

<b>Meeting:</b>	<b>Chemotherapy Group Meeting</b>	
<b>Date:</b>	<b>Monday 27 March 2017</b>	
<b>Time:</b>	<b>1.30pm</b>	
<b>Venue:</b>	<b>Evolve Business Centre, Houghton le Spring</b>	
<b>Present:</b>	<b>Name:</b>	<b>Initials</b>
	Jenny Allen, Pharmacist, Northumbria	JA
	Wendy Anderson, Nurse Consultant, South Tees	WA
	Eleanor Bain, Pharmacist, South Tees	EB
	Denise Blake, Pharmacist, Newcastle	DB
	Tony Branson, Alliance Clinical Lead, Cancer Alliance	TB
	Dawn Glendinning, Staff Nurse, County Durham & Darlington	DG
	Elizabeth Gibson, Chemotherapy Manager, County Durham & Darlington	EG
	Ruth Henderson, Pharmacist, South Tees	RH
	Kath Jones, Network Delivery Team Facilitator, NESCN	KJ
	Kate Lockhart, Lead Chemo Nurse, North Cumbria	KL
	Melanie Robertson, Consultant Nurse Oncology, Sunderland	MR
	Lynsey Robson, Acute Oncology Nurse Consultant, Gatehead	LR
	David Sproates, Pharmacist, Gateshead	DS
	Ruth Tindle, Pharmacist, South Tyneside	RT
	Bill Wetherill, Pharmacist, North Tees & Hartlepool	BW
	Steve Williamson (Chair), Consultant Pharmacist, Northumbria/ NHS England	SW
<b>In Attendance</b>	Susanna Young, Admin Support, NESCN	SY
<b>Apologies:</b>	<b>Name:</b>	<b>Initials</b>
	Karen Shield, Pharmacist, Sunderland	KS

### MINUTES

1.	INTRODUCTION	Lead	Enc
	<b>a Welcome and Apologies</b>		
	SW welcomed all to the meeting and introductions were made. Apologies were noted as above.		
	<b>b Minutes of the previous meeting (19.09.15)</b>		
	The minutes of the previous meeting were agreed as an accurate record with the following amendment. <ul style="list-style-type: none"> <li>Ruth Tindle to be listed as South Tyneside not Gateshead.</li> </ul>		<b>ENC 1</b>
	<b>c Matters Arising</b>		
	<b>i. Generic Imatinib</b> All providers should have switched over to the generic imatinib for CML. Novartis have confirmed they will challenge the use of generic imatinib for GIST.  <b>ii. Olazapine to CINV guidelines</b> SW to chase CP for an update.		

<b>2.</b>	<b>SPECIFIC ISSUES ARISING</b>		
<b>a</b>	<b>Chemo Nurse Issues (not already on agenda)</b> No issues to report at today's meeting		
<b>b</b>	<b>Chemo Pharmacy Issues (not already on agenda)</b> No issues to report at today's meeting		
<b>c</b>	<p><b>Cancer Alliance Update</b> KJ provided the group with an outline of the difference between the Cancer Alliance and the former Cancer Network and what work they expect to be involved with going forward. It is thought that Chemotherapy is high on the agenda therefore work with the group will continue but it is unsure how this will be done until confirmation of funding is received.</p> <ul style="list-style-type: none"> <li>• <b>Cancer Alliance Launch Event</b> The Alliance Launch event is scheduled for 30 March 2017 at Newcastle Racecourse. The Alliance has had to increase the number of delegates for the event as it is proving to be popular.</li> <li>• <b>Transformation Bid</b> KJ informed the group that the Alliance have been recommended for phase 1 funding for Early Diagnosis pending some further supporting information and clarifications. The Alliance have also been recommended to be considered for phase 2 funding for the Recovery Pathway and Stratified Follow-up element of the bid. Timescales and further information expected on soon as funding may have some caveats. There is a lot of work required for the next few weeks and once funding is confirmed recruitment of posts and implementation will need to commence quickly.</li> <li>• <b>Delivery Plan</b> This has been developed by consolidating the cancer locality group, STP and network plans. This is to reflect what resources are required for the alliance. Feedback from the national team has been received and they have asked for quarterly milestones, Outcome measures and further governance details to be added. The plan needs to be submitted to the North Region team again by 22 March and National Team by 30 March</li> </ul>		
<b>D</b>	<p><b>Chemotherapy E-Prescribing Process</b></p> <ul style="list-style-type: none"> <li>• <b>Chemocare North</b> The North are now live with all tumours sites, some work is still to be done with Cumbria. Clinical Trials are currently being reviewed to ensure the current and future portfolio is covered. Paediatrics have until September to be completed however the North patch are confident that this will be done within the timescales provided.</li> </ul>		

	<ul style="list-style-type: none"> <li> <b>Sunderland</b>  Sunderland are now live with all tumour group and all regimes are live with the exception of in-patient haematology. Clinical Trials require an update on the current systems. </li> <li> <b>Chemocare South</b>  South Tees have been live with haematology, as well as oncology and trials in both oncology and haematology, for a number of years (They haven't accepted Chemotherapy paper prescriptions in pharmacy for at least the last 18months). North Tees are fully live with haematology but not all patients are on chemocare but pushing to have this completed by end of April.  It was highlighted that for CDDFT, North Durham and Shotley Bridge sites do not use Chemocare. </li> </ul> <p>SW informed the group that NHS England have stated that all providers must all have adult patients on chemocare by end of the month and if they are not then a penalty charge will be issued. This will potentially be 5% of the chemotherapy monthly drugs bills..</p> <p>NHS E has circulated a spread sheet and asked local teams to complete indicating compliance with chemotherapy e-prescribing, that SW agreed to share the spreadsheet with the group.</p>	SW	
e	<p><b>National Consent Forms Discussion Paper</b></p> <p>TB gave a presentation following feedback that he has raised in relation to the national consent forms which have many inaccuracies and have caused some problems. TB highlighted the view that they are not fit for purpose. A copy of the presentation is attached for information.</p> <p>The group discussed if the Alliance should have our own consent forms for the region, TB presented some options for new forms.</p> <p>The main barrier was the work in creating and maintaining these and then getting approval in Trusts that had already accepted the National form.</p> <p>SW asked if all trusts are using the national consent forms, Cumbria, Gateshead, Durham, North Tees, Sunderland and South Tyneside confirmed that they are not using them.</p> <p>SW confirmed that each Trust has to take these forms through their own clinical governance for agreement to use. This can be time consuming and can be a lengthy process.</p> <p>Therefore the chemotherapy group cannot specify which consent form each Trust uses, only recommend forms as options.</p>	ALL	Enc 2

	<p>The group agreed that they would rather try liaising with national body to correct the faults on the CRUK forms, but if no progress was made then an alliance form could still be considered. The group were asked to confirm if each Trust would prefer a local region form or to wait for the national forms are amended and for comments to be returned to SW by the end April.</p> <p>SW agreed to contact CRUK who are dealing with the forms direct, to also get this discussed at the next UKONs meeting.</p>	SW	
<b>3.</b>	<b>COMMISSIONING / NHS ENGLAND</b>		
	<p><b>a Specialised Commissioning Update</b></p> <p><b>i. Supportive Drugs Commissioned List</b> A list of approved supportive drugs is now available. WH confirmed if Trusts are requesting how much they are being charged for supportive drugs he can provide this information as many Trusts have agree to be charged as a block charge per patient/regimen rather than by individual drug use episode.</p> <p><b>ii. Cancer Drug Fund</b> New fund went live last year, only one or two drugs have gone into the true cancer drug fund of two year evaluation (e.g. Osimertinib). Many drugs have been removed from the old CDF and now been approved by NICE. There are one or two legacy drugs that were available on the CDF which may no longer be approved but final NICE guidance is awaited.</p> <p>All new cancer drugs going forward will require Blueteq. The group noted this places an additional time burden on clinicians and pharmacists.</p> <p><b>ii. NHS England Algorithms</b> NHS England central time and finance leads have accepted that it is necessary to have algorithms and these will start to come through in the next few months. SW to keep the group updated on these.</p> <p><b>v. Review of Aseptic Services</b> The chief pharmacists and NHS England are looking at the provision of aseptic services which include chemotherapy preparation. There is the potential of centralisation with some services to be shared across trusts in future.</p> <p><b>v. Out sourced chemotherapy tender</b> North of England tender went live in November, many prices are better if drugs are outsourced than those being charged through trusts that use in house preparation, in addition many outsourced lines come with a longer expiry date.</p>		

	<p>Concerns were raised regarding wastage of unused drugs outsourced. SW suggested doing a gap analysis on the current drugs used. WH highlighted that this has already been done.</p> <p><b>vi. GCSF pricing</b> WH informed the group on the latest GCSF pricing for drugs.</p> <p><b>vii. PD-L1 Testing</b> This is still available for certain patients, however in Lung (pembrolizumab) the manufacturers will no longer pay for the tests but NHS England have agreed to fund the test.</p> <p><b>Service Review</b> NHS England, is considering a paper at NHS England board to undertake a national review of chemotherapy services. More information will be available soon and SW agreed to keep the group updated on this.</p>		
<p><b>B</b></p>	<p><b>Biosimilar Rituximab and Medicines Optimization CQUIN</b></p> <p><b>i. Cancer Vanguard Materials</b> The Cancer Vanguard have been working together with Sandoz and have produced materials which are not live yet but will be by end of march</p> <p>See.</p> <p><b>ii. NHS England Position</b> NHS England will be issuing a circular soon confirming the commissioning position for biosimilar rituximab.</p> <p><b>Note</b> Post meeting copy NHS England circulated a commissioning letter SCC1734 dated 11th April 2017 (copy attached) which advised that 'NHS England does not require Trusts to implement biosimilar rituximab until Q2 at the earliest for the purposes of the GE3 medicines optimisation CQUIN. However Trusts can choose to implement Truxima before then'</p> <p><b>iii. Cost Model</b> SW presented a cost model, demonstrating the opportunity costs in lost savings if Trusts waited to change to biosimilars. SW noted Trusts who changed to Truxima ahead of regional tendering would not have to change if tender for region was for a different brand.</p> <p><b>iv. BOPA Guidance</b> The information for this was shared with the group in advance of the meetings. This information highlights the practical issues in implementing biosimilars.</p>		<p><b>ENC 3</b></p>

	<p>If patients are being switched over to new drugs, consultation must be held with the consultant and patient and for patient information to be provided which the vanguard are currently being developed</p> <p>National tendering will take place once the two drug manufacturer's versions are available. WA highlighted that there may be capacity issues within day units when switching due to having to go back to longer infusion times.</p> <p><b>v. GE3 CQUINS</b> SW and WH discussed the medicines optimisation CQUIN.</p>		
<b>C</b>	<b>National Dose Banding 2017/18 new products</b>		
	<p>The tables have now have been updated and CQUINs for 2017/18 issued for products that have been done.</p> <p>There is a standard reporting template to be used for reporting uptake with national dose banded products which is on the CQUINS website. Attached.</p> <p>SW informed the group that in future a report from SACT (example shown) would be able to report on compliance by prescribing with dose bands.</p>		<b>ENC4</b>
<b>4</b>	<b>WORKPLAN ITEMS</b>		
	<p><b>Patient held booklet</b></p> <p><b>i. Inserts for purple patient held booklet</b> Lily has introduced an interim purple book which replaces the previous red book. However it was noted that this does not include all the information required. SW informed the group that Northumbria Chemo day units print additional information off and inserts this into the back of the book. An example was shared</p> <p><b>ii. Update on National Process for new book</b> Discussions were held with UKONs and BOPA. This was been taken to the national chemotherapy board in February and a sub group has been created to look at the scope and specifications for developing a new book. National sponsorship will be sought for this once the book has been developed.</p> <p>DB asked if this will include immunotherapy and highlighted that the one manufacturer's patient information booklet (of an immunotherapy product) includes everything that is needed however the other manufacturer's booklet does not include the relevant information to the same quality.</p> <p>SW confirmed that immunotherapy will be part of the discussions within the sub group.</p>		

	<b>B</b>	<b>Immunotherapy Guidelines (UKONS) – Local update</b> UKONS have produced and are looking at individual sheets for all side effects of immunotherapy. It was confirmed that these are still being drafted and are not available yet.		
<b>5</b>	<b>SACT DATASET (Standing Agenda Item)</b>			
	<b>a</b>	<b>Potential dose band report from SACT</b> This item was covered under item 3a.		
<b>6</b>	<b>POLICY &amp; PROTOCOLS</b>			
	<b>a</b>	<b>Policy Document Control Form – Review</b> SW has updated the spreadsheet and shared with the group of which policies require updating on the networks website.  WA to update CVAD policy SW to update GCSF policy Alison East nominated to update nursing training policy SW nominated to update NMP policy CP nominated to update EPO policy		
	<b>b</b>	<b>Updated Approved regimens List</b> This list was shared with the group in advance of the meeting.  DB raised issues regarding regimens that have been removed and others that have been included. SW to update and confirm with DB then issue document.		
	<b>c</b>	<b>Letter to Chief Pharmacists regarding out of date protocols and local risk registers</b> It has been acknowledged at previous meetings that majority of chemotherapy regimens protocols are out of date and need updating.  It was noted that this will be a huge job going forward. SW has drafted a letter to the chief pharmacists informing them of documents which are out of date and it needs to be put onto their risk register. However, following a discussion with Alison Featherstone, there may be scope to have a project funded post to undertake this piece of work. SW to await outcome of potential discussions before discussing with chief pharmacists.  TB asked if there was any way to get the information out of chemocare, it was confirmed that blank prescriptions have been extracted into PDF documents which are available should the system go down but there was no easy way to turn  SW to update the letter prior to sending.		

<b>7</b>	<b>PATIENT EXPERIENCE</b>		
	No update available at today's meeting.		
<b>8</b>	<b>CLINICAL GOVERNANCE ISSUES</b>		
	None noted		
<b>9</b>	<b>Any Other Business</b>		
	<p><b>Bladder instillation prescribing</b> MR informed the group that they are currently adding this to the online prescribing system. Sunderland have realised that there are two indications when this is likely to happen. It was queried whether it should be a consultant who prescribes this as decision to treat can be made in theatre so accessing the electronic system to possible. Local pathways were discussed.</p> <p><b>Lonsurf Protocol</b> DB informed the group that they have adopted the JCUH protocol which includes critical test at day 8 and have been asked to remove the critical test from the protocol. It was felt from other areas that they would be reluctant to remove the check at day 8.</p> <p><b>Akynzeo</b> The contract offered by company for price reduction was discussed, the company had been keen to offer individual deals to individual Trusts, but the group agreed that as the decision to adopt was a Network one there should be a single Network deal. SW to approach DC to facilitate discussions with company.</p>		
<b>9</b>	<b>Meeting dates for 2017</b>		
	Tuesday 12 September 2017		
	All at 1.30 – 3.30pm, Evolve Business Centre		