

Minutes

Haematology Working Group (HWG)

Date: Thursday 1 December 2022

Time: 3:30pm to 5.00pm

Location: Via Zoom

Chair: Humphrey Pullon, Haematologist Te Whatu Ora Waikato and Clinical Adviser to Te Aho o Te Kahu

Attendees: Te Whatu Ora
Bart Baker, Clinical Leader Haematology, Te Pae Hauora o Ruahine o Tararua MidCentral
Huib Buyck, Clinical Leader Haematology, Capital, Coast and Hutt Valley
Andrew Butler, Clinical Leader Haematology, Waitaha Canterbury
Eileen Merriman, Clinical Leader Haematology, Waitematā
Leanne Berkahn, HSA NZ and Haematologist, Te Toka Tumai Auckland
Lucy Pemberton, Clinical Leader Haematology, Southern
Luke Merriman, Lead Haematologist, Nelson Marlborough
Natalia Gavrilova, Clinical Lead Haematology, Ora Waikato
Peter Fergusson, CEO, Leukaemia and Blood Cancer New Zealand
Rosie Howard, Haematology Nurse Practitioner, Te Toka Tumai Ora Auckland
Sharon Jackson, Clinical Leader Haematology, Counties Manukau
Tim Prestidge, Paediatric Haematologist, Te Toka Tumai Auckland

He Ara Tangata

Theona Ireton

Te Aho o Te Kahu

Elizabeth Dennett, Clinical Director, Te Aho o Te Kahu
Tess Luff, Public Health Medicine Physician
Dawn Wilson, Chief Advisor, Acting Manager Clinical Advisory Team
Nisha Nair, Clinical Lead Public Health
Jo Anson, Project Manager, Central Hub
Jan Smith, Te Manawa Taki Hub Manager
Abby O'Neil, Project Manager
Ashley Shearer, Project Manager, Central Hub

Secretariat: Amanda Wooding

Apologies: Elizabeth Shaw, Clinical Lead Haematology, Te Toka Tumai Auckland
Luke Merriman, Lead Haematologist, Nelson Marlborough
Marie Hughes, Clinical Leader Haematology, Tauranga
Marj Allan, He Ara Tangata

Sarah Poplar, Clinical Leader Haematology
Tim Prestidge, Paediatric Haematologist, Te Toka Tumai Auckland

Andrew Simpson, Clinical Advisor
Cushla Lucas, Central Hub Manager
Simon Pointer, National Pharmacist, Clinical Advisory Team

Item

Welcome

The meeting opened with a Karakia at 3:30pm

Minutes, actions and review of the conflicts of interest register

The **Minutes** of the meeting held on 15 September 2022 were accepted as a true and correct record, with the following clarifications/changes:

Meeting Attendees:

Alwyn D'Souza in person
Andrew Butler via zoom
Eileen Merriman in person
Leanne Berkahn via zoom
Lucy Pemberton in person
Luke Merriman an apology
Natalia Gavrilova an apology
Peter Fergusson in person
Rosie Howard in person
Sharon Jackson in person
Tim Prestidge an apology
Sarah Poplar an apology
Marie Hughes an apology

Pg 7. Cancer services planning – update minutes to recap the 1-6 grading system and read *'Concept of grading Haematology centres – a framework of levels 1-6:*

<i>Level Six</i>	<i>The services provided at level five and in addition allogeneic transplantation.</i>
<i>Level Five</i>	<i>The services provided at level four and in addition autologous transplantation</i>
<i>Level Four</i>	<i>The services provided at level three and in addition acute leukaemia</i>
<i>Level Three</i>	<i>On site Clinical Haematology team and Clinical Haematology inpatient beds</i>
<i>Level Two</i>	<i>On site Clinical Haematology team and access to General Medicine inpatient beds</i>
<i>Level One</i>	<i>The delivery of systemic anti-cancer therapy for clinical haematology and visiting clinical haematology clinics.'</i>

The Members agreed in to align the New Zealand 1-6 levels with the Australian levels while adapting to suit the New Zealand context.

Pg 8. Whiteboard/brainstorming session was not visible, but nothing from the group to note. Update minutes to read *'General discussion was had'*.

Pg 8. Action item: Ashley Shearer to create a document to distribute to the group as an overview of the SACT proposal - Re-assign to Simon Pointer

Pg 9. Action item: Humphrey to prepare a proposal stating that there is consensus to go out to tender for anti-complement treatments for PNH. Update that going out to tender would be a good idea, and they agreed. *Action item completed.*

The **Conflicts Register** was received and noted without change. Chair requested those with a 'gap' notify their updates. District Health Boards to be updated to align with Te Whatu Ora districts.

The **Action Register** was reviewed with members confirming the following changes:

46. Leave to collages and wait to hear back from them. *Sign off as completed item.*

60. Have incorporated most of the compassionate access programmes onto the spreadsheet. *Sign off as completed.*

62. Molecular testing. *Sign off as completed.*

COVID 19 Update

Dr. Tess Luff provided an update on COVID-19 , with key points discussed:

COVID-19 and Cancer Services Report

The latest COVID-19 and Cancer Services report is due for release in December. This report will include data until September 2022. Overall, there has been an increase in cancer registrations compared to the previous report. The provisional data has demonstrated a 2% decrease in haematology FSAs. This is less than previous report which showed an 11% reduction. Māori have not been disproportionately affected over the reporting period.

Members discussed the data interpretation and the usefulness of raw data without a frame of reference. The purpose of the COVID-19 and Cancer Services Report is to highlight potential issues and look at trends.

Referral Data

Following the previous meeting, FSA referral data was collected from the centres in order to examine trends in haematology referrals. The data received included varying definitions of referral and highlighted the variation in data recording across the country.

Overall, the data did not show a strong downtrend in referrals from mid-2021 through to mid-2022. However there is a suggestion that the acceptance criteria for a haematology FSA appointment has been tightened, and that many FSA referrals are being declined with written advice being provided to the referring G.P. instead

Members noted that haematology referral and treatment data will also include referrals for non-malignant haematological conditions.

Telehealth

During the earlier stages of the COVID-19 pandemic and initial lockdown, telehealth use increased significantly. To date, clinical haematology units are still utilising telehealth, with many follow-up appointments being conducted as phone consultations or over Zoom/Teams. This practice is expected to continue and has not decreased back to pre-pandemic levels.

Members commented that telehealth has been particularly beneficial for use with people requiring routine follow up appointments who live rurally.

Evusheld

There are approximately 10,000 doses worth of Evusheld due to expire on the 31st of December 2022.

Across the country there are varying methods and processes for the roll out of Evusheld. These include:

- Administration to all patients having systemic anti-cancer therapy treatment
- Day Ward and outpatient nurses administering on attendance
- Primary care administration (this can involve a \$150 cost to the patient)
- Administration to all allogeneic and autologous stem cell transplant patients

Members discussed the efficacy of Evusheld against newer strains of COVID-19 from hospital based Infectious Diseases clinicians. There was questioning whether it is still beneficial to be pushing this medication and there appears to be varying practice across the country as to plans to continue to administer proactively. The clinical benefit in comparison to the potential cost to patients and manpower requirements was discussed. COVID-19 continues to be potentially fatal for the vulnerable clinical haematology patient cohort.

Action: Tess Luff to liaise with Te Whatu Ora (or Manatū Hauora, as appropriate) to highlight that there are concerns and uncertainty around the efficacy of Evusheld at the current time and whether updated advice on the distribution and administration of Evusheld will be provided.

Cancer Services Planning Optimal Cancer Care Pathways Update

Abby O’Neil and Jan Smith provided an update on the Cancer Services Planning Optimal Cancer Care Pathways (OCCP) Project .

Currently, there are inequities at every step along the cancer continuum with Māori people 20% more likely to develop cancer than non-Māori and twice as likely to die from cancer. Pacific people experience higher incidence and mortality for a range of cancers than non-Pacific. People living with mental illness experience poorer cancer survival rates for some cancers.

The OCCP is a tool that will support driving improvements and reducing unwarranted variation in cancer care by defining what optimal, publicly funded care we should be aiming to provide by cancer type. The project has taken an adopt and adapt approach from the Australian Optimal Care Pathways. New Zealand has adapted to suit our context, such as the addition of equity to the guiding principles, and wellness added as step one. There have recently been eight Australian pathways published for haematology, these will be used to develop the New Zealand OCCP.

This work is in the early stages and will return to the Haematology Work Group at a later date. The final OCCP will support Te Whatu Ora in commissioning and clinical governance of the pathways.

Members commented that they are interested to see how the pathways will be implemented, followed and monitored.

PET-CT Indications

Jo Anson provided an update on the PET-CT Indications project, followed by robust discussion.

There is currently inconsistent access to publicly funded PET-CT scans across the country. This work is seeking to correct gaps and develop one national list of accepted indications. The proposed updated PET-CT Indications includes haematology indications. These are supported by international research and are the typically standard of care internationally.

Once finalised, the proposed indications will be provided as advice for Te Whatu Ora.

The Members agreed that one list of indications across the country would be beneficial and were supportive of the proposed indications for haematology.

Action: Jo Anson to email the group with the evidence for the proposed indications and to request further feedback from members.

Centre Updates

Members provided Centre updates, starting from the South and moving to the North of New Zealand.

Southern: Southern has been doing well with the Evusheld roll out. They are currently working to implement a laboratory advanced trainee registrar position. Southern are interested in support from other centres who have had success in this space. They are hopeful to be fully staffed in 2023

Waitaha Canterbury: Waitaha Canterbury are ok with nothing additional to update on.

Capital, Coast and Hutt Valley: There will be a busy January due the recent patient diagnoses. Currently a Locum is covering sabbatical leave.

Te Pae Hauora o Ruahine o Tararua MidCentral : There are currently increased vacancies with a consultant haematologist retiring. This has resulted in increased travel to the regions (Taranaki and Hawkes Bay) by the current pool of haematologists. The ability to service big populations at a distance is getting more difficult.

Waikato: Waikato is currently recruiting to fill the vacancy of a recent consultant retiring. There is some capacity to take auto-transplant patients from the Auckland region if required. Overall, everything is heading in the right direction.

Counties Manukau: Counties Manukau are continuing business as usual with minimal updates to report. Anecdotally, they are seeing an increased amount of COVID-19 in haematology patient population. The Day Ward Charge Nurse has recently left. This position has previously been difficult to recruit to.

Te Toka Tumai Auckland: There has been ongoing turnover in the SMO workforce recently. This will result in staffing constraints, particularly in the first half of 2023. There are ongoing efforts to recruit to Clinical Nurse Specialist roles within the service. The Auckland service is continuing to progress service improvement and growth currently. There are discussions regarding CAR T-Cell Therapy and the current clinical trial in Wellington. This may be looked into in the second half of 2023 for Auckland.

Waitematā: There has been increased staffing turnover in Waitematā. This has been ongoing since February 2022 and across all professions. At this stage, short staffing is likely to continue through 2023.

Northland: No one from the region on the call.

Nursing Update: The haemato-oncology nursing workforce is feeling tired and jaded. There are concerns in the nursing workforce that nursing does not look like a satisfying profession and therefore there are decreased volumes of people entering Bachelor of Nursing programmes.

General Business

No General Business

Papers for noting:

Systemic Anti-Cancer Therapy Cancer Services Planning Project Update – noted.

Stem Cell Transplant Cancer Services Planning Project Update – noted.

Next Meeting/s

March 2023 – Date TBC, which will hopefully be face-to-face in Wellington with attendance from a Te Whatu Ora representative.

Close

The meeting closed at 5.00pm.