



Somerset, Wiltshire, Avon and Gloucestershire (SWAG) Cancer Alliance

## Meeting of the SWAG Network Haematology SSG

Wednesday 7<sup>th</sup> November 2018, 13:45-16:30

Penny Brohn Cancer Care, Chapel Pill Lane, Pill, Bristol, BS20 0HH

This meeting was sponsored through purchase of exhibition stand space by  
Bristol Myers-Squibb, Celgene and Novartis

Chair: Dr Deepak Mannari (DM)

### NOTES

(To be agreed at the next SSG Meeting)

### ACTIONS

#### 1. Welcome and apologies

Please see the separate list of attendees and apologies uploaded on to the SWCN website [here](#).

#### 2. Review of previous notes and actions

##### Notes:

An amendment was requested by Alastair Whiteway. The fertility cryopreservation service in Southmead can now accept referrals. As there were no further amendments or comments following distribution of the notes from the meeting on Tuesday 3<sup>rd</sup> July 2018, the notes were accepted.

##### Actions:

**GP guidelines:** The number of times that the General Practitioner (GP) guidelines have been viewed on the SWCN website has increased. The region's Macmillan GPs have been asked to continue to urge GPs to access the guidelines online.

**Suspected cancer referral proforma:** GPs use of obsolete versions of the suspected cancer referral proforma has been raised again with the Clinical Commissioning Groups.

**Decommissioning of NBT fertility cryopreservation service:** The fertility cryopreservation service in Southmead Hospital was not able to take referrals from December 2017, as a change in ownership meant that they did not have the licence to take NHS patients. This has been resolved, and the service has been open to referrals since April 2018. Exeter can receive fertility referrals from Somerset, and on an ad hoc basis from other providers.

**Living With and Beyond Cancer (LWBC), risk stratified follow up guidelines for lymphoma:** LWBC Lead Catherine Neck (CN) plans to compare the SWAG guidelines with the Southampton guidelines and share the results with the group. It is hoped that this can be finalised prior to the next meeting. It was noted that the original SWAG risk stratified guidelines were adapted from the Southampton guidelines.

CN

**Continued funding for the chemotherapy protocol work:** A Service Level Agreement for the Consultant Oncologist and Pharmacist posts has been drafted and sent to Cancer Managers across the region. It is hoped that 5 years of funding can be agreed, with costs split between each Trust.

**Virology audit:** Following the results from the virology audit, a process to ensure HIV screening is undertaken has been implemented by the Gloucestershire team.

**Clinical Nurse Specialist Banding:** A letter of recommendation has been sent to the Lead Cancer Nurse in Yeovil District Trust to ask for the current CNS post to be reviewed and upgraded to ensure parity across the region. The post is currently being reviewed as part of a SWAG wide workforce review.

### **3. MDT changes/service**

#### **3.1 Clinical Leads meeting and MDT reforms**

**Please see the presentation uploaded on to the SWCN website**

**Presented by Deepak Mannari (DM)**

Following review of the Cancer Research UK MDT Effectiveness Report by each SSG, and Professor Martin Gore's appointment by the National Cancer Transformation Board to reform MDTM working arrangements across the UK, an inaugural meeting of the SWAG Cancer Clinical Leads was held on Monday 16<sup>th</sup> July 2018 to define a loco-regional approach to MDT meeting reforms.

A presentation from Cognitive Scientist Tayana Soukup Acencao gave details of 3 tools that can be used to improve MDT streamlining. SSG members will be contacted to see who may be interested in attending a training day on use of the tools. People receiving the training would have to review at least 1 alternative MDT.

It was recommended that a 10 minute break is introduced in meetings after a period of 1 hour of discussion, or after 20 patient discussions, to prevent cognitive fatigue and the negative effect that this can have on the quality of decision making. It was also recommended that MDT Chairs visit alternative MDT meetings to compare styles. In addition, it is planned to address the varied quality of triage systems by the development of online referral proformas with mandatory fields. Additional recommendations are detailed within the presentation. The group will meet again in approximately 6 months to discuss progress.

SWAG Breast and Colorectal MDTs are participating in an MDT streamlining pilot. Information is being collected on the length of time taken for patient discussions prior to implementing pre-determined standards of care for patients who meet certain criteria.

Improving the quality of information sent to the MDT was a priority. A comparison of GP referral proformas sent before and after a Somerset GP educational event unfortunately had no discernible impact.

The new 28 day faster diagnosis standard, due to be introduced in April 2019, will involve collecting an extra dataset on all patients referred via the Two Week Wait pathway to confirm when and how a patient is told if they have been cleared or diagnosed with cancer. This could potentially have a knock on effect on MDT reforms.

A Public Health England event held in October 2018 on improving haematology cancer registration showed that current data collection required improvements across all centres. A significant number of cases had been coded incorrectly. Details from the meeting will be shared.

HD

The Cancer Outcomes and Services Dataset (COSD) entered into the Somerset Cancer Register within the MDT and submitted to the National Cancer Registration and Analysis Team on a monthly basis, is available to view on NHS computers by registering on the Cancer Stats website:  
<https://cancerstats.ndrs.nhs.uk/cosdl3/alliance>

Data completeness sent from Trusts can be viewed by selecting 'Level 2' from the COSD drop down menu. The most recent data available to date is Quarters 1 and 2 for 2017.

#### 4. Clinical guidelines

##### 4.1 Chemotherapy protocols update

Please see the separate table of protocols, for update, circulated with the notes. Outstanding protocols will be flagged up to the assigned reviewers.

A line about increasing the infusion rate to be administered over 90 minutes will be added to the Daratumumab protocol by Lead Pharmacist Sarah Murdoch (SM).

SM

The need to test and manage magnesium phosphate levels for patients treated with Zometa will be clarified.

SM

Arsenic has now been NICE badged for low risk promyelocytic leukaemia. Consultant Haematologist Priyanka Mehta will be contacted to adapt the protocol.

SM

#### 5. Quality indicators, audits and data collection

##### 5.1 Network audit update

###### Intrathecal prophylaxis audit:

A dataset has been circulated. Data collected on cases of Diffuse Large B-cell Lymphoma from 1<sup>st</sup> January 2018 to 31<sup>st</sup> June 2018 will be sent anonymised to Helen Dunderdale (HD) for collation prior to the next meeting. Results will be compared with the standard practice as per British Society of Haematology and NICE guidance.

### **End of Treatment Summary audit:**

LWBC Project Managers have been appointed in each Trust and have begun tracking completion of end of treatment summaries, which are required at the end of each defined course of treatment, for each cancer site.

A review of the current provision for haematology showed variation in practice across the region, including the groups of patients for whom the summaries are provided, and who completes the forms. Results will be tabulated and circulated, for completion by the centres that have yet to submit answers to the review, to gauge where improvements are required. Production of standardised summaries should help.

SO

### **Bisphosphonates and Osteonecrosis of the Jaw:**

LW/HD

Data has been collected from UH Bristol and Weston. Consultant Haematologist Lisa Wolger will send this to HD prior to the next meeting.

## **6. Service developments**

### **6.1 Genomic Medicine Centre (GMC) update**

**Please see the presentation uploaded on to the SWCN website**

**Presented by Alastair Whiteway (AW) on behalf of Christopher Wragg, Cancer Lead for Genetics at NBT, and Catherine Carpenter-Clawson, West of England GMC Programme Manager**

The 100,000 Genomes Project is due to end in March 2019. The next step is to provide the analysis as mainstreamed patient care for some cancer sites including acute leukaemia. The aim is to find more information on existing biomarkers, seek new ones, and link with molecular stratified clinical trials. A return of results pathway is being developed to ensure that any actionable findings are returned to the patient's MDT in a timely manner to assist clinical decision making. The consent process needs to be simplified to assist with mainstreaming; training will be provided. Routes for obtaining germline samples (skin snips or T-cells) are being explored to avoid sample failures. It is planned for pathology reports to be integrated on one information system. Result turnaround time requires improvement.

A standardised letter will be sent to the MDT when the result indicates that there are no actionable findings.

From the 1st October 2018, NHS England commissioned 7 Genetic Laboratory Hubs. Genomic Medicine Centres will support the transition from a project to clinical practice. The South West Genetic Laboratory will be based in Bristol and work in partnership with the Exeter laboratory, processing samples from Cheltenham down to the Isles of Scilly.

A national directory of funded tests, including test panels for myeloid disorders, has been published and will be rolled out when all practical issues have been

resolved. This will be regularly reviewed and evolve according to evidence, perhaps to include lymphoid panels. Post holders are being appointed to provide informatics support.

## **6.2 Specialist Integrated Haematology Malignancy Diagnostic Service (SIHMDS)**

**Please see the presentation uploaded on to the SWCN website**

### **Presented by Alastair Whiteway (AW)**

The NBT SIHMDS is working as part of a networked SIHMDS service within the SSG with Bath, Bristol Children's (BCH), and NBT for bone marrow reporting (all investigational modalities), and additionally Exeter and Torbay outside of SSG. The operational policy will be circulated.

HD

Currently, tissue histology in Haematological Cancer cases for Bath and BCH sit outside this arrangement. Discussions are underway with Taunton/Yeovil regarding SIHMDS arrangements and are due to be reviewed at the next Taunton MDT review (November 2018).

Currently, all flow cytometry and Genetics testing are referred to NBT and reported as a combined report. Aspirate is reported locally. A significant proportion of lymphoma cases (tissue diagnoses) are sent to NBT SIHMDS for confirmation of diagnosis

There has been some positive engagement with UHB clinical and laboratory teams regarding the opportunities to rationalise SIHMDS services across Bristol

Discussions have taken place with Gloucestershire on SIHMDS provision and they have asked to be kept up to date with progress on a single Bristol SIHMDS

The NHSI proposals to develop Pathology networks will also influence SIHMDS development within the SSG. All SSG laboratories (with the exception of Taunton and Yeovil) are within a proposed single NHSI network (South 3) with NBT Bristol being identified as the laboratory hub. Opportunities for rationalisation across these laboratory services (including SIHMDS) are being scoped at present; a December 2018 meeting is planned to develop a proposed model for the network.

PV/HD

An update will be provided by Paul Virgo (PV) at the next meeting.

## **7. Patient experience/Living With and Beyond Cancer (LWBC)**

### **7.1 CNS update**

The National Cancer Patient Experience Survey (NCPES) results for 2017 will be reviewed at the next SSG meeting. The written patient comments in particular give Trusts valuable feedback, although they are 18 months out of date.

NBT undertook a separate survey including all patients diagnosed and starting treatment within a 12 month period. Results were positive and showed improvement in comparison with the NCPES survey. Lack of capacity and a

shortage of nursing staff were identified as issues at the Bristol Haematology Oncology Centre (BHOC). CNS input was recognised as key to providing a quality patient experience. Implementing the elements of the Living With and Beyond Cancer Recovery Package, with assistance from Cancer Support Workers, is expected to show significant improvements in the future, as will the additional Allied Health Professionals providing dietetics, physiotherapy and psychological support.

In Gloucestershire, Next Steps events are held by a team that includes physio, dietician and psychologists to address concerns prior to the end of treatment.

An event for patients with a poor prognosis, planned in collaboration with palliative care, is being piloted in UH Bristol in February 2019, to provide relevant support such as managing fatigue, advanced care planning and Will writing. It is thought to be the first of its kind in the country. CNSs can invite adult patients with incurable disease. Feedback from the patients attending this event will be used to evaluate the format of future events. It is hoped that the event can be extended to patients across the Alliance on a regular basis once funding and an appropriate venue have been secured.

## **8. Research**

### **8.1 Clinical trials update**

**Please see the presentation uploaded on to the SWCN website**

**Presented by Helen Dunderdale (HD)**

A spreadsheet provided by the West of England Clinical Research Network includes lists of trials that are open in the region, in set up, and open to new sites, is available on the Information for SSG Members section of the SSG website [here](#), and can be reviewed within the MDT.

Principal Investigators (PIs) interested in opening any of the trials on the spreadsheet are to contact Jessica Bartlett: [jessica.bartlett@nhr.ac.uk](mailto:jessica.bartlett@nhr.ac.uk) who, on behalf of a PI, will investigate how feasible this is.

The infrastructure to support research requires improvement. Studies have had to be declined due to capacity issues with the BHOC trial team and with pharmacy in NBT.

The metrics for measuring performance are being revised and may provide ways to recompense research activity according to incidence and prevalence. Heat maps and different models to accurately calculate this are being developed. Haematology is close to target for recruitment for the year to date. The recruitment target per 100,000 population for haematology is 7.

A trend analysis to look at the SWAG sites recruitment over a period of years will be requested to identify differences between sites, improvement and deficits. Research Speciality Leads Lisa Lowry and Sally Moore will be asked to present this at the next meeting.



## 9. Any other business

User Representative Angela Absalom has stepped down from the role. CNS teams are asked to consider any recent patients that may be interested in attending meetings in the future. The user involvement brief will be recirculated.

The CUP SSG has identified the need to write guidelines on the management of solitary bone lesions in collaboration with the Haematology and Spinal MDTs. Alastair Whiteway volunteered to assist; HD will put him in touch with the CUP Chair.

HD

A volunteer to undertake the role of Haematology SSG Chair is required now that DM is approaching the end of his term. The responsibility is usually rotated between Trusts; historical notes will be examined to decide which centre should be next. The meetings will continue to be held every 4-5 months.

HD

**Date of next meeting: Wednesday 6<sup>th</sup> March 2019**

**-END-**