Peninsula Cancer Alliance

Minutes of the PCA Haematology SSG

Thursday 11th February 2021

MS Teams Conference Call

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 Coppell
Consultant Haematologist, Royal Devon and Exeter NHS Foundation Trust

Attendees:

NDCCG	Bev Parker	Head of Planned Care Commissioning
PCA	Beth Kingshott	PCA SSG Support Manager
GENOMICS	Chris Wragg	Head of Cancer Genomics
GENOMICS	Ana Juett	Programme Manager
TSDFT	Deborah Turner	Consultant Haematologist
UHP	Hannah Hunter	Consultant Haematologist
RDEFT/NDDH	Jason Coppell	Consultant Haematologist
UHP	Joanna Farrugia	Clinical Scientist
RCHT	Michelle Furtado	Consultant Haematologist
RCHT	Sadie Mitchell	Genomics Nurse Practitioner
RDEFT/NDDH	Tom Coats	Consultant Haematologist

Apologies:

UHP	Kerry McKay	Clinical Nurse Specialist
RDEFT	Clare Fox	Clinical Nurse Specialist

Reference	Notes
1.0	**Welcome and Introductions**
1.1	The group considered the minutes of the meeting held remotely in October 2020.
	Matters Arising
1.2	PIFU pathway updates: Since Covid all trusts have been discharging more patients where appropriate earlier.

1.2.1 (Ref: 2.1.2) AML Pathway – BK has spoken to DT who is editing, and will circulate and upload to website.

1.3 (Ref: 2.2.1) Clinical Guideline statement

- MF advised that it would be difficult to maintain an updated research list for each centre.
- BK to change to "there are clinical trials open in each centre. Please liaise with the R&D Department."

ACTION : BK to Update and circulate for final comments

2.0 Regional HMDS

2.1 A separate meeting was held following the last meeting, to share Exeter, North Devon and Torbay experience of the existing networked HMDS with North Bristol and to discuss future participation by Derriford and Truro in more detail.

2.2 SB gave an update on progress at Derriford:

2.2.1 Experiencing IT issues at UHP when trying to download HILIS software. High priority with IT but they have been too busy with Covid to action.

2.2.2 SB has approached Chris Wragg and Paul Virgo to ask them to write a letter from NHSE.

2.2.3 The SSG agreed that a region-wide HMDS will be a significant advantage for cross-site referrals within the region, because all haematopathology and genetic data will become routinely available on all sites.

2.3 ***In summary :***

2.3.1 ***Progress with the regional HMDS has stalled because of insufficient engagement by Derriford IT department. It is a national requirement that all haematopathology should be reported through an HMDS, and all members of the Haematology SSG have raised concerns about the potential risk to patient care if this is not implemented across all sites immediately.***

3.0 Managing Services throughout Covid – Trust Updates

3.1 TSDFT

Did not move out of acute hospital for this surge, but the day unit was moved to maternity.

Capacity issue developing as the day unit is too small with covid measures in place, and a backlog is developing. OP department has moved to Newton Abbot. Still doing lots remotely.

3.2 RDE

Have continued as business as usual, more or less. Longer opening hours in DCU to accommodate social distancing. Over the last few weeks have seen another surge of delayed presentations and 2WW patients similar to that seen at the end of the last lockdown.

3.3 UHP

Opening day unit every other Saturday to account for loss of capacity. Outpatient appointments a still largely via telephone or video.

3.4 RCHT

Similar capacity issues within chemotherapy to everyone else.
Continuing to use telephone and video for consultations

Patients are reporting that they are finding it harder to have consultations without someone present with them.

4.0 CNS Update

4.1 TSDFT only have 1.5 out of 4 vacancies filled, and have lost a research nurse. Remaining CNS's in post are retiring within the next 5 years.

4.2 All Trusts are struggling with Nurse Specialist capacity, largely due to increase in telephone enquiries during the pandemic.

5.0 **New Patient slots Referrals / Relapsed Patients**

5.1 As discussed at the last meeting, management of relapsed patients has become increasingly complex, which needs to be recognised in allocated appointment times. The SSG has proposed to the cancer alliance that complex relapsed patients should be seen in a new patient slot rather than a follow-up slot.

5.2 BK raised this issue with the PCA, who have asked that the SSG should ensure that optimisation of available resources has taken equally across all Peninsula sites. The PCA asked the SSG to consider the following questions:

- Have all possible patient directed follow up programs been initiated and built into pathways in all constituent units? Aiming to have freed up as much follow up clinic time as possible.
- Have all possible clinical role extensions been initiated, such as nonmedical prescriber clinics. If not, is this because of lack of person resource to do them, or lack of engagement to make them happen? Are there other possibilities you would like to explore?
- Is there a group of patients who may be suitable for earlier discharge that we can take to our GP contacts for agreement on follow up devolution?
- Is there activity which is taking outpatient time, which is not required and could be done better in other ways, such as advice and guidance?

- Is there any gain to be made from working more closely between units?
- Is the SSG minded to come up with some actual clinical scenario suggestions?

5.2.1 ACTION: JC/BK will circulate these questions to each Trust to answer individually, so the results can be collated and fed back to the PCA.

5.3 Covid has meant more patients are being seen remotely or have moved to PIFU. Patients have more questions and non F2F appointments are taking considerably longer.

5.4 Less complex cases have already been moved to CNS teams and Pharmacists, therefore consultant clinics are the most complex and requiring longer discussions.

5.5 RCHT have formally implemented PIFU, which will allow them to audit how much clinic time this has saved.

5.6 ACTION: JC will provide the alliance with clinical scenarios to illustrate the complexity of cases. The group suggested a relapsed lymphoma case (large number of treatment options including clinical trials, complexity of discussing autologous stem cell mobilisation and transplantation) and relapsed myeloma (multiple treatment options including clinical trials, ePAF, Blueteq, thromboprophylaxis, increasing toxicity and complications such as neuropathy and pain).

6.0 Covid Vaccines and Green Book recommendations

6.1 Green book recommendations are specific about timings with respect to vaccination and chemotherapy, suggesting that vaccinations should be administered, where possible, at pre-chemotherapy assessment. RCHT do not have access to vaccine slots so it has not been possible.

6.2 At TSDFT most patients received their first vaccination dose at the GP. However, for new patients they are able to book directly into hospital service for those that have not had it. This is the same for RDE, who can refer patients to the hospital vaccination service at the RiLD.

6.3 RCHT are pushing to get access to vaccination slots for new patients.

7.0 CLL Pathway

7.1 MF shared RCHT CLL treatment pathways. This document will require frequent updating as it is a rapidly evolving area.

7.1.1 ACTION: MF to send BK an updated version to reflect the closure of the FLAIR trial standard arm. BK to add this to the SSG Clinical Guideline Statement and website.

7.2 ACTION: JC to send CLL relapsed pathway to PCA as part of the illustration complex treatment options that need to be discussed with relapsed patients.

7.3 ACTION: HH to draft a Myeloma pathway for discussion / review at the next meeting.

Genomics Update

8.0

8.1 Chris Wragg (Consultant Clinical Scientist in Cancer Genomics, North Bristol NHS Trust) provided an update.

Please see presentation circulate with the minutes.

ACTION: AJ to contact HH regarding go live with the WGS pathway at UHP.

8.2

Lack of progress with Derriford IT and access to the regional HMDS / HILIS will result in inequality of access for patients to WGS across all sites. AJ will escalate to the national team.

AOB

9.0

9.1 The group have agreed to keep the frequency of SSG meetings to every four months, in line with Blood Club to optimise attendance. As blood club was cancelled on this occasion, today was an additional SSG meeting, to share experiences during the pandemic, which everyone in the group confirmed has been helpful.

BC cancelled in February due to Covid, but rescheduled for 1st April.

9.1.1

ACTION: BK to arrange the next SSG meeting for 1st April before Blood Club.

9.1.2

9.2 ***The meeting on 1st April will be JC last meeting as SSG chair. MF (current vice chair) will take over and TSDFT will nominate someone from their team as next vice chair, with a view to taking over as chair after MF 3 year tenure. Hereafter, the group agreed that the chairpersonship should rotate every 3 years in the following sequence:***

Plymouth	Previous chair	Patrick Medd
Exeter/North Devon	Current chair	Jason Coppell
Truro	Vice chair/Chair elect	Michelle Furtado
Torbay	Previous chair	Deborah Turner

Summary of Actions

REF	ACTION	COMPLETED
1.2.1	AML Pathway – BK to FU will DT	
1.3	BK to update and circulate Clinical Guideline Statement for final comments	✓
5.2.1	JC/BK will circulate outpatient optimisation questions to each Trust to answer individually, so the results can be collated and fed back to the PCA.	✓
5.6	JC to provide the alliance with clinical scenarios to illustrate the complexity of cases	
7.1.1	MF to send BK and updated version of CLL Pathway	✓
7.1.1	BK to add CLL Pathway to the SSG Clinical Guideline Statement and website.	✓
7.2	JC to send CLL relapsed pathway to PCA as further example of 5.6	
7.3	HH to draft a Myeloma pathway for discussion/ review at the next meeting.	
8.2	AJ to email HH regarding going live with the WGS pathway at UHP.	
9.1.2	BK to arrange next meeting alongside BC on the 1st April	✓