

<b>Meeting:</b>	<b>Chemotherapy Expert Advisory Group</b>	
<b>Date:</b>	<b>Monday 20 November 2017</b>	
<b>Time:</b>	<b>1.30 – 3.30</b>	
<b>Venue:</b>	<b>Evolve Business Centre, Houghton le Spring</b>	
<b>Present:</b>	<b>Name:</b>	<b>Initials</b>
	Steve Williamson (Chair), Consultant Pharmacist, Northumbria/ NHS England	SW
	Wendy Anderson, Nurse Consultant, South Tees	WA
	Adrienne Moffett, Cancer Alliance Delivery Manager, Cancer Alliance	AM
	Denise Blake, Pharmacist, Newcastle	DB
	Alison East, Head Cancer Nurse/Nurse Consultant, NUTH	AE
	Eleanor Bain, Pharmacist, South Tees	EB
	Karen Shield, Pharmacy Production Manager, CHSFT	KS
	David Sproates, Pharmacist, Gateshead	DS
	Kate Lockhart, Chemotherapy Lead Nurse, NCUH	KL
	Lorraine Linskill, Staff Nurse, UHND/CDDFT	LL
	Ruth Henderson, Pharmacist, South Tees	RH
	Elizabeth Gibson, Chemotherapy Manager, CDDFT	EG
	Maureen Flatman, Chemotherapy Manager, CDDFT D'ton BGH	MF
	Helen Roe, Lead Cancer Nurse, Cumbria	HR
	Zoe Collins, Senior Sister, NUTH	ZC
	Chris Beck, Pharmacist, CHSFT	CB
	Alison East, Alison East, Lead Cancer Nurse, NUTH NUTH	AE
	Michelle Holmes, Chemotherapy Matron, North Tees	MH
<b>In Attendance</b>	Susanna Young, Admin Support, Cancer Alliance	SY
	Karen Dunn, Business Support Assistant , Cancer Alliance	KD
<b>Apologies:</b>		
	Jenny Allen, Haem/Onc Pharmacist, Northumbria	JA
	Allison Neilson, ,Lead Chemotherapy Nurse, NUTH Northumbria	AN
	Bill Weatherill, Pharmacist, North Tees & Hartlepool FT	BW
	Melanie Robertson, Nurse Consultant Cancer Services, CHSFT	MR
	Kath Jones, Network Delivery Team Facilitator, Cancer Alliance	KJ
	Ruth Tindale, Oncology & Aseptic Services Lead Pharmacist, South Tyneside	RT
	Nicky Von Abo. North Cumbria University Hospitals	NVA
	Calum Polwart, lead Chemotherapy Pharmacist, CDDFT	CP
	Inga Andrew, Palliative Care Pharmacist, CHSFT	IA
	Ciara Boothroyd, Pharmacy Manager, Nuffield Health	CB
	Sumantha Gabriel, Haem Pharmacist, NUTH	SG

### MINUTES

<b>1.</b>	<b>INTRODUCTION</b>	<b>Lead</b>	<b>Enc</b>
	<b>a</b>	<b>Welcome and Apologies</b>	
		SW welcomed all to the meeting and introductions were made. Apologies were noted as above.	
	<b>b</b>	<b>Minutes of the previous meeting (27.03.17)</b>	
		The minutes of the previous meeting were agreed as an accurate record, subject to the following amendment, Page 3, second paragraph, Chemocare South should read:	<b>Enc 1</b>

		South Tees are live with oncology, haematology and clinical trials. North Tees are fully live with Oncology and working through haematology but not all patients are on chemocare. Big push to have this completed by end of April. Darlington are making good progress, it was highlighted that for CDDFT, their North Durham and Shotley Bridge sites do not use Chemocare.		
	<b>c</b>	<b>Matters Arising</b>		
		<p><b>I. Akynzeo Fixed Network price &amp; protocol adoption</b></p> <p>Due to different price deals for different organisations, work completed with a standard price deal available to all Trusts.</p> <p><b>II. Out of date protocols (see section 6)</b></p> <p>This item will be discussed under section 6.</p> <p><b>III. Immunotherapy UKONS Guidance</b></p> <p>It was noted UKONS Guidance would be published in December and shared with the Group when received.</p>		
<b>2.</b>	<b>SPECIFIC ISSUES ARISING</b>			
	<b>a</b>	<p><b>Chemo Nurse Issues</b></p> <p>WA referred to the UKONS systemic therapies passport (a standardised training programme) was launched at UKONS conference at the beginning of November and proposed this be adopted across the Alliance; SW noted endorsement from the UK Chemo Board had been received.</p> <p>See <a href="http://www.ukons.org/">http://www.ukons.org/</a> to download passport (Passport for the Safe Handling and Administration of Systemic Anti-Cancer Therapies (SACT)).</p> <p>It was noted the passport could replace practical competencies for chemo nurses would be able to take these with them between Trusts to make training easier, this would also help to standardise training.</p> <p>The group noted this had been endorsed/adopted in North Tees and would be shared with Universities to include in training.</p> <p>The group agreed to adopt the passport in principle, however, each organisation would give consideration to their own governance processes.</p> <p><b>ACTION:</b> Network Chemotherapy Nurse training policies to be reviewed to include reference to passport. (</p>		
			WA, AE, HR	



	<p><b>Chair of Group term of office</b></p> <p>SW stated his intention to step down as chair of the group as has served 3 terms of office (due to lack on volunteers to take on chair) and asked for any nominations to take over the role. It was noted SW would co-chair the next scheduled meeting, with the new chair taking over for the September meeting. The Job Specification for the role would be shared with the minutes.</p> <p>This would be placed on the next Agenda for sign off.</p>	KD	
d	<p><b>Chemotherapy E-Prescribing Progress</b></p> <p><b>I. Chemocare North</b></p> <ul style="list-style-type: none"> <li>• Standard protocols, everything on system for adults</li> <li>• 90% Paediatrics</li> <li>• Few outstanding clinical trial</li> <li>• Issues around haematology in Cumbria</li> </ul> <p><b>II. Sunderland</b></p> <ul style="list-style-type: none"> <li>• All standard protocols were now on the system</li> </ul> <p><b>III. Chemocare South</b></p> <ul style="list-style-type: none"> <li>• All on 99% across the patch</li> <li>• Durham - all Haematology was on system but no Oncology</li> </ul> <p>SW informed the group NHS England were looking closely at Chemotherapy electronic prescribing compliance levels in each provider. Discussion followed on compliance and financial penalties.</p> <p>Following a query from DB, SW confirmed there would be a Paediatric questionnaire published which would be sent out through NHSE, however the timescale for this was unknown.</p> <p>E prescribing would be kept on the agenda as a standard item.</p>	KD	
e	<p><b>Community Chemotherapy</b></p> <p><b>I. Cancer Alliance Review</b></p> <p>AM noted that review of chemotherapy provision in community was an item on Alliance work plan. The group discussed different models in the patch and agreed to provide information to AM on local models.</p> <p><b>ACTION</b> AM to email questionnaire to each Trust</p>	AM	

		<p>II. Potential Regimens</p> <p>SW highlighted document prepared previous year giving guidance on which regimens suitable for community or home administration. The group agreed list still current, with 1 or 2 additions of new therapies. To be published on group webpages</p> <p>ACTION: SW to update and CB to load to website</p> <p>III. <b>Cancer Vanguard Denusomab model (Amgen)</b></p> <p>SW shared for information the document 'The NHS Cancer Vanguard programme innovative delivery models for community – based cancer care' and stated any feedback on models was to be sent to AM <a href="mailto:adriennemoffett@nhs.net">adriennemoffett@nhs.net</a></p> <p>The group noted that following a request from UKONS, Cumbria had rolled out Denusomab into the community. Work was continuing to see what else could be rolled out from the Trust into the Community.</p>	All	
	f	<p><b>Capacity Planning &amp; Horizon Scanning</b></p> <p>SW informed the group there was a need for capacity planning on new treatments to look at impact on delivery capacity for the following year and stated he had raised this with the National Team.</p> <p>Discussion followed on a national horizon scanning system called Pharmascan, however, currently only selected people had access. The NHS had paid for the set-up of this to support NICE. SW was to pursue this with NHSE.</p> <p>It was noted NICE were looking at more cancer medicines than ever before and it was anticipated with high levels of new approvals demand could grow and units would be busier the following year.</p>	SW	
3	<b>POLICY &amp; PROTOCOLS</b>			
	a	<p><b>Chemotherapy Pharmacist Project Update (Introducing Chris Beck)</b></p> <p>The Group were introduced to Chris Beck and noted he had been appointed to the Alliance to update Regimen protocols Alliance Chemo Policies.</p> <p><b>I. Policy Document Control Form</b></p> <p>The Policy Document Control Form had now been updated and shared and discussion of responsibility for updating police, noting those that could be updated without major review. (See 3b below)</p> <p><b>II. Breast &amp; Lung Protocols Reviewed</b></p> <p>Breast and Lung Protocols together with Colorectal were currently being reviewed. Completion by the end of the month was anticipated.</p>		

<p><b>b</b></p>	<p><b>Network Clinical Guidelines Review</b></p> <p>The polices were reviewed and the following actions were noted:</p> <ul style="list-style-type: none"> <li>• Immune Toxicity, currently not included – need to reference links to it – WA &amp;CB to lead</li> <li>• Allergic Reactions no changes – re-issue</li> <li>• Scalp cooling – timings have changed - HR to lead</li> <li>• Assessment of competencies – update with passport - WA &amp; AE to lead</li> <li>• Nurse Training AE to lead - Need to look at training link with competence document to share by end of February</li> <li>• 24 hours telephone spec – Peer Review – included in UKON tool to be referenced – HR to lead</li> <li>• influenza leaflet needs updating - SW to lead</li> <li>• Chemo nurse training – completed</li> <li>• Non medical prescribing - oncology training programme updated in August needs to be reviewed, RCN guidance also changed - SW to lead.</li> <li>• EPO not aware of any changes – CB to review and reissue</li> <li>• referral form DB and WA to send to SW to be updated</li> <li>• Adult Venous - Sent to group this morning comments back to WA in two weeks will update and upload to Website</li> <li>• GCSF To be reviewed and reissued - SW/CB to lead</li> <li>• Anti-cancer meds - CB to re-issue</li> <li>• Oral medicines – no changes - SW to re-issue</li> </ul> <p>This item will be placed on the March Agenda.</p>	<p>WA/CB</p> <p>HR</p> <p>WA/AE AE</p> <p>HR</p> <p>SW AE</p> <p>SW</p> <p>CB</p> <p>DB/WA/ All</p> <p>SW/CB CB SW</p> <p>KD</p>	
<p><b>C</b></p>	<p><b>Antiemetic Policy Update (discussion points)</b></p> <p><b>I. ASCO17 &amp; 2016 MASCC/ESMO16 guidance</b></p> <p>DB gave an update on changes to the antiemetic guidance; a summary of standards was shared and the implications for local guidance shared.</p> <p><b>II. Role of Olanzapine</b></p> <p>The general consensus of opinion was they would not use this as a standard addition to all highly emetogenic protocols but where patients suffered breakthrough CINV this treatment would be used.</p> <p>HR suggested an Audit be done on patients who had struggled as it was agreed that the group ‘perceived’ there to be no problems with current guidelines and CINV was generally well controlled. This would be brought back to the next meeting for discussion.</p>	<p>SW</p>	

	<p><b>III. Use of NK1 antagonists for carboplatin</b></p> <p>With regards to NK1 Antagonists it was agreed an audit would be beneficial to determine which patients were on it with carboplatin, but that it should be added to Network guidance in line with ASCO. SW &amp; DB to update.</p> <p>Discussion followed on standardisation of supported therapies. It was noted the NHS would pay block contracts but not increase expenditure; this would become the Trusts responsibility.</p> <p>SW Noted the current list of NHS England funded supportive therapies can be found at <a href="https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2014/06/Supportive-drugs-chemotherapy-v1.pdf">https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2014/06/Supportive-drugs-chemotherapy-v1.pdf</a></p>		
4	<p><b>COMMISSIONING/NHS ENGLAND</b></p>		
	<p><b>a Specialised Commissioning Update</b></p> <p><b>I. Cancer Pharmacist Secondment</b></p> <p>The group noted Marga Rodriguez, Pharmacist from South Tyneside had been seconded for 1 day per week to support the Local NHSE specialised commissioning Pharmacists till the end of the year.</p> <p><b>II. Specialised Com Drugs Briefing – Autumn 2017</b></p> <p>This was shared for information.</p> <p><b>III. Chemotherapy CRG</b></p> <p>This was shared for information, SW said national minutes were not yet available. Next meeting to be held in January.</p> <p><b>IV. Dose Banding and Meds Op CQUINS</b></p> <p>It was noted everything in CQUINS would be included in contracts the following year.</p> <p>With regards to Dose Banding, standardised specifications for each dose banded products would be uploaded onto NHSE website when published.</p> <p><b>V. Abiraterone for hormone-sensitive metastatic prostate</b></p> <p>Following Prostate cancer trials in June, positive outcomes were noted. NHSE had confirmed funding would not be available if Abiraterone was given early in treatments, until this has been through NICE or NHS England policy review of evidence.</p>		

	<b>b</b>	<p><b>SACT DATASET</b></p> <p><b>I. SACT data compliance report</b></p> <p>Work on this was ongoing and the report was accessible via the SACT website.</p> <p>SW informed the group he would invite Nicola Ace, regional SACT coordinator to the next meeting.</p> <p><b>II. Medicines Optimisation CQUIN-trigger 4 SACT</b></p> <p>Slides from an NHS England Webex giving background to actions required, were shared with group noting webex available to all providers the following week. The group confirmed the invites had been received by Chemotherapy leads in Trusts.</p>	SW	
	<b>c</b>	<p><b>Biosimilar Rituximab</b></p> <p><b>I. Local Uptake Graphs</b></p> <p>SW shared local uptake graphs with the group. DB said data was to be shared with caution, as inaccuracies had been previously noted.</p> <p><b>II. Biosimilar Trastuzumab</b></p> <p>SW referred to the likely NHSE position* of requiring IV to IV switch to biosimilar trastuzumab but <b>would not include having to switch subcutaneous trastuzumab to biosimilar trastuzumab.</b></p> <p>*Must await publication of commission information from NHSE in new year before position confirmed</p> <p>Some biosimilar manufacturers were looking at how they could incentivise Trusts to change the way they give Trastuzumab. Some novel schemes were expected which could be offered to Trusts as incentive to switch sub cut patients to biosimilar, though this would be done by Trust local negotiation with companies.</p> <p>SW noted any local discussion should involve local commissioners, but that commissioners will not require Trusts to look at these options, as commissioners aware of capacity issues.</p>		
<b>5</b>		<b>PATIENT EXPERIENCE</b>		
	<b>a</b>	<p><b>Patient held booklet</b></p> <p><b>I. Discontinuation of 'free' purple book</b></p> <p>It was noted due to the lack of funding the Purple interim patient held chemotherapy record book provided by Lily would no longer be available from the New Year. SW advised the group to order additional books and stock up while copies were still available.</p>	All	

		<p><b>II. Update on National Chemo Board progress new book</b></p> <p>SW referred to the Red Book and said the UK Chemo Board were now developing a new national patient held record book which Macmillan had offered to publish and which would be ordered through them; availability was expected in 6 to 12 months.</p>		
	<b>b</b>	<p><b>Immunotherapy Guidelines (UKONS) - update</b></p> <p>It was noted new guidelines to be published in December.</p>		
<b>6</b>	<b>CLINICAL GOVERNANCE</b>			
	<b>a</b>	<p><b>Deviations from Approved Regimen</b></p> <p>It was agreed this item would be removed from future Agenda, as current commission position allowed for little or no flexibility to amend or change approved regimens.</p> <p>SW to review impact on Network agreed regimen list and present options for next meeting. The potential for National Chemotherapy Algorithms from NHSE (still in development) would mean local approved lists would become redundant.</p> <p>It was agreed that in interim, the Cancer Alliance approved Chemotherapy regimen list would be the current approved list on the electronic chemotherapy systems. All new regimens had to go through a commissioning process before being added to systems. SW and WH could advise Trusts and clinicians</p>	KD	
	<b>b</b>	<p><b>Errors/IR1 Safety Issue learning to share</b></p> <p>It was agreed it would be advantageous to continue sharing safety issues.</p> <p><b>I. DPD Death and Investigation (Northumbria)</b></p> <p>SW reported there had been that 3 significant DPD toxicity cases in Northumbria with 1 patient dying. A SUI investigation had taken place which had led to changes in their procedures.</p> <p>Kings College London was undertaking an accredited test to cover 2/3 types of genetic deficiencies for DPD. SW was looking at their procedures and would share any outcomes.</p> <p>In Newcastle, a myeloma chemocare protocol set up had been changed following a patient who had suffered a stroke .</p>	SW	
<b>7</b>	<b>NATIONAL MEETINGS</b>			
	<b>a</b>	<p><b>UK Chemotherapy Board</b></p> <p>SW to share minutes from national meetings for information only.</p>	SW	

	<b>b</b>	<b>Chemotherapy CRG (see 4.1.iii)</b>  Agenda from group shared highlight the topic areas the national Chemotherapy CRG were working on.		
	<b>c</b>	<b>BOPA</b>  No update noted. SW as BOPA chair will provide link.		
	<b>d</b>	<b>UKONS</b>  The group congratulated HR on her appointment to President of UKONS.		
<b>9</b>	<b>Any Other Business</b>			
		North Cumbria was currently experiencing a shortage of chemo nurses due to sickness. A request for any available help was noted.  HR expressed thanks to all the nurses and pharmacists who had provided her with Herceptin information. This would be pulled into a document and shared when finalised.	All  HR	
<b>9</b>	<b>Meeting dates for 2017</b>			
		Monday 12 March 2018, 1.30 – 3.30, Evolve Business Centre Houghton le Spring  Monday 10 September 2018, 1.30 – 3.30, Evolve Business Centre, Houghton le Spring		