

Meeting of the *London Cancer* Chemotherapy Expert Reference Group

Date: 19th September 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

- Previous minutes agreed as a true record.
- New members, Diana Matthews (Whittington) and Lamia Samrin, replacing Judith Delaney, welcomed to the group
- PC announced that she was successful in her application to become a research fellow.
- Previous minutes discussed. CRUK are willing to fund a PM for the patient counselling films. It was agreed that we require further funding for an animation. Patients that evaluated the test film which simply comprised a pharmacist speaking to camera described it as repetitive and dry. Co-development with patients and investment is needed to progress the project.
- RFL are piloting group consent sessions. LE has developed slides, she has found that getting the right environment and presenters is crucial.
 - MF felt that group sessions may be complimented by short films and individual sessions to meet patient needs.
 - LE suggested that we need competency criteria for those delivering sessions.
 - Mount Vernon have made progress in this area, they should be asked if they are happy to share knowledge and materials.
 - The group discussed whether group sessions were compliant with peer review, which specify 1-1 sessions are required, it was noted that no concerns were raised in Mount Vernon's review. Additionally GOSH hold 'informal meeting sessions'.
 - KR noted that films explaining mechanics of clinics might be useful. Little information is given around appointment time, bloods, consultants OPA etc. Understanding what is going on behind scenes, e.g. why bloods are taken and why you need to await results for 1 hour. This would remove the current mismatch of reality vs expectations.
 - DNA rates noted as one of the drivers, it is felt group sessions offer patients greater flexibility.
- Denosumab PbR exclusion is to be confirmed shortly. The NCL STP board approved roll out self admin in their region, RFL and North Midd do not have access drug so costs will be reimbursed. PC to write SoP for self admin and send to the group for comments. The NEL STP is expected to shortly follow.

ACTION - Hold a meeting/workshop on group consent sessions outside of the ERG meetings. Mount Vernon/LE to be asked to lead.
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2. Conflicts of interest

- No conflicts of interest noted.

3. Audit/ Improvement/ Serious Incidences

- UCL have been given a grant to expand their CML work.
- M&M meetings discussed.

- BHRUT felt their processes could be improved.
- UCLH do hold meetings on 30 day mortality; all 30 day mortality data is initially reviewed by PC but she is not sure the SACT data are completely accurate - members agreed with this statement; UCLH tumour team review identified issues with GI Chemotherapy relating to dose modification not maintained after a patient suffered toxicity.
- GOSH 30 day mortality review independent of SACT data collection.
- The group suggested that it would be useful to look for patterns across the network. LD volunteered to lead on work.

ACTION Pan London Cancer 30 day death session to be held annually. LD to lead on work.

4. Governance

- Discussion as to whether the group require a governance lead. The role would involve collating serious incidences/ oversee governance requirements. The person could be a point of contact for submission of data, incidences etc, anything that relates to governance issues
- It was decided that SUIs to be sent to SE for collation when relevant.
- Peer reviews requirements discussed. Treatment algorithms need to be reviewed by the ERG, however it was felt this was not possible. Therefore, if Kathy Pritchard-Jones agrees, tumour sites will be asked to submit their algorithms and the ERG will collate and check for suitability and any wide discrepancies.
- It was noted that anyone with an oncology-haematology background interested in joining the joint formulary committee anyone should apply to join with a position currently vacant.

ACTION -SE/PC to contact KPJ to ask if the checking of treatment algorithms is a priority. If so SE to ask tumour groups to share their algorithms with the ERG.

ACTION - SUIs to be sent to SE for collation when relevant

ACTION – SE to add protocol prescribing audit to the next ERG agenda

5. Guidelines

- Many of the guidelines (available on the London Cancer website) require updating. For example Mucositis has not been revised since 2007.
- A subcommittee previously maintained guidelines, establishing a new group to take on the role was agreed upon with SC and AT leading.
- Laura Tookman has already agreed to re-write anti-emetic guidelines to include diabetes testing and management recommendations.
- New licenses and combination of products etc. to be considered. The group should review ACSO, ESMO and regional guidelines to get a steer as to other areas that need to be covered.

ACTION - Guidelines working group to be established, SC & AT to lead. LT to be invited.

6. ISO Standards

- SE clarified the difference between ISO standards and a quality kitemark. ISO kitemark set the manufacturing standards for product safety and quality. It is commonly used to describe the testing that ensures items such as bike helmets must pass. The ISO 9001 is a Quality Management System (QMS) standard focussed on helping organisations develop processes for continual improvements, streamlining operations and reducing costs.

- London Cancer hospitals are pursuing qualifying for ISO standards rather than a kitemark. MF commented that in the long term we may be able to revise the standards to something more bespoke for our hospitals.
 - Two 1 day introductory sessions and a 5 day auditor sessions for ISO 9001 were held in July and August. Individual Trust qualifications to follow.

ACTION - SE to follow up ISO accreditation next steps with Simon Hack

ACTION – Members to contact SE if they are interested in joining an ISO Introductory Session

7. Patient experience

- Approach to improving patient experience discussed. It was agreed it should operate in a similar way to governance i.e. for issues and best practice to be brought to the ERG.
- It was agreed that individual hospitals should be left to survey their patients with the ERG being the forum where the results are compared and contrasted. There are too many variables to make conducting the same survey worthwhile, e.g. waiting times are dependent on day of delivery etc.
- ACTION – Ask every trust to share patient experience.

ACTION - Instead of holding annual London Cancer patient experience surveys Trusts to share the results of their own internal surveys.

8. AOB

- The UKONS passport was launched last week, the group welcomed it as a quicker way to get nurses onto chemotherapy workforce.
- To avoid Christmas the next ERG will be brought forward to the 12th December.

9. Next Meeting

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 Vernon/LE to be asked to lead.	SE		
Sep02	Hold a yearly 30 day death meeting	SE		
Sep03	SUIs to be sent to SE for collation	All		
Sep04	SE/PC to contact KPJ to ask if the checking of treatment algorithms is a priority. If so SE to ask tumour groups to share their algorithms with the ERG	SE/PC		
Sep05	Add protocol prescribing audit to the next ERG agenda	SE		
Sep06	Guidelines working group to be established, SC & AT to lead. LT to be invited.	SE/SC/AT		
Sep07	SE to follow up ISO accreditation next steps	SE		

	with Simon Hack			
Sep08	Members to contact SE if they are interested in joining an ISO Introductory Session	SE		
Sep09	Instead of holding annual London Cancer patient experience surveys Trusts will be asked to share the results of their own internal surveys.	All		

Attendees

Name	Initials	Trust/Organisation
Martin Forster	MF	UCLH/UCL
Pinkie Chambers	PC	UCL
Anish Tailor	AT	Private
Louise Dulley	LD	BHRUT
Katie Ruane	KR	Patient Representative
Renata Rowicka	RR	Whittington
Louise Edwards	LE	RFL
Shirley Carey	SC	UCLH
Simon Evans	SE	London Cancer
Nicola Akar	NA	BHRUT
Sherrice Weekes	SW	London Cancer
Diana Matthews	DM	The Whittington
Lamia Samrin	LS	GOSH

Apologies

Name	Initials	Trust/Organisation
Nicola Akar	NA	BHRUT
Cindy Sparkes	CS	GOSH
Niraj Goyal	NG	
Danielle O'Hana	DO	UCLH
Renata Rowicka	RR	Whittington
Blessing Kamudyariwa	BK	North Middlesex