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# UK Chemotherapy Board

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## UK Chemotherapy Board PUBLIC Minutes

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Minutes of a meeting held on 6 June 2019

<b>Present:</b>	Dr Ruth Board	Chair, Royal College of Physicians (RCP)
	Dr Catherine Bale (Phone)	Wales
	Ms Lisa Barrott (Phone) (item 7)	UK Oncology Nursing Society (UKONS)
	Dr Denise Bonney	Consultant paediatric oncologist, Royal College of Paediatrics and Child Health (RCPCH)
	Ms Pinkie Chambers	British Oncology Pharmacy Association (BOPA)
	Dr Jeanette Dickson	The Royal College of Radiologists (RCR)
	Ms Suzanne Fennah	National lead commissioner, Chemotherapy Clinical Reference Group (CCRG)
	Ms Victoria Fashina	Project Lead, SACT Regimen-Specific Consent forms
	Fionnuala Green (Phone)	Vice chair of the SACT regional group (deputising for Dr Paula Scullin, NI)
	Dr Janine Mansi	Association of Cancer Physicians (ACP)
	Dr David Hobin	Consultant paediatric & adolescent oncologist, Royal College of Paediatrics and Child Health (RCPCH)
	Dr Catherine Oakley	(UKONS)
	Professor Nick Reed	Scotland
	Dr Anne Rigg	Chair, Chemotherapy Clinical Reference Group (CCRG)
	Dr Tom Roques	Royal College of Radiologists (RCR)
	Ms Edna Young	Lay member
<b>In attendance:</b>	Ms Alison Shore	Committee Manager

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<b>Apologies</b>	Dr Pippa Corrie	National Institute for Health Research (NIHR)
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Ms Netty Cracknell	British Oncology Pharmacy Association (BOPA)
Dr Hannah Tharmalingam	VP elect of RCR Faculty of Clinical Oncology
Professor Jo Martin	Royal College of Pathologists (RCPATH)
Dr Paula Scullin	Northern Ireland
Dr Alice Turnbull	National Cancer Registration and Analysis Service (NCRAS), Public Health England (PHE)

**1 Welcome, apologies and conflicts of interest**

Dr Board welcomed all those attending the meeting. Dr Mansi outlined for new members the way in which the UKCB was established as the one body across the entire country including the devolved nations which represented the giving of systemic treatment.

**2 Minutes from the previous meeting held on 14 January 2019**

Both set of minutes were approved as an accurate record.

**3 Actions from the previous meeting on 14 January 2019 (DOC 15.19) had all been completed were in progress or updated below**

Items relating to 3.1 - the distribution and promotion of the good practice guide for immune-oncology medicines were carried forward. All other actions were addressed under their respective agenda items.

**4 Matters Arising**

There were no matters arising

**5 Membership**

New representatives were welcomed from the Royal College of Paediatrics and Child Health RCPCH and the Chemotherapy Clinical Reference Group (CCRG).

**6 Terms of Reference (ToR) (DOC 16.19)**

The Terms of Reference were formally approved.

**7 Chemotherapy Board Workstreams**

- **Chemotherapy Consent Forms**

- A review of the consent form template had been finalised with input from Scotland, the National Steering group and the Cancer Research UK (CRUK) design team.
- Website analytics continued to demonstrate an increase in the number of consent form downloads per tumour group and more activity was witnessed from devolved nations.
- Work continued on audit and survey questionnaires around patient experience of the consenting process and healthcare professional use of the forms. The

questionnaires would be further developed and sent to the steering group and lay representatives for their comment.

- The Velindre Cancer Centre had translated the generic SACT and immunotherapy forms into Welsh and wished to continue translation of the other forms.
- Translation into other languages of the generic consent form would be considered in due course. .

- **CRUK Systemic Anti-Cancer Therapy SACT Diary**

There had been high demand for the diary. There was a wish to undertake prompt evaluation in response to patient and healthcare professional feedback. Early indications suggested the size of the booklet was likely to be readdressed to better incorporate pages that covered additional chemotherapy cycles

- **Project ideas for 2019**

- **Development of guidance on the monitoring of blood sugar levels whilst on steroids**

National guidelines had been collated and contact made with relevant people working this area. An update would be provided to the UKCB in October. Once the work had been completed how to disseminate it to the devolved nations would need to be considered. The devolved nation representatives were agreed as the best conduits for this.

- **SACT treatment and guidance on national protocols for Osteonecrosis (ONJ)**

A group had been established which included representatives from Medical and Clinical Oncology, Trainees, Maxillofacial, Nursing and the devolved nations. The first teleconference was planned and it was hoped by October a set of documents would be available.

- **Intrathecal Chemotherapy (ITC) (DOC 22.19)**

The Marsden along with the Christie and Clatterbridge Cancer Centres were keen for a review to be undertaken of the Quality Surveillance Team (QST) guidelines which stipulate only medical professionals are able to administer Intrathecal Chemotherapy. The current peer review measures included in the QST guidance were not altered to reflect changes in the national guidance which did allow appropriately trained & deemed competent non-medical professionals to administer ITC.

As a trust, the Marsden felt Advanced Nurse Practitioners (ANPs) with the appropriate training and support should be able to undertake Intrathecal Chemotherapy. The proposal to enable administration of ITC by non-medical advanced practitioners was well received by the UKCB and the prospect of the additional support for medical staff in this area welcomed.

Given though the disparity in the guidance it was felt this should in the first instance be clarified and made unequivocal to ensure indemnity for staff. If there was enough support then an attempt would be made to try and change the QST Guidance. The UKCB agreed to support the proposal and the chair would write a letter to confirm this position.

## **8 Neutropenic Sepsis information 'bundle' launch 2019**

### **Noted:**

The bundle consisted of 3 parts; patient information, alert cards and an ambulatory pathway. The patient information had been rewritten. The alert card work was being led by MacMillan and discussions were also ongoing with A&E staff to ascertain the information they would like to see.

## **9 Chemotherapy Data**

- **Public Health England (PHE) SACT dataset report (DOC 24.19)**
- **National Institute for Health Research (NIHR) summary report (DOC 25.19)**

### **Noted:**

Both documents were highlighted for information

## **10 E Learning modules**

E-Learning would be removed from the agenda and education added as a standing item.

## **11 Items for Report**

- **Hyper sensitivity reaction when preparing monoclonal antibodies (DOC 23.19)**

A policy and procedure for the risk assessment, safe handling, prescribing and administration of monoclonal antibodies (DOC 23.19) had been produced by the Marsden. It was agreed (if the Marsden were content) to circulate the policy to other trusts to warn of such an incident and aid development of their own policies.

- **Continuation of funding for chemotherapy following a break in treatment**

The UKCB had in the past discussed the NHSE specialised services rules around treatment breaks. Concerns had been raised about the implications for patients and clinicians and the UKCB had agreed to raise the matter with the NHSE CCRG.

- **Diabetes and hepatitis infections in cancer chemotherapy patients – communication of NICE recommendations**

This would be carried over to the October meeting.

## **12 Chemotherapy Commissioning**

- **Update from Chemotherapy Clinical Reference Group (CCRG)**

Dr Rigg reported changes as a result of the merger between NHSE/I and the re-advertising and appointment of all CRGs. Work entitled an Examination of Issues was almost complete and should detail a current state of play for England and would feed into the next 3 year cycle of work with recommendations to be reported to the Programme of Care Board in September 2019.

- **Refreshment of guidance for 30 day Morbidity & Mortality audit meetings developed by the board in 2016 (DOC 27.19)**

The chair asked the authors if they would review the Morbidity and Mortality within 30-days of SACT: review of current practice suggested standardised review process (May

2016) to ensure it still stood with a view to re-distribution.

- **Acute Oncology Sub-Group**

Dr Oakley would report back to the UKCB at the October meeting.

### **13 Devolved Nations Update**

- **Northern Ireland**

Work was being undertaken on peer review for the chemotherapy service and electronic prescribing for Haematology.

- **Scotland**

Nothing further to report

- **Wales**

There was a national programme to develop a new Cancer Informatics system to review and align with the English SACT dataset.

Treatment-specific consent forms are being rolled out across the country and had been well received by staff & patients (verbal feedback only). The translation into Welsh is a large task & will be divided up between all the Health Boards to share the workload.

### **14 Commissioning Chemotherapy Services Conference**

**Noted:**

This was scheduled for 26 November 2019 and arrangements were well underway.

### **15 Any Other Business**

- **Concerns arising from event invitations**

A discussion was held where it was agreed that highlighting conferences or events at the UKCB was not appropriate as the Board was an independent body and any promotion may be regarded as endorsement. Consequently no such requests would be entertained.

### **16 Date of Next Meeting**

- Monday 7 October 2019, 10.00 am to 12.30 pm

**Alison Shore**

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