

Lymphoma MDT Work Programme

2016

Chair of MDT: Dr Graham Collins

1. Introduction

The Oxford University Hospitals Lymphoma Multi-Disciplinary Team (MDT) aims to provide first class MDT diagnosis, treatment and support for patients with lymphoma and Chronic Lymphocytic Leukaemia (CLL) - care levels 2-4 - and specialist MDT diagnosis, treatment and support for patients from across the Thames Valley.

The Oxford Lymphoma MDT strives to achieve this through implementing the Improved Outcomes Guidance (IOG), adhering to Site Specific Group (SSG) clinical guidelines/operational policies and monitoring implementation and impact through participating in network agreed audits.

The Oxford Lymphoma MDT is committed to developing and maintaining effective working relationships with primary care and the Clinical Commissioning Group (CCG).

The Oxford Lymphoma MDT meetings are chaired by Dr Graham Collins and Dr Chris Hatton, who provide clinical leadership for this cancer site and are nominated and agreed by the Network Site Specific Group (NSSG).

This Lymphoma MDT Annual Work Programme details the goals for the next twelve months as well as the achievements and progress made in the previous year.

Key achievements

The key developments and achievements that the lymphoma MDT has achieved over the past year include the following:

- Appointing a Specialist Advanced Nurse Practitioner for CLL
- Appointing a Lymphoma & CLL Service Co-ordinator
- Set up and approval of telephone clinics for CLL patients
- Improved management of elderly patients with Lymphoma by more regular clinic review being incorporated routinely in their management
- Appointment of a locum consultant to support Professor Anna Schuh in CLL clinic (and other activities)
- Appointment of Nurse Practitioner Administrator to support malignant-haem Clinical Nurse Specialists (CNS)
- Improving the pathway for patients referred to haematology with enlarged lymph nodes

- Established a regular link with Wexham Park MDT – Dr Collins attends every other week so that all cases referred for stem cell transplant are discussed fully
- Updated 50% of lymphoma protocols at the annual protocol meeting
- Successfully moved MDT site to the Jane Ashley Seminar Room, Churchill Hospital
- Excellent attendance at weekly MDT
- Further expansion of trials portfolio with addition of new early phase trials, in particular
- Established a regular Lymphoma and CLL quality meeting
- Increasing nurse practitioner visibility and accessibility through development of patient information boards and a quarterly Haematology Nurses Newsletter
- Excellent trials recruitment with intra-network and national referral base
- Successful pilot of Patient Knows Best (PKB) system for CLL patients
- Developed an in-house Patient Experience Questionnaire to incorporate patient and carer views into our service development
- Better flow for capturing Cancer Outcomes and Services Dataset (COSD) data, especially for Stage A CLL patients
- Audit completed on outcome of patients with relapsed Diffuse Large B-cell Lymphoma (DLBCL).

Challenges

- Providing psychological/psychiatric assessment of all new (and existing) patients
- To increase service provision at the Horton Hospital (additional consultant cover and Haematology Clinical Nurse Specialist (CNS) presence during out-patient clinics
- Increase Malignant-Haem Nurse Practitioner cover at Oxford University Hospitals (OUH) to meet increasing demands of new patients (including Lymphoma), to support service development and Health Needs Assessments (HNA's)
- Maintaining trial recruitment, especially to late phase trials, within the limitations of service resource

- Providing end of treatment summaries and especially notification to General Practitioner (GP) and patient, of possible late effects when being discharged from regular follow-up
- Smooth transition from haematologist to clinical oncologist when consolidation radiotherapy required
- Providing adequate consultant cover for Day Treatment Unit (DTU) with Lymphoma and CLL progressing through their treatment pathways.

2. Service Improvement and Development

- To engage with psychiatry to roll out psychological assessments to lymphoma and CLL patients (an extension of what is currently being developed within oncology)
- It is an on-going issue that patients being treated with palliative intent have not necessarily had end of life discussions. We need to audit this as a first step
- Develop written material to give to patients on discharge from follow up clinic informing them of the treatment they received and the possible late effects
- Have annual protocol day to review the MDT working and continue review of protocols
- Develop a job plan for new consultant to take over the work of our current part time consultant when he retires, and to support CLL
- To increase the band 7 ANP support for lymphoma. Currently there is 0.6 Whole Time Equivalent (WTE) which is far less than other areas with markedly fewer patients
- Liaise with elderly care to develop a more robust process to identify frailty in elderly patients and to ensure chemotherapy is tailored to their needs.

3. Workforce Development

- Develop a job plan for new consultant to take over the work of our current part time consultant when he retires, and to support CLL
- To increase the Band 7 ANP support for lymphoma. Currently there is 0.6 WTE which is far less than other areas with markedly fewer patients.

4. Patient and Carer Feedback and Involvement

- Develop patient focus groups to feedback on key elements of the service which require improvement from a patient perspective
- Use the newly developed patient questionnaires to inform service development
- Tracy Mitchell-Floyd and Anya Aspinall to continue involvement with Lymphoma Association Support Group
- CLL ANP (Lianne Palmer) to continue with involvement in the Oxford Leukaemia Support Group and to promote the advertising of the group.

5. Audit

We plan to perform the following audits over the next year:-

- Time from chemotherapy to radiotherapy in patients requiring planned radiotherapy consolidation – in collaboration with Buckinghamshire Healthcare and Milton Keynes
- End of life discussions in patients being treated palliatively
- National outcome audit of patients in the United Kingdom (UK) and Ireland treated with follicular lymphoma given Idelalisib on the expanded access programme
- National outcome audit of patients in the UK treated with Brentuximab vedotin pre-stem cell transplant
- Virology screen/ TP53 bloods prior to each treatment line over a 6 month period for CLL patients.

6. Research

- Continue to recruit to national studies
- Expand early phase trials portfolio
- Set up trials to cover the areas currently not covered, especially mantle cell lymphoma and first line follicular lymphoma
- Continue active involvement with Lymphoma and Haematology Clinical Study Group.

