



Kent and Medway Cancer Collaborative

# Non-surgical Oncology Sub-groups

## Terms of Reference

**Kent & Medway Cancer Collaborative**

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## 1.0 Purpose and Remit

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The Non-surgical Oncology Sub-groups are sub-groups of the Tumour Site Specific Groups (TSSGs).

NB. Due to rarity of disease, one NOG may be a sub-group of several TSSGs (for example the Head & Neck, thyroid and skin NOG).

The remit of the Non-surgical Oncology Sub-groups (NOGs) is to provide the acute trusts in Kent and Medway with a robust framework to ensure the governance of anti-cancer drug protocols and radiotherapy protocols, and support the TSSGs and Chemotherapy Cross Cutting Group in the delivery of the service specification for chemotherapy and objectives set out in the National Chemotherapy Advisory Group report (2009) and the National Radiotherapy Advisory Group report (2007).

NB:- The Haematology sub-group have requested they be known as the Haemato-Oncology Drugs Sub Group (HOG). For ease only the abbreviation NOG will be used for the rest of this document.

The Groups rely upon full participation from all colleagues, thus ensuring a network wide approach for delivering cancer chemotherapy and radiotherapy treatment within Kent and Medway.

The Groups will operate within a framework that shares good practice and learning, facilitates the unblocking or enabling of any key issues and promotes positive and supportive relationships within a blame free culture of fairness, transparency and accountability in all of their transactions.

Relationships with other groups are described in Section 12.

## 2.0 Delegated Authority

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Each Group will report to its constituent TSSG. Relevant Outputs will be shared with the Operational & Quality Group.

## 3.0 Key Objectives/Tasks

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**3.1 Primary Objective:** To oversee the effective implementation of all actions required to ensure continuous review of both radiotherapy and anti-cancer drug protocols for the relevant disease site.

### 3.2 Sub-Objectives:

#### 3.2.1 Generic

- Actively monitor use of anti-cancer drug protocols or radiotherapy protocols described within the Oncological Treatment Guidelines and where appropriate make a recommendation to discontinue use
- To actively monitor, through a process of audit, the outcome of new treatments or treatment guidelines
- To develop where necessary, adverse events treatment guidelines for new anti-cancer treatments

- To develop where necessary, (in conjunction with the Radiotherapy Development Group or Network Chemotherapy Group), patient information relevant to the anti-cancer treatment
- To ensure that Non-surgical Oncology Sub-group items are incorporated into the relevant TSSG workplan and that updated Oncological Treatment Guidelines are approved by the TSSG. This function will be undertaken by the named member of the Group (usually the Group Chair).
- To share good practice and learning, by providing the platform for discussion of anti-cancer drug and radiotherapy treatment
- To identify any areas that are proving a barrier to delivery of new anti-cancer drug and radiotherapy treatments and to facilitate resolution
- To understand issues and requirements at provider level

### **3.2.2. Chemotherapy**

- To be responsible for the continuous review and update (at least every 2 years) of the anti-cancer drug treatment algorithm (known as the Oncological Treatment Guidelines) in agreement with the Network Chemotherapy Group.
- Through the Chemotherapy Clinical Reference Group (CRG), stakeholders in Kent (this would usually be the NOG Chair) raise issues highlighted by the NOG, which may impact on the work plan of the Chemotherapy CRG and as such provide advice to NHS England commissioners. This may be, for example, advice on potential new technologies which are likely to have a financial impact or, by responding to consultations from the CRG on matters such as treatment algorithms.
- To continuously review, update and create where necessary, chemotherapy prescription protocols for all treatments described in the Oncological Treatment Guidelines.
- To advise the Operational and Quality Group on the impact of new molecular tests relevant to anti-cancer drug treatment.
- Review treatment algorithm deviations to ensure practice is in line with accepted best practice.

### **3.2.3 Radiotherapy**

- To work with the Radiotherapy Development Group on the continuous review and update of radiotherapy treatment protocols. Each NOG should appoint one of its members to sit on the Radiotherapy Development Group.
- Review radiotherapy variances to ensure practice is in line with accepted best practice.
- Through the Radiotherapy Clinical Reference Group (CRG), stakeholders in Kent (this would usually be the NOG Chair or nominated radiotherapy member of the NOG) raise issues highlighted by the NOG, which may impact on the work plan of the Radiotherapy CRG and as such provide advice to NHS England commissioners.

## **4.0 Reporting Line**

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The Groups will report to the constituent TSSG.

## 5.0 Membership

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### **Kent & Medway (K&M) Cancer Collaborative Representatives:**

- K&M Cancer Pharmacist
- K&M Pharmacy Technician

### **Provider Representatives (the Chair will be elected from within the Group):**

- Oncologists (Haematologists for Haemato-Oncology Sub-Group)
- Planning Radiographer
- Treatment Radiographer
- Macmillan Radiotherapy Specialist
- Radiotherapy Physicist
- Pharmacy representatives from at least one of the 4 acute providers
- Other professionals may be co-opted as appropriate, e.g. radiology, pathology Representatives

## 6.0 Quorum

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For meetings to be quorate, the following members are required to be present:-

- Chair
- 3 Oncologists/Haematologists (2 for Brain & CNS, Head & neck & Thyroid, Upper GI and Gynae NOGs)
- Pharmacy Representative (chemotherapy part of meeting)
- Treatment Radiographer representative (radiotherapy part of meeting)
- Representative from radiotherapy planning / physics (radiotherapy part of meeting)

## 7.0 Openess

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Agendas, papers and minutes will be made available on request to all members of the extended network community.

## 8.0 Frequency of Meetings

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Meetings will be held at least twice a year and may be held as part of the TSSG meeting.

## 9.0 Decision Making

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The Groups are advisory and recommending Groups and do not have any formal decision making remit delegated to them. However, the advisory and recommending role is key to the success of the Kent & Medway wide governance process. The Groups will endeavour to reach their recommendations by consensus. If the groups are unable to agree upon a recommendation, the Chair will have the casting vote.

## 10.0 Database and Record Keeping

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- All meetings will be minuted.
- Minutes will be agreed as a draft by the Chair of the NOG and circulated to all Group members for comment
- The final set of draft minutes will be presented at the subsequent NOG meeting and approved by the Chair as a true record of the previous meeting with the consensus of the Group
- An electronic record will be kept of all papers and minutes
- The Chair and meeting secretary will maintain an action list and refer to this at each meeting until the action point has been dealt with
- The K&M Cancer Collaborative Pharmacy Technician will forward the minutes to the Directorate Quality Manager at MTW, who is responsible for their upload to Q-Pulse.

## 11.0 Control

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The Chair will ensure that no item leaves the agenda until it has been resolved or is referred onto the relevant DOG meeting.

## 12.0 Links to other Groups/Boards

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NOGs are sub-groups of the TSSGs.

NOGs communicate with South East Coast representatives of the Chemotherapy Clinical Reference Group (CRG) to ensure clinical engagement with national work streams. This ensures engagement with NHSE who are advised by the Chemotherapy CRG.

There is a line of communication between NOGs and:

- Cross Cutting Group (chemotherapy) and vice versa on matters relating to chemotherapy.
- Provider Trusts Local Chemotherapy Groups
- Maidstone and Tunbridge Wells Radiotherapy Development Group
- Operational & Quality Group

## 13.0 Review of Terms of Reference

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This set of Terms of Reference will be reviewed two years from their date of adoption by the Executive Team.

## 14.0 Document Control

Document Title	KMCN Non-surgical Oncology Sub Groups Terms of Reference
Principle author	Caroline Waters
Co-author/s	NOG Chairs
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Revision History			
Date of revision	New Version Number	Nature of Revision	Confirmation of Accuracy by
2008	1.0	Original (incorporated in the Drugs Policy)	NOG Groups/C.Waters
11/2011	2.5	Final draft agreed by all NOGs	NOG Groups
26/03/2012	2.5	Final draft agreed by the KMCN Directors Weekly Meeting - to be ratified by: 18/04/12 Operational Group 24/05/12 Clinical Advisory Team	C.Waters/A.Jackson/ C.Tsatsaklas
December 2013	2.6	Update in line with new structures	
March 2014	2.7	Detail regarding relationships with clinical reference groups	
May 2014	3	Published in agreement with K&M Quality and Operational Group	