Meeting of the *London Cancer* Chemotherapy Expert Reference Group

Date: **4th July 2017, 15:00-17:00**

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

Chair: **Martin Forster and Pinkie Chambers**

1. Welcome and introductions and Minutes from last meeting

- Board agreed previous minutes were a true record
- The board agreed to defer the 30 day mortality data to the next meeting
- Finchley Memorial now delivers higher doses of Cisplatin. They do not do 1st dose rituximab, their offer depends on the type of monochronal antibody.
- Patient Information Films; PC has shown 5 patients the film for an evaluation. There has been interest from various charities. PC informed the board that the Cancer Academy are also considering creating some information films for chemotherapy.
- Action around inviting Mount Vernon to present their pre-assessment system. Mount Vernon are not today's agenda but MF has visited and spoken to the team.

ACTION:
- 30 day mortality data to be added to the next agenda.
- SE to send link to the patient information film to everyone

2. Conflicts of Interest

- No conflicts of interest were noted

3. Audit/Improvement

- Immunotherapy Alert Cards; The national Acute Oncology Service are about to produce some guidance. The group discussed the idea of a card with a barcode on the back and once scanned shows how the patient manages toxicities.
- The group discussed combining immunotherapy and chemotherapy alert cards or whether they should be kept separate.
- The group discussed RMH guidelines and guidelines that were started at NMUH.
- May need to discuss the Alert Cards further at future meeting

ACTION: LT to send Alert Card guidelines first developed were started by NMUH team

4. Pre chemo screening of HIV, hepatitis and diabetes

Presentation by LT; optimising oncology patients prior to treatment

- LT presented North Middlesex's work on pre-testing chemotherapy patients for HIV, hepatitis and diabetes.
- LT looked at what to do with positive results from screening. Pathways have been mapped to highlight who to contact and when to refer to appropriate teams.
- **HIV;** LT explained that 7.02 per 100 people have HIV in Haringey. NICE guidelines describe that in areas with over 2-5 per 100 people with HIV, all patients having blood tests should be tested for the virus.

Consenting; The HIV team have explained that a pre counselling appointment for consent is not required in this instance. They have advised LT to explain to the patients that their blood will be checked for blood born viruses including HIV and hepatitis. The NMUH HIV team are on board with the screening proposal and are happy to receive referrals. The patient will then be jointly managed if found to be positive. The group agreed that there is a strong case that HIV pre-testing should be embedded in practice across London.

- **Hepatitis;** Whilst on chemo hepatitis can cause significant high morbidity and mortality for patients. LT highlighted that hospitals are currently not following London Cancer guidelines regarding testing. However BCF routinely test haematology patients. If test results are positive, NMUH treat patients 2 weeks prior to starting chemo. NMUH have special clinic into which the chemo teams can directly refer, a speedy process compared to referring via GP. LT revealed that the hospital have picked up a lot of hepatitis patients through this. The group discussed ways to alert oncologists that the patient has hepatitis, such as an alert on chemo care.
- **Diabetes;** . The importance of good coordination between oncology and endocrinology teams was emphasised. The endocrinology team want to see patients before starting their chemo.. LT and SK discussed a Diabetes audit conducted in 2016. They presented data regarding reviewed the amount of patients diagnosed with diabetes after screening. LT explained that NMUH are to start pre-chemo testing from this month (July 2017). LT highlight the need to develop Diabetes guidelines as HIV and hepatitis already have guidelines. A common stumbling block is getting patients seen soon enough by endocrinology teams that chemotherapy is not delayed. Endocrinology teams have insisted on consultant to consultant referrals. Whether patients that are diagnosed with diabetes need to start treatment immediately discussed, it was felt that patients with a HBA1c score of over 70 would need to start treatment as they would in other circumstances.
- There is not thought to be any existing guidelines for chemotherapy patients who are diagnosed with HIV, Hepatitis or diabetes at pre-chemotherapy testing. This is considered an unwarranted gap. Royal Marsden have a joint oncology endocrinology clinic led by Dr Morgenstein, they should be approached as to whether they have set guidelines.
- LT was asked to check HIV and Hepatitis prevalence for London. The group suggesting formalising guidelines and developing a diabetes tool in anti-emetic guidelines.

ACTION:
- LT and PC to work together to develop diabetes guidelines
- SE to send LTs presentation out

5. Quality Standards/Kitemarking

- ISO training; There will be 2 one day introductory courses on 5th and 31st July. There will be a 5 day course in August (7th -14th) for people to learn how to implement and audit the kitemark.. The 5 day course requires representatives from a minimum of 2 Trusts. UCLH and Barts have agreed to attend which means they can potentially audit each other a cost effective system.
- It was suggested to invite BHRUT to take the final 5 day slot as they have implemented the kitemark but currently bring in external auditors.

ACTION: SE to invite BHRUT to BSI Auditor course in August 2017

6. Projects; Pharma challenge

- Immunotherapy; this project has just launched. The group are currently mapping pathways at UCLH, The Christie and The Royal Marsden to look at ways to best manage immuno therapy related adverse events. The project group have started developing questionnaires with BMS. PC invited other Trusts to get involved.
- Wrapping up of the Amgen project; this project looked at the cost of self-administering sub cutanoeus Denosumab. The project team looked at the savings the CCG would make. PC will be meeting the breast pathway board in August regarding this project.
- Project with Janssen; This project looks at community monitoring of Abiraterone and blood pressure monitoring. The project has funding to pilot and evaluate a new model.
- 2nd Amgen project; this project is looking options for delivering IV chemo closer to home. A national survey has been completed.
- SE demonstrated a tool developed by the Centre for Cancer outcomes which present population heat maps which can be filtered by disease group, regimen, age , stage of disease, performance status etc. all obtained from SACT. This data could be used to plan mobile units etc. The positive and negatives of having a mobile unit in the community such as a bus discussed. The group felt that using community/local hospitals or hiring a room in a GP practice might be a better idea. Would hope the data could give suggestions of areas to go to.
- The board discussed the delivery of Herceptin to patients. LE explained that Finchley has no medic on site; they have a nurse led clinic only. The board discussed how long patients should wait in clinic after being administered Herceptin. Guidelines state 6 hours but nurses feel 2 hours is sufficient.
- PC asked group to ask their teams to highlight any projects they would like to develop or where they feel collaboration will be useful. She could possibly then find a Pharma company to get involved.

7. Patient Experience Survey

PC presented Patient Experience data sent to her from Trusts and asked for feedback on the results;

- NMUH data to be added to results data
- Whittington has sent in a greater number of completed questionnaires than that which made the report. This data is to be added to the results. PC to send updated report.
- PC explained that the group should start deciding on the next questionnaire. MF/SC to share UCLH survey on waiting times although they felt it was too long.
- PC suggested Linda to again lead on Questionnaire. PC to discuss this with her. Board discussed possibly using survey monkey for the next one.
- Zereen Rahman-Jennings, Macmillan Patient Experience Lead will be contacting patient representatives to get more patient involvement.

ACTION:

- MF/SC to share updated UCLH survey on waiting times.
- PC to send updated patient experience report.
- PC to have discussions with Linda to ask if she would like to lead on next questionnaire

8. Chronic Patients Experience survey

- The board acknowledged that patients with long term follow up/watch and wait treatment plans aren't surveyed enough. Indeed KR confirmed that she had never been surveyed. Funding is available to develop a questionnaire of chronic patients. KR will be contacted to provide input. The plan is to pilot the questionnaires in one area. PC has spoken to the Bloodwise charity and other charities that are keen to collaborate. PC suggested that a priority should be to develop questions that are applicable.
- Further assistance may be sought from the UCLH school of pharmacy, specifically Terry NG.
- The Board also that inpatient experience is commonly overlooked and should be captured. SC to look into this

ACTION:
- KR to be contacted to develop questionnaire
- SC to look into inpatient experience surveys

9. AOB

- Nurse led consent for a multi person group; deferred to next meeting when Louise Dulley, BHRUT attends.
- Network Peer Review roles; MF would like to define the impact of the network meetings on peer review. The board feel that they do cover some roles as defined in peer review and furthermore the kitemark will fulfil others. For example we often discuss serious incidents; this should be formally added as a standing item on the agenda.

ACTION:
- SE to contact LD re what multi person consent involves.
- MF will pull out peer review network requirements. The group is then to consider whether we fulfil these roles
- Serious incidences to be added to agenda as standing item

10. Next Meeting

Tuesday 19th September 2017, 15:00-17:00, North Meeting room, 2nd Floor, 250 Euston Road, London NW1 2PG
Tuesday 19th December 2017, 15:00-17:00, TBC

ACTION LOG

Action reference	Action	Owner	Date Due	Status
July01	30 day mortality data to be added to the next agenda.	SE		
July02	SE to send link to the Patient Information Film to everyone	SE		
July03	LT to send Alert Card guidelines first developed were started by NMUH team	LT		
July04	LT and PC to work together to develop diabetes guidelines	LT/PC		
July05	SE to send LTs presentation out	SE		
July06	SE to invite BHRUT to BSI Auditor course in	SE		

	August 2017			
July07	MF/SC to share updated UCLH survey on waiting times.	MF/SC		
July08	PC to send updated patient experience report.	PC		
July09	PC to have discussions with Linda to ask if she would like to lead on next questionnaire	PC		
July10	KR to be contacted to develop questionnaire	KR		
July11	SC to look into inpatient experience surveys	SC		
July12	SE to contact LD re what multi person consent involves.	SE		
July13	MF will pull out peer review network requirements. The group is then to consider whether we fulfil these roles	MF		
July14	Serious incidences to be added to agenda as standing item	SE		

Attendees

Name	Initials	Trust/Organisation
Martin Forster	MF	UCLH/UCL
Pinkie Chambers	PC	UCL
Blessing Kamudyariwa	BK	North Middlesex
Katie Ruane	KR	Patient Representative
Renata Rowicka	RR	Whittington
Shirley Carey	SC	UCLH
Simon Evans	SE	London Cancer
Sherrice Weekes	SW	London Cancer
Soohe Kim	SK	North Middlesex
Laura Tookman	LT	North Middlesex
Louise Edwards	LE	RFH

Apologies

Name	Initials	Trust/Organisation
Nicola Akar	NA	BHRUT
Linda Athey	LA	HUH
Cindy Sparkes	CS	GOSH
Louise Dulley	LD	BHRUT
Danielle O'Hana	DO	UCLH
Christopher Watson	CW	Barts Health