

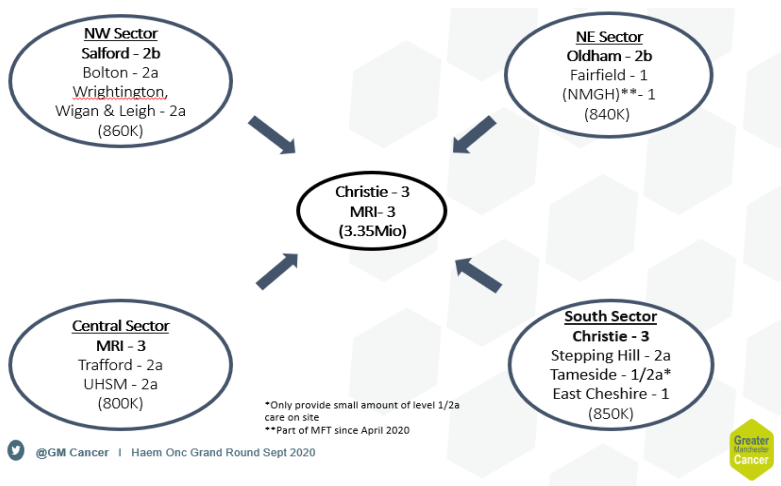
Haemato-Oncology

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Haem-Onc During COVID-19

Throughout the pandemic, across GM services:

- Maintained all haematology services
- Effectively redirected patients if one site experiences capacity issues.
- Non-COVID patients newly diagnosed distributed to the remaining 3 sites.
- Introduced effective screening of patients and staff on inpatient wards, clinic areas and day unit facilities to minimise outbreaks
- Able to follow NICE guidance and effectively manage a small backlog of priority 3 cases.



The following was agreed between the Christie, MRI, Royal Oldham and Salford Royal Hospitals in April 2020:

- All 4 BSH level 2b/3 units continued to provide chemotherapy for patients priority 1 & 2, and in June 22 with priority 3.
- All units retained their staff - protected from redeployment to COVID areas
- All in-patient wards administering high-intensity chemotherapy to remain COVID negative (green) areas
- Patients screened for COVID prior to admission and at regular intervals during their in-patient stay

Systemic Anti-Cancer Therapy (SACT) Policy Review

All centres were quick to adopt the interim treatment options approved by the cancer drugs fund during the COVID-19 pandemic. This allowed greater treatment choice for patients, reduced hospital visits and maintained the safety of patients with blood cancers during this difficult time. Patients were counselled regarding their treatment options using a shared decision making approach in keeping with best practice.

Chronic Lymphocytic Leukaemia (CLL) personalised stratified follow up (PSFU)

Background

Wrightington, Wigan and Leigh (WLL) were identified as a pilot site to test a personalised stratified follow up (PSFU) pathway for patients diagnosed with Chronic Lymphocytic Leukaemia (CLL).

Benefits

- Offers a series of personalised care interventions including a personalised care and support plan, as well as health and wellbeing information /support.
- Remote monitoring of blood tests and scans with rapid access to clinical support if patients required it.

Aftercare coordinators were funded by GM cancer to support the pilot. Patients included onto the pathway were asymptomatic with Stage A or B disease. Symptomatic and Stage C disease were excluded and were referred for treatment as appropriate.

The role was to provide a single point of contact for patients and to arrange review schedules and full Blood Counts every 6 or 12 months depending on schedule, with blood tests 2-3 weeks prior.

The Co-ordinator has regular contact with patients and highlighted blood results to CNS if:

- Haemoglobin or Platelets > 100
- Unstable white blood cell count
- Any troublesome Lymph nodes

If no concerns continue with 6 or 12 monthly review or refer back to GP for management of unrelated issues.

Holistic need assessment - the Co-ordinator will identify any health / wellbeing concerns and flag to the CNS. Additional concerns will receive a clinical review within 2 weeks with further imaging, blood tests or investigation.

Results - From April 2021, 21 patients were diagnosed with CLL (17 Male, 4 Female). The age ranges from 48 to 90 with average age being 69 years.

Of these 21 patients, 17 patients were managed through on the PSFU pathway.

4 patients had symptomatic disease and were treated with chemotherapy and radiotherapy and were all supported by the CNS and After Care co-ordinator.