

Present:

Professor D Dodwell	Breast NSSG Representative
Dr R Johnson	Haematology NSSG Representative
Ms A Craig	Leeds Teaching Hospitals NHS Trust
Dr D Swinson	
Mr P Shaw	Mid Yorkshire Hospitals NHS Trust
Ms C Foster	NHS Airedale, Bradford and Leeds PCT Cluster
Ms D Tomlinson	NHS North Yorkshire and York
Mr S Duffy	Yorkshire Cancer Network
Mr T Fielding	
Mr D Thomson	

Apologies

Dr J Dent

1. Welcome and Apologies			
Log No	Action	Lead(s)	Deadline
1	<p>S Duffy chaired the first meeting of the new Gateway Group. Apologies were noted and introductions were made around the table.</p> <p>The nomination process for agreeing the Chair of the group will be taking place shortly. Please contact S Thornborow if any members are interested in the role.</p>	N/A	N/A
2. Why are we here?			
Log No	Action	Lead(s)	Deadline
2	<p>S Duffy informed the group that the YCN Management Board supports the newly reformed Gateway Group to undertake responsibility to agree a single solution for commissioning chemotherapy within clinical pathways over and above the CDF. The Boards recommendations to support further work are as follows:</p> <p>1] Develop approved regimen lists/formularies for each Trust in YCN based on the YCN baseline funded regimen list. 2] Develop the regimen lists into treatment algorithms for all tumour types to better define and understand their exact place in therapy. 3] Attempt to link the regimens on the baseline funded regimen list (using the treatment algorithms) to patient outcomes and use the findings to inform both commissioning and de-commissioning decisions. 4] Develop policies for preventing regular deviation from the baseline funded regimen lists and treatment algorithms agreed with the NSSGs.</p> <p>The view is that this process could reduce the use of Individual Funding Requests. S Duffy and D Thomson will present the proposed process to the 14 CCGs when a robust process supported by commissioners is agreed.</p>	S Duffy & D Thomson	Once Available

2. Why are we here?			
2.1 View from the YCN			
Log No	Action	Lead(s)	Deadline
3	<p>D Thomson presented the YCN's view on the current situation across the Network.</p> <ul style="list-style-type: none"> ▶ PCTs have not considered drugs in terms of commissioned services. For PbR excluded drugs difficult to say what they commission and fund. ▶ More recently PCT's have tried to address this driven by the NHS constitution/ SoS directions on decision making. Some PCTs have done better than others in developing process. ▶ Key issue in cancer drugs is that the focus has been on high cost drugs to the detriment of lower cost drugs/regimens. These have been left alone on the assumption that if anything changes someone will tell them. <p>Problems occur when new treatments are introduced that replace established practice but PCT doesn't appreciate what that established practice has been and then tries to unpick things.</p> <ul style="list-style-type: none"> ▶ Within PCT's (not all!!) sometimes a lack of expertise/understanding/interest in cancer medicines. There is also a disconnect between medicines management teams, finance, commissioners and contractors. <p>Planning discussions may go on between PCT and provider contract teams without reference to work of the commissioners or medicines management teams.</p> <ul style="list-style-type: none"> ▶ Provider side clinicians/contract teams have been slow to understand/engage/accept the commissioner led approach. <p>Request for funding when the patient is in/due in clinic and not understanding PCTs will resist in year funding.</p> <p>IFRs can be seen as a challenge; Can be more about finding the buttons to push and terms to use to get the right answer than trying to understand the process.</p> <p>Commissioner and Clinical representatives around the table were in agreement with the summary of the current situation and to work towards improving the process.</p>	N/A	N/A

3. Gateway Group ToR Discussion			
3.1 Can we agree the 'baseline'? Algorithms			
Log No	Action	Lead(s)	Deadline
4	<p>D Thomson tabled 2 examples of algorithms. These examples are building upon the work undertaken by D Thomson and J Mansell with the regimen list in 2011.</p> <p>D Swinson highlighted that defining first and second line treatment will change with different tumour sites, however the new cancer dataset which uses 'programme' numbers instead of 'line' numbers may provide more useful definitions.</p> <p>D Thomson highlighted that they are 4 algorithms that could be potentially signed off at the next meeting. D Tomlinson highlighted that the algorithms could be signed off with no cost implications. It was agreed it would be useful to add the tariff bands to display cost differences.</p> <p>The group agreed that the algorithms would need to be signed off by the relevant non-surgical oncological groups prior to presentation to the Board.</p> <p>D Thomson to prepare algorithms for potential sign off at the next Gateway Group meeting including the tariff bands.</p> <p>D Thomson to start work on the Haematology algorithms with input from R Johnson.</p>	D Thomson	Update at the Next Meeting
3.2 Can we agree the principle that current activity will need to be decommissioned to fund new activity?			
Log No	Action	Lead(s)	Deadline
5	<p>S Duffy asked the group their views if any regimens can be decommissioned to fund new activity. It was agreed the process would be complicated. However a way forward could be for each speciality to annually check their regimens for any 'out of date' regimens and to inform commissioners via the Gateway Group.</p>	N/A	N/A
3.3 Can we agree a process is necessary for low cost regimens?			
3.3.1 Can we define 'low'/'high' cost?			
Log No	Action	Lead(s)	Deadline
6	<p>S Duffy defined the definition of low/high cost as; any other drug that goes into the CDF when you want to introduce a change with the exception of complete exceptionality.</p> <p>D Thomson agreed to work to agree the definition for CDF funded drugs with R Johnson, D Jackson and D Dodwell via the non-surgical oncological groups.</p>	As Detailed	Update at the Next Meeting
3.4 What information is required to make a decision?			
3.4.1 CDF Scoring Tool? (Attachment A)			
Log No	Action	Lead(s)	Deadline
7	<p>D Thomson tabled the CDF Scoring Tool and asked the opinion of the clinicians around the table. The view was it would be useful working document, however it requires further adaption for Network use. It was agreed it would be useful as a starting point.</p> <p>D Thomson to continue to work on the document and to clarify with S Duffy how DTC input is included into the process. For update at the next meeting.</p>	D Thomson	Update at the Next Meeting

3. Gateway Group ToR Discussion			
3.4 What information is required to make a decision?			
3.4.2 How to grasp the contractual issues? (Attachment B)			
Log No	Action	Lead(s)	Deadline
8	<p>D Thomson discussed the tabled documents on behalf of M Wood from NHS Leeds. M Wood has been working with LTHT on the Gemcitabine case.</p> <p>The first version of the template for finance departments was considered too complicated therefore a questionnaire is being developed by Pharmacy at LTHT. Additional questions will be included to the DTC paperwork to capture the costing implications.</p> <p>The information will be forwarded to contracting at Leeds PCT for decision.</p> <p>D Thomson and S Duffy to meet with M Wood to discuss the contractual issues. S Thornborow to arrange.</p>	S Thornborow	ASAP
3.5 How do decisions of the group actually change practice?			
Log No	Action	Lead(s)	Deadline
9	<p>D Jackson raised the issue of how we ensure that decisions or advice given by this group are actually put into practice/funded.</p> <p>D Thomson and S Duffy to clarify in prosed process paper.</p>	D Thomson & S Duffy	Update at the Next Meeting
4. Systemic Anti-Cancer Therapy (SACT) Dataset			
Log No	Action	Lead(s)	Deadline
10	<p>D Thomson gave the group an update on the future Chemotherapy Dataset. The deadlines are as follows:</p> <ul style="list-style-type: none"> ▶ October 2011 to March 2012 – Trusts need to review their capabilities in relation to the ISN and develop individual action plans ▶ 1st April 2012 – Start of mandatory collection from Trusts with e-prescribing systems ▶ September 2012 – trusts without e-prescribing systems commence partial downloads ▶ By April 2014, all trusts submitting full data <p>The YCN are holding an event with NCAT/NCIN on 27th February at 10am in the Lecture Room, Bexley Wing, SJUH.</p> <p>A Craig highlighted that they are having issues with Chemo Care developing the required elements of the dataset. Group members agreed that all Trusts are having issues with their systems.</p>	N/A	N/A
5. Current YCN Issues			
Log No	Action	Lead(s)	Deadline
11	<p>D Thomson highlighted 3 current issues with prescribing Gemcitabine, Plerixafor and Raltitrexed.</p> <p>It was discussed that patients are being denied these drugs and the on-going issues are is still unresolved. The group agreed it would be relevant for an SCG representative to attend the meetings.</p> <p>D Thomson agreed to contact P McManus who attended previous meetings be invited to the future Gateway Group meetings.</p>	D Thomson	ASAP

7. Date and time of next meeting			
Log No	Action	Lead(s)	Deadline
14	<p>The group agreed that the Gateway Group should continue to meet on a bi-monthly basis.</p> <p>D Thomson agreed to draft the documents within a month for comment by the Gateway Group. The finalised documents will be tabled for sign off by the Board in March 2012.</p>	S Thornborow	ASAP

Date of Next Meeting(s)

Tuesday 10th April 2012 2:00pm
Seminar Room, First Floor, Paul Sykes Centre, SJUH

Tuesday 19th June 2012 2:00pm
Seminar Room, First Floor, Paul Sykes Centre, SJUH

Tuesday 14th August 2012 2:00pm
Seminar Room, First Floor, Paul Sykes Centre, SJUH

Tuesday 9th October 2012 2:00pm
Seminar Room, First Floor, Paul Sykes Centre, SJUH

Tuesday 11th December 2012 2:00pm
Seminar Room, First Floor, Paul Sykes Centre, SJUH