

Meeting of the *London Cancer* Chemotherapy Expert Reference Group

Date: **March 7th 2017, 15:00-16:30**

Venue: **2nd floor Meeting Room 1, 250 Euston Road, NW1 2PG**

Chair: **Dr Martin Forster**

1. Welcome and introductions and minutes from last meeting

- Previous minutes were agreed as a true record.
- AOS app discussed. Tom Newsom-Davies, Chelsea and Westminster developed the app and is now looking for someone else to evolve it and it may be possible for it be adapted for London wide use. Immunotherapy is not covered by the app yet. SE to raise the app with the AOS ERG.
- Final patient experience results to follow. PC is seeking a student to input the Barts data before circulating. The group will consider looking at toxicity vs treatment and age vs toxicity, the group could then put it out as a poster. If anyone is interested let PC know. MF noted that a PHD fellow is interested in extrapolating conclusions from the data.
- Catherine Oakley noted that Lilley is likely to be re-branded into a national diary.
- 30 Day mortality data will be added to the next agenda.
- Chemotherapy nurse passport as a mechanism for re-vamping network training discussed. A POSCU book is already in use between RM and UCLH. Nicola Aker to be invited to working group re passport.

ACTION: 30 day mortality to be added to the next agenda.

2. Conflict of Interests

- No conflicts of interest were noted.

3. Audit / improvement

- RG presented a Royal Free case in which a patient came in with serious illness; the Royal Free team were completely unaware the patient was a type 2 diabetic. The group then considered which tests to perform and when.
- North Middlesex now conducts Hba1c tests on all chemotherapy patients. North Middlesex are developing a process with the diabetic team on the basis of a recent audit. The audit is to be shared.
- The group considered how often to conduct the HBA1C test. The group agreed that it seemed reasonable that this be performed approximately every 3 months. Stratification should be done on the basis of age, family history etc.

ACTION: North Middlesex representatives to be invited to present diabetes work at a future board.

4. Quality Standards/Kitemarking

- MF updated on the recent conversations around ISO accreditation. Barts and UCLH have both expressed an interest in joining the process meaning that the minimum number of 2 sites has been reached.

- There may be budget from the Cancer Vanguard to support our work. Simon Hack has helped identify 2 reputable companies to deliver courses that will give an understanding of the processes and implications for achieving accreditation. 6 people have confirmed their interest in attending the course so far, which will be enough to hold the event but we can comfortably include up to 10. Therefore if any other members are interested please contact Simon Evans.
- The vision is for in house accreditation system that we can develop. With two sites or more each service can review the other negating the need for costly external auditors. Ultimately we want to develop the same metrics and thus create our own London Cancer kitemark.

ACTION: SE to send reminder re kitemarking course. Members encouraged to contact SE if interested.

5. Upcoming Projects

- PC updated on the progress of pharma challenge projects. 4 projects have now been confirmed by the vanguard medicines optimisation board.
- The Amgen, Denosumab collaboration project is now coming to a close. Links to the simulation model and toolkit will be circulated. Quintiles are writing a business case to include the pros and cons of each delivery model alongside with case studies, these will help each Trust decide which delivery method system is the best for them.
- UCLH are leading on a second collaboration project with Amgen looking at different systems to deliver IV infusion, this will involve the creation of an algorithm to help identify those IV drugs that are suitable to be moved out of hospital. Anyone that wants to join the project board should contact PC.
- Finchley Memorial is a good example for out of hospital delivery. Only monoclonal antibodies and higher doses of Cisplatin are currently not offered at Finchley.
- Royal Marsden and Sandoz are collaborating on an education package to encourage the use of biosimilars. These generic drugs offer significant cost savings. For example, Royal Marsden will save £1million just from changing to a ritoxumab biosimilar. There has been some resistance, due to a lack of understanding around data and getting used to prescribing alternative drugs. The drugs show PK equivalence, not randomised phase 3 data, it is acknowledged that consultants are used to seeing more evidence.
- We are collaborating with BMS to understand IO adverse event pathways. This is an opportunity to learn from early adopters and update guidelines. We will be exploring future proofing service delivery, understanding access across the patch and the patient populations at different hospitals.
- We are working with Janssen to explore Abiraterone community monitoring. 3 oncologists have expressed an interest in joining the project including RG. Contact PC if anyone else is interested, we want our work to be relevant throughout the network so non UCLH contributors are especially welcome. The purpose is to save patients having to attend clinic. Janssen have promised funding for a pilot, we will be interviewing patients re their opinions on community models opinion after which the pilot will be launched.

ACTION: Any members interested in joining projects to contact PC or SE

6. Patient Information Films

- The trial video on Capecitabene has been filmed with Rajinder Nijjar. It is due to be edited down as is currently too long at around 11 minutes. We will now conduct a patient evaluation with UCL
- CRUK will fund a project manager to work on more.
- We should aim to link into the work of the chemo schools / education programs across LC sites.
- Pre-assessments discussed. At first line most patients have an appointment on a separate day to delivery. At 2nd line pre-assessments are mostly done at the same time as delivery.
- Mount Vernon have done a lot of work on their pre-assessment, Louise Hopday, a chemotherapy nurse, is a possible link there.

ACTION: When film is ready SE to send link for review.

ACTION: Invite Mount Vernon to present re their pre-assessment system.
Explore setting up a working group.

7. Patient Survey Results

- Item deferred.

8. Chronic Patients Experience Survey

- At our last board Katie Gruane highlighted that as a chronic patient her experience had never been surveyed. Therefore the group is exploring developing a survey for chronic cancers. Bloodwise are keen to help, they have identified 10 patient champions on which to test any survey. We could conduct a national or London only cancer only survey. It was agreed that we should pilot in CML.
- The survey should look at the service chronic patients are receiving, e.g. are they only seeing CNS now not consultants? Would they prefer Skype consultations? Would they prefer to see their GP?

ACTION: Interested members to contact PC re chronic patient survey.

9. AOB

- A CQuin for optimising prescription in palliative patients is shortly to be introduced. We need to document that patients that start chemo with PS 2-4, underwent a full discussion with a palliative consultant. UCLH are looking at how to pull this data. Information to be shared when more is known.
- Breast and GI protocols have been written but need 2nd checks from pharmacy. Jenny is updating. We need to know who is doing what across patch in this regards to avoid repetition.
- The London Cancer nurses' chemotherapy education programme is now accredited by Middlesex University.

10. Next Meeting

Thursday 27th June 15:00-17:00, 6th Floor Central, Meeting Room (East), 250 Euston Road, NW1 2PG

Attendees

Name	Trust/Organisation
Martin Forster (co-chair)	UCLH/UCL
Pinkie Chambers (co-chair)	UCLH/UCL
Anish Tailor	Harley Street @ UCLH
Blessing Kamudiyariwa	North Middlesex
Cindy Sparkes	Great Ormond Street
Louise Dulley	Queen's Hospital Romford
Nicola Akar	Barking, Havering and Redbridge Trust
Niraj Goyal	Princess Alexandra Hospital
Renata Rowicka	Whittington Hospital
Roopinder Gillmore	Royal Free London
Shirley Carey	UCLH
Simon Evans	London Cancer
Simon Jenkinson	Royal Free London

Apologies

Name	Trust/Organisation
Chris Gallagher	Barts Health
Christopher Watson	Barts Health
Danielle O'Hana	UCLH
Kavita Kantilal	The Whittington
Katie Gruane	Patient Representative
Linda Athey	Homerton University Hospital
Louise Edwards	Royal Free London - BCF
Rak Nijjar	Barts Health