



NORTH AND EAST

London Cancer Haematology Pathway Board

Date: **Wednesday 30th November 2016, 16:30 – 18:00**

Venue: **Boardroom, UCLH @ Westmoreland Street, 16-18 Westmoreland St, London W1G 8PH**

Chair: **Ronjon Chakraverty, Pathway Director**

1. Welcome and apologies

RC welcomed members of the board, introductions were made and apologies heard.

2. Minutes from the last meeting

The minutes of the last meeting were accepted as an accurate record of proceedings.

RC gave the following updates on actions:

- In regards to translating the patient information films quotes have been received from Language Line and Language Connect, a third quote is pending. RMH have expressed their desire to become involved RC to engage with Mike Dennis at the Christie re the project.

ACTION 1: SE to follow up and update at next board.

- Timed pathways will be circulated in December.
- Structured radiology reporting – MDT leads to send SE anonymised reports which identify nodal disease.

ACTION 2: SE to email MDT leads/coordinators, DH to represent BCF.

3. CWT Data Validation

- KC and WT presented UCLH's review of their breached lymphoma patients.
- The median day that haematology at UCLH were receiving referral is day 56. This clearly has to be brought down if there is any chance of treatment before day 62.
- Patient delay factors such as waiting times for around fertility preservation are a common factor.
- Most breaches were referred from other medical specialities. Earlier referral could be facilitated via flagging of lymphoma pathology results and closer liaison with other teams perhaps by visiting colleague's MDTs.
- There was a general consensus that haematology need to 'own' possible lymphoma patients at an earlier stage. It was acknowledged the volume would mean it is impossible to include all patients with a lymph node. However 'owning' could include helping radiology to direct biopsies.

ACTION 3: SE to establish working group of Lymphoma Consultants from BCF, BHRUT, North Middlesex and UCLH to cross check processes and breach reasons.

4. Timed pathways

- Timed pathways are in development, RC has received comments from MS and EP re the lymphoma pathways.
- The pathways should be viewed as an opportunity to agree standards and define the need to meet those standards. For example we currently are unable to provide a 24/7 interventional radiology and pathology service.
- Building the case for 24/7 histology and interventional radiology discussed. The board agreed that a way forward is to define how many patients for each haematological tumour type falls into the urgent category. Manchester Cancer and RM Partners should also be consulted.

ACTION 4: SE to circulate pathways in December

5. Pan-London treatment guidelines

- Pan London guidelines are due to be launched at an educational event on 6th June.
- RC commended the clear structure of the LCA guidelines. A lead from each network will be asked to review and check whether they can be further informed and improved.
- Pan London guidelines will offer greater leverage when attempting to introduce new drugs.
- RC asked the group to consider who should be invited to address the 6th June event, there is potential to invite national and European speakers.
- Provisional ideas for topics include intelligent data, cardiac and late effects, fertility preservation and ongoing challenges in understanding if a patient is in complete remission.

6. SIHMDS

WK gave an update on the SIHMDS.

- Recommendations are predicated on SIHMDS access, assumes that all collaboration is in place.
- WK presented the reporting algorithm. It can include timeframes and align with guidelines and the diagnostics algorithm when completed. The endpoint will be a final integrated report.
- It was noted that the WHO update due at the end of January may result in further alterations.
- Barts and UCLH representatives noted their approval of the format
- WK presented his diagnostics algorithm. Investigations have been divided between those that all patients will undergo and limited investigations.
- 7 day working current practice discussed. Current practice at Barts is not formalised although this may be possible around April.
- By demonstrating the number of cancers diagnosed on a Monday the case for additional resource to deliver a 7 day service would be demonstrated.
- Other options include issuing guidance that presents 7 day working as the gold standard.
- Working with King's and RMH may help us to find a pan London solution.
- Costing in any business case will have to include:
 - How many senior scientists required.

- How many cases of APL on Monday.
- How many die within 4 or 5 days

ACTION 5: SE to coordinate with WK re algorithm and EP and MS re business case.

- Benchmarking discussed. If it is not currently benchmarked anywhere it was agreed that it would be worthwhile for us to do.

ACTION 6: WK to discuss benchmarking with Leeds and update at next board.

7. Patient Experience Specification

- SE presented categorisation of the specification developed by Andie Guy.
- Common themes were identified covering the breadth of the specification (advice and patient information, communication, emotional support, clinical requirements, practical concerns, Trust Processes). These were then put against the points in the pathway that they should be delivered.
- The end result is a table of requirements which can now be rationalised. SE and a representative from Anthony Nolan will go into a Trust to identify the most important areas in which to focus.
- The board suggested SE visit AG at Barts.
- RFL have mapped the patient information given to patients.
- It was agreed that it may also be useful to map who is giving the patient information.

ACTION 7: SE to liaise with HO re RFL information mapping.

SE and Anthony Nolan representative to visit Barts.

SE to report back at next pathway board.

8. GP early diagnosis education films

- HAH gave an update as to the earlier diagnosis films.
- The script is nearly completed; the films will be made in partnership with Design Science.
- GPs reported being interested in leukaemia and understanding when blood results are worrying.
- The board felt the largest unmet need is around identifying myeloma and lymphoma.

ACTION 9: Board members to forward HAH common questions that they receive from GPs.

The script is to be circulated to members.

9. AOB

No further business.

10. Next Meeting

The 2017 meeting schedule will be confirmed.

ACTION LOG

Action reference	Action	Owner	Date Due	Status
Sept-01	Board to respond to email request from RC in recruiting staff members to translate patient information videos.	ALL	30-Nov-16	Complete
Sept-02	Board to validate Cancer Waiting Times data for Lymphomas against their PTLs	Trust reps	30-Nov-16	Complete
Sept-03	Board to consider the other data packs circulated.	ALL	30-Nov-16	Complete
Sept-04	BP and MS to draft timed pathway for Acute Leukaemia HO to draft timed pathway for Chronic Myeloid Leukaemia KC and RA to draft timed pathway for Lymphoma and Chronic Lymphocytic Leukaemia NR, AR and HO to draft timed pathway for Myeloma		30-Nov-16	Ongoing
Sept-05	SE to coordinate a working group to translate the outline patient support specification into measurable indicators.	SE	30-Nov-16	Complete
Sept-06	WK to produce draft models for SIHMDS for common cancers for the November.	WK	30-Nov-16	Complete
Sept-07	Trust representatives to carry out an audit of 10 patients with lymphoma and nodal disease to assess the radiology reports.	Trust reps	30-Nov-16	Ongoing
Nov- 01	SE to follow up after RC has spoken to Mike Dennis re patient information films.	SE/RC	Next PB	
Nov- 02	SE to email MDT leads/coordinators, DH to represent BCF re nodal disease audit.	SE	Next PB	
Nov- 03	SE to establish working group of Lymphoma Consultants from BCF, BHRUT, North Middlesex and UCLH to cross check 62 day processes and breach reasons.	SE	Next PB	
Nov- 04	SE to circulate pathways in December	SE	December	
Nov- 05	SE to coordinate with WK re algorithm and EP	SE	Next PB	

	and MS re business case. SE to update in Feb			
Nov- 06	WK to discuss benchmarking with Leeds.	WK	Next PB	
Nov- 07	SE to liaise with HO re RFL information mapping. SE to report back at next pathway board.	SE	Next PB	
Nov- 08	Board members to forward HAH common questions that they receive from GPs. Script to be circulated to members by SE.	All/ SE	Next PB	

Attendees

Name	Trust/Organisation
Ronjon Chakraverty	UCLH/ RFH
Wai Keong Wong	UCLH
Derralyann Hughes	Royal Free London
Heather Oakervee	Barts Health
Teresa Marafioti	UCLH
Rakesh Popat	UCLH
Declan Sheehan	Patient Representative
Neil Rabin	NMUH/UCLH
Peter Bion	UCLP/Barts Health
Maria Calaminici	Barts Health
Lorraine Beirne	Barts Health
Hassan Al Hashimi	GP representative
Kate Cwynarski	UCLH
Simon Evans	London Cancer
William Townsend	UCLH
Kate Farrow	London Cancer

Apologies

Name	Trust/Organisation
John Gribben	Barts Health
Beth Payne	UCLH
Gilly Angell	Patient Representative
Mathew Smith	Barts Health
Rebecca Auer	Barts Health
Samir Agrawal	Barts Health
Andrea Guy	Barts Health
Ian Haig	Barts Health