Kent and Medway Cancer Collaborative

Haematology Tumour Site Specific Group meeting
Wednesday 16th December 2020
Microsoft Teams
09:30 - 12:30

Final Meeting Notes

Present	Initials	Title	Organisation
Lalita Banerjee (Chair)	**LB**	Consultant Haematologist	MTW
Evangelia Dimitriadou	**ED**	Consultant Haematologist	MTW
Clare Wykes	**CWy**	Consultant Haematologist	MTW
Victoria Stables	**VS**	Consultant Haematologist	MTW
Durga Gurung	**DG**	Clinical Trials Administrator - Haematology & Lymphoma	MTW
Emily Sanders	**ES**	Consultant Haematologist	MTW
Hayley Sears	**HS**	Haematology Research Nurse	MTW
Deborah Willcox	**DW**	Research Nurse	MTW
Margaret Williams	**MW**	MDT Coordinator	MTW
Jo Simpson	**JSi**	Haematology CNS	MTW
Ola Okuwa	**OO**	Haematology Pharmacist	MTW
Emma Richardson-Smith	**ERS**	Research Nurse	MTW
Zacharoula Galani	**ZG**	Consultant Haematologist	DVH
Skye Yip	**SY**	Consultant Haematologist	DVH
Lian Wea Chia	**LWC**	Consultant Haematologist	DVH
Jayne Marie Osborne	**JMO**	Haematology Registrar	DVH
Clayton Wong	**CWo**	Lead Clinical Pharmacist - Cancer and Planned Care	DVH
Zubeir Nurgat	**ZN**	Lead Pharmacist - Haematology, Oncology, Clinical Trials and Research	DVH
Soleman Patel	**SP**	Lead Cancer and Clinical Trials Pharmacist	DVH
Marie Payne	**MP**	Lead Cancer Nurse & Clinical Services Manager	DVH
Charan Basra	**CB**	Haematology CNS	DVH
Chris Hopkins	**CH**	Cancer Compliance Manager	EKHUFT
Moya Young	**MY**	Consultant Haematologist	EKHUFT
Jin Lindsay	**JL**	Consultant Haematologist	EKHUFT
Stephanie Goodchild	**SGo**	Haematology CNS	EKHUFT

Pramila Krishnamurthy	**PK**	Consultant Haematologist	King's College Hospital
Andrea Kuhnl	**AK**	Consultant Haematologist	King's College Hospital
Irene Nhandara	**IN**	Programme Lead – Early Diagnosis	KMCA
Colin Chamberlain (Notes)	**CC**	Admin Support	KMCC
Karen Glass	**KG**	Administration & Support Officer	KMCC
Annette Wiltshire	**AW**	Service Improvement Facilitator	KMCC
Tracey Ryan	**TR**	Macmillan User Involvement Manager	KMCC
Michelle Archer	**MAr**	Pharmacy Technician	KMCC
Hayley Paddock	**HP**	E-Prescribing Pharmacist	KMCC
Helen Downs	**HD**	Aria System Administrator	KMCC
Roshny Patel	**RP**	Chemotherapy Protocol Administration & Support Officer	KMCC
Caroline Waters	**CWa**	Network Pharmacist	KMCC
Vijay Dhanapal	**VD**	Consultant Haematologist	MFT
Maadh Aldouri	**MAl**	Consultant Haematologist	MFT
Nahla Osman	**NO**	Consultant Haematologist	MFT
Handunneththi Mendis	**HMe**	Consultant Haematologist	MFT
Gayzel Vallejera	**GV**	Clinical Trials Practitioner	MFT
Suzanne Bodkin	**SB**	Cancer Pathway Manager	MFT
Rakesh Koria	**RK**	Macmillan GP & CRUK Appraiser	NHS Kent & Medway CCG
Corrine Stewart	**CS**	Deputy Director of Integrated Care (DGS ICP)	NHS Kent & Medway CCG
Bana Haddad	**BH**	Macmillan GP & Clinical Lead – LWBC and PC&S	NHS Kent & Medway CCG / KMCA
Hamish Miller	**HMi**	Consultant Haematologist	Royal Free London NHS Foundation Trust
Apologies			
Natalie Heeney	**NH**	Consultant Haematologist	DVH
Serena Gilbert	**SGi**	Cancer Performance Manager	KMCA
Musab Omer	**MO**	Haematology Registrar	MFT
Henry Taylor	**HT**	Consultant Clinical Oncologist	MTW
John Schofield	**JSc**	Consultant Pathologist	MTW
Sona Gupta	**SGu**	Macmillan GP	NHS Kent & Medway CCG
Stefano Santini	**SS**	Macmillan GP	NHS Kent & Medway CCG

Item		Discussion	Agreed	Action
1	**TSSG Meeting**	**Apologies** • The apologies are listed above. **Introductions** • LB welcomed the members to the meeting. **Action log Review** • The action log was reviewed, updated and will be circulated with the final minutes from this meeting. **Review previous minutes** • The final minutes from the last Haematology TSSG meeting which took place on 14.11.2019 was reviewed and agreed as a true and accurate record. **Covid** • LB stated COVID-19 has had, and continues to have, an impact on services across the patch. She congratulated the members for working hard throughout the pandemic and for taking the time to attend today's meeting. **Tariq Shafi** • LB informed the members Dr Tariq Shafi (Consultant Haematologist – DVH) sadly died earlier this year. In remembrance, a 1 minute silence was held.		
2	**Personalised Care and Support**	**Update provided by Bana Haddad** • BH stated she works closely with Claire Mallett on the LWBC and PC&S workstreams. • BH encouraged the Trusts to contact her if they believe any of their haematology patients would be eligible for, and benefit from, supported self-management. She added the Alliance would be happy to provide support in taking this forward. • BH asked for someone from each Trust to volunteer to join a virtual meeting to discuss whether this piece of work would be of benefit to their teams and patients. Following a brief discussion, it was decided SY will represent DVH, CWy will represent MTW, MY will represent EKHUFT and VD or one of her colleagues will represent MFT. RK will also be invited to the meeting when it has been arranged. **Action: AW to set up this meeting.** • Patients on the MGUS pathway make up anywhere between 7-10% of the		**AW**

		haematological cancer population in K&M.		
3	**AML in the time of COVID-19**	**<u>Presentation provided by Pramila Krishnamurthy</u>** The presentation provided an overview of the following: • The dangers COVID-19 could have on patients with haematological cancers. • Treatment recommendations for AML patients. • The background to the pandemic. • The number of COVID-19 admissions (both in wards and critical care) at King's College Hospital. • Patients discharged tended to be of a lower age and more likely to be Caucasian. • A comparison between the haematology COVID-19 KCH data and the general COVID-19 KCH data. • Lymphoid vs myeloid treatment intensity. • A review of the SOAP study. • How haematology patients have specific features following infection with SARS-COV-2. • How haematology patients show an exhausted T-cell profile and how it persists following recovery. • In terms of managing AML during the pandemic, the aim is to: continue maintaining green clean pathways, screen patients prior to their inpatient/outpatient treatment(s) and to defer treatment (if possible) for patients with COVID-19. • LB stated there is an ongoing study to understand the immunology response to COVID-19, which Dr Piers Patten is leading on. • In concluding, PK stated their haematology patients remain vulnerable and the vaccine rollout is crucial (especially when you take in to account the data for haematology patients and compare it to that of the general population).		
4	**HOG**	**<u>Update provided by Caroline Waters</u>** • A written HOG update compiled by MAr will be sent to the group in a separate document along with the final minutes from this meeting.		
5	**2ww cancer referral form NICE NG12**	**<u>2ww cancer referral form</u>** • Jack Jacobs did not attend today's meeting therefore an update was not provided.		

		NICE NG12 • Jack Jacobs did not attend today's meeting therefore an update was not provided.		
6	**Clinical Audit**	**BARD** • Jeff Summers did not attend today's meeting therefore an update was not provided. **Investigating Compliance of haematology patients with recommended pneumococcal & influenza vaccines – presentation provided by Hamish Miller** • HMi stated the national guidance in the *Green Book of Immunisation* (a document which contains the latest information on vaccines, vaccination procedures and vaccine preventable infectious diseases in the UK) states that immunosuppressed individuals fall in to a clinical risk group and should be offered a yearly influenza vaccine. In addition, they should be offered a pneumococcal vaccine which may need to be repeated every 5 years. • Their aim was to investigate a cohort of haematology patients at Maidstone Hospital in order to see whether they were compliant with national guidance. If they were not, they aimed to find out why this was and how they could put measures in place to improve compliance. • An audit collection tool comprising of 14 questions was used to collect data from 89 haematology patients who were receiving chemotherapy at Maidstone Hospital during February 2019. Their key performance indicators were: - Was the advice given regarding the need for influenza and pneumococcal vaccines, and if so, was it verbal or written? - Has the patient received an influenza vaccine in the last year? - Has the patient received a pneumococcal vaccine in the last 5 years? • Some of the vaccine data was unavailable as a number of patients were unsure whether they had been given a vaccine and it was not possible to corroborate this. • HMi specified vaccines advice needs to be given to patients who are having chemotherapy, either verbally or in written form. As a result of this audit, they propose to provide their patients with a leaflet which will outline the national guidance recommendations. They will then proceed to re-audit influenza and pneumococcal vaccines compliance and therefore hope to demonstrate an improvement as a result of the intervention. • HMi stated the work they had done revealed they were below-par with regards to communicating advice, with only 23.6% of patients receiving verbal advice and 0% written advice. • 74.6% of patients had the influenza vaccine and 34.8% had the pneumococcal one.		

		• A number of patients were under the impression they did not need the vaccines or believed them to be potentially dangerous whilst receiving treatment. • CB congratulated HMi on undertaking an excellent audit. She added DVH patients often call her to ask whether they should have particular vaccines. • LB stated the COVID-19 vaccine should be included in the leaflet and suggested HMi contact other Trusts to identify if they have a leaflet which he could use to collate ideas on what information should be included. • CB stated it would also be helpful to have advice on the leaflet clarifying which patients should have the vaccines and which should not. • There was some discussion around who would be best placed to provide patients with the leaflet when it is finalized. A number of members agreed CNS' could take this responsibility on. Giving the leaflet to patients could reduce the number of calls the CNS' receive from them.		
7	**Performance**	**<u>DVH – update provided by Marie Payne (data from August to October 2020)</u>** • They met the 2ww standard in both August and October but failed to do so in September 2020. • DVH achieved the 31d target in August, September and October 2020. • The Trust failed to hit the 62d standard in August but did so in September and October 2020. • The team had no 104d+ cases for all 3 months. • They had no backlogs for all 3 months. • DVH failed to reach the 28d compliance and completeness targets for all 3 months. With regards to compliance, they are working with colleagues to streamline cases and have completed a large process mapping exercise with an action plan being worked on. The Trust is also working with MDT Coordinators to improve data completeness. **<u>EKHUFT – update provided by Chris Hopkins (data from July to October 2020)</u>** • The Trust met the 2ww standard for July, August and September but fell slightly short of the target for October 2020. They are having daily calls with the team to make sure capacity is managed and to ensure compliance. • EKHUFT achieved the 31d standard for all 4 months. They are having daily calls with the team to ensure capacity is managed and engagement with the team ensures compliance as any issues can be addressed quickly. • The team achieved the 62d standard in July and August but failed to do so in September and October 2020. They have received a number of late referrals from		

		other tumour sites but with the lymphadenopathy service now up and running this should help reduce delays. • The Trust had no 104d+ cases for all 4 months. • In terms of backlogs, they had: 1 in July, 1 in August, 1 in September and 3 in October 2020. The reasons for these backlogs include complex diagnostic pathways and diagnostic delays. • With regards to 28d compliance, the team met the standard in July, August and October but failed to do so in September 2020 due to receiving late referrals from other tumour sites. Biopsy and radiology capacity issues have also had an impact. • With regards to data completeness, they failed to hit the standard in July and August but did so in September and October 2020. They have Band 2 admin support in place who will be working on improving 28d data collection and accuracy. **MFT – update provided by Margaret Williams (data from September to November 2020)** • The team failed to achieve the 2ww target in September (due to a patient rescheduling their appointment) but did so in October and November 2020. • The Trust achieved the 31d standard for all 3 months. • They achieved the 62d standard in September, failed to do so in October (3 breaches due to delays with diagnostics before referral to haematology) and they had no cases in November 2020. • MFT had no 104d+ cases in September and November but did have 1 in October 2020, which was transferred to their team by another tumour site on day 91. LB stated MTW have also had this issue. • The team had 1 backlog in September but none in October and November 2020. • In terms of data compliance, they achieved the standard in September but failed to do so in October and November 2020. MW advised they had not provided data completeness figures on the slides. **MTW – update provided by Lalita Banerjee (data from August to October 2020)** • They achieved the 2ww standard in August and September but failed to do so in October 2020. • MTW failed to reach the 31d standard in August but did so in September and October 2020. • The Trust hit the 62d target in August and September but failed to do so in October 2020.		

		• The team had no 104d+ cases in August and September but had 1 in October 2020. • They had 4 backlogs in August, 6 in September and 1 in October 2020. • MTW failed to achieve the 28d compliance and completeness targets for all 3 months. LB stated she believes the compliance figure for September 2020 (0%) is an error and asked CC where the data was pulled from. He informed her the data teams/cancer managers at each Trust submit the figures prior to the TSSG meetings. **Action: AW/LB to contact Naomi Butcher to query the September 2020 28d compliance figure.** • LB mentioned acquiring timely radiology has been problematic in recent months.		**AW/LB**
8	**Palliative Care**	• There was no palliative care representation at today's meeting therefore an update was not provided.		
9	**Pan Kent specific chemo consent forms**	**Update provided by Skye Yip** • SY stated he had come across a number of old-fashioned non-specific consent forms. In view of this, he asked for the members' views on whether they could, as a TSSG, commit to creating pan-Kent regimen-specific consent forms. He added it would need to be taken to the Trusts' chemotherapy boards for review and furthermore would require clinical governance approval. • **Action: LB asked for an update to be provided at the next meeting to identify how this proposal had progressed.**		**SY**
10	**Clinical Pathway Discussion**	**Myeloma PoC** • LB and JL agreed to update this document. **Haemato-oncological PoC** • At the last meeting, Sarah Arnott agreed to update this document. Although she was not present at today's meeting, she will be reminded of the need to update it. **Lymphoma PoC** • CWy agreed to update the low-grade section of the document. • SY agreed to update the high-grade section of the document. • VD agreed to update the Hodgkin's section of the document. **Leukaemia PoC** • ED agreed to update this document. • LB and AW gave those responsible for updating the documents 10 weeks to update		

		them. In view of this, the deadline is 24.02.2021.		
11	**Research**	**<u>MGUS Enhanced Services – update provided by Moya Young</u>** • MY stated the Monoclonal Gammopathy of Undetermined Significance (MGUS) piece had been discussed sufficiently earlier in the meeting. • LB asked for someone from each Trust to inform the group which studies/trials they had either been involved in or which they intend to. **<u>MTW – update provided by Deborah Willcox</u>** • AML18 • MaPLe • ENABLE • Myeloma XIV • PLASMA **<u>DVH – update provided by Charan Basra</u>** • MaPLe • They do not have a designated haematology trials nurse. **<u>MFT – update provided by Gayzel Vallejera</u>** • ENRICH • MaPLe • AML19 • PETReA **<u>EKHUFT – update provided by Moya Young</u>** • PETReA • ENRICH • MaPLe • Myeloma XIV • A high-risk MDS trial is in the process of being set up. • CT scans and bone marrow cases have occasionally contributed to trial delays. On the whole, they have worked hard on managing pre-treatment assessments with support from the nursing and medical teams.		

		• LB concluded by stating there had been a number of trials which had been forced to stop/restart in line with COVID-19 requirements but highlighted the importance of trials being available to patients in order for them to have access to newer and better drugs. In view of this, she feels patients should not be denied these opportunities irrespective of the pandemic. A number of members agreed with this point.		
12	**CNS Updates**	**<u>DVH – update provided by Charan Basra</u>** • CB mentioned DVH are going to recruit another Band 7 CNS. • They will also be recruiting a support worker in order to help the team with administrative tasks. **<u>EKHUFT – update provided by Stephanie Goodchild</u>** • SGo specified Kerry Michelsen (Haematology CNS) had left the Trust and gone back to work at MFT. She also informed the members of a newly-recruited CNS, Michelle Bevans. • They have not been able to schedule study days due to the impacts COVID-19 has had. • Most of SGo's work is now taking place via telephone. She is working hard to maintain a dual role in supporting patients and clinical colleagues. • A number of patients are now being seen in the rapid access lymphadenopathy clinic. • They hope to set up a CNS meeting next month. **<u>MFT – update provided by Vijay Dhanapal</u>** • Kerry Michelsen (Haematology CNS) started at the Trust last week. • An advert has gone out to recruit another CNS. This is much needed given that a CNS is now on maternity leave. **<u>MTW – update provided by Clare Wykes</u>** • They have 6 CNS' in place, with some working part-time and others full-time. • They are trying to set up and run additional CNS clinics. • CWy stated MTW are fortunate to be in the position they currently are with regards to CNS staff numbers, especially given how experienced and knowledgeable they are.		
13	**Cancer Alliance update**	**<u>Presentation provided by Irene Nhandara</u>** • IN provided an overview of the KMCA priorities: - Restoring urgent cancer referrals to at least pre-COVID-19 levels.		

		- Working to reduce the backlog to at least pre-COVID-19 levels on 62d (urgent referral and referral from screening) and 31d pathways. - Making sure there is adequate capacity to manage the increased demand moving forward, including for follow-up care. - Supporting a system-first model for recovery through cancer alliances. - Tackling inequalities, including where they may have been further affected by the pandemic. - Making sure staff and patients are confident services are COVID-19-protected. - Locking in innovations prompted by the pandemic or which support recovery. - Making sure there is the appropriate workforce in place. • IN mentioned the Alliance had held transformational funding allocation meetings with the Trusts in order to identify which areas of cancer care require funding the most. • IN advised it would be sensible to hold a rapid lymphadenopathy webinar and suggested part of it could be dedicated to highlighting to primary care colleagues a number of incorrect/outdated forms are being sent in to secondary care instead of the specific rapid lymphadenopathy form which was put together. • There is the potential for the VISS piece to rollout in other Trusts. • They have had to readjust the frequency of the Rapid Diagnostic Services group meetings due to the impacts COVID-19 has had on the Trusts. • They have worked closely with, and supported, Primary Care Network colleagues via the Early Diagnosis DES webinars and Primary Care Forum meetings. • LTP deliverables could be delayed as a result of the impacts of COVID-19. • LB stated the Rapid Access Lymphadenopathy piece is currently the only pilot in K&M which proactively serves to support haematology patients, with referral numbers increasing rapidly.		
14	**AOB**	• No-one had anything to raise under AOB.		
15	**Next Meeting**	• Wednesday 19th May 2021 (09:30–12:30) – Microsoft Teams		