

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

Date: 30<sup>th</sup> January 2018, 15:00-17:00

Venue: Trustees Board Room, 5<sup>th</sup> Floor East, 250 Euston Road, London, NW1 2PG

Chair: **Martin Forster and Pinkie Chambers**

### 1. Welcome and introductions and minutes from last meeting

- Louise Edwards updated the meeting on the development of a working group to explore group patient education in our patch. The group will initially map whether and how group sessions are being run already.
- MF commented that this working group is a useful tool for exploring different ways of giving information prior to chemotherapy. The group needs to consider peer review compliance, whether group learning is effective, whether films should be used and whether DNAs are reduced. Mount Vernon should be invited to the working group. It is thought that they may no longer be part of a network since the dissolution of the LCA.
- 30 day mortality discussed, we will request LD present on this item at the next ERG.
- A dedicated session on each trusts' patient experience surveys should be held. Each site would be given a 10 minute slot to present findings. The June ERG was selected as the appropriate meeting session.  
PC noted that standardised questions will not be used, previous attempts at this proved overly time consuming.
- Previous minutes agreed as a true record.

ACTION - 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.

ACTION – SE to invite LD to present 30 day mortality data at next ERG.

### 2. Conflicts of interest

- No conflicts of interest noted.

### 3. Audit/ Improvement / Serious Incidences

- It was reiterated that SUIs should be sent to SE. RG has previously volunteered to review and collate these.
- It was noted that the SUI audit will not pick up near misses. These should still be reported in the standing agenda item, 'Audit / Improvement/ Serious Incidences'.
- PC described a case study heard at the national chemo board. A UKONS study implicated production of chemotherapies as a cause for cancer in two Irish nurses. A Cochrane report is awaited. The group expressed concern that production units are asking nurses to take on evermore responsibilities. At UCLH Tom Marler-Hausen is looking at systems for making production safer. He is exploring a closed system for administering chemotherapy. The system will initially roll out from a day care pilot into TYA. A review will be held to understand the impact on other workstreams. TMH hopes to roll out across all UCH chemotherapy but needs funding and authorisation.
- It was suggested that Nishali, the new UCLH Darsi fellow should present her work to the group at a future ERG.

ACTION Members to send SUIs for the financial year to SE for collation, to be reviewed at the next ERG. SE to confirm RP happy to review these and send reminders.

ACTION PC to circulate UKONS chemotherapies production study

ACTION Nishali to present her work at a future ERG.

#### 4. Guidelines

- Paper outlining review dates of guidelines prepared by AT and SC discussed.
- PC to ask RM Partners whether they can include pan london cytology policy as part of their protocol review. In return London Cancer could offer to update anti-emetic guidelines.
- There will be big revisions around immunotherapy; RMH may also like to take on this work. Most other areas will involve little revision.
- PC to discuss with Laura Tookman whether she wishes to help review guidelines, it was noted that she has now moved to Imperial.
- Dosage adjustment may be required for liver and kidney the group suggest checking whether Hannah Adkins is happy to do it..
- Nisha Shaunak should also be contacted as to whether she has revised any of these guidelines already.

ACTION - PC to ask Anita McWhirter whether RM can PM the cyto policy.

ACTION – PC to discuss ant-emetic with LT and SE to recirculate audit.

ACTION – SCa to ask original authors if they want to review.

#### 5. Protocol Prescribing

- RM Partners are keen to collaborate with us and the SEL network, Simon Cheesman is linking in with RMP on our behalf.
- It was noted that the protocols must be relevant to all not just big centres. MF also noted that as some Trusts already have good updated protocols, we may wish to adopt these across London Cancer.
- SH noted that GI and neuroendocrine have recently been updated.
- It is felt that Barts have done work in this area. Unfortunately we do not currently have a representative.

ACTION – SE to send email asking for recently updated protocols and to make SCa aware.

ACTION – A new Barts representative is to be recruited.

#### 6. Denosumab Update

- A new tariff for home administration has been created, it is 5% above the cost of bloods and training. The plan is to monitor uptake in NCL and hopefully roll out across NEL.
- PAH is part of East of England STP, SE will forward the business case papers used in NCL to Sch

- SoP and patient information has been completed. It was difficult to keep it generic but PC is happy to share when the breast board and patient communication committee has ratified.
- PC thanked the ERG for their help in getting the project this far.

ACTION - SE to send Denosumab self admin patient information and SoP

### 7. ISO Accreditation

- Following introductory and auditor courses in the summer it is unclear whether Trusts are planning on obtaining ISO accreditation and if so at what stage of the process they are at.
- MF noted that a gap analysis against accreditation requirement has been performed at UCLH already. MF estimates that UCLH hope to be accredited within the next 6 months.

ACTION – SE to ask those that went on the ISO courses whether their Trusts are pursuing accreditation.

### 8. 2018 Workplan

- PC to ask Raj for an update as to the NHSE workplan.
- Our pharma challenge project with BMS will shortly be publishing an immunotherapy adverse events pathway. PC challenged the board to consider implementation; we will need to involve the AOS ERG as well for example the pathway will recommend a 24hr contact number.
- Immunotherapy guidelines discussed. Heather Shaw written has developed Mount Vernon’s version additionally Barts and UCLH also have versions.
- Hotline discussed. It is thought that Emily Keen has done work around RFL out of hours service. RG noted that a senior nurse holds the bleep for out of hours and has clear escalation pathways to on call SHO. Other systems escalate to A & E departments and oncology consultants. Indeed MF noted that in the past UCLH have offered oncology guidance for smaller units.
- PC noted that having successfully completed projects under the guise of the pharma challenge we are open to ideas future ideas for joint working should members have any ideas.

ACTION – Immunotherapy adverse events project outputs to be circulated

ACTION - PC to ask Raj for an update on the NHSE workplan.

ACTION – SE to write up workplan priorities into a list and circulate.

### 9. AOB

- No further business.

### 10.Next Meeting

Tuesday 17<sup>th</sup> April 2018 15.00-17.00 venue tbc

### ACTION LOG

Action reference	Action	Owner	Date Due	Status
Sep01	Hold a meeting/workshop on group consent sessions outside of the ERG meetings. Mount	SE		

	Vernon/LE to be asked to lead.			
Sep02	Hold a yearly 30 day death meeting	SE		
Sep03	SUIs to be sent to SE for collation	All		
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		
Jan02	SE to invite LD to present 30 day morality data at next ERG.	SE		
Jan03	Members to send SUIs for the financial year to SE for collation, to be reviewed at the next ERG. SE to send reminders.	All		
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		
Jan11	SE to send Denosumab self admin patient information and SoP	SE		
Jan12	SE to ask those that went on the courses whether their Trusts are pursuing accreditation.	SE		
Jan13	Immunotherapy adverse events project outputs to be circulated	SE		
Jan14	PC to ask Raj for an update on the NHSE workplan	PC		
Jan15	SE to write up workplan priorities into a list and circulate.	SE		

### Attendees

Name	Initials	Trust/Organisation
<b>Martin Forster</b>	MF	UCLH/UCL
<b>Pinkie Chambers</b>	PC	UCL
<b>Anish Tailor</b>	AT	Private
<b>Louise Dulley</b>	LD	BHRUT
<b>Katie Ruane</b>	KR	Patient Representative
<b>Louise Edwards</b>	LE	RFL
<b>Shirley Carey</b>	SCa	UCLH

<b>Name</b>	<b>Initials</b>	<b>Trust/Organisation</b>
Simon Evans	SE	London Cancer
Nicola Akar	NA	BHRUT
Diana Matthews	DM	The Whittington
Cindy Sparkes	CS	GOSH
Subhra Chowdhury	SCh	PAH/NMUH
Roopinder Gillmore	RG	Royal Free
Simon Jenkinson	SJ	Royal Free
Nishali Patel	NP	UCLH
Nuray Temiz	NT	The Whittington

#### Apologies

<b>Name</b>	<b>Initials</b>	<b>Trust/Organisation</b>
Kerstin Von Both	KVB	GOSH