

East Midlands Chemotherapy Group

Wednesday, 11th October 2017

Kegworth Hotel, Kegworth (J24 M1)

2.00 pm – 4.00 pm

(Separate chemo nursing meeting prior to this and followed by separate pharmacy meeting)

MINUTES

Present

DhirenBharkhada	KGH	Cancer Services Pharmacist
RebeccaClark	CRH	Lead Oncology Pharmacist
ChristineClarke (Chair)	UHL	Macmillan Lead Pharmacist UHL and NHSE Midlands & East
ElaineDavies	NGH	Lead Pharmacist
DonnaJude-Parry	NGH	Acting Manager
MoyaFernie	NUH	HDC Deputy Sister
UshaGoyal	UHL	Lead Oncology Pharmacist
JenniHatton	NUH	Paediatric Pharmacist
JudyKilby	UHL	Haematology Chemotherapy Specialist Sister
SamuelMalton	NUH	Advanced Pharmacy Practitioner
AlexanderMartin (Dr)	UHL	Haematology Consultant
JennyMoyes	Burton	Pharmacist
LesleyStewart	RDH	Clinical Educator
ColinWard	RDH/L&L	Lead Pharmacist RDH and NHSE Midlands & East
AdeleWilliams	NGH	Chemotherapy Outpatients Manager
AmerZarien	ULHT	Pharmacist

Chair: Christine Clarke

Minutes: Colin Ward

Item	Action(s)
Welcome / Introductions and Apologies	
Apologies were received from Catherine Loughran, Edwina Scott, Carly Starkey, Shila Hamzpur & Dani Jones Lorraine Carter, Dr Kallmeyer, Nicola Nicoll, Kate Porter, Di Ryan	
Minutes of Meeting 21st June 2017	
Accepted as an accurate record	
Matters Arising	
Feedback from Nursing & Pharmacy Meetings	
Nursing group wanting to recommence meetings to revisit competency document. AW/CC to follow up with Caroline Penn. Pharmacy group to meet after this meeting, nothing specific to feed back from previous meeting.	AW/CC
Declaration of Interest	
Nothing to declare from those present. No clarity around process at NHS England/ EM Senate although trusts have own process which we will use for now.	
National Consent www.cruk.org/sact_consent	
Using generic form in haematology @ CRH, with view to adopt in Oncology Using in ULHT, NGH & KGH NUH exploring use in place of local documents DHFT delayed with ChemoCare implementation. UHL using in Oncology. Discussion of how to get 2 copies, some are photocopying once all signatures are in	

	place. NGH admin team scan a copy into ChemoCare documents – others felt this was a good approach to ensure access.	
	Medical Training - Uptake & Feedback	
	NUH reported process working well for new oncology registrars. AMM reported updating ongoing records in haem UHL has been noted as not happening consistently. This is being addressed.	
	Aseptic Services Review	
	Clive Newman (Chief Pharmacist) provided an update on the project to CC Representatives of the project have met with SPS reps and the Manchester group reviewing their aseptic provision & will be working with them. There will be a national survey of aseptics in the autumn with report due by April 18. Not all the Trust have provided funding for the next phase of the review and a final decision on the next steps is still to be made. The next phase is likely to have fewer Trusts than originally planned. Chesterfield have recently secured investment to upgrade their aseptic facilities.	
	Macmillan Electronic Holistic Needs Assessment	
	Being used by CNSs	
	Chemotherapy CRG	
	Information was passed to regional representatives for the September meeting No outputs have been received to date	
	E prescribing	
	100% targets for adults and paediatrics have now passed. Trusts are being followed up to discuss any remaining gaps. NUH are now live in paediatrics, with 10% patients on and ALL maintenance chemo now validated with patients transferring across which will take the figure up to approx. 45% an action plan is being agreed internally as each protocol reflects approx. 1 patient so progress will be slow. NGH reported ongoing staffing gaps making paediatric progress a challenge KGH reported 100% Oncology, Haematology familiarising themselves before using – issues with patient registration as patients not known to NGH. Both NGH & KGH can build on the system. Most providers reported gaps with bladder instillations in Urology.	
	Medicines Optimisation CQUIN –SACT data quality	
	CC provided an update to the group on a recent meeting with PHE and the element of the MO CQUIN relating to the SACT dataset. Questions were posed to PHE and responses are still awaited. There was discussion of the challenges of documenting height and weight to feed SACT for all patients.	
	Peer Review/QCIS uploads	
	CC shared the latest measures with the group as the measures are now in the QCIS portal and are answered on-line making it hard to see how measures have been reworded and to support local discussions prior to upload.	
	Policies and Guidelines new & updates	
	Cytotoxic Policy –Draft	
	A revised document was shared that included updates to reflect e-prescribing and use of immunotherapies, incl. administration by non-chemo trained staff and associated competency requirements. CC will recirculate to the group including chemotherapy leads. CC requested further	ALL

	feedback from members of the group after they have had time to discuss within their trusts by the 23rd November 2017	
	Extravasation Policy	
	<p>DB shared an updated document – to change</p> <ul style="list-style-type: none"> - treatment plans for bendamustine, carmustine & paclitaxel due to advice to localise to reflect company advice. - added carfilzomib & pixantrone. - renamed mustine to INN. <p>Discussion about slight alterations in format to aid quick identification of how to manage and addition of immunotherapies. DB agreed to mock up options and share visio veriso with CW/CC for review by the group.</p> <p>AZ raised concern around variation from Medusa advice although unclear what exactly differs.</p> <p>There was discussion as to why there is no national standard approach.</p>	DB
	Imatinib - tolerability issues	
	<p>Discussion of experience of generic and established patients switching from Glivec[®]. Felt in general with good patient support switching could be managed.</p> <p>Yellow card reporting for reactions requiring brand switching was discussed.</p> <p>This issue is being discussed by national commissioning pharmacists.</p>	
	Rituximab biosimilar switch	
	Those present reported progress with switching.	
	Capacity planning and other Chemotherapy Delivery Models Impact of new drugs and indications	
	<p>Discussion of requests for models such as homecare and the resource require to put this on a sustainable footing, extended hours, therapies that do not require chemo trained nurses etc.</p> <p>Discussion of patient self-administration of denosumab following presentation from UCLH at the recent BOPA annual symposium.</p>	
	Non Protocol Requests	
	Details were circulated from Trusts who submitted them.	
	Errors & prevention: Trust errors/exceptions	
	Details were shared	
	AOB	
	Discussion of compassionate access pembrolizumab for urological cancers.	
	Date of future meeting:	
	2pm Weds 31 st January 2018 at Kegworth Hotel.	