



<b>Meeting:</b>	<b>Chemotherapy Expert Advisory Group</b>	
<b>Date:</b>	<b>Monday 11 March 2019</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>
	Alison East, Macmillan Lead Cancer Nurse/Nurse Consultant, Newcastle	AE
	Adrienne Moffett, <b>Chair</b> , Cancer Alliance Delivery Manager, Cancer Alliance	AM
	Melanie Robertson, Consultant Nurse, Sunderland	MRb
	Marga Rodriguez, <b>Professional Secretary</b> , Pharmacist, NHSE/South Tyneside FT	MRd
	David Sproates, Pharmacist, Gateshead	DS
	Karen Shield, Pharmacist, Sunderland	KS
<b>In Attendance</b>	Laura Lund, Admin Support, Cancer Alliance	LL
<b>Apologies:</b>	Jenny Allen, Haem/Oncology Pharmacist, Northumbria	JA
	Wendy Anderson, Nurse Consultant, South Tees	WA
	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
	James Richardson, Senior Lead Clinical Pharmacist - Cancer Services	JR
	Helen Roe, Lead Cancer Nurse, Cumbria	HR
	Bill Wetherill, Pharmacist, North Tees & Hartlepool FT	BW
	Steve Williamson, Consultant Pharmacist, Northumbria/NHS E	SW

### MINUTES

1.	INTRODUCTION	Lead	Enc
<b>a</b>	<b>Welcome and Apologies</b>		
	AM welcomed all to the meeting and introductions were made. Apologies were noted as above.		
<b>b</b>	<b>Minutes of the previous meeting (10.09.2018)</b>		
	The minutes of the previous meeting were agreed as an accurate record.		
<b>c</b>	<b>Outstanding Matters from Previous Minutes</b>		
	<p><b>I. Adjuvant-bisphosphonates in early breast cancer</b> Feedback from group, queries about cost implementation.</p> <p><b>Sunderland</b> – MRb - Sunderland Trust has been using this for the last year, no issues. Costs picked up within tariff.</p> <p><b>Gateshead</b> – DS - this has just been implemented in Gateshead but have had no new patients.</p>		

	<p><b>South Tyneside</b> – some queries have been raised about cost implementation.</p> <p><b>Newcastle</b> – AE no update, will speak to James Richardson</p> <p><b>II. Chair of Group</b>  SW has resigned from the position of Chair of the Chemotherapy EAG, at the last meeting SW mentioned that he would continue until a new chair was appointed, unfortunately due to his new role working for NHS England, SW is no longer able to do this. The group wishes him well in his new post.  MR is currently the Professional Secretary of the EAG and is not in a position, at the moment, to put herself forward as chair.  <b>A/P</b> AM to email group about Chair Vacancy and ask for nominations for the chair position.</p> <p><b>III. Cancer of unknown (CUP) Guidelines</b>  AM has been given an update that all out of date Guidelines have been removed of the website, including the guidelines for CUP. The Acute Oncology group chair is to update the guidelines and, then, once these are uploaded on to the website, the groups will be informed. Dr Chris Jones indicated there would only be minor changes.</p> <p><b>IV. Chemo waiting Times</b>  The NCA will be reviewing oncology services and waiting times will be included.</p>	<p><b>AM</b></p>	
<p><b>2.</b></p>	<p><b>Review and Update Action Log</b></p>	<p><b>AM/MRd</b></p>	
	<ul style="list-style-type: none"> <li>• UKONS immune-oncology (IO) guidance availability.  Group Action: Each locality to find the person that has access to UKONS website and can download the most up-to-date version of the above guideline. The link below will give you access to the main page (login details are required to access the guidelines):  <a href="https://www.ukons.org/">https://www.ukons.org/</a></li> <li>• Pharmacist training standardisation  Awaiting feedback</li> <li>• <i>Savene</i>® forms updates  These have been updated and circulated. Any queries please contact MRd.</li> </ul> <p><b>A/P</b> MRd to forward to James and Wendy for final approval. Once these are approved, they will be uploaded on to Northern Cancer Alliance Website.</p>		

		Briefing on SACT at next meeting - Data Liaison Officer for Public Health England to be invited to the next meeting to discuss the updated SACT dataset (version 3). This will be an opportunity to ask questions about the new dataset. This updated version will be launched on 1 <sup>st</sup> September 2019 and full trust compliance will be required by 1st December 2019.		
<b>3</b>	<b>SERVICE ISSUES</b>			
	<b>a</b>	<b>Feedback from Local Chemotherapy Services</b>		
		<p><b>Gateshead:</b> Capacity issues within the day unit. A business case has been submitted to the board which includes an increase in staff. Backing has been given from the Clinical Lead, and evidence provided to the board. Decision to be made on what is being administered on the Chemo Day Unit. The Day Unit is opening Saturdays without pharmacy support, and extended days Monday to Friday.</p> <p><b>South Tyneside:</b> Merging of Trusts – Oncology Units (Sunderland and South Tyneside) clinical service review is ongoing - adopting a staged approach.</p> <p><b>Newcastle:</b> Nursing have implemented SACT Passport. Staff training to be added to ESR, therefore, it will be a transferable skill between organisations. Training is an in-house module assessed via Northumbria University.</p> <p><b>Sunderland:</b> Concerns about referral to plastics after extravasation, identified a need for a clearer pathway/protocol <b>A/P</b> AE to discuss at Newcastle SACT group and to feedback and discuss with Durham colleagues.</p>		
	<b>b</b>	<b>Chemotherapy E-Prescribing</b>		
		<p>I. ChemoCare North - nothing discussed</p> <p>II. Sunderland - Sunderland/South Tyneside merging from 1<sup>st</sup> April. South Tyneside will be adopting the system currently in use at Sunderland (Meditech).</p> <p>III. ChemoCare South</p> <p>Recognised need to look at standardising timings within ChemoCare across the region, Mark Bousfield is currently conducting a survey. <b>A/P</b> Mark to be invited to next meeting.</p>		
<b>4</b>	<b>CANCER ALLIANCE</b>			
	<b>a</b>	<b>Cancer Alliance Update</b>		
		<b>Oncology Services Review</b>		

		<p>Paper submitted to the Alliance Board late last year. This is looking at the whole area of the Oncology Service with the priorities being SACT and Radiotherapy Services. It was titled 'The Resilience and Sustainability of Services'. The NCA is currently at the planning stage for formulating the review. A Steering Group is to be set up. Nick Wadd (South) and Gail Jones (North) have agreed to be included; and the plan to be for 18 months. MRb would be happy to be involved.</p> <p>The recent radiotherapy service specification includes the formation of an Operation Delivery Network. This will provide the review for radiotherapy</p> <p><b>Funding</b> The information received is that funding will continue, but no budget has been established yet - we have been informed that it is a similar budget to 18/19. Cancer Team have shared priorities and will be continuing with the work that has been started over the last two years but are not able to commit further until the budget has been agreed.</p> <p>Angela Wood has been appointed as Clinical Lead for Secondary Care within the Alliance. Angela will be working 1-2 days per week and will be leading on treatment groups.</p>	LL	
<b>5</b>	<b>POLICY AND PROTOCOL</b>			
	<b>a</b>	<b>Policy Document Control Form</b>		
		<p>This was discussed amongst the group. The NCA has decided to add a disclaimer to protocols and guidance on the website. This is in line with other areas and, also, as some forms need to be updated, it was agreed that the following disclaimer should be added to the website:</p> <p><b>DISCLAIMER:</b> <i>“The protocols on this website are for local guidance only, their accuracy cannot be guaranteed, please refer the SPC for information on the individual products. There are a number of protocols that are past their expiry/ review date. These are retained on the website for information only following requests from local Trusts, they must only be used on the understanding the responsibility for the use lies with local organisation and not NCA. NCA cannot accept responsibility for the validity of content of any documents that are past the review date”.</i></p> <p>As soon as protocols have been updated, they will be uploaded onto the website. This will include review dates as already stated.</p>		
	<b>b</b>	<b>Haematology Protocols</b>		
		<p>These have been updated but they still require to be reviewed and approved. MRd is undertaking this task. The protocols will be uploaded onto the website as soon as they are approved.</p>		
	<b>c</b>	<b>Referral forms for Savene® NCCC and James Cook</b>		

		Discussed previously in meeting		
	<b>d</b>	<b>UK Chemo Board IO guidelines</b>		
		<p>1. Local Audit Form</p> <p>SW has created a draft audit form, which is to be circulated to the group for comments. "Good Practice Guideline for Immuno-Oncology Medicines" were used to produce audit tool.</p> <p><b>A/P</b> LL to circulate the document "Audit of Compliance with Good Practice Guideline for Immuno-Oncology Medicines" to group and collate comments.</p>	<b>LL</b>	
<b>6</b>		<b>CLINICAL GOVERNANCE ISSUES</b>		
		<p>I. Handling Requests for additional private care</p> <p>No clear guidance from NHS England. Sunderland/South Tyneside/Gateshead do not have additional private care patients. It is up to the consultant to inform the patient about private care.</p> <p>II. Issues from Trusts</p> <p>Nothing discussed</p>		
<b>7</b>		<b>PATIENT EXPERIENCE (Standing Agenda Item)</b>		
		<p>The NCA continues to develop new approaches to involving people in all levels of its work plan. This includes a framework for public involvement that informs and supports all their activities. To learn more about this framework please access <a href="http://www.northerncanceralliance.nhs.uk/pathway/public-involvement/nca-framework-for-public-involvement/">http://www.northerncanceralliance.nhs.uk/pathway/public-involvement/nca-framework-for-public-involvement/</a></p>		
<b>8</b>		<b>DRUG / REGIMEN ISSUES (Standing Agenda Item)</b>		
		Nothing to discuss – to stay on agenda		
<b>9</b>		<b>NURSING AND PHARMACY ISSUES</b>		
	<b>a</b>	<b>Chemo Nurse Issues (not already on agenda)</b>		
		Nothing to discuss – to stay on agenda		
	<b>b</b>	<b>Chemo Pharmacy Issues (not already on agenda)</b>		
		Nothing to discuss – to stay on agenda		
<b>10</b>		<b>NHS ENGLAND</b>		
	<b>a</b>	<b>Specialised Commissioning Update</b>		
		<p>The 2019/2020 Medicines Optimisation and Stewardship Prescribed Specialised Services (PSS) CQUIN Indicator has been published (<a href="https://www.england.nhs.uk/publication/pss1-meds-optimisation-pss-cquin-indicator/">https://www.england.nhs.uk/publication/pss1-meds-optimisation-pss-cquin-indicator/</a>). Trigger 1 (<u>Improving efficiency in the IV chemotherapy pathway from pharmacy to patient – reducing chemotherapy waste</u>) is going to be included in the current contracts with the Trusts and it will be mandatory from April 2019.</p> <p>New <i>Herceptin</i>® IV (Trastuzumab) price. Units are encouraged to continue to use biosimilar brands.</p>		

	<b>b</b>	<b>CDF and National Chemotherapy CRG Update</b>		
		<p>CDF - there have been no e-mail updates from the CDF Team since 25<sup>th</sup> January 2019. Once these are received, LL will forward them to the group.</p> <p>CRG – The main items from the November-18 CRG meeting (Treatment Break Policy, Ibrutinib in CLL, coroner and capecitabine toxicity) had already been discussed during the last NCA meeting (September 2018). Nothing more to expand on.</p>		
	<b>c</b>	<b>Generic Bortezomib</b>		
		This will be on the market at the end of April and will then need to go through the procurement process. Therefore, it will probably be available to the Trusts in the Autumn. The generic product is a solution instead of powder for reconstitution. Waiting for extended stability data as some units undertake vial sharing to prepare the required doses.		
	<b>d</b>	<b>Tamoxifen in familial Breast Cancer/Prevention</b>		
		<p>MRd and KE have been working on creating a summary of the NICE Guidance (CG164) for the use of Tamoxifen for familial breast cancer (chemoprevention). All information is from the NICE pathway. Will compile a letter of referral from Primary to Secondary/Tertiary Care. These documents will be forwarded to the group for approval.</p> <p>MRb suggested going to the breast Group to decide who referrals should go to.</p> <p><b>A/P</b> MRd to finalise documents. KE to take to Breast and Pathology Groups</p>	<b>MRd/KE</b>	
<b>11</b>	<b>ANY OTHER BUSINESS</b>			
		None		
	<b>NEXT MEETING DATES</b>			
		Monday 23 <sup>rd</sup> September 2019 1:30 – 3:30pm Evolve Business Centre, Houghton le Spring		