3.0 Staffing Updates from across the Peninsula

3.1 Plymouth

Two consultants will soon be leaving/retiring

3.2 Exeter

Exeter now has seven consultants in post; However, pressures remain amongst the middle grade staff after two ANPs have left. Recruitment to fill these roles has been successful, but new recruits are not due to start until may.

3.3 Truro

The team is fully staffed but one consultant is soon to retire. Advert for the post will go out soon.

3.4 Torbay

No representation for Torbay present at the meeting.

3.5 North Devon

Medical staffing has improved in parallel with Exeter.

JC's tenure as SSG chair is due to end May 2021. Michelle Furtado (RCHT) to fill this post. Vice-chair / chair-elect from Torbay should then be appointed to take over after 3 years.

4.0 Lymphoma Pathway

4.1 RCHT Lymphoma pathway was circulated for final comments.

4.1.1 **ONGOING ACTION :** David Tucker to update every 2 years and send to BK to circulate to trusts

4.1.2 The peninsula is happy to adopt these as Network Guidelines moving forward.

4.1.3 **ACTION:** BK to ensure every trust has received a copy of these guidelines and to upload onto the new website once ready.

5.0 Cancer Alliance Priorities

5.1 MDT Streamlining

*Jonathan Miller
(South West Network Manager, Peninsula Cancer Alliance)*

- 5.1.1 *“The key principle to achieve MDTM streamlining is that all patients remain listed and recorded at the MDTM, however patients will be stratified into two groups:*
- *Those cases where full discussion at the MDTM is required, for example due to clinical complexity or psycho-social issues,.*
 - *Those cases where a patient’s needs can be met by a standard treatment protocol (or Standard of Care), and so do not require discussion at the MDTM.”* (National Guidance January 2020 “Streamlining MDT Meetings”)
- 5.1.2 JM explained the main requirements:
- ▶ Agreed SOC pathways (Standards of care are the minimum standards)
 - ▶ Recognition of diagnostic expertise
 - ▶ Sufficient information available for triage
 - ▶ Time to do triage
 - ▶ Educate colleagues to speak to someone rather than dumping cases onto MDT for someone else to make a decision.
 - ▶ Clear process to record SOC patients and outcome on MDT proforma and lists.
- 5.1.3 JC explained that the haematology MDT is different to most other tumour sites, due to the complexity of cases, often with multiple treatment options available for each disease, which would be difficult to distil into a SOC. Moreover, the majority of the membership is made up of haemato-oncologists, required to be present to discuss complex treatment pathways. In contrast, other site specific groups such as prostate, skin and breast deal with much greater numbers of patients and teams will often be made up of several different specialists including surgeons and physicians, but typically only one or two oncologists.
- 5.1.4 Example-RD&E Gynae MDT:
- Triage Friday before MDT Tuesday
 - Takes 20-30 minutes of Cons time working with MDT co-ordinator.
 - Agreed SOC pathways with colleagues.
 - Reduced MDT meetings by 30 minutes.
- 5.1.5 The group raised concerns that by streamlining their MDTs, they would be at risk of losing the guidance and governance element of the MDT. However, most were in agreement that meetings could be streamlined e.g. by removing the need to discuss mid- or end of treatment scans.
- 5.1.6 **ACTION:** BK to circulate recently published MDT guidance for those interested in taking this forward.
- 5.2 Rapid Diagnostic service
Jonathan Miller
(South West Network Manager, Peninsula Cancer Alliance)
- To view the presentation, please view the slides circulated with the minutes.
- 5.2.1

Service in place in North Devon, Cornwall, Torbay and due to be rolled out in Exeter June 2020. This will eventually replace the current 2 week wait pathways and support the faster diagnosis standard. The rapid diagnosis service is aimed at patients with concerning but non-site-specific symptoms (Vague Symptom pathway).

5.2.3

JM explained that a monthly steering group is held to determine how the money can best be spent. In Cornwall, the alliance has funded a patch to be put onto the current radiology order comms system to allow GPs access to scans. The alliance is looking for technological solutions with the steering group and has a particular interest in “lumps and bumps”

5.2.4

The group suggested that if scans could be reported immediately so that biopsies could take place on the same day where possible, this would be helpful within their teams.

5.2.5

ACTION: JM to feedback to the steering group about an integrated scan and biopsy service.

5.2.6

ACTION: If the group has any further ideas please email: jonathan.miller@nhs.net

6.0

AML post AML-19

6.1

RCHT have produced an outline of a pathway for AML now that AML19 has closed. Some discussion, but there was recognition of the need to consult with AML sub-specialists from each Trust.

6.2

ACTION: BK to circulate RCHT pathway with the minutes for further discussion by the group once DT has revised.

7.0

Haemoglobinopathy Referrals

7.1

There is a new HCC lead in UCLH supporting clinical teams for thalassaemias, who is keen to set up a group email.

7.1.1

ACTION: MF happy to be the local liaison for this and identify Hbopathy leads at each Trust site within the Peninsula.

8.0

Prehab/ Rehab Service Development

*Maria Bracey
(LWBC CNS, Royal Devon and Exeter)*

8.1

MB shared a new prehab/rehab service started at Exeter. Please see the slides circulated with the minutes.

8.2

MB is keen to understand what service would be beneficial to Haematological patients.

8.3

The group identified Fatigue as a common symptom, and suggested a rehab clinic for those following transplant could be beneficial.

9.0

AOB

9.1

The group agreed to continue holding SSG meetings three times a year alongside Blood Club (January, May, and October).

9.2

ACTION: BK to arrange both for the 21st May 2020 and to liaise with Michelle and David in Cornwall re Blood Club.

9.2.1

October's Blood Club will be organised by Plymouth.
ACTION: BK to contact SAM at UHP for a date.

-END-