

## Meeting of the *London Cancer* Chemotherapy Expert Reference Group

**Date:** Tuesday 2nd October 2018, 15:00-17:00

**Venue:** 6<sup>th</sup> 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).

### 2. Minutes from last meeting

Due to the time that had elapsed since the last meeting, the minutes were not discussed at length. No one had any queries with the minutes therefore they were agreed as accurate.

### 3. Adverse Events Project Outcomes

Alan Strickland from Bristol-Myers Squibb Pharmaceuticals Ltd. and Jeremy Pelton from IQVIA presented on “Managing Immunotherapy Adverse Events Project Outcomes”.

- This project aimed to develop strategies to enable patients to receive the most appropriate treatment in the quickest time after immunotherapy related adverse effects. It aimed to improve patient safety, reduce unnecessary costs in the service, develop and share new models of care.
- Following a series of workshops and interviews, the project has now generated 5 recommendations. BMS would be interested in supporting projects that work in these areas.
- The reference group discussed several of these recommendations including a Pan London ID card, an app that triggers call out when patients self-enter concerning symptoms and the need for more effective information for patients. The extent to which patients understand the difference between chemo and immunotherapy was questioned.
- It was generally thought that there was scope for improvements in all these areas.
- The recommendation for a central immunotherapy adverse events hotline discussed. This would ensure that a patient can easily contact a member of staff trained in recognising and triaging immunotherapy adverse events. This would then hasten time to treatment of said adverse event. BMS would be interested in supporting a pilot of such a hotline.
- SS raised the point that this piece of work so far has been very clinically led and that it may be useful to have more patient involvement and/or input in this area. It was noted that BMS have funded the UCL School of Pharmacy on a project to understand the patient perspective around recognition, reporting, diagnosis and treatment of immunotherapy adverse events. However it was acknowledged that any future project should place patient engagement at its heart.

#### **ACTION:**

- LQ to share contact details of Alan Strickland with the attendees with a view that they will contact BMS directly if

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

they wish to consider working together.

#### 4. Table Pan London Protocols

AM provided an update on the protocols being created by RM Partners and the UCLH Collaborative.

- These are due to be developed and documented in the near future, first for peer review and then will have to be signed off by each trust prior to use.
- The group questioned the need for these to be created locally rather than nationally. It was agreed that there is a lot of unnecessary duplication, and there was a consensus that this should be reduced as much as possible.
- Some tumour groups are yet to have a lead for producing the protocols.
- It was noted that some protocols could be used to inform others, for instance lung could inform skin.
- AM aims to start circulating some protocols by the end of October.
- AM also stated that they aim to update the LCA passport and make it applicable across London.

#### ACTION:

- AM to contact Simon Jenkinson regarding potentially nominating tumour groups with no lead for protocols.

#### 5. Community Pharmacy Pilot Project

NP presented on her project of administering Denosumab and Trastuzumab in the community.

- This project was born out of the imbalance of capacity and demand at UCLH.
- 70% of patients are moderately – extremely confident when asked how they would feel about a community pharmacist injecting their treatment.
- It is expected to deliver cost savings for both drugs, as the hospitals will save on VAT.
- Currently the documents are being finalised before board approval, then it will go to pilot at a Greenlight pharmacy near UCLH.
- It is also hoped that the proportion of time that the average patient spend with a health care professional during an appointment (currently at 10%) will increase with this pilot, as there will be less time spent waiting.

#### ACTION:

- NP to update the board once the pilot is underway

#### 6. SACT Returns

- PC raised the point that most trusts are failing the data entry requirement for waiting times at each cycle. It was suggested that this may be because it does not necessarily affect patient safety so staff are liable to miss it.
- The quality reports are now out. Some trusts felt there was a discrepancy between the data gathered in SACT and those in other sources.
- MF emphasised that data quality is becoming increasingly important and that trusts should work to ensure they are entered with accuracy.
- It was noted that Version 6 chemo care will pull this SACT data more effectively/efficiently. There was a discussion of relative benefits of Chemo Care, Aria, Mosaic and other software programmes.

#### 7. AOB

##### a. NMP Pharmacists and Nurses

PC raised the fact that the Pan London Transformation Team are looking at non-medical prescribers as a way of addressing the workforce gap.

- The need for NMP clinics to be run alongside a doctor's clinic in case a patient needs to be referred across was reinforced.

#### ACTION:

- All to contact PC if they want to be involved in NMP project

##### b. 30 day death data project

- to be updated fully at next meeting as no further updates as yet

#### ACTION:

- PC to update on 30 day death data project at next meeting

**c. MF raised the question of what critical tests are needed before chemo and immune therapy**

- MF is supporting EPIC to embed critical tests into the software as a requirement before chemotherapy and immunotherapy delivery at UCLH.
- It was acknowledged that various trust have different protocols relating to this, but that most trusts require HIV testing. MF sought opinions as to whether diabetes and pregnancy tests were critical. This also varied between trusts.

**8. Next Meeting**

- Tuesday 18<sup>th</sup> December 2018, 3-5pm, 6<sup>th</sup> floor west, 250 Euston Road, London NW1 2PG

**ACTION LOG**

Action reference	Action	Owner	Date Due	Status
Jan14	PC to ask Raj for an update on the NHSE workplan	PC		
Apr02	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		
Oct01	LQ to share contact details of Alan Strickland with the attendees	LQ		Completed
Oct02	AM to contact Simon Jenkins regarding tumour groups with no lead for protocols.			
Oct03	NP to update the board once the pilot is underway			
Oct04	All to contact PC if they want to be involved in NMP project			
Oct05	PC to update on 30 day death data project at next meeting			

**Attendees**

Name	Initials	Trust/Organisation
Pinkie Chambers	PC	UCL/UCLH
Nishali Patel	NP	UCLH
Emily Wang	EW	The Homerton
Louise Dulley	LD	BHRUT
Dianna Matthews	MW	The Wittington
Louise Dulley	LD	BHRUT
Krina Patel	KP	Barts Health
Samixa Shah	SS	Patient Representative

<b>Name</b>	<b>Initials</b>	<b>Trust/Organisation</b>
Nikki MacFarlane	NM	Royal Free
Martin Forster	MF	UCLH
Shirley Carey	SC	UCLH
Anita McWhirter	AM	The Royal Marsden
Sherrice Weekes	SW	<i>London Cancer</i>
Larissa Quinn	LQ	<i>London Cancer</i>

### Apologies

<b>Name</b>	<b>Initials</b>	<b>Trust/Organisation</b>
Raj Nijjar	Lead Clinical Cancer Pharmacist, Barts Health NHS Trust	Apologies
Simon Jenkinson	Royal Free	Apologies
Paulin Leonard	Whittington	Apologies
Nicola Aker	BHRUT	Apologies
Simon Evans	<i>London Cancer</i>	Apologies
Roopinder Gillmore	The Royal Free	Apologies
Katie Ruane	Patient Representative	Apologies
Danielle O'Hana	UCLH	Apologies