

**Present:**

Dr T Perren	Breast NSSG Representative
Dr D Jackson	Gynae NSSG Representative
Mr P Trueman	Health Economist (York Health Economics Consortium)
Mr G Fell (Chair)	NHS Bradford & Airedale
Ms A Johnson	NHS North Yorkshire and York
Mr P McManus	Yorkshire and The Humber SCG & PCT Collaborative
Mr C Sloane	Yorkshire Cancer Network
Mr D Thomson	

**Apologies**

Mrs J Cawtheray, Dr J Dent, Professor D Dodwell, Dr R Johnson

<b>1. Welcome and Apologies</b>			
Log No	Action	Lead(s)	Deadline
16	G Fell welcomed the group and apologies were noted. Introductions were made around the table.	N/A	N/A
<b>2. Action Log</b>			
Log No	Action	Lead(s)	Deadline
17	The action log from the meeting held on 15th April 2009 was agreed as an accurate record.	N/A	N/A
<b>3. Matters arising</b>			
Log No	Action	Lead(s)	Deadline
18	G Fell gave an update from actions from the meeting held 15th April.  Log No. 3; Clarity needed of whom is the deciding Commissioner when making recommendations to the YCN Management Board. Issue unresolved nationally, consensus needed across the 3 Networks.  Log No. 5; G Fell discussed the letter from Dr Brown requesting confirmation of prescribing Sunitinib post trial. G Fell gave his understanding and informed the group that to take this item forward discussions need to be between the Commissioning Group and the YCN Management Board.  G Fell proposed that a meeting between K Smith, M Walsh, G Fell, Dr Brown and S Duffy to discuss to try to resolve this issue.  S Thornborow to make the meeting arrangements.	S Thornborow	08/07/2009
19	A Johnson to feedback to J Hancock, Commissioning Group Chair.	A Johnson	08/07/2009
20	D Thomson to feedback to S Duffy, YCN Medical Director.	D Thomson	08/07/2009

<b>3. Matters arising</b>			
<b>3.1 Risk share audit</b>			
Log No	Action	Lead(s)	Deadline
21	<p>P Trueman explained that risk share schemes were becoming more common for cancer drugs and that clarity was needed on whether they work in practice. D Thomson explained that NECN were leading a national audit of provider Trusts. P Trueman proposed leading a similar audit of Commissioners with an initial pilot in the YCN.</p> <p>A Johnson confirmed that this piece of work would be beneficial.</p> <p>P Trueman and D Thomson to provide an update at the next meeting.</p>	P Trueman & D Thomson	05/08/2009
<b>3.2 Launch event</b>			
Log No	Action	Lead(s)	Deadline
22	<p>As agreed at the last meeting the Gateway Group will hold a launch event to formally introduce the new process in September.</p> <p>D Thomson proposes that horizon scanning is included into the event.</p> <p>D Thomson to draft an event programme, with input from the group via email.</p>	D Thomson	05/08/2009
23	S Thornborow to confirm the September date and circulate to the group.	S Thornborow	08/07/2009
<b>3.3 Horizon scanning</b>			
Log No	Action	Lead(s)	Deadline
24	As above	N/A	N/A
<b>4. Topic selection</b>			
<b>4.1 Azacitadine</b>			
Log No	Action	Lead(s)	Deadline
25	<p>D Thomson discussed the nomination by North Yorkshire and York PCT. It was decided that Azacitadine was not for review by the group due to the NICE appraisal decision being due in November 2009.</p> <p>The group agreed to develop an interim policy including clinical criteria and budget impact model. To be considered by the group in order to make a recommendation on Commissioning pre NICE.</p> <p>G Fell to contact PCT representatives not present at the meeting to discuss an interim policy.</p>	G Fell	08/07/2009
26	D Thomson to produce an interim policy including clinical criteria and budget impact model. A Johnson and D Bowen to provide input.	D Thomson, A Johnson & D Bowen	08/07/2009
<b>4.2 Everolimus</b>			
Log No	Action	Lead(s)	Deadline
27	<p>The group agreed to add Everolimus for 2nd line metastatic renal cell carcinoma to the work programme.</p> <p>D Thomson to prepare documentation for the next meeting 5th August.</p>	D Thomson	22/07/2009

<b>5. Work Programme</b>			
Log No	Action	Lead(s)	Deadline
<b>28</b>	<p>Pemetrexed for non-squamous NSCLC proforma to be added to the work programme.</p> <p>D Thomson to prepare documentation for the next meeting 5th August.</p>	D Thomson	22/07/2009
<b>5.1 Submissions in development - Trastuzumab (update)</b>			
Log No	Action	Lead(s)	Deadline
<b>29</b>	<p>D Thomson gave an update on the Trastuzumab submission.</p> <p>London Cancer New Drug Group have been in contact with D Thomson to suggest joint working, they are currently at draft 3 of the clinical review, there is still opportunity for comments.</p> <p>LCNDG have agreed to share the clinical review with the agreement that the YCN provide the Health Economist input, this will avoid duplication. The final draft will be shared with the clinicians in London for consultation, the aim is to have a decision by Sept/Oct 2009.</p> <p>D Thomson to contact LCNDG to finalise details of shared process and establish who is the clinical lead.</p> <p>D Thomson to agree with LCNDG the scope and nature of clinical input they are willing to take from the YCN clinicians in collaboration with T Perren.</p> <p>Paul Trueman to contact Roche regarding the impact model.</p>	D Thomson & P Trueman	22/07/2009
<b>5.2 Submissions for review - Bevacizumab</b>			
Log No	Action	Lead(s)	Deadline
<b>30</b>	<p>D Thomson informed the group that the proforma for Bevacizumab was now ready for the DTC approval aspect of the new process. The group confirmed no further comments needed to be considered.</p> <p>D Thomson to forward to DTCs, for update on 5th August. P Trueman to undertake Health Economic assessment and budget impact.</p>	D Thomson & P Trueman	05/08/2009
<b>5.3 Submissions for decision - Topotecan</b>			
Log No	Action	Lead(s)	Deadline
<b>31</b>	<p>D Thomson informed the group that 4 out of the 7 Trusts responded to the deadline supporting the drug. All supported the drugs use in this indication.</p>	N/A	N/A
<b>5.4 Topotecan - Health economics</b>			
Log No	Action	Lead(s)	Deadline
<b>32</b>	<p>P Trueman discussed access to industry developed models and industry models submitted to Scottish Medicines Consortium.</p> <p>It is considered this will allow the group to explore the sensitivities within the cost effectiveness ratios. P Trueman had reviewed the SMC submission and recommended that Topotecan appears cost-effective in comparison with best supportive care. He recommended that sensitivities within the cost-effectiveness ratios for Topotecan would be unlikely to change this.</p> <p>P Trueman highlighted that CAV was initially considered as a comparator, information received from clinicians had indicated that CAV is rarely used in the YCN and that best supportive care was considered an appropriate comparator.</p> <p>D Thomson to feedback to B Tinkler and S Duffy. D Thomson to draft a letter to GSK. P Trueman to give indications to areas of sensitivity.</p>	D Thomson & P Trueman	08/07/2009

<b>5. Work Programme</b>			
<b>5.5 Topotecan - Budget Impact</b>			
Log No	Action	Lead(s)	Deadline
33	D Thomson discussed the budget impact model. The group discussed validation of these models and agreed that P Trueman should undertake review of budget models in addition to health economics.	N/A	N/A
<b>5.6 Topotecan - DTC opinions</b>			
Log No	Action	Lead(s)	Deadline
34	<p>The group agreed to submit Topotecan to the YCN Management Board with recommendation that it be routinely funded.</p> <p>G Fell asked for PCT representatives to inform colleagues of the recommendation in preparation for discussion at the Board. And P McManus to feedback to SCG colleagues.</p> <p>D Thomson to produce the recommendation P Trueman's Health Economic input.</p>	G Fell, D Thomson, P Trueman, PCT Reps & P McManus	08/07/2009
<b>6. Process Development</b>			
<b>6.1 Updated process</b>			
Log No	Action	Lead(s)	Deadline
35	<p>D Thomson informed the group that the Topotecan submission had highlighted a number of issues with the process.</p> <p>Engagement with Clinicians needs to be improved. Email communication isn't satisfactory and proposed that a meeting between the key clinicians is held pre and post the Gateway Group meeting.</p> <p>GlaxoSmithKline are particularly sensitive to recommendations prior to a NICE appraisal, however they have confirmed once receipt of an formal confidentiality agreement with rules of how the models are used GSK will allow their detailed SMC submissions to be viewed.</p> <p>D Thomson to build into the process.</p>	D Thomson	08/07/2009
<b>6.2 Confidentiality agreement</b>			
Log No	Action	Lead(s)	Deadline
36	Discussed earlier.	N/A	N/A
<b>6.3 Conflicts of interests policy</b>			
Log No	Action	Lead(s)	Deadline
37	<p>D Thomson discussed the circulated policy based on the ASCO policy and highlighted that during any future meetings any conflicts of interest need to be noted.</p> <p>D Thomson to circulate to all members asking for completion.</p>	D Thomson	08/07/2009

<b>7. Any Other Business</b>			
Log No	Action	Lead(s)	Deadline
<b>38</b>	<p>Colin Sloane, YCN User Facilitator asked the group to consider User representation onto the Gateway Group with the objective of bringing a patient perspective to any decisions. G Fell agreed to User involvement with the understanding that they are appropriately briefed prior to the meetings as the content of the discussions are at a technical level.</p> <p>It was agreed User representation on the group would be discussed further after representation on the Chemotherapy Group was established.</p>	N/A	N/A

**Date of Next Meeting(s)**

Wednesday 5th August 2009 2:00pm  
 Committee Room 1, Trust HQ, Ground Floor, St James's University Hospital

Wednesday 30th September 2009 2:00pm  
 Committee Room 1, Trust HQ, Ground Floor, St James's University Hospital

Wednesday 25th November 2009 2:00pm  
 Committee Room 1, Trust HQ, Ground Floor, St James's University Hospital

Wednesday 20th January 2010 2:00pm  
 Committee Room 1, Trust HQ, Ground Floor, St James's University Hospital