

# 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 SACT Cross Cutting Group in the delivery of the Systemic Anti-Cancer Therapy (SACT) quality indicators as set out in the NHSE SACT Quality Dashboard.

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 SACT 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 and the Kent Oncology Centre Cancer Clinical Leadership Group.

## **3.0 KEY OBJECTIVES / TASKS**

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### **3.1 Primary Objective**

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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

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### 3.2.1 Generic

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- 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 review and develop where necessary, adverse events treatment guidelines for new anti-cancer treatments.
- To develop where necessary, (in conjunction with the Radiotherapy Development Group or Kent and Medway Collaborative SACT 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 Systemic Anti-Cancer Therapy

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- 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 Kent and Medway Cancer Collaborative SACT Group.
- Through the SACT 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 SACT 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, SACT protocols and electronic prescribing SACT regimens for all treatments described in the Oncological Treatment Guidelines.
- To advise the Cancer Clinical Leadership Group about new anti-cancer drug treatments and assist horizon-planning of service needs.
- To advise the Cancer Clinical Leadership 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

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- 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.
- To ensure local protocols are in line with the overall South East London, Kent & Medway Radiotherapy Network protocols
- 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.

### 3.2.4 Research

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- To review new clinical trial protocols and express interest as appropriate
- The NOG chair is expected to meet quarterly and work with the local research teams to maximise patient recruitment to studies

## 4.0 REPORTING LINE

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The Groups will report to the constituent TSSG.

## 5.0 MEMBERSHIP

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NOG chairs serve a minimum 3yr tenure, that can be reviewed and extended to a maximum 6yr tenure. After 6 years (two terms) they will need to find a successor in the final year, exceptions are small tumour site NOGs.

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

- ➔ KMCC Pharmacist
- ➔ KMCC Pharmacy Technician
- ➔ KMCC Electronic Prescribing Pharmacist
- ➔ Electronic Prescribing System Administrator
- ➔ Chemotherapy Protocol Administration and Support Officer

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

- ➔ NOG chair – with allocated time in job plan (0.25PA)
- ➔ Oncologists (Haematologists for Haemato-Oncology Sub-Group)
- ➔ Planning and Treatment Radiographers
- ➔ Macmillan Radiotherapy Specialist
- ➔ Radiotherapy Physicist
- ➔ Pharmacy representatives from at least one of the 4 acute providers

- Consultant nurse/pharmacist if appropriate
- 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 and : -

- Chair
  - 3 Oncologists/Haematologists (should include representation from East and West Kent)
    - 2 for Brain & CNS, Head & neck\*, Upper GI and Gynae NOGs
    - 5 for Breast must include medical and clinical oncologists
- \*if skin and/or thyroid are to be discussed at the H&N, Skin and Thyroid NOG there should be an oncologist specialising in these tumour sites present.
- Pharmacy Representative (SACT 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 TSSG meeting.

## 12.0 LINKS TO OTHER GROUPS / BOARDS

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NOGs are sub-groups of the TSSGs.

NOGs communicate with the SACT Clinical Reference Group (CRG) when required to ensure clinical engagement with national work streams. This ensures engagement with NHSE who are advised by the SACT CRG.

There is a line of communication between NOGs and:

- Kent and Medway Cancer Collaborative SACT Group and vice versa on matters relating to SACT.
- Provider Trusts Local SACT Groups
- Maidstone and Tunbridge Wells Radiotherapy Development Group
- Cancer Clinical Leadership Group

## 13.0 REVIEW

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This set of Terms of Reference will be reviewed two years from their date of adoption.

## 14.0 GLOSSARY

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Acronyms in common usage throughout KMCC documentation

BNF	British National Formulary
BOPA	British Oncology Pharmacist Association
CNB	Cancer Network Board
COSHH	Control of substances hazardous to health regulations.
CYP	Children & Young People (in relation to the IOG)
DCCAG	Diagnostic Cross Cutting Advisory Group
DOG	Disease Orientated Group (NSSG/TSSG/TWG)
DVH	Darent Valley Hospital
DGT	Dartford and Gravesham NHS Trust
EK	East Kent
EKHUFT	East Kent Hospitals University Foundation Trust

EPS	Electronic Prescribing System
FP10(HNC)	Prescriptions issued by hospital doctors for dispensing in the community
GP	General Practitioner
HoP	High Level Operational Policy
IOSC	Improving Outcomes: A Strategy for Cancer
IV	Intravenous
K&C	Kent & Canterbury Hospital, Canterbury, (EKHUFT)
KMCC	Kent & Medway Cancer Collaborative
KMCRN	Kent & Medway Cancer Research Network
KOMS	Kent Oncology Management System
LSESN	London & South East Sarcoma Network
MFT	Medway Foundation Trust
MTW	Maidstone & Tunbridge Wells NHS Trust
NHS	National Health Service
NMP	Non-medical prescriber
NPSA	National Patient Safety agency
NOG	Non Surgical Oncology Group <i>(Permanent oncologist sub group of the DOGs with a specific responsibility for chemo/rad pathways and advice to the DOG, Network and GEOGRAPHICAL LOCATIONS on new drugs)</i>
PoC	Pathway of Care <i>(Network agreed disease site specific clinical guidelines)</i>
QEQM	Queen Elizabeth the Queen Mother Hospital, Margate (EKHUFT)
QoL	Quality of life
QSI	Quality service information system
QST	Quality Surveillance Team
RAT	Research and Trial Group <i>(Permanent sub-group of the DOGs with a specific responsibility for taking forward the clinical trials agenda)</i>
RMH	Royal Marsden Hospital
RNOH	Royal National Orthopaedic Hospital
SACT	Systemic Anti-Cancer therapy
SACT regimen	Systemic Anti-cancer prescription on the electronic prescribing system
SACT protocol	Systemic Anti-cancer protocol on KMCC website
TTO	Treatment to take home
QVH	Queen Victoria Foundation Trust Hospital East Grinstead
UCLH	University College Hospital London
WHH	William Harvey Hospital, Ashford (EKHUFT)
WK	West Kent

## 15.0 DOCUMENT ADMINISTRATION

<b>Document Title</b>	KMCC Non-surgical Oncology Sub-groups: Terms of Reference
<b>Principle author</b>	Caroline Waters & Tim Sevitt
<b>Co-author(s)</b>	All tumour site NOGs
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**Expected review date by**

March 2028

**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
November 2011	2.5	Final draft agreed by all NOGs	NOG Groups
March 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	
December 2021	3.1	Updated by C.Waters and M.Archer Reformatted by R Patel	
January 2022	3.2	Updated by M.Archer following confirmation from Breast NOG re representation Taken to all NOG/HOG for approval Jan-May 2022	
May 2022	4	Finalised and published	C.Waters NOG/HOG groups
April 2024	4.1	Updated by T. Sevitt	
May 2024-March 2026	4.1.1 to 4.2	SACT to replace chemotherapy. Update to section 5: NOG chair duration of post.	