



NORTH AND EAST

London Cancer Chemotherapy ERG

Date: **Tuesday 20th December 2016, 15.30 – 17.00**

Venue: **Boardroom, UCLH at Westmoreland, 16-18 Westmoreland Street, London, W1G 8PH**

Chairs: **Pinkie Chambers and Martin Forster (Co-Chairs Chemotherapy ERG)**

1. Welcome, Apologies and minutes of last meeting

- PC welcomed members of the board, introductions were made and apologies noted. The minutes of the last meeting were accepted as an accurate record of proceedings.
- PC gave an update of the patient diary presented at the last meeting. ABPI have supported Ann Brunivels in taking the app to a consortium of pharma companies.
- PC to send email detailing this year's Innovation Accelerator Fellowes to the group.

2. Conflicts of interest

- No conflicts of interest noted.

3. Audit / improvement

- SJ discussed a recent incident in which a consultant prescribed via chemocare without being clear that a patient was on a radiotherapy protocol meaning the patient received a full rather than modified dose. The patient subsequently suffered from diarrhoea, the attendant potassium deficiency caused death.
- The 30 day mortality audit should be reviewed for further trends, with diarrhoea a particular area of interest.
- The Group identified the need for guidelines on diarrhoea management, e.g. recommending that chemotherapy patients are fast tracked should they visit A&E.
- Tom Newsom Davies, Medical Oncologist at Chelsea and Westminster, has developed an App that offers this kind of guidance.

ACTION – SE to explore how to implement the app into common practice with the AOS ERG.

4. Quality Standards/Kitemarking

- MF updated the group as to the kitemarking progress.
- At the last meeting members were asked to gauge interest in joining the ISO kitemarking process within their Trusts. BHRUT have already gone through the process, relevant documents are to be requested and shared.

- UCLH is looking at the resources the ISO process requires and whether these can be requested from the Vanguard. Members were asked to consider whether potential Vanguard resource made kitemarking more attractive for their Trusts.
- **ACTION – SE to request documents from BHRUT**
- **ACTION – MF to continue to pursue Vanguard resource.**
- **ACTION – Members to let MF and SE know before the next ERG if their Trust is interested in joining the ISO process.**

5. Upcoming Projects

- PC updated the group on the pharma challenge projects.
- UCLH are leading on the Denosumab at home project. The first stakeholder workshop took place on 9th November. Further interviews with CCG GP Commissioners have now also taken place. The next workshop is on Wednesday 25th January at which the first iteration of the model will be presented, members should contact PC should they wish to attend.
- The second UCLH project is looking to assess the suitability of different types of chemotherapy for community or home delivery. The pilot is concentrating on Myeloma drugs, specifically Lenalidomide.
- Outside of the pharma challenge UCLH are looking at Abiraterone community monitoring. Members interested in taking part should contact PC.

6. Patient Information videos

- In response to evidence that patients are not fully absorbing information given in clinic, CRUK and London Cancer have launched a project to produce patient information films.
- The timescale is to be confirmed.
- A single film for Capecitabine B is likely to be tested in the first instance.
- In terms of obtaining patient opinion, relevant charities should be approached to see if their groups of patient volunteers want to become involved.
- A project manager, who can be based at any Trust, is to be financed by CRUK.
- **ACTION – Members to check if their Trusts are interested in hosting the PM and if so contact PC by mid-January.**

7. Patient Experience Survey

- LA sent her apologies so was unable to present her work today. All Trusts have now completed the survey although not all results have been incorporated.
- Understanding the total number of patients seen per day would give a better idea of the proportion of patients surveyed and further demographics would help understand whether a representative group has been sampled.
- It was noted that the survey reveals the diversity of need and the growth and evolution of services.
- The group may consider presenting or publishing results.
- **ACTION - All results to be incorporated into an updated report.**
- KR raised the issue of chronic patients being omitted from this and other patient surveys. As their experience is different from acute cancers, unique insights may be being missed.
- A working group could be set up to tweak the survey so it is relevant for chronic patients.
- **ACTION – Any members interested in exploring a survey of chronic patients to inform PC and SE.**

8. Chemo Diaries

- Liley diaries discussed, opinion was divided as to their usefulness.

ACTION - Diaries to be discussed at the next meeting.

9. 30 Day Mortality

- A 30 day C-Quin should be in place at every Trust.
- Every Trust should have received 2015 data, trends could be discussed at future meetings or the ERG could alert pathway boards to discuss.

10. AOB

- Accreditation has now been granted to the London Cancer nurses chemotherapy education programme. Following completion of the relevant work books and an essay the candidates will be awarded 15 CAT points at level 6.
- A single training package for the whole of London cancer would enable a nurses 'passport' easing nurses' transfer across London hospitals. A Pan London paediatrics training book has been developed, to be shared and reviewed for learning points.
- Query posed as to whether there has been any research around the optimal nurse to patient ratio. Members felt that staffing is dependent on number and experience of CNS', complexity of doses being administered and the level of support from the wider team. The group felt there were too many variables to offer a clear recommendation. However GOSH use the PANDA tool to understand how many nurses are required, to be shared with members.
- Members discussed the tasks allocated to HCAs. Members reported that HCAs take bloods (after training and if overseeing nurses agree), cannulate and do dressings. GOSH to share their HCA competencies and assessments.

Next Meetings

7th March 2017, 15.00-17.00, Boardroom, UCLH @ Westmoreland Street, 16-18 Westmoreland St, London W1G 8PH

Tuesday	07-Mar-17	15:00-17:00	Chemotherapy ERG
Tuesday	27-Jun-17	15:00-17:00	Chemotherapy ERG
Tuesday	19-Sep-17	15:00-17:00	Chemotherapy ERG
Tuesday	19-Dec-17	15:00-17:00	Chemotherapy ERG

Attendees

Name	Role	Trust/Organisation
Martin Forster (co-chair)		UCLH
Pinkie Chambers (co-chair)		UCL
Cindy Sparkes		Great Ormond Street
Danielle Ohana		UCLH
Katie Ruane		Patient
Louise Edwards		Royal Free London - Barnet and Chase Farm
Shirley Carey		Royal Free London - Hampstead
Simon Evans		London Cancer
Simon Jenkinson		Royal Free London- Hampstead
Laura Applegate (in place of Michael Harrison)		Barts Health

Apologies

Name	Role	Trust/Organisation
Linda Athey		Homerton University Hospital
Christopher Watson		Barts Health
Danielle Ohana		UCLH
Kavita Kantilal		
Nicola Akar		Barking, Havering and Redbridge University Trust
Niraj Goyal		
Louise Dulley		
Renata Rowicka		Whittington Hospital