



Meeting:	Haematology Expert Advisory Group	
Date:	13 June 2019	
Time:	9.00– 12.00	
Venue:	Evolve Business Centre	
Present:	Victoria Hervey, Consultant Haematologist, Sunderland	VH
	Gail Jones, Consultant Haematologist, Newcastle (CHAIR)	GJ
	Susan Paskar, Haematology CNS, Northumbria	SP
	Jon Winn, Patient Representative	JW
	Chris Williams, Consultant Haematologist, Northumbria	CW
	Katrina Wood, Consultant Pathologist, Newcastle	KW
In Attendance	Su Young, Business Support Assistant Cancer Alliance	SY
Apologies:	Catherine Cox, CNS, Newcastle	CC
	David Iles, Patient Representative	DI
	Colin Ripley, Newcastle	CR
	Sophie Weatherhead, Newcastle	SW
	Penny Williams, Research Team	PW
	Angela Wood, Consultant Haematologist, South Tees	AW

MINUTES

1.	INTRODUCTION	Lead	Enc
1.1	Welcome and Apologies		
	GJ welcomed everyone to the meeting, introductions were made. Apologies listed above. The group noted that they were not quorate.		
1.2	Declaration of Conflict of Interest		
	There were no declarations of conflict of interest.		
1.3	Minutes of the previous meeting 11.10.18		Enc1
	Minutes were agreed as an accurate record.		
1.4	Matters arising		
	Research Each area present provided an update on the research that is available. <ul style="list-style-type: none"> • Northumbria noted that they have very little research support. • Sunderland noted a lack of trials for lymphoma however they now have access to the PROACT research which may also be open to other Trusts. It was suggested that each Trust check to see if they have access. 	ALL	

	<ul style="list-style-type: none"> Newcastle reported that they currently don't have a trials fellow and therefore recruiting to trials is more difficult. Trials fellow hoping to be in post Sept 2019. Newcastle have also in the past shared an update on what trials are available and it was agreed to ensure that this was done on a 6 monthly basis. 		
	<p>Quality Standard 150</p> <p>Sunderland reported that they have now developed a Macmillan end of treatment summary, this is an electronic form with drop down boxes. The Trust have not started using this however the document is ready to use. Northumbria are also developing a treatment summary document and are hoping to start using this in July. It has been developed through the nursing group where each Trust is to approve a version for their own Trust. Newcastle are currently using letters as end of treatment summaries. It was noted from members of the group that letters do not include all the relevant information especially in relation to chemotherapy. It is intended that the summaries will be used as a signposting document for the patient following treatment. The group felt that each MDT should be challenged to agree a plan and for feedback to be given at the next meeting as well as feedback from the nursing team.</p> <p>It was suggested that IT should be on board to enable a paperless version.</p> <p>Capacity issues were raised for seeing patients in clinics to go through the end of treatment summaries. It was agreed to discuss this further at the next meeting with the potential of starting with Lymphoma and Hodgkin's in the interim.</p> <p>Discharges were discussed in relation to the number of years when patients are discharged and there seemed to be similarity across the region that discharges are being done for Hodgkin's after 2 years. Follicular lymphoma patients were also discussed and it was noted that some Trusts do not discharge patients and some do however this is done on a case by case basis.</p>	ALL	
	<ul style="list-style-type: none"> Terms of Reference 		Enc. 2
	<p>Amendments were made following the last meeting. The group are asked to sign these off so that they can be uploaded to the website. As the group were not quorate at</p>	SY	

		today's meeting these will be shared by email for signoff and then uploaded to the Alliance website.		
		<ul style="list-style-type: none"> • Neck node biopsies- ENT surgeon 		
		Completed – noted that biggest cause of breaches seem to be the referrals from radiologists following needle core biopsy and that a request for a single sheet with a clear message highlighting what needs to be used in the hope that this will stop breaches. Alliance to send this out and KW to send to alliance. Trust Cancer lead, EAGs, Cancer Managers, Radiology groups, expressing increasing cause of breaches.		
2.	AGENDA ITEMS			
	2.1	Cancer Alliance Update		
		<p>The Alliance workplan has now been signed off by the national team and funding has been agreed. The Alliance is now working on all the actions within the workplan.</p> <p>Oncology Review</p> <p>The Alliance has been asked to review Oncology Services for our region. GJ highlighted that this will have an impact on haematology services and that chemo patients in Newcastle have increased from 1700 to 2400 over the last two years and the numbers show no sign of decreasing which is also having an impact on staffing.</p> <p>The review is being done on a tight timescale, one meeting has been held and another is arranged for 2 July where data will be presented and therefore a representative from each trust has been invited. The outcome of the review is to establish a model to be used for the future proofing of the service.</p> <p>GJ highlighted some of the impact this will have a potential impact on haematology including:</p> <p>Hub and spoke working variations</p> <p>Meaningful data is to be gathered with a view to a model being developed within 6 months, there may be a need to superimpose further funding and discussions need to be held with specialised commissioning can work with the model.</p> <p>It was agreed that the Haematology Group would be kept up to date with all progress of the review and it was not expected to have immediate impact on the service.</p>		
	2.2	NEHODs		

		Newcastle have put in a business case to improve staffing with NEHODs as there is not enough capacity within cell path team. GJ also praised the pathology team for the turnaround times despite the reduced number of staffing and capacity.		
	2.3	Haemosys		
		<p>It was reported that a new system is being considered but to difficulties with the Haemosys supplier. There are changes happening within pathology with a new digital system coming into place and therefore there may be the possibility to link into this.</p> <p>The group suggested inviting Andrew MacGregor to attend the next meeting to provide updates on this and to have a NEHODs representative on the group.</p> <p>Discussions were also held regarding future retirements and what training will be required to replace retirees. It was suggested that if there was a training fellow or histopathologist available that this would be of benefit however at present these are not available.</p>		
	2.4	ICS Workplan		
		<p>Northumbria and Newcastle have done some work to help with the on-call arrangements for North Cumbria. Staff have also been used from NHS Dumfries.</p> <p>A paper has been put to the ICS highlighting the issues and what help is required. ICS have been asked for more trainees and to ask HEE for this or to provide numbers from London as there seems to some discrepancies in numbers</p> <p>Other options are to go to a fully regional on call system however this may cause issues, but it would spread workload out.</p> <p>A further sub group to be set up and discussed at NRHG. GJ to take this forward.</p>	GJ	
	2.2	Lymphoma – IV methotrexate		
		<p>Difficult area with limited trials data. NUTH approach is to offer IV MTX to those patients who are fit enough. If patients are not fit for IV MTX then IT prophylactic treatment won't be offered as we do not feel it is efficacious in the rituximab era</p> <p>GJ suggested that an audit of this be done once a year.</p> <p>Newcastle have a bid for ambulatory chemotherapy to help with capacity issues.</p>		

3	STANDING ITEMS			
	3.1	Clinical Guidelines		
		These are up for review in November.		
	3.2	Regional Workforce		
		<p>An update from the nursing team was provided and highlighted the following:</p> <ul style="list-style-type: none"> • There are general shortages across the region. • Northumbria have appointed a band 6 which is hoped to have some benefit. • Gateshead have a new post starting in august. • Bright Red a local charity are funding haematology nurses across the region. The Alliance were asked to express their thanks for the support this charity is providing. Mark Thomson – chair of bright red. <p>Patient Representative update JW informed the group that he has been involved with Peer Review meetings at JCUH and similar issues are being highlighted across the region.</p>	AW	
	3.3	Any Other Business		
		No items to be discussed.		
	3.3	PROPOSED Next Meeting: Thursday 3rd October 2019, 9.00 - 12.00 at Evolve Business Centre		
4.	MEETING CLOSE			

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