Minutes

Haematology Working Group (HWG)

Date:	Thursday 15 September 2022
Time:	9.00am to 3.00pm
Location:	Ministry of Health Building, 133 Molesworth Street, Thorndon, Wellington 6011
Chair:	Humphrey Pullon, Haematologist Te Whatu Ora Waikato and Clinical Adviser to Te Aho o Te Kahu
Attendees:	Bart Baker, Clinical Leader Haematology, Mid-Central DHB, in person. Alwyn D'Souza, Clinical Leader Haematology, Capital and Coast DHB, in person Andrew Butler, Clinical Leader Haematology, Canterbury DHB, via zoom Eileen Merriman, Clinical Leader Haematology, Waitematā DHB, in person Elizabeth Shaw, Clinical Lead Haematology, Te Whatu Ora Auckland Leanne Berkahn, HSANZ and Haematologist, Auckland DHB, via zoom Lucy Pemberton, Clinical Leader Haematology, Southern DHB, in person Peter Fergusson, CEO, Leukaemia and Blood Cancer New Zealand, in person Rosie Howard, Haematology Nurse Practitioner, Auckland DHB, in person Sharon Jackson, Clinical Leader Haematology, Counties Manukau DHB, in person <u>He Ara Tangata – Consumer Reference Group</u> Marj Allan Theona Ireton <u>PHARMAC:</u> Logan Heyes, Senior Therapeutic Group Manager, PHARMAC Chippy Compton, Therapeutic Group Manager, PHARMAC <u>Te Aho O Te Kahu</u>: Tess Luff, Public Health Medicine Physician Cushla Lucas, Central Hub Manager Alex Dunn, Senior Project Manager Janfrey Doak, Interim Manager Southern Hub Eila Cunnah, Project Manager, Cancer Services Planning Dawn Wilson, Chief Advisor, Acting Manager Clinical Advisory Team Nisha Nair, Clinical Lead Public Health Ashley Shearer, Project Manager, Central Hub Luisa Acheson, Administrator, Clinical Advisory Team

	John Manderson, Senior Project Manager, Data Monitoring and Reporting Simon Pointer, National Pharmacist, Clinical Advisory Team, Henry Maka, Administrator, Te Aho o Te Kahu
Secretariat:	Amanda Wooding
Apologies:	Elizabeth Dennett, Clinical Director, Te Aho o Te Kahu Luke Merriman, Lead haematologist, Nelson Marlborough DHB Natalia Gavrilova, Clinical Lead Haematology, Waikato DHB Tim Prestidge, Paediatric Haematologist, Auckland DHB Sarah Poplar, Clinical Leader Haematology, Northland DHB Marie Hughes, Clinical Leader Haematology, Bay of Plenty DHB

Item

Welcome

The meeting opened with a Karakia at 9:00am

New consumer members Marj Allan and Theona Ireton, and Te Aho o Te Kahu member Ashley Shearer were introduced.

Minutes, actions and review of the conflicts of interest register

The Minutes of the meeting held on 7th April 2022 were accepted as true and correct record.

The conflicts register was received and noted without change.

Actions:
62. Meeting deferred to April 2023
71-75. Complete and can be removed
The remaining action items were deferred to the next meeting.

COVID 19 Update

Dr. Tess Luff, from Te Aho o Te Kahu provided an update on COVID 19, with the following key points discussed:

- The latest Te Aho COVID report is due for release on 16th September, based on data up until the end of June 2022.
- Cancer services have been continuing, but workforce issues, partly due to staff contracting COVID, or because of having to care for close family members, have really put services under pressure.
- In haematology, a reduction in FSA numbers is noted, however there has been a slight increase in the number of haematology patients commencing IV or SC chemotherapy – is this potentially due to a decrease in GP visits, a reduction in staff numbers, therefore higher triage thresholds and the reduced number of FSA appointments available?
  The group felt data on referral decline/acceptance rates could be collected from the haematology centres across the motu, which could shed light on these recent trends.
  It was agreed such data should be sent to Dr. Tess Luff, who will collect and analyse it – perhaps for presentation at the next HWG meeting.
- Evusheld – Everyone is giving the 300mg/300mg dose, as per the recommendations from PHARMAC. Feedback from PHARMAC noted that they are surprised with the low number of orders for Evusheld. Some hospitals are only able to administer Evusheld to in-patients (often just prior to

discharge) or to patients attending for outpatient/infusional treatment. This is largely because of a lack of nursing staff. More nursing resource is needed to speed up the Evusheld roll-out. Support from GPs in being able to administer Evusheld would reduce or prevent patients having to travel. The group would be very supportive of PHARMAC allowing G.P.s to prescribe and administer Evusheld to eligible patients.

Cancer Services Planning

Cushla Lucas from Te Aho o Te Kahu provided an update on the cancer services programme, with the following key points discussed:

- Sustainable service design is an important focus for stem cell transplants.
- Looking at where inequities lie, with a strong whanau-centred care voice.

SWOT analysis SACT – led by Humphrey

Concept of grading haematology centres – a framework of levels 1-6, and how does a centre move from one level to another.

- Consider minimum requirements, clinical need/geography/population, a regional or national plan for each level.
- Need for the increase of centres offering ASCT – Minimum requirements need to be considered.

Members commented:

- Personal and social work support is important to consider.
- Agree with the concept; specifies what services need to be in place at each level. A business case can easily be taken forward for funding at each level.
- FACT accreditation is full time work and might be difficult to make compulsory for all SCT centres. It is reasonable to make FACT accreditation a requirement for AlloSCT centres, partly so as they can access MUD donors from overseas registries. However, the FACT requirements are very onerous, and not thought to be necessary for AutoSCT centres. AutoSCT centres could be buddied up with a nearby FACT-accredited AlloSCT centre and adopt some of their best practice procedures. The sharing of FACT-approved standard documentation may also be advantageous.
- If NZ moves to a single national SCT service delivered at multiple sites, the use of common standardised documentation would be desirable.

Virtual white board was shared for the group to contribute to.

1. What are the examples of SACT care being delivered closer to home/in the community from your service/region?

Members commented:

- IV chemotherapy pump alarming, trouble shooting, nurse education in rural sites.
- Low dose SC cytarabine.
- Compounding facilities and stability on site.
- Azacytidine harder to give remotely because of drug stability issues.
- CADD pumps – using them for HiDAC and DA-R-EPOCH can be a challenge.
- Sometimes need more flexibility around Cycle #2 start, etc...
- Pre-chemo assessment of patients can be done by phone, prior to the patient traveling in.
- CNS-led telephone clinics to arrange RBC transfusion support are working well.
- There are major challenges to recruiting into senior nursing positions, especially in smaller centres.

2. What do you think are the barriers and enablers to provide more SACT care closer to home?

Barriers:

Members commented:

- Limited by life of drugs to increase SC administration at home.

- Concerns for elderly patients.
- Can't recruit to positions.
- Issues re safety and education for patients.
- Health literacy.
- Nursing assessment on what pts can manage at home – a standardised/validated assessment tool would be useful.
- Language can be a barrier, especially where no easy access to interpreter services.
- We need patient documentation in other languages.

Enablers:
Unfortunately the content of this section was not captured

3. What pre-existing relationships exist between centres? For what reasons do centres currently interact?

Members commented:
- Pharmacy staff have ad hoc communication around the country.
- Often communicate around referrals and aligning referral pathways.
- Sometimes need to refer for second opinions.
- Need to be very conscious of privacy issues, especially at MDMs.

4. What needs to change to the overall delivery framework before we can deliver more SACT care closer to home?

Members commented:
- Boundaries don't make sense e.g., Otahuhu patients Middlemore vs. Auckland.
- Patient flow conversation, particularly in the Northern region.
- Engagement with Te Whatu Ora – Invite national medical director.
- Align workflow data.
- Each region to agree what they need to service their patients.
- Direct lines of engagement.
- Need confirmation from Te Whatu Ora on what business cases will be funded, and what longer term service planning might look like...

Action: Ashley Shearer to create a document to distribute to the group as an overview of the SCAT proposal.

PHARMAC visit
PHARMAC presented on their report that was previously circulated.
Members commented:
Proposals under consideration
- Brentuximab may be second line salvage therapy for relapsed Hodgkin's Lymphoma post ASCT, since Pembrolizumab is probably superior.

Matters arising
- A proposal has been put forward for the use of Plerixafor for stem cell donors who don't mobilise with G-CSF alone. There was general support for that. Numbers are minimal, perhaps 2-5 per year.

Evusheld was discussed – see section above.

Members agreed that Face-to-Face interaction with PHARMAC staff at the HWG meetings was invaluable - twice per year is probably enough unless there is something exceptional to discuss.

Action: Humphrey to prepare a proposal stating that there is consensus to go out to tender for anti-complement treatments for PNH.

ACT-NOW

Alex Dunn from Te Aho o Te Kahu gave an update on the ACT-NOW programme.

- Concern that Dr. Henry Chan, who had been Chairing the Myeloma ACT-NOW Myeloma workstream, was shortly leaving NZ. Drs. Marie Hughes or Bart Baker could be approached to see whether they would take over leading this group.

- Regimen development status – issues around how much advice should be included around prophylaxis requirements for Hepatitis B. If in doubt, to follow the MoH Guidelines for Hepatitis B prophylaxis as previously published.

No questions from members.

Structured Pathology

John Manderson from Te Aho o Te Kahu gave an update on the structured pathology work programme, with the following key points discussed:

- Development and release process – 7 stages presented.
- Data standard reporting pathway template shared. Free text box included.
- Progress to date – Haematological Disease reporting is next to be assessed. Scoping and confirming schedule of work is underway. Drs. Anna Ruskova and Graeme Taylor have been approached and have agreed to be involved.

General Business

No General Business

Next Meeting

November 2022 – Online, date TBC.

Looking to get Health NZ engagement in the meeting.

Close

The meeting closed with a Karakia at 3.00pm.