Manchester Cancer

Haematological Oncology Pathway Board

Constitution

July 2014

Date for Review: July 2015

Contents

1. INTRODUCTION

2013/14 was a transitional year for cancer services in Greater Manchester and East Cheshire. The Greater Manchester and Cheshire Cancer Network ceased to exist in March 2013 when cancer networks nationally were amalgamated into strategic clinical networks as part of the NHS reorganisation. In Greater Manchester this coincided with the creation of Manchester Cancer, an integrated cancer system for Greater Manchester and East Cheshire.

Twenty Manchester Cancer Pathway Clinical Directors were appointed in late 2013 and took up their roles on 1st January 2014. They spent the first months in post forming their Pathway Boards, multi-professional clinical groups from across the region. These Pathway Boards are now formed and most had their first meeting in April/May of 2014.

As such, this is a transitional constitution document based on the legacy document. In July 2015 every Manchester Cancer Pathway Board will publish a full constitution alongside its annual report and work plan for the year ahead.

2. CONFIGURATION (MEASURE 13-1C-101h)

2.1 Local Haemato-Oncology Teams

- Each MDT should name the disease types it deals with (leukaemias, lymphomas, myeloma)
- Each MDT is required by the IOG to have a catchment population for referral for MDT discussion of at least 500,000, for each disease type it deals with
- Each MDT should be the only MDT for a given disease type for its catchment population

Local Haemato-Oncology Teams	Lead Clinician	Disease Types	Referring CCGs	Catchment Population
Bolton Hospitals NHS Trust	Dr Clare Barnes	Leukaemia (Acute & Chronic) & MPD Lymphoma Myeloma	NHS Bolton CCG	294,600
Central Manchester University Hospital Trust	Dr Fiona Dignum Dr Sarah Burns (Lymphoma)	Leukaemia (Acute & Chronic) & MPD Lymphoma Myeloma	NHS Central Manchester CCG	211,800
East Cheshire NHS Trust	Dr John Hudson	Leukaemia (Chronic) & MPD Lymphoma Myeloma	NHS East Cheshire CCG NHS Vale Royal CCG NHS South Cheshire CCG	201,000 102,100 173,200
Pennine Acute NHS Trust	Dr Hayley Greenfield	Leukaemia (Acute & Chronic) & MPD	NHS Bury CCG NHS Heywood, Middleton & Rochdale CCG	195,000 223,300 183,200

		Lymphoma Myeloma	NHS North Manchester CCG NHS Oldham CCG	239,600
Salford Royal Foundation Trust	Dr Simon Jowitt	Leukaemia (Acute & Chronic) & MPD Lymphoma Myeloma	NHS Salford CCG	247,600
Stockport Foundation NHS Trust	Dr Monseer Haj	Leukaemia (Chronic) & MPD Lymphoma Myeloma	NHS Stockport CCG	299,000
Tameside Acute NHS Trust	Dr Hussein Baden	Leukaemia (Chronic) & MPD Lymphoma Myeloma	NHS Tameside and Glossop CCG	240,300
Trafford (CMUHT)	Dr Patrick Carrington	Leukaemia (Chronic) & MPD Lymphoma Myeloma	NHS Trafford CCG	233,100
University Hospital of South Manchester NHS Foundation Trust	Dr Simon Watt	Leukaemia (Chronic) & MPD Lymphoma Myeloma	NHS South Manchester CCG	165,100
Wrightington, Wigan and Leigh NHS Trust	Dr Hitesh Patel	Leukaemia (Chronic) & MPD Lymphoma Myeloma	NHS Wigan Borough CCG	320,300
			TOTAL	3,329,200

The named local Haemato-Oncology teams will carry out the diagnostic process and treatment for symptomatic patients from their own catchment, referring patients to The Christie Hospital NHS FT or local radiotherapy unit for radiotherapy, and to Level 2,3 & 4 centres via MDT catchment for chemotherapy/stem cell transplant/trials if unable to provide locally.

2.2 Specialist Haemato-Oncology Teams and high-intensity treatment facilities

Level 3 & 4 - Stem Cell Transplant
Level 2 – Acute Leukaemia

Specialist Haemato-Oncology Cancer Teams	SMDT Lead Clinician	Referring MDTs	Catchment Population
The Christie Level 2,3 & 4	Dr Mike Dennis	East Cheshire, Christie, Stockport, UHSM	
Central Manchester NHS FT Level 2, 3 & 4	Dr Fiona Dignum	Central, Tameside, Trafford	
Salford Royal NHS FT Level 2	Dr Simon Jowitt	Bolton, Salford, WWL	
Pennine Acute NHS Trust Level 2	Dr Hayley Greenfield	Pennine Acute	
TOTAL			

2.3 Manchester Cancer

The Manchester Cancer covers a population of over 3 million served by the following organisations:

North West Sector:
Wrightington Wigan and Leigh NHS Trust
Royal Bolton Hospital NHS Foundation Trust
Salford Royal NHS Foundation Trust

North East Sector:
Pennine Acute Hospitals NHS Trust (Bury, North Manchester, Oldham, Rochdale)
Central Manchester University Hospitals NHS Foundation Trust

South Sector
Trafford Hospital (part of Central Manchester NHS Trust)
Tameside Acute NHS Foundation Trust
Stockport Foundation NHS Trust
University Hospital of South Manchester NHS Foundation Trust
Christie Hospital NHS Foundation Trust
East Cheshire NHS Trust

The Christie Hospital is the Tertiary Referral Centre for the region. Radiotherapy is delivered at Christie Hospital and the satellite radiotherapy units based at Royal Oldham Hospital and Salford Royal

Some chemotherapy and clinical trials will continue to be delivered from Christie Hospital, although local chemotherapy is currently available at:

- Wigan
- Bolton
- Oldham
- East Cheshire
- Mid Cheshire

2.4 Pathway Board Terms of Reference (Measure 13-1C-103h)

The Haemato-Oncology Pathway Board is a multi-professional group chaired by Dr Mike Dennis, a Consultant Haematologist from The Christie NHS Foundation Trust. These are the Board's Terms of Reference.

These terms of reference were agreed on 10th April 2014 by Mike Dennis, Pathway Clinical Director for Haematological Oncology Cancer, and Mr David Shackley, Medical Director of Manchester Cancer, on behalf of the Manchester Cancer Provider Board. The terms of reference will be subject to future review.

The Pathway Board

The Haematological Oncology Cancer Pathway Board is a cancer care specific board with responsibility to improve cancer outcomes and patient experience for local people across Greater Manchester and areas of Cheshire (a catchment population of 3.2 million). This area is synonymous with the old Greater Manchester and Cheshire Cancer Network area.

The Pathway Board is led by a Pathway Clinical Director and is formed of a multidisciplinary team of clinicians and other staff from all of hospital trusts that are involved in the delivery of Haematological Oncology cancer care in Greater Manchester. The Pathway Board also has membership and active participation from primary care and patients representatives.

The Haematological Oncology Cancer Pathway Board reports into and is ultimately governed and held to account by the Manchester Cancer Provider Board.

Manchester Cancer Provider Board

The Manchester Cancer Provider Board is responsible for the service and clinical delivery arm of Manchester Cancer, Greater Manchester's integrated cancer system. Manchester Cancer has two other arms: research and education (see appendix for the structure of Manchester Cancer).

The Provider Board is independently chaired and consists of the Chief Executive Officers of the ten acute hospital trusts in the Greater Manchester area:

- Bolton NHS Foundation Trust
- Central Manchester University Hospitals NHS Foundation Trust
- East Cheshire NHS Trust
- Pennine Acute NHS Trust
- Salford Royal NHS Foundation Trust
- Stockport NHS Foundation Trust
- Tameside Hospital NHS Foundation Trust
- The Christie NHS Foundation Trust
- University Hospital of South Manchester NHS Foundation Trust;
- Wrightington, Wigan and Leigh NHS Foundation Trust;

The Provider Board regularly invites representatives of commissioners, the Strategic Clinical Network, and Manchester Cancer to its meetings.

Purpose of the Pathway Board

The purpose of the Pathway Board is to improve cancer care for patients on the Greater Manchester Haematological Oncology cancer pathway. Specifically, the Pathway Board aims to save more lives, put patients at the centre of care, and improve patient experience. The Board will represent the interests of local people with cancer, respecting their wider needs and concerns. It is the primary source of clinical opinion on this pathway for the Manchester Cancer Provider Board and Greater Manchester's cancer commissioners.

The Pathway Board will gain a robust understanding of the key opportunities to improve outcomes and experience by gathering and reviewing intelligence about the Haematological Oncology cancer pathway. It will ensure that objectives are set, with a supporting work programme that drives improvements in clinical care and patient experience.

The Pathway Board will also promote equality of access, choice and quality of care for all patients within Greater Manchester, irrespective of their individual circumstances. The Board will also work with cancer commissioners to provide expert opinion on the design of any commissioning pathways, metrics and specifications.

Role of the Pathway Board

The role of the Haematological Oncology Cancer Pathway Board is to:

Represent the Manchester Cancer professional and patient community for Haematological Oncology cancer.

Identify specific opportunities for improving outcomes and patient experience and convert these into agreed objectives and a prioritised programme of work.

Gain approval from Greater Manchester's cancer commissioners and the Manchester Cancer Provider Board for the programme of work and provide regular reporting on progress.

Design and implement new services for patients where these progress the objectives of commissioners and Manchester Cancer, can be resourced, and have been shown to provide improvements in outcomes that matter to patients.

Ensure that diagnosis and treatment guidelines are agreed and followed by all teams in provider trusts, and are annually reviewed.

Ensure that all providers working within the pathway collect the pathway dataset measures to a high standard of data quality and that this data is shared transparently amongst the Pathway Board and beyond.

Promote and develop research and innovation in the pathway, and have agreed objectives in this area.

Monitor performance and improvements in outcomes and patient experience via a pathway scorecard, understanding variation to identify areas for action.

Escalate any clinical concerns through provider trusts.

Highlight any key issues that cannot be resolved within the Pathway Board itself to the Medical Director of Manchester Cancer for assistance.

Ensure that decisions, work programmes, and scorecards involve clearly demonstrable patient participation.

Share best practices with other Pathway Boards within Manchester Cancer.

Contribute to cross-cutting initiatives (e.g. work streams in living with and beyond cancer and early diagnosis).

Discuss opportunities for improved education and training related to the pathway and implement new educational initiatives.

Develop an annual report of outcomes and patient experience, including an overview of progress, difficulties, peer review data and all relevant key documentation. This report will be published in July of each year and will be the key document for circulation to the Provider Board. A template for this report is available so that all Pathway Boards complete the report in a similar manner.

Membership principles

All member organisations of Manchester Cancer will have at least one representative on the Pathway Board unless they do not wish to be represented.

Provider trusts not part of Manchester Cancer can be represented on the Pathway Board if they have links to the Greater Manchester Haematological Oncology cancer pathway.

All specialties and professions involved in the delivery of the pathway will be represented.

The Board will have at least one patient or carer representative within its membership

One professional member of the Pathway Board will act as a Patient Advocate, offering support to the patient and carer representative(s).

The Board will have named leads for:

- Pathology
- Radiology
- Stem cell transplantation
- Surgery
- Teenagers and young adults

- Specialist nursing
- Living with and beyond cancer ('survivorship')
- Research
- Data collection (clinical outcomes/experience and research input).

It is possible for an individual to hold more than one of these posts. The Pathway Clinical Director is responsible for their fair appointment and holding them to account.

These named leads will link with wider Manchester Cancer Boards for these areas where they exist.

All members will be expected to attend regular meetings of the Pathway Board to ensure consistency of discussions and decision-making (meeting dates for the whole year will be set annually to allow members to make arrangements for their attendance).

A register of attendance will be kept: members should aim to attend at least 5 of the 6 meetings annually and an individual's membership of the Pathway Board will be reviewed in the event of frequent non-attendance.

Each member will have a named deputy who will attend on the rare occasions that the member of the Board cannot.

Frequency of meetings

The Haematological Oncology Cancer Pathway Board will meet every two months.

Quorum

Quorum will be the Pathway Clinical Director plus five members of the Pathway Board or their named deputies.

Communication and engagement

Accurate representative minutes will be taken at all meetings and these will be circulated and then validated at the next meeting of the Board.

All minutes, circulated papers and associated data outputs will be archived and stored by the Pathway Clinical Director and relevant Pathway Manager.

The Pathway Board will design, organise and host at least one open meeting per year for the wider clinical community and local people. This meeting or meetings will include:

- An annual engagement event to account for its progress against its work programme objectives and to obtain input and feedback from the local professional community

- An annual educational event for wider pathway professionals and interested others to allow new developments and learning to be disseminated across the system

Representatives from all sections of the Manchester Cancer professional body will be invited to these events, as well as patient and public representatives and voluntary sector partners.

An annual report will be created and circulated to the Medical Director of the Manchester Cancer Provider Board by 31st July of each calendar year.

The agendas, minutes and work programmes of the Pathway Board, as well as copies of papers from educational and engagement events, will be made available to all in an open and transparent manner through the Manchester Cancer website once this has been developed.

Administrative support

Administrative support will be provided by the relevant Pathway Manager with the support of the Manchester Cancer core team. Over the course of a year, an average of one day per week administrative support will be provided.

2.6 Pathway Board Membership (Measure 13-1C-102h)

Member	Profession/ specialty	Trust
Clare Barnes	Consultant Haematologist	Bolton
Jo Tomlins	CNS	Christie
Eleni Thoulouli	Consultant Haematologist	CMFT
John Hudson	Consultant Haematologist	East Cheshire
Hayley Greenfield	Consultant Haematologist	Pennine
Simon Jowett	consultant Haematologist	SRFT
Dr Montaser Haj	Consultant Haematologist	Stockport
Hussein Baden	Consultant Haematologist	Tameside
Simon Watt	Consultant Haematologist	UHSM
Hitesh Patel	Consultant Haematologist	WWL

3. PATHWAYS AND GUIDELINES

The Pathway Board has only been in place since spring 2014 and has not yet had the opportunity to review its clinical guidelines and patient pathways. As such, the guidelines created by the previous cancer network group have been adopted until such time as they can be reviewed and updated in the coming year.

All of the relevant documentation remains on the legacy website of the old cancer network www.gmccn.nhs.uk and will be migrated to the Manchester Cancer website over the coming months www.manchestercancer.org.

A full list of active current guidelines and their renewal dates will be produced for the updated constitution of July 2015.

3.1 Laboratory Investigational Guidelines for the SIHMDS (13-1C-106h)

Leeds HMDS Guidelines – See Appendix 1. (Peer review measure 13-1C-105h not applicable)

3.2 Clinical Guidelines (Measures 13-1C-107h, 13-1C-108h, 13-1C-109h, 13-1C-110h)

The NSSG has agreed clinical guidelines for the diagnosis, management and treatment of leukaemias, lymphomas & myelomas:

Leukaemias

Chronic Myeloid Leukaemia Guidelines	CMLGMCCNGuidelinesFinalMay2013.pdf
Guidelines for the management of Acute Myeloid Leukaemia	GuidelinesfortheManagementofAcuteMyel
Guidelines for the management of CLL & PLL	Guidelines for the Management of CLL & PLL – June 2011.pdf (171.17 Kb)

Lymphomas

Guidelines for management of Lymphoma	Guidelines for Management of Lymphoma 4th Edition.pdf (839.96 Kb)

Myeloproliferative Disorders/Myelodysplasia/Myelofibrosis

Guidelines for the diagnosis & treatment of Myelodysplastic syndromes	Guidelines for the diagnosis treatment – Myelodysplastic Syndromes.pdf (133.65 Kb)

Myeloma

Guidelines for the management of multiple myeloma & related disorders	MultipleMyelomaandRelatedDisordersGMC

Patient pathway at appendix 2.

Appendix 1: Laboratory Investigational Algorithms

For sites sending diagnostic material to Leeds HMDS (non-Christie material):

Haematological Malignancy Diagnostic Service
Directorate of Non Surgical Oncology
St James's Institute of Oncology

Laboratory User Guide

HMDS provides an integrated diagnostic service covering all aspects of the diagnosis monitoring of haematological malignancies and related conditions. The laboratory has facilities for flow cytometry, immunohistology and a wide range of molecular investigation. Metaphase cytogenetic studies are carried out by the Department of Clinical Genetics and results integrated into the HMDS report. Further details of the service can be found at www.hmds.info .

Contacting HMDS:

The full postal address of the laboratory is:

HMDS
St James's Institute of Oncology
Level 3 Bexley Wing
St James's University Hospital
Leeds LS9 7TF

Telephone for General Enquiries: 01132067851
Fax: 01132067883

There is contact facility available at www.hmds.info. Email address of individual staff members can be obtained through the nhs.net contact directory

Requesting Investigations:

Copies of the request form can be obtained from the laboratory or downloaded from www.hmds.info or HILIS.

Please complete the form fully. In particular three points of patient identification are required and this should include the NHS number. All specimen containers should be fully labelled. Secure packaging is important. Please ensure that bone marrow smears are not exposed to formalin when a trephine and aspirate sample are being sent together.
Blood count data should be entered especially when a specimen of bone marrow is being sent.

If there are changes in the patient's condition or relevant new information emerges after the specimen is sent, please contact the laboratory so that additional investigations may be initiated if required. For flow cytometric investigation or where extraction of RNA is required this must be within 24 hours. Investigations on tissue blocks and stored DNA can generally be carried out on archived material without time limit.

Sample Requirements and Transport

Peripheral Blood;
Send in EDTA tube 10ml required
Courier or hospital transport or by first class mail.

Cerebro-spinal fluid
Sterile container - minimum volume 0.5mls. The specimen must arrive within 24hours and should be sent by the fastest available route.

Bone Marrow
Fresh marrow smears and marrow sample in EDTA tube.
Trephine biopsy should be fixed in 10% Formalin
Courier or hospital transport or by first class mail

Unfixed Tissue Sample
In small volume of sterile normal saline. If possible a portion of the sample should be place in 10% formalin
Sent by fastest practical route usually taxi or express courier

Fixed Tissue Block
Secure package
Transport according to degree of urgency.

Notes:

1. All unfixed samples should be delivered to the laboratory within 24 hours. If a sample is delayed beyond this point it may not be possible to carry out a full range of investigations, particularly those involving flow cytometry or RNA extraction. In these circumstances, definitive diagnosis may not be possible. If there is going to be an unavoidable delay please keep samples in the following conditions before transportation.
    a. Peripheral blood and bone marrow samples- keep refrigerated between 2-8^{o}C
    b. Unfixed tissue samples- keep biopsy moist with a little normal saline and keep refrigerated between 2-8^{o}C.
    c. Fixed tissue samples in formalin- keep at room temperature.
    d. CSF samples should be kept refrigerated between 2-8^{o}C.

e. Samples that require DNA and/or RNA extraction- please ring the lab if there is going to be a delay greater than 24 hours to discuss the storage of these samples, as some tests may not be performed if the storage is incorrect or the delay is considerably longer.

2. Cytogenetic samples require a separate sample in a Li Heparin container and should be sent direct to the Regional Genetics Laboratory in Ashley Wing, SJUH.
3. Samples from within LTH should be sent by the airtube system where possible or by internal transport. The HMDS airtube station is 502.
4. When sending samples by post a secure container should be used to conform to current postal regulations. (P650) applicable and UN 3373 and labelled according to the guidelines.
5. It is essential that appropriate labels are attached to request forms and container where a sample is suspected as being 'High Risk'. Flow cytometry cannot be carried out routinely on these samples. The laboratory cannot handle 'High risk' CSF specimens.
6. Samples should be sent direct to HMDS and **NOT** to Pathology Reception - otherwise samples maybe delayed.

If there is any doubt about how to send a sample please contact the laboratory.

Opening times and arrangements for urgent samples

Staff are working in the laboratory between 8.30am and 8pm Monday to Friday and from 9am to 1pm on Saturday.

To ensure safe arrival of samples sent late in the day please call the laboratory if you expect a sample to arrive after 5pm (except for routine late deliveries)

An on call service is available for clinically urgent requests. This is where there is an immediate need to commence treatment. This service is accessed by contacting the senior member of staff on call through the St James's switchboard. This should be done before the sample is taken.

Clinical Advice and Interpretation.

HMDS has senior staff experienced in all aspects of the diagnosis of haematological malignancies. If you are unsure who to contact please call 01132067851 and ask to speak to any of the consultants or clinical scientists who will be able to direct your enquiry appropriately.

CPA accreditation status

CPA reference number 2909

Status: Full accreditation (November 2012)

See CPA website http://www.cpa-uk.co.uk

External Quality Assurance

The department participates in the following EQA schemes

EQA Provider	Modules registered	Poor performance issues
UK NEQAS for Cellular Pathology Technique	General	None
UK NEQAS for Immunocytochemistry	Lymphoma	None
UK NEQAS for General Haematology	Full blood count	None
UK NEQAS for Leucocyte Immunophenotyping	Immune monitoring Leukaemia diagnostic interpretation - parts 1 & 2 PNH Molecular diagnosis of haematological malignancies • Jak-2 • BCR-ABL quantitation • BCR-ABL and AML translocations • Chimerism • IgH / TCR clonality	None None None None
UK NEQAS for Clinical Cytogenetics	B-cell lymphoproliferative disorder metaphase FISH	None

Turnaround times

For HILIS users turnover times can be viewed on the “resources” page, this lists turnaround times (95 percentile) by specimen type. these turnover times are constantly updated.

For users of the service without HILIS access, the following turnover times are accurate at the time of publication. The turnaround time is from receipt of sample to authorised report being available on HILIS.

Sample Type / investigation	Turnaround time (working days)
Peripheral blood / immunophenotyping	6.0
Peripheral blood / HIV monitoring	1.0
Peripheral blood / PNH	4.0
Peripheral blood / molecular investigation	10.0
Bone marrow aspirate / immunophenotyping	4.0
Bone marrow aspirate with trephine / immunophenotyping	6.0
Trephine biopsy / immunophenotyping	6.0
CSF	3.0
Effusion / immunophenotyping	4.0
Fresh and fixed histological tissues / immunophenotyping	7.0
Fresh spleen / immunophenotyping	7.0
Histological blocks / immunophenotyping	6.0

Chimerism	12.0
Community monitoring samples	18.0

Referral of investigations from HMDS

1. Tissue biopsies with non haematological malignancies are referred back to the histopathology department in the hospital where the biopsy was taken.
2. Histology cases originating from the Leeds Teaching Hospitals which show granulomatous inflammation have material sent to the Molecular Microbiology Laboratory, Microbiology Department, Leeds General Infirmary for TB PCR investigations.
3. Bone marrow aspirate samples from patients with acute promyelocytic leukaemia have a sample of cDNA sent to Prof David Grimwade at Department of Haematology, Guy's and St. Thomas's Hospital, London. This is the national reference centre for these investigations.
4. Genomic DNA and cDNA from patients with atypical myeloproliferative disorders are referred to Prof. Nick Cross at the Wessex Regional Genetics Laboratory, Salisbury. This is the national reference centre for these investigations.

Further information regarding the service can be found on the HMDS website

General Enquires

Head of Department: Andrew Jack
0113260995
Andrew.jack@nhs.net

Laboratory manager: David Blythe
01132067851
David.blythe@leedsth.nhs.uk

If there are problems or complaints about the service please call us. We aim to resolve most problems immediately and informally. If this cannot be done please write to Andrew Jack in the first instance.

Appendix 2: Pathways

Haemato-Oncology Cancer Pathway
62 day target for patients referred as suspected cancer

This pathway applies to all patients referred as suspected cancer by their GP or other clinician, and any patients diagnosed with cancer after routine referral.