

Minutes of the PCA Haematology SSG

Thursday 15th October 2020

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
TSDFT	Deborah Turner	Consultant Haematologist
UHP	Hannah Hunter	Consultant Haematologist
RDEFT	Jason Coppell	Consultant Haematologist
UHP	Joanna Farrugia	Clinical Scientist
PCA	Lisa Martin	Patient Engagement Lead
RCHT	Michelle Furtado	Consultant Haematologist
UHP	Nicola Crosbie	Research Sister
UHP	Patrick Medd	Consultant Haematologist
RCHT	Sadie Mitchell	Genomics Nurse Practitioner
UHP	Sam Burrows	Consultant Haematologist
UHP	Suzanne Greep	Transplant Coordinator
UHP	Wayne Thomas	Consultant Haematologist

Reference	Notes
1.0	Welcome and Introductions
1.1	The group considered the minutes of the meeting held remotely in May 2020.
	Matters Arising

1.2 (Ref 7.3.3) MF shared the patient initiated follow up (PIFU) pathways for lymphoma from RCHT.

1.2.1 Patients are happier to be put on a PIFU since Covid and where they are provided with access back into clinic if they need it.

1.3 MyCare has gone live in Exeter.

2.0 AML treatment pathways

2.1 The group reviewed RCHT AML treatment pathway.

2.1.1 The group requested NPM1+ in peripheral blood post cycle 2 to be included as part of high risk criteria. Once added, the group is happy to agree these across the Peninsula.

2.1.2 **ACTION:** BK to ask DT to edit document and will finalise, circulate and upload to the PCA website.

2.2 A draft statement on the Network's clinical guidelines has been drafted.

2.2.1 **ACTION:** BK to circulate this around the group for comments.

3.0 Standard Appointment Lengths for New Referrals / Relapsed Patients

3.1 The following has been raised :

NHS commissioning is built around new patient referrals; this has had an adverse effect within haematology, where virtually all the growth is in patients who are relapsing; as a result commissioning and funding have not kept up with demand.

3.1.2 The group agreed that seeing complex or relapsed patients in a 10-20 minute FU slot does not work, and teams are suffering with overbooked clinics which are becoming unmanageable.

3.1.3 F2F clinic appointments means capacity is also reduced by half.

3.2 **ACTION:** BP to look into this and to report back to the group. BK to raise with Cancer Alliance.

3.3 The SSG is in agreement that short FU appointments for relapsed complex patients are no longer sustainable.

3.4 **ACTION :** BK to keep as a standing item on agenda

4.0 Genomics Update

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

[Please click here to view this presentation.](#)

4.2 **ACTION:** BK to add Genomic library record discussions as an item on the next agenda.

5.0 **Regional HMDS**

5.1 Sam Burrows raised the possibility of a haematological malignancy diagnostic service (HMDS) covering the whole South West region, driven by the national reconfiguration of genetics services. The regional genetics hub for cancer genomics in the South West is hosted by BHODS (Bristol Haemato-Oncology Diagnostic Service), based at Southmead Hospital, whilst Exeter is the regional genetics hub for rare diseases.

5.2 SB anxious not to lose local blood and bone marrow morphology reporting around the region and the local flow cytometry service at Derriford (for Plymouth and Truro).

5.3 JC explained that Exeter, North Devon and Torbay have been part of a virtual regional HMDS with BHODS for some time now; Exeter & North Devon since 2016 when local flow cytometry was outsourced to BHODS. JC reassured the group that local reporting services for bone marrow aspirates and trephines have been maintained on all sites. However, in order to fully integrate hematopathology diagnostics, histopathology reporting across the Peninsula would also need to be interfaced with HILIS, the BHODS online information management system.

5.4 BHODS / NBT have also set up a Regional SIHMDS Steering Committee comprised of representatives from all member organisations, which meets intermittently to discuss quality assurance, standardisation of diagnostic pathways, governance, risk management and audit.

5.5 The group highlighted that expert hematopathology provision across the South West including Bristol is potentially at risk in the future due to retirements and staff shortages. This will need to be addressed across the region in order to future proof the regional HMDS.

5.6 **ACTION:** SB to arrange a separate meeting to learn from the experience in Exeter, North Devon & Torbay with the regional HMDS and discuss introduction at Derriford and Truro.

6.0 **AOB**

6.1 The group have agreed to keep the frequency of meetings to every four months, in line with Blood Club.

6.1.1 The next virtual Blood club will be arranged for January.

6.1.2 **ACTION:** BK to liaise with JC and Plymouth regarding the date.

6.2 Patients are being swabbed for COVID-19 48 hours prior to starting a new course of CT or RT but not before starting each subsequent cycle. Inpatients

are having COVID-19 swabs on admission to the ward and intermittently thereafter.







6.3 LM explained that the PCA have undertaken a literature review of online consultations to try to understand when the use of them is appropriate or not appropriate. The summary includes some stand out findings pulled from various different papers. Hopefully this document can advise teams on things that could be done to improve the patient experience of online consultations.

[Please click here to view](#)

6.3.1 **ACTION:** Please feedback any thoughts to LM.

END

RCHT PIFU Pathways

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| 
non malignant Haem
Comprehensive Care : | 
Malignant PIFU SOP
V2.0.docx | 
Lymphoma PIFU
Patient Information | 
Lymphoma
LeComprehensive Care : |
| 
Non malignant PIFU
SOP V1.0.docx | 
non malignant haem
PIFU pt info letter v1.0 | | |