

# YORKSHIRE CANCER NETWORK Chemotherapy Group

Minutes of the meeting held on  
Wednesday 15<sup>th</sup> February 2006, 2.30 - 4.30pm  
Room 1, YCRN Conference Suite, Cookridge Hospital

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Present:	Dr G Haslam	Airedale PCT
	Dr M Crawford Professor P Taylor	Airedale NHS Trust
	Mr J Cox	Bradford Teaching Hospitals NHS Trust
	Ms P Daynes	Calderdale & Huddersfield NHS Trust
	Mr A Aildred Ms C Spencer	Harrogate and District NHS Foundation Trust
	Ms S McGonigle	Leeds North East PCT
	Ms K Collins Mr Kumar Mr P Deady Mr P Howard Professor L Kay (Chair)	Leeds Teaching Hospitals NHS Trust
	Ms K Norton	Mid Yorkshire Hospitals NHS Trust
	Ms L Carroll Mr P Melling Mr D Thomson	Yorkshire Cancer Network

## 1. Welcome and Apologies for absence

Apologies were received from Dr L Bond, Dr C Bradley, Dr J Dent, Dr D Dodwell, Dr D Gilson, Mr J Hancock, Dr P Hillmen, Ms E Jeffers, Dr J Joffe, Dr S Picton, Ms J Salter, Mr B Tinkler and Ms A Woodhouse.

Dr Sri Kumar, Consultant in Clinical Oncology at Cookridge Hospital was welcomed to the group

## 2. Minutes from the last meeting

Were agreed as being an accurate record.

## 3. Matters Arising

### 3.1 ToR

To be discussed at the next meeting.

### 3.2 Declarations of interest

Dr Crawford declared that he is in receipt of a grant from Pierre Fabre.

### 3.3 Membership

Dr Di Gilson, Consultant Clinical Oncologist, Cookridge Hospital has accepted the offer to become a member of the group, however sent her apologies for this meeting.

Dr L Bond, Consultant Haematologist, York District Hospital has resigned from the group.

### **3.4 Policy on Charging Patients for their Medicines (enclosure)**

Mr Thomson ensured members had received the 'Policy on charging cancer patients for their medicine' document circulated with the agenda and summarised the amendments made by the YCN Management Board at the meeting that took place on Thursday 23<sup>rd</sup> January 2006. The YCN Management board approved this document but felt as it is guidance it should be the decision of individual Trusts as to whether they accept the recommendations and agreed it should be reviewed again in a year.

Dr Haslam highlighted that chemotherapy prescribed in primary care had not been addressed in this document. After a group discussion it was agreed this should be taken forward through Mike Richards.

Mr Thomson agreed to forward the paper to Chief Pharmacists to progress implementation within Trusts.

**ACTION: Paper to be sent to Chief Pharmacists for implementation within Trusts**

### **4. Capacity Planning**

The National Modernisation Agency have held workshops on Capacity Planning following the publication of the 'Chemotherapy Service Improvement Modernising Chemotherapy Services – A Practical Guide to Redesign' by the cancer Service Collaborative.

The Modernisation Agency and Association of British Pharmaceutical Industry (ABPI) have agreed to fund a second Pharmacist and Nurse for 24 weeks and have employed a consultancy firm to look at making the Capacity Planning Tool kit web based.

At the YCN Chemotherapy Development Group meeting that took place on Wednesday 8<sup>th</sup> February the Pharmacists present agreed the toolkit was workable, however felt the timings need reviewing and agreed to benchmark across the Network timings at each site, for each regime used.

Nurse representatives from Airedale, Bradford and Harrogate agreed to meet to undertake a comparison exercise on their timings and the Nurse's present agreed to undertake basic benchmarking data collection on the major chemotherapies given for comparison purposes.

Ms Collins has discussed with June Toovey, Acting Lead Nurse for the YCN the fact that there is an absence of a Chemotherapy Lead Nurse for the Network and Mr Thomson has raised with the CAT the issue of there being no national Lead Chemotherapy Nurse group.

### **5. Dose Banding of Cytotoxics (enclosure)**

Mr Thomson summarised the draft proposal for dose banding paper. It was felt that this work could not be undertaken until the capacity plan work was complete. A group discussion followed. Mr Thomson welcomed suggestions on audit work they could undertake. Dr Crawford proposed an audit on gathering prospective data on potential savings on drug usage. Members agreed the capacity plan benchmark work should take priority. Mr Thomson said he will discuss this further with the Pharmacists.

**ACTION: Mr Thomson to discuss the audit work with the Pharmacists**

### **6. Herceptin (enclosure)**

Prof Kay reminded colleagues of their previous discussions on Herceptin and ensured members had received the 'Commissioning Group for Medicines Submission Proforma' paper circulated with the agenda. Ms McGonigle and Dr Haslam shared their views on this paper.

Ms McGonigle noted that a number of PCTs have received incomplete proforma applications. Mr Thomson said he and Mr Tinkler have discussed this and will feedback to the YCN Breast Group.

Mr Deady tabled the paper 'Yorkshire Drug Contract Sub Committee: Briefing for the YCN on Homecare Herceptin® (trastuzumab) Services' and answered questions. Mr Thomson agreed to contact the Humber

and Yorkshire Coast Cancer Network to discuss working collaboratively to avoid duplication of effort and help maximise possible savings. He agreed to discuss with the YCN Pharmacists whether the drug needs to be aseptically prepared in pharmacy or whether it could be prepared by nursing staff at the bed-side.

Members present gave their support to further investigate this approach. Mr Thomson felt it was important they consider/explore other models. After a group discussion Mr Thomson and Mr Deady agreed to establish a multidisciplinary group to take this work forward and provide feedback at the next meeting.

A group discussion regarding patient choice took place. The importance of ensuring treatment does not commence without PCT approval was highlighted. Mr Thomson reported he and Mr Duffy are working towards producing a guideline for primary care colleagues and clinicians on the information required when a request for an unlicensed drug has been made.

**ACTION: Mr Thomson to discuss proforma applications with the YCN Breast Group**

**Mr Thomson to contact Humber & Yorkshire Coast Cancer Network**

**Mr Thomson to discuss where this drug is to be prepared with the YCN Pharmacists**

**Mr Thomson and Mr Deady to feedback on the working group/work progressed**

## **7. Computerised Prescribing (enclosure)**

Mr Thomson summarised the 'Case for the procurement and development of a computerised chemotherapy prescribing and care management (CCPCM) system' document noting that that option 3 (purchase and implementation of a Network-wide Chemocare system) is considered the best option by the Network. A group discussion followed. Mr Melling agreed to gain clarity on the national position. Members present felt it was too soon to put forward a recommendation. Concerns were raised that if a decision on the intermediate solution is not made soon, Trusts who had secured funding may lose it. Mr Thomson agreed to remove the costings and recommendation from the paper and will identify what funding is available across the Network.

Mr Thomson agreed to discuss the national specification with the YCN Pharmacists and Mr Alldred.

The group will aim to finalise the paper at the next meeting.

**ACTION: Mr Melling to gain clarity on the national position**

**Mr Thomson to amend the document and map what funding is available across the Network**

## **8. EPO Model (enclosure)**

Mr Thomson ensured members had received the YCN Chemotherapy Group 'Guideline for the use of Erythropoietin in the management of cancer patients with anaemia as part of an emergency blood management arrangement' document. He highlighted the amendments made following comments by Mr David Bowen, Consultant Haematologist, Leeds General Infirmary on behalf of the YCN & H&YCCN Haematology Group. Mr Thomson said he would share Mr Bowen's response to the questions raised by Dr Joffe. This document will be circulated for final consultation over a 4 week period. Mr Thomson agreed to make it clear in the final document that the green section is for guidance only.

**ACTION: Mr Thomson to circulate EPO paper for final consultation over a 4 week period**

## **9. Horizon scanning (enclosure)**

Members present reviewed and commented on the Horizon Scanning 2006 update paper. The importance of linking with the commissioners was highlighted. Mr Thomson agreed to update and adapt the paper. Horizon scanning will remain a standing agenda item.

## **10. Education and Training**

Ms Collins reported that her six month secondment has been extended for a further six months.

Ms Collins and Mr Dan Stark used a national Skills for Health competency framework to agree what a competency framework may look like for a SpR. She agreed to circulate this for comment.

**ACTION: Ms Collins to send Miss Carroll draft competency framework for SpR for circulation to the group for comment**

#### **11. Status of Guidance from NICE in cancer Network**

Members confirmed receipt of draft 5 YCN Chemotherapy Group NICE policy document. Mr Thomson agreed to circulate this for a eight week consultation to the Chairs of the NSSG, Chief Pharmacists and the Chairs of the D&T Groups. Mr Thomson will speak to Mr Tinkler regarding taking this to the YCN management Board Group.

When approved members agreed to have audit as a standing agenda item so the group is kept apprised of what is being undertaken throughout the Network.

**ACTION: Mr Thomson to circulate policy for wider consultation**

**Mr Thomson to speak to Mr Tinkler regarding taking the policy to the YCN Management Board**

#### **12. Peer Review remedial Action Plan**

Mr Thomson summarised the concerns and further considerations made in the 2<sup>nd</sup> draft Peer Review report. He and Prof Kay have produced a draft remedial action plan in response to the comments that must be sent to the Network by 15<sup>th</sup> March for submission to the Northern Zonal Team by the 24<sup>th</sup> March 2006. The final report will be published on 7<sup>th</sup> April 2006. A group discussion followed.

Mr Thomson said he will raise with the YCN and H&YCCN Haematology Group the use of high dose of methotrexate prophylaxis of DLBL. Ms Spencer said she will send Mr Thomson the protocol produced by Harrogate & District NHS Foundation Trust.

Members were asked to send Mr Thomson the minutes from their local Chemotherapy Group meetings so any important issues discussed can be raised at the Network meeting.

**ACTION: Mr Thomson to raise with the YCN and H&YCCN Haematology Group the use of high dose of methotrexate prophylaxis of DLBL**

**Ms Spencer to send Mr Thomson the protocol produced by Harrogate & District NHS Foundation Trust.**

**Each locality to send Mr Thomson minutes of the local Chemotherapy Group meetings**

#### **13. YCN approved Regimes ([www.ycn.nhs.uk/html/groups/chemotherapy/haematology/index.htm](http://www.ycn.nhs.uk/html/groups/chemotherapy/haematology/index.htm))**

No further discussion took place.

#### **14. Cancer Network Pharmacy Forum feedback**

Mr Thomson reported that the Chemotherapy HRG's have been handed into the PbR Team. A Group discussion followed.

It is anticipated the national Pharmacy group will propose bands for the new regimes to the PbR Team.

Mr Thomson said they will be attempting to assess the implications of the NICE guidelines at a local level.

#### **15. YCN Guidelines update**

At the YCN Chemotherapy Development meeting members felt it would be beneficial to review the following guidelines;

Adult Chemotherapy Extravasation Policy  
YCN Guidelines for the Administration of Chemotherapy  
Adult Chemotherapy Induced Anaphylaxis Policy  
Guidance for the Management of Central Venous Catheters

The group agreed to also produce a policy on the management of cytotoxic spillage.

**16. Cancer Drug Decision tracker (enclosure)**

Mr Thomson has received all the data with exception to Bradford. The host for the database is still to be confirmed.

**17. Any Other Business**

None.

**18. Date of next meeting**

**Wednesday 12<sup>th</sup> April 2006, 2.30pm,  
YCRN Meeting Room 1, Ida Nurses Home, Cookridge Hospital.**