

Meeting of the *London Cancer* Chemotherapy Expert Reference Group

Date: Tuesday 17th April 2018, 15:00-17:00

Venue: 6th floor east, 250 Euston Road, London, NW1 2PG

Chair: Pinkie Chambers and Martin Forster

1. Welcome and introductions

- PC welcomed the group and introductions were made.
- The group welcomed the new patient representative; Samixa Shah (SS).
- PC updated the team following the recent Clinical Leadership Meeting update;
 - PC discussed the priorities set out by *London Cancer* following receiving transformation funding.
 - PC explained that there have been discussions about whether to move the quarterly meetings to an annual one day meeting and all other projects can be worked on together via email in a virtual meeting. PC will send an email to the group to collate thoughts and comments on this plan.

ACTION:

- PC to email the team to get comments and feedback on plan to have virtual ERG meetings

2. Minutes from last meeting

The group went through the actions from the previous minutes;

- A new Barts Health representative is to be recruited; Raja has sent apologies and has contacted the director of nursing.
- Denosumab self admin can be taken off the actions list.
- Accreditation; Trusts are exploring this and it is still being considered. This should be on the next agenda to find out who will be doing it.
- The Chemo ERG's annual report was made available to the team to review the work plan.
- The team discussed the guidelines which will be published following the Immunotherapy adverse events project. RR discussed the guidance which has recently been published by Ukons and can be found on their chemotherapy web pages. These guidelines are felt to be similar to the ESMO guidelines. Barts, UCLH and Mount Vernon are currently developing guidance which is going through local governance however a decision will need to be made regarding which guidance to use. MF will circulate the developed guidelines which are compatible for Barts and UCLH. Royal Free are using the Ukons guidance.
- **Group consent sessions;**
 - LE explained how the group consent sessions have been working at Royal Free. Patients attend a PowerPoint presentation and are given an information pack to take away with them.
 - Currently the admin for this is time consuming but LE feels it'll be quicker once the process has been embedded. LE will be auditing patients and staff to evaluate whether this change has been beneficial.

UCLH Cancer Collaborative brings together hospital trusts, GPs, health service commissioners, local authorities and patients across north and east London and west Essex.

- BHRUT have started group consent sessions. They have two sessions per month. Patients receive a folder with information and the team use the session to go through the pack. NA explained that they also felt initially the group sessions created a lot of paperwork but overall have found the sessions positive.
- The group discussed whether patient experience is affected by the new way to consent. SS queried whether patients would be anxious in a group session. LE felt that quiet patients often benefit from other patients asking questions that they may have been too anxious to ask even in a 1:1 appointment. The team felt the benefits included the ability to streamline the information provide to patients.
- At the moment BHRUT have 5 patients per session and Royal Free have 3-4 patients. It was felt that this is a feasible number of people as attendees can also bring their carers, partners and family members, which increases the amount of people actually attending the sessions.
- If the pilot is successful, MF recommends having a session alongside each clinic to allow patients to come to the hospital less times. But this would depend on the numbers attending.
- The team discussed having an information video based on the consent session that patients can watch again. KR explained that it would be useful for patients to be able to review the information they have been given following the session. BHRUT currently have a video on YouTube which is an overview of the whole service and has been beneficial.
- BHRUT have a Wellness programme run by Karen Phillips. It focuses on empowerment at the start of treatment. A variety of MDT members attend to give advice to patients. There is also a Macmillan 'Hope' course which takes place towards the end of treatment. The team would like Karen Phillips to be asked to present at the ERG.
- SC will be sharing the patient YouTube video used in Kent. It features doctors and nurses from the MDT.
- The next meeting should include decisive patient experience action plan on the agenda. Each hospital should present what they do for patient experience.

ACTION:

- To discuss whether Trusts are exploring accreditation at next ERG meeting in June.
- MF will circulate the developed guidelines which are compatible for Barts and UCLH
- Karen Phillips to be asked to present information about the BHRUT wellness programme at the ERG.
- SC will be sharing the patient YouTube video used in Kent. It features doctors and nurses from the MDT.
- The next meeting should include decisive patient experience action plan on the agenda. Each hospital should present what they do for patient experience.

3. 30 day mortality

- LD presented 30 day mortality data to the ERG. Martin Turner has sent a year's worth of 30 day deaths and looked at SACT data.
- LD looked at 405 patients due to start chemo over a 3 month period. Line of treatment and cycle was looked at. There were 15 deaths during the first line of treatment. Six were due to organ failure secondary to malignancy. The Performance Status is included and all were below 2.
- There weren't any trends or recurrent errors to pull out in order to initiate a change. Age wasn't seen to be a particular factor.
- Queens hospital have reinstated mortality meetings to look at patient deaths. LD will share information about this.
- The group then discussed the new SACT data requirements. The data should now include height and weight for TKIs. The group felt that this extra check for patients may not be necessary.
- The group discussed that reviewing the 30 day mortality data will help to demonstrate good practice. There was discussion around having 30 day mortality data reviewed regularly at the ERG. And looking at if there is a way to implement a chemo algorithm which calculates mortality risk. PC explained that there are some models but they haven't been validated yet. The team would like to review the models as a group. They would like a model which standardises which patients receive chemo which should also be tumour specific.

- The team discussed the differences in the terms palliative and radical chemo which is used differently by Trusts. The group queried whether more consistency could be achieved to reassure the network that there aren't any outliers.
- PC will be presenting data in Oxford regarding neutropenic sepsis. She will share the data with the ERG.

ACTION:

- PC will be presenting data in Oxford regarding neutropenic sepsis. She will share the data with the ERG.

4. Serious Incidences Round Table

The group discussed serious incidences that they have encountered at their hospitals.

- RG described an incident with chemo prescribing which occurred when Royal Free first merged with Barnet & Chase Farm. It was found that the correct training hadn't been offered to staff in the pathway as two patients were given chemo without having had ECHOs, once Chemo Care was implemented this was a critical test. Due to early incidents this training issue was picked up quite soon. The group discussed whether the UCLH clinicians review the patient's Chemo Care front page or the full patient records before prescribing. Pharmacists currently feel like they are a safety net and are amending scripts when they check the entire record and not just the front page which doesn't show all important information. The group discussed auditing the number of times Pharmacists have to amend prescribing errors. MF will email teams who will need to improve.
 - PAH explained that they will soon be moving from Chemo Care to electronic prescribing and notes.
- GOSH described an issue regarding who was responsible for prescribing errors. The nurse who administered the prescribed treatment was having their competency taken away after two errors and would have to undertake training/reflection. The clinician wasn't made accountable. This is now changing and the doctors will start being accountable for these errors.
- BHRUT discussed an ongoing SI they have. They have had 11 extravasations with different drugs. This has happened with patients who have all been cannulated for the first time and was their first exposure to chemo. It has happened with different nurses and only one nurse reported a difficult cannula. NA explained that a reason for this hasn't been found. The group discussed possible reasons for this but a specific reason wasn't found. The group advised only administering chemo when the needle has gone straight in. And to also encourage patients to let teams know as soon as they feel stinging or signs of inflammation.
- UCLH discussed a long standing issue which has only recently been realised regarding 5FU pumps. The pumps appear to have not been delivering the full dose of treatment to patients for a few years. Looking back the team have calculated that patients have been receiving 50-60% of their prescribed dose of treatment. This is thought to be due to many different factors including the size of the tube. The issue has now been fixed but this may create particular problems for Sarcoma patients as patients will now be getting approximately double the treatment dose which will mean there could be an issue with more toxicity. This is being discussed with different units. The team are looking into diluents and changing the volume in the pumps. Tony in the production team plans to publish a paper on this.
- The group discussed the rules for reusing pills which have been given to patients and not used. The team discussed whether they should be given to charity. It was explained that this can only happen if the pills haven't been opened and haven't left the building.

ACTION:

- MF will email teams who will need to improve chemo prescribing

5. Chronic Myeloid Leukaemia Project

- KR discussed a new study regarding CML patients and remote clinics. It will look at whether patients would be happy to have a telephone or skype consultation. And whether they would prefer to have their blood tests done locally for PCR instead of travelling to clinic. This study is being run by Terri.
- The plan is to invite stable CML patients on TKIs to a focus group.
- KR would like the flyer for this invite to be placed in CML clinics once it has been approved by the ethics team. The information is being publicised on the CML Facebook group, Bloodwise will send in their newsletter and KR will add to the Bloodwise ambassadors Facebook group.

- They are looking for 8-12 people to attend a focus group in June 2018. The focus group is to ask patients how they would feel if remote clinics were implemented.
- BHRUT and UCLH currently offer phone clinics.
- KR to send information to the group.

ACTION:

- KR to send information about Chronic Myeloid Leukaemia project to the group.

6. AOB

- RG asked the group if patients are given an assessment every 2-3 weeks. The group also discussed whether adjuvant patients on systemic chemo are they seen by a doctor every cycle. BHRUT confirmed that they do. UCLH have a new pharmacist who is seeing patients and prescribing.
- The group also discussed that HEE are offering a free prescribing course.

7. Next Meeting

- Tuesday 19th June 2018, 3-5pm, 6th floor west, 250 Euston Road, London NW1 2PG

ACTION LOG

Action reference	Action	Owner	Date Due	Status
Sep01	Hold a meeting/workshop on group consent sessions outside of the ERG meetings. Mount Vernon/LE to be asked to lead.	SE		
Sep02	Hold a yearly 30 day death meeting	SE		
Jan01	SE/PC to follow up whether MV are to be invited to part of London Cancer and whether we can invite them to join ERG.	SE/PC		
Jan04	PC to circulate UKONS chemotherapies production study	PC		
Jan05	Nishali to present her work at a future ERG.	SE		
Jan06	PC to ask Anita McWhirter whether RM can PM the cyto policy.	All		
Jan07	PC to discuss ant-emetic with LT and SE to recirculate audit.	PC/SE		
Jan08	SCa to ask original authors if they want to review.	SCa		
Jan09	SE to send email asking for recently updated protocols and to make SCa aware.	SE		
Jan10	A new Barts representative is to be recruited.	PC/MF/SE		
Jan12	SE to ask those that went on the courses whether their Trusts are pursuing accreditation. Add to June 2018 agenda	SE		
Jan13	Immunotherapy adverse events project outputs to be circulated	SE		
Jan14	PC to ask Raj for an update on the NHSE workplan	PC		
Apr01	PC to email the team to get comments and feedback on plan to have virtual ERG meetings	PC		
Apr02	MF will circulate the developed guidelines which are compatible for Barts and UCLH	MF		
Apr03	To discuss whether Trusts are exploring accreditation at next ERG meeting in June.	SE		
Apr04	MF will circulate the developed guidelines which are compatible for Barts and UCLH	MF		
Apr05	Karen Phillips to present information about the			

	BHRUT wellness programme at the ERG.			
Apr06	SC to share link to the patient YouTube video used in Kent =	SC		
Apr08	The next meeting should include decisive patient experience action plan on the agenda. Each hospital should present what they do for patient experience.	SE		
Apr09	PC will be presenting data in Oxford regarding neutropenic sepsis. She will share the data with the ERG.	PC		
Apr10	MF will email teams who will need to improve their chemo prescribing	MF		
Apr11	KR to send information about Chronic Myeloid Leukaemia project to the group.	KR		

Attendees

Name	Initials	Trust/Organisation
Pinkie Chambers	PC	UCL/UCLH
Cindy Sparkes	CS	GOSH
Katie Ruane	KR	Patient Representative
Louise Dulley	LD	BHRUT
Louise Edwards	LE	Royal Free
Nicola Akar	NA	BHRUT
Roopinder Gillmore	RG	Royal Free
Samixa Shah	SS	Patient Representative
Shirley Carey	SC	UCLH
Sherrice Weekes	SW	<i>London Cancer</i>

Apologies

Name	Initials	Trust/Organisation
Lamia Samrin	LS	GOSH
Pauline Leonard	PL	Whittington
Raj Nijjar	RN	Barts Health
Renata Rowicka	RR	Whittington
Simon Evans	SE	<i>London Cancer</i>
Simon Jenkinson	SJ	Royal Free