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| Meeting: | Chemotherapy Expert Advisory Group | |
| Date: | Monday 10 September 2018 | |
| Time: | 1.30 – 3.30 | |
| Venue: | Evolve Business Centre, Houghton le Spring | |
| Present: | Name: | Initials |
| | Eleanor Bain, Advanced Clinical Pharmacist – Oncology, South Tees | EB |
| | Chris Beck, Pharmacist, CHSFT | CB |
| | Katie Elliott, Primary Care Lead, Cancer Alliance | KE |
| | Ruth Henderson, Pharmacist, South Tees | RH |
| | Will Horsley, Pharmacist, NHS England | WH |
| | Adrienne Moffett, Cancer Alliance Delivery Manager, Cancer Alliance | AM |
| | Marga Rodriguez, Pharmacist, NHSE/South Tyneside FT | MR |
| | David Sproates, Pharmacist, Gateshead | DS |
| | Bill Wetherill, Pharmacist, North Tees & Hartlepool FT | BW |
| | Steve Williamson (Chair), Consultant Pharmacist, Northumbria/NHS E | SW |
| | Karen Shield, Pharmacist, Sunderland | KS |
| In Attendance | Laura Lund, Admin Support, Cancer Alliance | LL |
| Apologies: | Jenny Allen, Haem/Oncology Pharmacist, Northumbria | JA |
| | Wendy Anderson, Nurse Consultant, South Tees | WA |
| | Anne Black, Regional QA Specialist Pharmacist – North East and North Cumbria | AB |
| | Lindsay Cairns, Rutherford Centre | LC |
| | Michelle Holmes, Chemotherapy Matron, North Tees | MH |
| | Graham Jackson, Consultant Haematologist, Freeman Hospital | GJ |
| | Teri Nicolson, Rutherford Centre | TR |
| | James Richardson, Senior Lead Clinical Pharmacist - Cancer Services | JR |
| | Melanie Robertson, Sunderland | MR |
| | Helen Roe, Lead Cancer Nurse, Cumbria | HR |
| | Mark Verrill, Newcastle | MV |

MINUTES

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| 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 (12.03.18) | | |
| | The minutes of the previous meeting were agreed as an accurate record with the following amendment: <ul style="list-style-type: none"> • Incorrect spelling of attendees name amended | | |
| c | Outstanding Matters from Previous Minutes | | |
| | I. Adjuvant-bisphosphonates in early breast cancer NICE have produce guidance with strong evidence for use. This is being implemented in some areas in Alliance but not all, | | |

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| | | <p>SW forwarded implementation document to group before meeting, to be endorsed by the group or to propose changes. Risks and benefits were discussed,</p> <ul style="list-style-type: none"> Barriers to use are around cost and capacity burden <p>Recommendations from the group: Zoledronic Acid 4mg IV every 6 months for 3 years (7 doses) is the recommended bisphosphonate to reduce the risk of breast cancer recurrence in post-menopausal patients with early breast cancer. Paper to go to Commissioning Forum, commissioning issues – not a chemotherapy drug (CCG funded?) Breast group to be contacted to confirm period of time after surgery for bisphosphonate to have started. Impact on Living and Beyond Cancer ACTIONS</p> <p>Action Points:</p> <ul style="list-style-type: none"> Comments to be forwarded to SW for a final document to be issued. Each organisation to look at how to implement this Breast group to look at how this will impact pathway SW to email chair of breast oncologist for comments To be taken to Living with Beyond Cancer Team within Cancer Alliance to discuss impact on programme Paper to be circulated to the Cancer Alliances Commissioning Forum, Breast EAG, Cancer Unit Managers and Clinical Leadership group. <p>II. Chair of Group Terms of Reference state that the chair will be in position for 2 years; SW opened this position up to the group in past as has been chair for longer than 2 years. SW asked that if anyone is interested in the position, SW/AM/AF (Alison Featherstone) be contacted.</p> <p>SW has agreed to continue as chair until someone is appointed; this decision is supported by NHSE.</p> | | SW AM |
| 2. | SPECIFIC ISSUES ARISING | | | |
| | a | Cancer Alliance Update | | |
| | | <p>I. Pharma Challenge The Pharmaceutical Industry Partnership (PIP) Group met in March 2018; and made decision to support a regional Pharma Challenge to be held by NCA. held, a review group was set up to evaluate the submissions. This was an initiative that had been pioneered by Cancer Vanguard sites who kindly shared methodology and advice</p> | | |

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| | <p>In all 11 submissions to this challenge were received all being evaluated by the NCA senior management and clinical leadership team. AM discussed with the group 3 of the challenges that were not successful but where brought to the group as thought could be used within other organisations.</p> <p>These were:</p> <ul style="list-style-type: none"> • Review of the Immune-related adverse events patient pathway To produce a peer-generated set of recommendations which describe essential elements needed in a service that is effective for the Early Recognition and Rapid Treatment of Immune-related Adverse Events (IrAEs) • Care closer to home Looking at how to care can be done closer to home using a mobile unit. • Reducing Time to Treatment Administration This submission looks at reducing time to treatment: looking at patient pathways, identifying gaps and providing solutions to help improve waiting time. It is being piloted in Newcastle. , Feedback from Newcastle will be sought. <p>Action: AM will seek feedback from Newcastle and share the full proposals with the group.</p> <p>II. EAG Discussion Paper Agreed by the group to continue to have support from the Alliance for agreed meeting, if extra meetings were planned then this would be arranged by the group and organised separately, with support sought elsewhere.</p> | | |
| b | Chemotherapy E-Prescribing Progress | | |
| | <p>I. Chemocare North Version 6 upgrade from 2019</p> <p>II. Sunderland Nothing discussed</p> <p>III. Chemocare South Nothing discussed</p> <p>WH asked if E-prescribing is used 100% across the region, the group confirmed that it was with a very few exceptions e.g. prescribing in theatre for bladder instillations. This has been asked to remain on the agenda for future meetings as this is a priority for NHS England. ACTION To keep on as standing agenda items</p> | | |

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| | c | Feedback on Capacity Workshop Event April 2018 | | |
| | | <p>This was a successful day – with a large turn out which highlighted that capacity/workload can be challenging, slides from the day are on the NCA website.</p> <p>It was suggested that another study day is needed, probably early 2019. Date will be forwarded to the group once this has been confirmed. Agreed to hold on a Saturday once again as this allowed maximum attendance from chemo day unit staff.</p> | | |
| 3 | | WORKPLAN ITEMS | | |
| | a | Review and Update Work plan | | |
| | | SW updated the workplan prior to the meeting and was shared with the group. Discussion took place to confirm which other actions had been completed – copy of updated work plan to be forwarded to group for information. | | |
| | b | Local Chemotherapy Service Update | | |
| | | <p>North Tees & Hartlepool – Chemotherapy unit being refurbished</p> <p>Gateshead – Governance issues discussed</p> <p>South Tees – New Cancer unit being built at Friarage Hospital</p> <p>Newcastle – No information supplied</p> <p>Cumbria – No information supplied</p> <p>Northumbria – Looking to work with 3rd party private hospital in Belington, (the Rutherford Centre) to provide chemotherapy capacity within Northumberland. Challenges noted over the outsourcing of pharmacy services and linking with commissioners. Group will be kept informed about this.</p> <p>Sunderland – No concerns</p> <p>Discussion took place about whether private firms should be invited to this meeting – to be discussed further, group to be guided on this by the NCA..</p> | | |
| 4 | | COMMISSIONING/NHS ENGLAND | | |
| | a | Specialised Commissioning Update | | |
| | | <p>WH gave an update on Specialised commissioning to the group.</p> <p>https://www.england.nhs.uk/specialised-commissioning-document-library/</p> | | |
| | b | CDF and National Chemotherapy CRG Update | | |
| | | <p>Example of regular CDF team email was presented.</p> <p>MR explained the weekly updates to those present, it was agreed that this would be forwarded to the group when available.</p> <p>New process for planned Treatment break– to be shared amongst clinicians any problems with this then contact SW.</p> | MR/LL | |

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| | | Influenza leaflet. There is now an updated leaflet for adults only as there is another leaflet for children. Copy of leaflet shown to the group and circulated. | | |
| | c | Biosimilar Trastuzumab | | |
| | | <p>Sunderland, South Tees and Newcastle at 100% usage. WH asked the group to maximise opportunities as using this balanced payments for new chemotherapy drugs. New drugs expected to be available with extra lines of treatment to be approved by NICE guidelines.</p> <p>Many new drugs are within haematology – noticed increase in numbers due to increase in extra lines of treatments not an increase in patients.</p> <p>Discussion took place of use of subcut or iv Herceptin - cost versus increase in patient time – (capacity and demand)</p> <p>WH thanked the region for all the good work in implementing biosimilars.</p> | | |
| | d | U25's treated outside of specialised TYA services | | |
| | | Discussion around 16 – 25's being treated outside of designated treatment centres. This may be patient's choice but if not Spec. Commission may not be able to pay as it is not a commissioned service. Newcastle TYA service is promoting the benefits to patients being referred to their unit, this does not always affect place of treatment. | | |
| | e | Update advise on Ibrutinib CLL | | |
| | | This was circulated to the group before the meeting and discussed. Patients who relapse after 3 years are now eligible to have Ibrutinib, NHSE and NICE will be working more closely together on this. | | |
| | f | Choice of NIB in RCC | | |
| | | <p>WH discussed the regions choice of TKI for first line RCC proposing it should be Tivozanib as this has substantial cost benefits. (Clinicians now have choice between three alternative TKI's, Tivozanib and Sunitinib or Pazopanib to use for 1st line RCC). Tivozanib was acknowledged by NICE as the most cost effective product</p> <p>Group discussed the advice in the NICE guidance and noted there were some clinical differences in trials and therefore clinicians should make local decisions, but where there was no clinical preference the most cost effective product (Tivozanib) should be used.</p> | | |
| | g | Rasburicase dosing 7.5mg versus 3mg stat | | |
| | | It was agreed at the meeting to follow the BCSH 2015 guideline for 3mg stat dose | | |

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| | h | Tamoxifen in early Breast cancer/Prevention | | |
| | | <p>WH looking at data of the use of Tamoxifen as prevention with women with a familial history.</p> <p>Not being used as much in the North East as it should be, there is a project in place, that is looking at barriers, need to discuss pros/cons of medication, there needs to be some education on this, also look at guidance between Genetic Services and GP's.</p> <p>Pathway – GP refers to Genetics, then back to GP to who discuss results, this can cause a difficulties in the patient pathway, need to look at how to move this forward. Who should discuss and make decisions about the patient? Who looks after the patient?</p> <p>A/P KE to circulate work she has completed 2017</p> <p>A/P SW/KE/WH to discuss further once meeting has finished</p> | KE | |
| 5 | | POLICY & PROTOCOL | | |
| | a | Policy Document Control Form | | |
| | | <p>This was discussed amongst the group.</p> <p>All solid tumour policies have been reviewed</p> | | |
| | b | Updated Haematology Protocols | | |
| | | <p>These are to be updated and signed off once these have been endorsed by the group.</p> <p>SW thanked Chris Beck for his work during secondment in updating the protocols.</p> | | |
| | c | NCA NMP Policy | | |
| | | <p>NHP guidance has been updated by SW, Helen Roe, Calum Polwart and Melanie Robertson, has been aligned to Medical Training; will be reissuing this in line with Oncology Prescriber medication. For sign off and publication.</p> | | |
| | d | UK Chemo Board IO guidelines | | |
| | | <p>Currently in draft and will be distributed, when final guidance available. Primary Care Physicians and Oncology Group will be provided with the final version.</p> | | |
| | e | Free of Charge (FOC) medicines schemes national Policy | | |
| | | <p>This is information for the group and covers NHS approved drugs and costs.</p> | | |
| 6 | | CLINICAL GOVERNANCE ISSUES | | |
| | | <p>Gateshead – Patient presented with Cancer of Unknown Primary (CUP) and clinicians unable to find approved guidance on NCA website.</p> <p>A/P KE to take to the Acute Oncology Group for guidance.</p> | AM/KE | |

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| 7 | SACT DATASET (Standing Agenda Item) | | | |
| | a | SACT Local Reports Available | | |
| | | Previous discussed | | |
| | b | Local Trust SACT Databases | | |
| | | Previously discussed | | |
| 8 | PATIENT EXPERIENCE | | | |
| | | Nothing noted | | |
| 9 | DRUG / REGIMEN ISSUES | | | |
| | | Nothing noted | | |
| 10 | ANY OTHER BUSINESS | | | |
| | | <p>Waiting Times for Chemotherapy, group asked to report current time to wait once decision to treat made and treatment prescribed.</p> <p>Northumbria – 2 week wait on one ward 1-2 week wait on other ward</p> <p>North Tees – less than 2 weeks from patient referral.</p> <p>ACTION: AM/SW to develop/format 2/3 line questionnaire and forward to group</p> | | |
| | a | Choice of TKI for Renal Cell Cancer | | |
| | | see above | | |
| | b | For Info Only – UK Chemotherapy Board 22.06.18 | | |
| | | Shared for information | | |
| | c | For Info Only – Chemotherapy CRG 02.07.18 | | |
| | | see above | | |
| | d | Chemo Nurse Issues (<i>not already on agenda</i>) | | |
| | | No items to discuss | | |
| | e | Chemo Pharmacy Issues (<i>not already on agenda</i>) | | |
| | | No items to discuss | | |
| | NEXT MEETING DATES | | | |
| | | <p>Monday 11th March 2019 1:30 – 3:30pm Evolve Business Centre, Houghton le Spring</p> <p>Monday 23rd September 2019 1:30 – 3:30pm Evolve Business Centre, Houghton le Spring</p> | | |