



<b>Meeting:</b>	<b>Chemotherapy Expert Advisory Group</b>	
<b>Date:</b>	<b>Monday 23<sup>rd</sup> September 2019</b>	
<b>Time:</b>	<b>1.30pm – 3.30pm</b>	
<b>Venue:</b>	<b>Evolve Business Centre, Houghton le Spring</b>	
<b>Present:</b>	<b>Name:</b>	<b>Initials</b>
	Jenny Allen, Haem/Oncology Pharmacist, Northumbria	JA
	Chris Beck, Pharmacist, CHSFT	CB
	Zoe Collins, Sister, Newcastle	ZC
	Alison East, Macmillan Lead Cancer Nurse/Nurse Consultant, Newcastle	AE
	Ezinne Ezeala, Pharmacist, Northumbria	EE
	Ruth Henderson, Pharmacist, South Tees	RH
	Adrienne Moffett, <b>Chair</b> , Delivery Manager, Northern Cancer Alliance	AM
	James Richardson, Senior Lead Clinical Pharmacist - Cancer Services	JR
	Marga Rodriguez, <b>Professional Secretary</b> , Pharmacist, NHSE/South Tyneside FT	MRd
	David Sproates, Pharmacist, Gateshead	DS
	Bill Wetherill, Pharmacist, North Tees & Hartlepool FT	BW
	Alexis Wollaston, Unit Manager, South Tees	AW
<b>In Attendance</b>	Laura Lund, Admin Support, Cancer Alliance	LL
<b>Apologies:</b>	Wendy Anderson, Nurse Consultant, South Tees	WA
	Anne Black Regional QA Specialist Pharmacist, NHS England	AB
	Mark Bousfield, Chemocare System Manager, Newcastle	MB
	Paul Cutler, Service Specialist, NHS England and NHS Improvement	PC
	Sumantha Gabriel, Lead Clinical Pharmacist - Specialist Haematology, Northern Centre for Cancer Care	SG
	Will Horsley, Pharmacist, NHS England	WH
	Andrew Hughes, Consultant Medical Oncologist, Newcastle	AH
	Alison Humphreys, Chemo Lead, South Tees NHF Trust	AHu
	Helen Roe, Lead Cancer Nurse, Cumbria	HR
	Karen Shield, Pharmacist, Sunderland	KS

### 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>Declaration of Conflict of Interest</b>		
	No declarations of interest have been declared		
<b>c</b>	<b>Minutes of the previous meeting (11.03.2019)</b>		
	The minutes of the previous meeting were agreed as an accurate record		
<b>d</b>	<b>Matters Arising from Previous Minutes</b>		

	<p><b>I. Chair of Group</b> AM has sent requests to the group for a new chair, no interest has been shown. AM will discuss this position with EE. Needs to be a Clinical Professional Lead for the meeting. If anyone is interested, please can they contact AM via email on: <a href="mailto:adriennemoffett@nhs.net">adriennemoffett@nhs.net</a></p> <p><b>II. CUP Guidelines.</b> The CUP Guidelines have not been available on the website as they have been out of date. This has now been rectified and uploaded on to the Northern cancer Alliance website and can be found via the following link: <a href="http://www.northerncanceralliance.nhs.uk/advisory_group/alliance-acute-oncology-cup-expert-advisory-group/">http://www.northerncanceralliance.nhs.uk/advisory_group/alliance-acute-oncology-cup-expert-advisory-group/</a> Under guidelines section.</p> <p><b>III. UK Chemo Board IO Guidelines – Local Audit</b> This was shared with the group after the last meeting – no feedback received. Group agreed to use now once amendments have been made. <b>A/P</b> Number to be taken off <b>A/P</b> Feedback to be given at next meeting on use. <b>A/P</b> Reference where information used from to be put on to the form, copy of information to be forwarded to the group</p>	MRd MRd MRd/LL	Enc 1
2.	<b>Review and Update Action Log</b>		
	<ul style="list-style-type: none"> <li>• Chemo Pharmacist training standardisation</li> </ul> <p>Once the Northern Cancer Alliance Oncology Review has been completed and there is a standardisation of the way oncologists work, this will allow to standardise the way oncology pharmacists are trained and how they may help oncologists.</p> <ul style="list-style-type: none"> <li>• Chair of Group</li> <li>• (Influzena Leaflet Autumn 19 Campaign</li> <li>• Extravasation Guidelines</li> <li>• Protocol Update) – All Agenda Item to be discussed within the meeting</li> </ul> <p>The action log will be updated for the next meeting.</p>		
3	<b>SERVICE ISSUES</b>		
	<b>a Feedback from Local Chemotherapy Services</b>		
	<p><b>Gateshead:</b> Chemo waste Streamlining Oral Chemotherapy Vacancies for nursing staff and training</p> <p><b>South Tees:</b> Robert Ogden Centre – Friarage Hospital is now up and running JCUH Pharmacy is no longer run by Lloyds, this has gone out to tender and a new company will be taking over.</p> <p><b>Newcastle:</b> CIS Oncology report for SACT Data v3.0 requirements is now available. V6 upgrade has been postponed and will now happen Q1 2020.</p>		

		<p><b>Sunderland/South Tyneside:</b> Merged in April 2019, South Tyneside is switching to Meditech electronic prescribing system within 2 weeks.</p> <p><b>Northumbria:</b> Day Unit at Alnwick has opened an extra day, to provide care closer to home and have employed additional staff.</p> <p><b>North Tees:</b> Making chemotherapy for both sites Currently a Pharmacist down Nursing constraints</p>		
	<b>b</b>	<b>Chemotherapy E-Prescribing</b>		
		<ul style="list-style-type: none"> <li>I. ChemoCare North</li> <li>II. Sunderland</li> <li>III. ChemoCare South</li> </ul> <p>Discussed under section 3a.</p>		
	<b>C</b>	<b>SACT DATA SET</b>		
		<p>Presentation from local SACT data liaison – Shared for information. MRd explained this to the group. Any queries then please email directly to: <a href="mailto:SACT@phe.gov.uk">SACT@phe.gov.uk</a></p>		
4		<b>ALLIANCE AND NHS ENGLAND</b>		
	<b>a</b>	<b>Update</b>		
		<p><b>I. Cancer Alliance update</b> NHS England and NHS Improvement are amalgamating (including workstreams), are now one organisation, but with 2 statutory bodies, and are currently going through the restructure process. Cancer Alliance are out of scope for this process, unfortunately are not able to recruit, although 2 temporary posts have been made permanent. This is still in the consultation period.</p> <p><b>II. Oncology Services Review</b> This is a review of Regional Oncology Services and how to best provide a sustainable and resilient service. A Steering Group has been formed, which includes tertiary centres, all providers, CCG and specialised commissioning. This is looking at regional data including activity and workforce and service model options for the region.</p> <p>A task and finish group has been looking at the patient pathway, at the last steering group the pathways were discussed, these included: Patients receiving Adjuvant Chemotherapy and Patients receiving Palliative Chemotherapy.</p> <p>A workshop has been arranged for 21<sup>st</sup> October 2019 to support the work of the review. A paper including recommendations will be submitted to the ICS and Alliance Board within November 2019.</p> <p>Any model will have patients at the forefront. Looking at different ways of working across the region and if these can be combined.</p>		

	<p>Look at the patient journey and what workforce is needed to make this a smooth process. This also includes Haematology.</p> <p>Once options for a service model has been agreed will need to look at a Pharmacy model. JR and CP will be setting up at 'Task and Finish Group' for the next stage. JR - need to see what the options are within the options appraisal before anything is confirmed.</p> <p><b>III. National Review of Aseptic Pharmacy Services – call for evidence (July 19)</b></p> <p>This was forwarded to the group prior to the meeting to look at and has been received. All trusts are invited to submit information (deadline 31<sup>st</sup> October 2019).</p>		
	<p><b>b Specialised Commissioning Update</b></p>		
	<p>MRd gave an update that was received from WH to the group.</p> <p><u>Aseptic reviews</u> - there are currently four reviews taking place:</p> <ul style="list-style-type: none"> <li>• Cancer alliance review of oncology services, which may have an impact on aseptic services and of course chemotherapy more widely (already mentioned by AM - item 4a, I)</li> <li>• North Regional Spec Comm team review – this is mainly focused on sorting out some problems in the NW with a view to moving providers to the NE&amp;C model (fee per item or similar basis)</li> <li>• NHS Improvement review with Deloitte's – Anne Black has briefed the region about this (also mentioned on item 4a, III)</li> <li>• NHS England spec comm national pricing review – probably, this is the one which will have the most immediate effect. Details will be in the national tariff consultation, which will probably be due for publication in November. One of the main changes is that the procurement tariffs will disappear (this will have no impact for NE&amp;C) and all supportive drugs (including GCSF) will move to a set fee per chemo delivery tariff, the value of which will appear in the consultation (this will be small if any impact for NE&amp;C providers).</li> </ul> <p><u>Generics:</u> Use them wherever possible. Please note recent advice on gefinitib. Let Spec Comm team (WH) know if you have problems getting generics/biosims or other issues (e.g. patients refusing biosimilars) so that we can fairly adjust the meds optimisation CQUIN Trigger 4 (best value generics/biosimilars).</p> <p><u>Meds OP CQUIN Trigger 1</u> (chemo waste) – all trusts have passed Q1.</p> <p><u>Meds OP CQUIN Trigger 3</u> (Blueteq) – one trust did not submit, one trust submitted mainly incomplete return, and there are isolated incidents where use of drugs appears to be contrary to the commissioning (and thus BTQ) criteria; these will be raised with contracting teams but does cause concern that incorrect or false BTQ declarations are being made by prescribers.</p> <p><u>Drug prices:</u> NHS England is extremely keen to make sure that we are being charged only the correct contract price. Generally, our providers have no problem with this except when drug dispensing is outsourced to external companies (although not to Wholly Owned Subsidiary companies).</p>		

		<p>Providers should check all their bills against contract prices before submitting to NHS England. Providers need to do two things on all drug lines (not just chemo):</p> <ol style="list-style-type: none"> <li>1. Make sure that any agreed fees (e.g. aseptic prep, OP dispensing, homecare) being added to the total cost can be 'seen' by the commissioning team; use the reporting template in the manner intended.</li> <li>2. Ensure pack size and quantity are accurately completed as per dm+d standard (in fact, the easiest way to do this for 'strength' is to report at dm+d 'product level' (VMP or AMP) or to cover both bases then report at dm+d pack level (VMPP or AMPP).</li> </ol> <p><u>NHS E SSC (Circulars)</u>: These will be reduced to a monthly summary for all NICE items, including HST and CDF medicines. This will reduce the number of e-mails shared. However, providers still need to keep an eye out for PAS notices from NEPPG. Discussion held amongst the group as this was useful information.</p> <p><u>Not discussed at the meeting but further information provided</u>: The Specialised Commissioning hubs will continue to share separate letters for any EAMS, Clinical Policies and new NICE TA FADs (final appraisal documents).</p> <p>Advised to review monthly summaries. DS – if drug changes are approved one day, information may not be received until the end of the month. MRd – this may already happen with current SSC/PLs. Drugs are ok to use from the date the CDF list states they are "Available to new patients". MRd will continue to share the excel document with the log of SSC and PLs as soon as this is updated.</p> <p>Any questions, please ask the NHSE Specialised Commissioning Team: WH, MRd, EE or Sharron Gallagher.</p>		
<b>5</b>	<b>POLICY AND PROTOCOL</b>			
	<b>a</b>	<b>Regime Update</b>		
		<p>Since the last meeting MRd has been checking the haematology regimes previously updated by CB. The whole process needs to be reviewed. Discussion about whether clinicians should be included in this process too. EE will be assisting with this. JA has also offered to help with the review of haematology regimes.</p> <p>Would others within the group be willing to contribute to this process?</p> <p>DS – these are only regional updates, there are currently no national ones. MRd - This has been raised with the national team.</p> <p>Need to decide how this will be managed in the future.</p>		
	<b>b</b>	<b>Extravasation Guidelines</b>		
		<ul style="list-style-type: none"> <li>• <b>Plastics referral route</b></li> </ul> <p>Extravasation Guidelines - these are due to expire November 2019. HR is reviewing the guidelines. MRd will be assisting with this task. MRd has requested to use information from the East Midlands Cancer Alliance extravasation guidelines – the East Midlands group has suggested waiting for the National Extravasation Guidelines (aim of first draft by Autumn 2019). Agreed to update local guidelines in the meantime.</p>		

		Plastics referral route this is currently being processed. Ian Pedley and AH are checking this process.		
	<b>c</b>	<b>Referral forms for Savene® NCCC and James Cook</b>		
		These have now been approved by WA for James Cook, and by the Systemic Therapies Group for Newcastle. Forms agreed by the group, to be added to the Extravasation Guidelines.  <b>A/P</b> MRd to update the Savene form for NCCC with the statement: 'approved by Systemic Therapies Group'	<b>MRd</b>	
	<b>d</b>	<b>Influenza Leaflet – To be Agreed</b>		
		Comments received to MRd, amendments made and forwarded to the group prior to the meeting, Group agreed the leaflet but needs amending with an additional Flu vaccine, as per updated information by NHS E.  <b>A/P</b> JR to forward MRd with updated list of Flu vaccinations, currently available to be added to the leaflet.	JR/MR	Enc 2
	<b>e</b>	<b>NCCC Skin Guidelines</b>		
		Newcastle upon Tyne Hospitals have produced skin care guideline for use with EGFR inhibitors. They have been shared with the group and asked if they can be considered for regional adoption. Copy forwarded to the group for comments – none received.  These were also shared with the Skin EAG they felt that this was not very relevant for Skin Oncology, but the document was very thorough. They did suggest that it be shared with the Colorectal group for their take. This was forwarded to Peter Coyne, Colorectal Pathway Board Lead for guidance.  AE gave an update on the guidelines and asked the group if they agree they could be accepted as a regional guide or that the group shared them as a best practice for the wider region to use.  Group agreed this with changes mentioned. AE to make changes and forward, this will be shared but for local adoption and will be uploaded on to the Northern Cancer Alliance Website. Permission has been granted to be shared; need to have a note on about sharing procedure.		
<b>6</b>	<b>CLINICAL GOVERNANCE ISSUES</b>			
		Nothing to discuss – to stay on agenda		
<b>7</b>	<b>PATIENT EXPERIENCE (Standing Agenda Item)</b>			
		No patient representative in the group, if there was a project then would look at what patient representative would be needed to be part of this.  AM – Do trust conduct Patient Surveys? Agreed they do, AM will be contacting trusts for information. Andy Clark is the NCCC contact Amanda Walshe is the Northumbria contact.		
<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>ANY OTHER BUSINESS</b>			
		<p>MRd - This is the NHSE position on Uridine triacetate (Vistogard™) (<a href="https://www.vistogard.com/Professional/Home">https://www.vistogard.com/Professional/Home</a>) for treatment of DPD toxicity (Capecitabine/5FU): this product is not licensed in the UK. There is no commissioning position from NHS England for this therapy. It is in tariff and therefore if this product is required, provider Trusts are free to import it following the Trusts' own internal governance mechanisms for the importing of unlicensed drugs. And the decision to use (or not) is the responsibility of the Trust.</p> <p>It was suggested that an option could be to have a single provider Trust in the region that purchases the drug and keeps it in for emergency. Then, any neighbouring Trust could access it and refund the stock holding Trust, much like centralised arrangement for antidotes. This is for consideration by the group and to discuss at the next Chemotherapy EAG meeting.</p> <p><b>A/P</b> Copy of information to be forwarded to the group</p> <p><b>AE</b> – Medical input would be good at the meeting; would it be possible to look at those that are attending to make sure there is a more varied group at the meetings. Would it be possible to change the day and timings of the meetings? Mondays are not suitable for some clinicians that would be willing to attend.</p> <p>Time also to be changed to 2:30pm - 4:30pm.</p> <p><b>A/P</b> AM to check distribution list and contact clinicians to get days and look at arranging next meeting in March.</p>	<p><b>MRd/LL</b></p> <p><b>AM</b></p>	Enc 3
	<b>NEXT MEETING DATES</b>			
		To be confirmed and forwarded to group once arranged.		

Contact Su Young

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