

Terms of Reference

Systemic Anti-Cancer Therapy (SACT) Governance Group

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1.0 INTRODUCTION

These terms of reference are for the Kent and Medway Systemic Anti-Cancer Therapy (SACT) Governance Group meeting. This group will provide a forum for discussion of cancer medicines related issues and enable sharing of best practice.

2.0 PURPOSE

The SACT Governance Group is a collaborative across 4 Trusts: -

- Maidstone and Tunbridge Wells NHS Trust (MTW)
- Dartford and Gravesham NHS Trust (D&G)
- Medway NHS Foundation Trust (MEDWAY)
- East Kent University Hospitals NHS Foundation Trust (EKHUFT)

The purpose of this group is to provide a forum for providers of SACT services across Kent and Medway to discuss, share and disseminate evidence based best practice, aiming to ensure standardised, safe and effective delivery of SACT to patients in Kent and Medway. Collaborate in the production of clinical guidelines, resulting in the cost effective use of resources.

To disseminate updates from the national NHSE and CDF teams and to provide governance framework for the management of the SACT electronic prescribing system.

The group will ensure delivery of its purpose by:

- Identifying key personnel to act as the primary route of communication within each acute Trust within Kent and Medway
- Developing a robust work plan
- Agreeing roles and responsibilities to undertake delivery of the work plan within agreed time scales
- Monitor progress of workplan delivery and agreeing and implementing remedial action plans if necessary.

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3.0 OBJECTIVES

3.1 Feedback from national workstreams / NHSE

The group will receive feedback from the KMCC oncology pharmacist on the following matters:

- Policy changes, e.g. treatment breaks
- Commissioning policies and updates / NICE guidance / CDF changes / EAMS / Project Orbis / COVID interim regimens / COVID experiences / BT form changes
- Procurement / Price validation challenges, billing / PAS schemes / discounts
- Biosimilars / generics / best value medicines / shortages / medicine supply issues
- National dose standardisation
- National dose bands
- SACT reporting issues

3.2 SACT Delivery

The multi-disciplinary group should:

- ➔ Communicate the views and opinions of their own organisation's local SACT / relevant governance group, and maintain the channels of communication between their own organisation and the Kent and Medway SACT Governance Group.
- ➔ Highlight inconsistencies between guidelines and practice within their own organisation and other organisations within Kent and Medway where known.
- ➔ Share best practice and service delivery models to ensure equality for patients receiving SACT in Kent.
- ➔ Assist in developing policy and guidance in relation to SACT to share with local SACT groups / relevant governance group
- ➔ Be a source of advice to SACT services in Kent and Medway.
- ➔ Review the evidence for new supportive care medicines, and where appropriate, develop applications for consideration by Drugs and Therapeutic groups with K&M to ensure equitable access and consistency across K&M.
- ➔ Consulting with the Non-Surgical Oncology Groups (NOGs), sub-groups of the Tumour Site Specific Groups (TSSG) on SACT issues as necessary, including issues arising from algorithm deviation reports which are discussed within each NOG meeting.
- ➔ Review (at least annually, but preferably at each meeting), the errors of the clinical SACT services and where risks are highlighted, which may apply to all clinical SACT services, agree recommendations for remedial actions.
- ➔ Consider different models for the delivery of SACT including sharing best practice in relation to homecare services.
- ➔ Link with the Acute Oncology services within the Trusts and the KMCC acute oncology and CUP forum.
- ➔ Establish links and liaise with colleagues in Sussex and Surrey to collaborate and share best practice. Minutes of SACT meetings to be shared.
- ➔ Audits will be undertaken on specific issues at regular intervals.

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3.3 SACT Electronic Prescribing System

The group will be responsible for the governance of the collaborative electronic prescribing system:

- I. The group will collate and review incidents relating to the functionality of the electronic prescribing system on a three monthly basis.
- II. In conjunction with the NOGs, the K&M SACT Group should review the regimen library on the electronic prescribing system to ensure the necessary regimens are available, all regimens are reviewed at appropriate intervals and unused regimens are inactivated.
- III. The K&M SACT Governance Group will monitor the quality and performance and review the safety and clinical output of the electronic prescribing system.
- IV. Whilst upgrades to the system will be undertaken by MTW, the K&M SACT Governance Group will be notified by MTW computer sciences about impending upgrades and changes to the system.
- V. The K&M SACT Governance Group will review SOPs and documents to ensure they are adequate and fit for purpose.
- VI. Nursing assessments / documentation (e.g. questionnaires) within the electronic prescribing system should be consistent and agreed across Kent & Medway.
- VII. The group are responsible for disseminating information within their Trusts in relation to either updates to the electronic prescribing system following notification from the KMCC team or technical changes/issues following notification from MTW computer sciences.

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4.0 MEMBERSHIP

1. Kent and Medway Cancer Collaborative (KMCC) pharmacy team to include:
 - Lead Oncology Pharmacist
 - Electronic Prescribing Pharmacist
 - Electronic Prescribing System Administrator
 - Pharmacy Technician
 - Chemotherapy Protocol Administrator and Support Officer
2. A representative from each of the multi-professional local SACT groups from within the network
 - Dartford & Gravesham NHS Trust (DGT)
 - East Kent Hospitals University NHS Foundation Trust (EKHUFT)
 - Medway NHS Foundation Trust (MFT)
 - Maidstone & Tunbridge Wells NHS Trust (MTW)
3. A Lead Consultant solid tumour Oncologist if not represented under 2 (usually the chair of the meeting).
4. A Lead Consultant Haemato-Oncologist if not represented under 2.
5. A Lead Oncology Pharmacist from each acute Trust.
6. A Lead Oncology Nurse from each acute Trust.
7. A patient/carer representative (or at least access to these via formal mechanisms with the patient's forum).
8. Chief pharmacists
9. Computer Scientist from MTW
10. A Senior Service Manager for Cancer - a representative from one trust
11. A pharmacy and nursing representative for Paediatrics
12. A representative for SACT reporting and scheduling
13. A representative for Clinical Trials

The Chair may invite specialists to attend meetings to provide information on specific issues if required.

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5.0 FREQUENCY OF MEETINGS

Meetings will be held every 3 months via MS Teams or face to face, but the group will also conduct consultation and communication through email.

The venue of each meeting will be agreed with the membership, and where the meetings are face-to-face the location will be rotated.

6.0 REPORTING STRUCTURE

The KMSGG will report into the Cancer Alliance Delivery Board as and when required.

The Trust representative from the Kent and Medway SACT Governance Group will report to each Local SACT Group and drug and therapeutics committee (or relevant governance group).

7.0 QUORUM

The meeting should be attended by a representative from each acute Trust. For the meeting to be quorate it should be attended by at least:

- One Consultant Oncologist
- Three Oncology Pharmacists
- Three Oncology Nurses
- One representative from KMCC in addition to the minute-taker

8.0 AGENDA AND MINUTES

8.1 Agenda

The KMCC administrator will circulate a provisional agenda one week before the meeting. Members have a responsibility to inform the KMCC administrator promptly of additional agenda items.

Apologies to be sent to the KMCC administrator.

8.2 Minutes

Minutes will be taken at each meeting and circulated to the members after each meeting. The actions will be made available via the group's email communication list within 2 weeks of the meeting. It is the responsibility of provider representative(s) to communicate relevant issues within their own organisation.

9.0 TERMS OF REFERENCE REVIEW

The Terms of Reference will be reviewed every 2 years by the membership and agreed by the Cancer Alliance Delivery Board.

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