



Meeting:	Chemotherapy Expert Advisory Group	
Date:	Monday 12 March 2018	
Time:	1.30 – 3.30	
Venue:	Evolve Business Centre, Houghton le Spring	
Present:	Name:	Initials
	Jenny Allen, Haem/Oncology Pharmacist, Northumbria	JA
	Wendy Anderson, Nurse Consultant, South Tees	WA
	Chris Beck, Pharmacist, CHSFT	CB
	Alison East, Head Cancer Nurse/Nurse Consultant, NUTH	AE
	Ruth Henderson, Pharmacist, South Tees	RH
	Michelle Holmes, Chemotherapy Matron, North Tees	MH
	Will Horsley, Pharmacist, NHS England	WH
	Kate Lockhart, Chemotherapy Lead Nurse, NCUH	KL
	Claire McReynolds, Chemo Nurse, North Tees & Hartlepool	CM
	Adrienne Moffett, Cancer Alliance Delivery Manager, Cancer Alliance	AM
	Kelly Pegg, Chemo Nurse, North Tees & Hartlepool	KP
	David Sproates, Pharmacist, Gateshead	DS
	Bill Weatherill, Pharmacist, North Tees & Hartlepool FT	BW
	Steve Williamson (Chair), Consultant Pharmacist, Northumbria/ NHS E	SW
In Attendance	Susanna Young, Admin Support, Cancer Alliance	SY
Apologies:	Eleanor Bain, Advanced Clinical Pharmacist – Oncology, South Tees	EB
	Denise Blake, Pharmacist, Newcastle	DB
	Helen Roe, Lead Cancer Nurse, Cumbria	HR
	Karen Shield, Pharmacist, Sunderland	KS

MINUTES

1.	INTRODUCTION	Lead	Enc
a	Welcome and Apologies SW welcomed all to the meeting and introductions were made. Apologies were noted as above.		
b	Minutes of the previous meeting (20.11.17) The minutes of the previous meeting were agreed as an accurate record with the following amendment Page 3 – remove sentence regarding the Yellow Card		Enc. 1
c	Terms of Reference Circulated for information		
d	Outstanding Matters from Previous Minutes I. Community Chemotherapy – Local Models Updates have been received and shared with the group (attached). This is included in the alliance work plan. A query was raised about chemotherapy in the community and		Enc. 2

	<p>what this means. SW reiterated that it was for patients to receive 'chemotherapy closer to home' i.e. smaller hospitals, community settings, chemo bus, GP surgeries and in patient homes.</p> <p>AM has visited Sunderland and asked the group if their model should be an alliance model. WA noted feedback that if a home chemotherapy model was being started again it would be for chemo to be done at smaller community sites rather than home visits.</p> <p>The group noted there would need to be a way to identify the tariff payment to Trust if providing service at home.</p> <p>AM to circulate and responses to be received asap and to include different cancer types as some can only be done at certain places. Also to look at sharing good practice across the region.</p> <p>II. Cancer Vanguard Denusomab Model (Amgen) Document shared at the last meeting.</p> <p>III. DPD Incident and Investigation (Northumbria) – Protocol updates with warning & Consent Northumbria has undertaken an SLE following DPD toxicity Incident (s) resulting in patient harm. SW shared feedback from the learning and described the changes to the service pathway that have been subsequently been put in place.</p> <p>The group agreed that Alliance Chemotherapy protocols should be updated to included warnings regarding DPD toxicity and ensuring additional information provided to patients during consent.</p> <p>See below for copy of new information on regimen protocols.</p> <div data-bbox="263 1373 1195 1675" style="border: 1px solid black; padding: 5px; background-color: #f8d7da;"> <p style="text-align: center;">DPD Deficiency and Severe Toxicity Risk</p> <p>Dihydropyrimidine dehydrogenase (DPD) plays an important role in the metabolism of fluoropyrimidine drugs 5-fluorouracil (5FU) and capecitabine. Patients with DPD deficiency may be predisposed to experience increased or severe toxicity when receiving 5-FU or capecitabine, and in some cases these events can be fatal.</p> <p>For all patients having capecitabine or fluorouracil, the risk of severe side effects from capecitabine or 5FU if patients have a deficiency of DPD must be mentioned and patient given a copy of the DPD toxicity information leaflet from cancer research UK.</p> <p>Available at http://www.cancerresearchuk.org/about-cancer/cancer-in-general/treatment/chemotherapy/side-effects/dpd-deficiency-and-fluorouracil</p> </div> <p>SW to feed this back to the national patient information team regarding highlighting DPD toxicity on national consent forms.</p>		
2.	SPECIFIC ISSUES ARISING		
a	Adjuvant Bisphosphonates in early Breast Cancer		
	Discussion was been held on availability in Alliance of Adjuvant Bisphosphonates in early Breast Cancer following NICE publication of evidence summary. It was noted NICE unable to provide actual guidance as it this is for off label use of medicines so NICE		

	<p>publication does not have to be implemented.</p> <p>SW asked who was doing this procedure: Northumbria – No North Tees & Hartlepool – Yes at chemo unit, historical Gateshead – No South Tees – No Newcastle – No and concerned re taking referrals from other areas and undertaking in community setting Durham – Yes</p> <p>CP has shared information with SW on how Durham code the activity. SW asked if the group should issue some guidance in relation to the coding but the group felt it would not be something they could do.</p> <p>If anyone does want advice on how to code this then to contact CP direct and then negotiate with CCGs.</p>		
b	Capacity Workshop – Saturday 21 April 2018		
	<p>Registration is open and the agenda has been shared. Uptake for the event was low so the group were asked to circulate this as wide as possible. Registration can be made via the link below.</p> <p>https://www.eventbrite.co.uk/e/capacity-workshop-for-the-delivery-of-sact-treatments-tickets-43472516467</p>		
c	Cancer Alliance Update		
	<p>I. One Year On Event Registration is open and spaces are available. Prof. Chris Harrison – National Clinical Lead for NHS England will be presenting at the event.</p> <p>II. Chair of Group term of office SW to continue to chair for this year but will require another chair from March 2019. Any volunteers to contact SW or AM.</p>	ALL	
d	Chemotherapy E-Prescribing Progress		
	<p>I. Chemocare North This is progressing and scheduling is in most places, South Tyneside are implementing next week Cumbria has started implementing scheduling but been delayed due to weather.</p> <p>II. Sunderland Outpatients all live still waiting for other work. Trials not on system.</p> <p>III. Chemocare South South Tees – email from SW North Tees & Hartlepool - Interfacial prescribed on paper Also looking at website version 6.</p>		

		The group asked for this to remain on the agenda for future meeting as this is a priority for NHS England. To keep on as standing agenda item	SY	
e		PIP Group Pharma Challenge		
		<p>The PIP group met last week and this item has arisen due to the sharing of information on the results of the National Cancer Vanguard's 'Pharma Challenge' with the Alliance mooting the idea of having a regional challenge.</p> <p>See https://cancervanguard.nhs.uk/pharma-challenge/</p> <p>The first steps have been taken and the Alliance have met with the Regional Pharma Reps to ascertain interest, this may result in joint working proposals which will have to fit with the Alliance agenda. Next Steps are:</p> <ul style="list-style-type: none"> • Companies to reflect on meeting and let the Alliance know what, if anything they can offer • Share the work plan and presentation • Companies will think about what they already have that match the current work plan and can be shared <p>The Alliance will hold a Pharma Challenge meeting to decide on which submissions to support if there is enough interest.</p> <p>The group were asked to share any ideas and share them with AM. This cannot be specific for a product but a service around cancer. AM agreed to keep the group updated.</p>	All	
3		WORKPLAN ITEMS		
	a	Review and Update Work plan		
		The work plan was shared with the group and SW highlighted items that have now been completed.		Enc. 3
	b	Local Chemotherapy Service Update		
		<p>North Tees & Hartlepool – Akynzeo – currently consultants add in for when needed without dose reduction and queried whether this is the same across the region.</p> <p>Gateshead – not met as a group for a while. Capacity problems were highlighted as the main issue.</p> <p>South Tees – are holding a Train the Trainer day at Jury's Inn Middlesbrough on 19 June.</p> <p>Newcastle – have a scheduler implemented and are looking at capacity which is due to increase and to have joint group of staff to help with this.</p> <p>Cumbria – reported capacity issues and have business case to improve this on both sites. Chemocare role out is struggling with haematology.</p> <p>Northumbria – Live with scheduling and nursing have seen an improvement for this. JA and Amanda Walshe (lead Nurse) has done work with Macmillan to secure medicines assistant posts to</p>		

		look into chemocare and support nursing staff. Macmillan are funding this for 3 years. Happy to share information wider. Sunderland – concerns were raised about trastuzumab biosimilar and managing the first treatment of this.		
	c	Capacity Planning and Horizon Scanning		
		This item was discussed under the work plan section.		
4	COMMISSIONING/NHS ENGLAND			
	a	Specialised Commissioning Update		
		Region spending £80M on chemotherapy. North East and Cumbria are delivering savings and efficiency improvements. Biosimilar trastuzumab was released last week. Imatinib generic had good uptake. New cancer treatments have also been added to Blueteq. WH can provide patient information if patient has been seen at another trust and not registered in second Trust. There are differences in use /uptake between the hospitals in the north and south patches especially with the prostate cancer drugs. The group discussed and concluded these were a result of variation clinician choice where more than one option available WH thanked the group for all the work and for being cost effective.		
	b	National Clinical Policy development process & removal local one-off policy		
		Shared for information only		
	c	CDF and National Chemotherapy CRG Update		
		CDF evaluation fund now has more options added and data is being collected from companies to support this. This will continue as it is not overspending.		
	d	Biosimilar Trastuzumab		
		This is a more cost effective brand that will be available soon and guidance will be released in due course by NHS England. Discussed under section 4a.		
	e	Local Approved Regimen List		
		This item will be removed when the algorithm list is available. This was shared with the group and asked to identify any items that may be missing and feedback to be sent back to CB Christopher.beck@chsft.nhs.uk		
	f	List of NHS E approved treatments (for info)		
		Spreadsheet from NHS England pharmacists in London that details a checklist of commissioning decisions on cancer medicines shared with the group for information. SW to circulate updated versions as and when available		

5	PATIENT EXPERIENCE			
	a	Policy Document Control Form & Project Report		
		<p>CB has been undertaking the project of updating the chemotherapy protocols since August 17.</p> <p>The policy documentation control checklist to be updated uploaded to website. Solid tumour regimens should all be up to date now (Gynae protocols to be checked, approved and uploaded)</p> <p>Next steps trying to extend CB's contract to look at the haematology protocols. If this is not extended then all group members to identify which haematology protocols are the priority and to look at these and prioritise the newer ones.</p>	All	
	b	Antiemetic Policy (for info and approval)		
		This has been updated and group asked to approve these. The group endorsed the changes.		
	c	Network Chemotherapy Nurse Training & Training Competency Policies (for info and approval)		
		This has been updated and AW highlighted the changes made. The group endorsed the changes.		
	d	Non-Medical Prescribing Policy (for discussion)		
		<p>SW has updated and shared a working draft with the group. Guidance has been changed to update all competencies to reflect new guidance for non-medical review and prescribing and review of anticancer medicines for oncology and haematology patients.</p> <p>SW asked medical prescribers to look through the document and forward any comments back to SW within 2 weeks. If no substantial comments are received then these will be adopted by the group.</p>		Now On Website
	e	Oral Chemo Policy (for info and approval)		
		This has been updated and attached for information. Comments to be returned within in two weeks then document approved by chairs action.		
	f	Adult Venous Access and (CVAD) (for info and approval)		
		This was endorsed, updated and circulated.		
6	CLINICAL GOVERNANCE ISSUES			
		North Tees & Hartlepool reported that they recently had a leaking pipe for chemo.		
7	SACT DATASET (Standing Agenda Item)			
	a	SACT Local Reports Available		
		Public Health England are now producing local reports on SACT compliance and detailed SACT suites of information, which should be available through the Trusts.		
	b	Local Trust SACT Databases		

		SW questioned if it would be beneficial to have a SACT database template and for this to be network wide by tumour group. SW suggested this could be taken to Pharma as part of the Pharma challenge. South Tees run their data through crystal reporting so do not need separate database as can query that. NUTH working on changing to Crystal reporting.		
8		PATIENT EXPERIENCE		
		The Alliance is trying to set up a system looking at co-designing and patient experience. Looking at how to do differently and better. It was suggested that Jo Mackintosh, Project Manager be invited to attend the next meeting.		
9		DRUG / REGIMEN ISSUES		
	a	IO Toxicity Advice		
		Document on commissioning routes for drugs used to treat immune oncology adverse reactions, e.g. infliximab for gastritis was shared for information but felt not to be a useful document as most require an IFR however in some cases there is not enough time to do this. There is also a difference in approach with CCGs.		
	b	Daratumumab 1st Cycle Prolonged Infusion		
		New therapy which requires a prolonged infusion. Feedback was received from CP and DB. Northumbria felt that patients should be admitted for the first treatment. Concerns raised regarding nursing capacity. Not been requested (yet) at Sunderland or South Tyneside but plan would be to admit patients to haematology ward. North Tees – no definite plan as they have not been asked or thought about it. They do have haematology/oncology ward but would look at this when the first request comes in place. Gateshead – have been informed patients would go to Sunderland North Tees – inpatient beds and day unit does extended hours Cumbria – inpatient beds		
	c	Myeloma 1st Line Treatment Definition		
		It was confirmed that NHS England position is that steroids alone are not counted as an active line of treatment if have before starting SACT, i.e. cannot say steroids are 1 st line.		
	d	Fuvestrant Commissioned Use Clarification		
		Fuvestrant was not funded as a 2 nd line use but NICE has published its final guidance and no longer recommend this anymore.		
10		ANY OTHER BUSINESS		
		Cumbria reported that three patients who have had biosimilar rituximab reported severe headaches and patients admitted after administration. Northumbria has had one patient who has switched back to Mabthera due to infusion related reaction.		
	a	For Info Only – UK Chemotherapy Board 31.01.18		

		Shared for information		
	b	For Info Only – Chemotherapy CRG 10.01.18		
		CRG trying to (discussions with NHS England) work ongoing on acute oncology and service review for chemo.		
	c	Chemo Nurse Issues (<i>not already on agenda</i>)		
		No items to discuss		
	d	Chemo Pharmacy Issues (<i>not already on agenda</i>)		
		No items to discuss		
	NEXT MEETING DATE			
		Monday 10 September 2018, 1.30 – 3.30, Evolve Business Centre, Houghton le Spring		