



NICaN Systemic Anti-Cancer Therapy (SACT) Clinical Reference Group Terms of Reference

Prepared for and agreed by NICaN SACT Clinical Reference Group in adherence with
Manual for Cancer Services Chemotherapy Measures
Version 1.0 2014/ Quality Surveillance Team Chemotherapy Quality Indicators

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November 2018	Version 1.1 Drafted following merger of SACT and Drugs and Therapeutics Groups		

NICaN SACT Clinical Reference Group Terms of Reference

Purpose

All NICaN site specific groups are multi-disciplinary with representation of professionals from across the care pathway. The clinical reference groups aim to ensure that mechanisms are in place to involve service users in the planning and review of Cancer services and ensure active engagement of all relevant professionals across the Network.

The NICaN SACT Clinical Reference Group (CRG) will bring together those interested in the planning, development and delivery of SACT services in Northern Ireland and also those who can advise on Cancer drugs in line with the HSCB approach to managed entry of drugs. It will give leadership to, and continuously develop, SACT in Northern Ireland and will monitor cancer drug usage across Northern Ireland.

The NICaN SACT Clinical Reference Group (CRG) remit will be; (Measures 14.1E.107S, 108S, 109S, 110S)

To coordinate a safe, standardised, equitable and effective approach to;

- The prescription, preparation and safe administration of SACT / treatment
- The total care management of patients receiving SACT and its implications – SACT CRG will agree a set of site specific SACT treatment clinical management guidelines and protocols for the Network which will be the A SACT protocol will be the basis of regimen development for RISOH.
- Information and support
- The achievement of clear consent regarding use of SACT regimens
- Review SACT protocol deviations & errors and disseminate learning to the region
- The commissioning of all NICE/SMC approved cancer drugs and provide an analysis of service impact associated with cancer drug investments in line with the regional service impact process
- Monitor the uptake of all commissioned drugs for cancer

In order to ensure high quality person centred care, the Group will:

- be the authoritative source of expertise and guidance to planners, commissioners and providers of services;
- indicate service reconfiguration, and resource implications required to achieve the highest quality care;
- review existing standards and guidelines and develop regionally agreed standards of care which are periodically monitored/audited;
- ensure co-ordination and consistency across the network for implementing chemotherapy measures, implementing guidance on applicable chemotherapy agents and for the work of the multi professional teams
- consult with cancer site specific network groups on the chemotherapy aspects of clinical and referral guidelines; and

- Receive and review, from the NICAN Pharmacy Group, regular updates on the usage of pharmacy supplies in regard to cancer therapies and review trends in cancer drugs
- Prioritise resources within SACT service developments.

Network Configuration (14.1E.101S)

Systemic Anti-Cancer Therapies (SACT) is delivered at the Haematology Bridgewater Suite based at the Cancer Centre in BCH, at the North West Cancer Centre in Altnagelvin, and at the three cancer units in Northern, South Eastern and Southern Health & Social Care Trusts as set out in Appendix 1. The Haematology Bridgewater Suite at BCH is the regional centre for the treatment of Acute Leukaemia, stem cell transplantation and is the provider of specialist Clinical Haematology Services for adults in Northern Ireland as well as local Haematology Services for the Belfast population. The cancer centres and units all provide SACT to the high volume tumour sites namely, breast, lower gastrointestinal, lung and genitourinary (excluding renal and germ cell). The Haematology Bridgewater Suite and the Cancer Centre at BCH deliver SACT for the remaining tumour sites as well as regimens requiring extended day and inpatient treatments such as those containing cisplatin.

Each Trust has an established SACT operational group responsible for SACT service within their own Trust area. Each group will be accountable to the NICaN SACT CRG and should ensure that all guidelines, protocols and policies have been approved/ authorised by the NICaN SACT CRG.

Objectives

The NICaN SACT Clinical Reference Group should work collaboratively to deliver the following key core objectives:

1. Service Planning: The NICaN SACT CRG should ensure that service planning
 - Is in line with national guidelines and standards
 - Considers the full patient pathway
 - Promotes high quality care and reduces inequality
 - Takes account of patient and carers views
 - Recognises opportunities for service and workforce redesign
 - Establishes common guidelines, Protocols and agreed operational policies across all Trusts to deliver high quality, safe and effective care to ensure the best possible outcomes for patients
2. Service Improvement/Redesign: The NICaN SACT CRG should commit to service improvement and redesign by ensuring:
 - Responsiveness to pathway issues highlighted at regional cancer operational meetings / Trust performance meetings
 - Regular participation in service improvement/redesign and ensuring that evidence of such is readily available to support resource applications etc
3. Service Quality Monitoring and Evaluation
 - Agree on priorities for data collection and support the development of regionally agreed clinical data sets

- Review the quality and completeness of data, recommending corrective action where necessary
 - Facilitate processes which allow for service users/carers to evaluate services
 - Produce audit data and participate in open review
 - Monitor progress on meeting national cancer measures and ensure action plans are agreed
4. Service delivery
- Assist in the delivery of Trust priority areas (e.g. access, Cancer Service Framework) through the development of appropriate guidelines and protocols that support delivery.
5. Education & workforce (14.1E.106S)
- The SACT CRG should agree criteria for acting as an assessor of competence and also ongoing criteria necessary for those to be considered capable of assessing competence of other staff to practice in the chemotherapy services
 - Participate in relevant training and development events to facilitate sharing of best practice and service development.
 - Undertake regular sharing of audit information.
6. Research and Development
- The SACT CRG should agree a common approach to research and development and ensure participation in nationally recognised studies whenever possible.

Core Membership (14.1E.102S)

Membership will be open to all those interested in the planning, development and delivery of SACT cancer services in Northern Ireland and should be representative of all key stakeholder communities relevant to this area. The representation on the NICaN SACT CRG should be such that the NICaN Board agree to authorise it as the source of the Network's clinical opinion on matters relating to SACT.

The Manual for Cancer Services Chemotherapy Measures sets out the agreed membership for the clinical reference group:¹

- a named Chairperson
- a representative from each multi-professional team in the network
- a representative from the network oncology pharmacy group if such a group has been formed
Note: This would normally be the chair of the oncology pharmacy group.
- a representative from the network chemotherapy nurses group if such a group has been formed
- named secretarial/administrative support.

Note: The Chair of the NCG should be a member of the Network Acute Oncology Group (NAOG)

¹ http://www.cquins.nhs.uk/download.php?d=resources/measures/Haematology_April2013.pdf

Membership is in line with the Manual of Cancer Services SACT Measures and meetings are open to identified core members or named deputy. Additional members will be co-opted in accordance with need.

Core Members should have expert knowledge of chemotherapy and as core members of the group will be assigned tasks which will form the overall annual workplan.

Membership was reviewed in 2018 and final membership is as detailed in the table below;

Core Members	
Dr Paula Scullin	Consultant Medical Oncologist Chair of SACT CRG
Dr Martin Eatock	Consultant Medical Oncologist, Medical Director NICaN
Dr Sarah McKenna	Consultant Medical Oncologist SACT Lead BT
Dr Philip Windrum	Consultant Haematologist Chair of Haematology CRG
Dr Lois Mulholland	Consultant Clinical Oncologist Chair of AOS CRG
Ms Fionnuala Green and Ms Maire McGrady	Regional Lead Cancer Services Pharmacists
Dr Ishtiaq Zubairi	Consultant Medical Oncologist WHSCT
Ms Fidelma Connor	Oncology Liaison Nurse Specialist
Ms Lynne Edgar	Quality Assurance Manager for SACT
Ms Lorna Cairns	Consultant Oncology Pharmacist
Lead Nurse Representative	All Five Trust Lead Nurses and PHA Nurse Consultant Ms Fiona Reddick Ms Leslie Mitchell Ms Loretta Gribben Ms Mary Jo Thompson Ms Pat McClelland Ms Debbie Weightman
Ms Anne Lyttle	RISOH Project Manager
Dr Christine McCartney	Paediatric Haematology Specialist
Macmillan NICaN Co-ordinator	Ms Sarah Donaldson

Each member must nominate a deputy who will attend in their absence.

It is the responsibility of Core Members to report back within their own professional group and to ensure adequate consultation and involvement in key areas of the regional group work plan.

Extended Membership

Those involved in the planning, delivery and management of SACT across the region will be able to access meeting papers via the Network website. An annual open meeting will be held to disseminate good practice and learning.

There will continue to be a distribution list for interested parties to ensure that communication in relation to the work of the group continues within the wider SACT community, to include those detailed in Table 2 below;

Extended Membership		
Name	Role	Trust/ Directorate
Ms Debbie McKelvey	Assistant Service Manager for Oncology Inpatients and Lead SACT nurse	BHSCT
Dr Judith Carser	Consultant Medical Oncologist	BHSCT
Mrs Joanne Cullen	Service Manager Oncology	BHSCT
Ms Lisa Houlihan	Haematology Service Manager	BHSCT
Ms Clair Quinn	Ward Manager Mandeville Unit	BHSCT
Ms Nicola Martin	Aseptic Services Manager	BHSCT
Ms Karen Kirkwood	Cancer Unit Sister	NHSCT

Clinical Lead

Dr Paula Scullin, Consultant Medical Oncologist was agreed as the Network SACT Clinical Lead in January 2015 following completion of the Network appointment process.

Frequency of Meetings (14.1E.103S)

The NICaN SACT CRG should meet regularly with meetings agreed in advance by the Clinical Lead. All attendance should be recorded and minutes agreed following each meeting. Initial meetings will take place bi-monthly however this will be reviewed once RISOH is fully implemented.

Work Programme and Annual Report (14.1E.104S)

The NICaN SACT CRG should produce an annual work programme which should include details of any planned service developments, named leads for each work stream and the timescales for implementation.

The group will also be required to produce an “Annual Report” for the NICaN Board and relevant team area which should include morbidity and mortality data related to SACT and details of shared learning relating to SACT.

Leadership (14.1E.105S)

The NICaN SACT CRG should agree;

- a single named lead chemotherapy nurse who should have a list of responsibilities and time specified for the role
- a single named lead pharmacist who should have a list of responsibilities and time specified for the role

SACT Subgroups and Relationships with other groups

The NICaN SACT CRG should establish and maintain links with all other relevant groups to ensure clinical engagement throughout all work streams relevant to the delivery of Systemic Anti-Cancer Therapy. There are currently several subgroups which sit under the structure of the SACT CRG including;

- NICaN Pharmacy Group
- NICaN SACT Nurse Group
- NICaN SACT NMP Group
- RISOH Monitoring Group
- Service Impact Assessment Group

These groups report directly to the NICaN SACT CRG and all work undertaken by these subgroups should be ratified by the NICaN SACT CRG.

The NICaN SACT CRG will also ensure close links to other groups included but not limited to;

- NICaN Site Specific Clinical Reference Groups
- NICaN Nurse Leaders Regional Group
- Specialist Commissioning Team HSCB

Accountability and reporting arrangements

The Groups authority will come from its credibility. This credibility will be evidenced by the application of the Group and its member's knowledge and expertise. It will be the principal source of advice to indicate the service reconfiguration, and resource implications required to achieve the highest quality care.

Individual members will be accountable to their own profession and are responsible for reporting back to their own multi-disciplinary teams. The Lead/Chair of the group will be held accountable to the NICaN Board, via a member of the NICaN management team, for the delivery of the agreed work plan. The Lead/Chair will be responsible for reporting to the NICaN Board annually.

Attendance at Committee Meetings

In order to keep up to date with progression of the regional group work plan, it is crucial that members attend regularly. If a nominated member fails to attend 3 consecutive meetings, a new nomination will be sought. Contact will be made with the member following non-attendance at 2 consecutive meetings to establish reasons for non-attendance.

Appendix 1

Cancer Centre / Unit Organisation as at 1 January 2017

	BHSCT	NHSCT	SHSCT	SEHSCT	WHSCCT
Name of Unit	Bridgewater Suite	Laurel House	Mandeville Unit	MacDermott Unit	Sperrin Suite
Purpose Built Day Care Facility	✓	✓	✓	Accommodation is temporary building	✓
Location	Main Tower BCH	Building Linked to Main Hospital	Within Main Hospital	Within Main Hospital	South Wing of Main Hospital
Date Opened	2003	Unit established 1998/9 New Build 2005	Unit established 1998/9 New Build 2001	Unit established 1998/9 New Location 2008 Refurbished November 2014	Unit established 1998/9 New Build 2008
Radiotherapy	✓	x	x	x	x
Oncology Patients	✓	✓	✓	✓	✓
Haematology Patients	✓	✓	✓	✓	✓
Complex Chemotherapy	✓	x	x	x	x
Common Cancer Chemotherapy	✓	✓	✓	✓	✓
Resident Oncologists	✓	x	✓	x	x
Resident Haematologists	✓	✓	✓	✓	✓
Chemotherapy Competent Nursing Staff	✓	✓	✓	✓	✓
Pharmacy Preparation and Dispensing Suite	Same Floor	Within Unit	Main Hospital - Far Removed	Main Hospital	Within South Wing of Hospital
Review Clinic Location	BWS / BPS / OPD Wings	Same Unit	Same Unit	General OPD	Dedicated OPD in Sperrin Suite
Review Staff	Unit Nurses	Unit Nurses	Unit Nurses	General OPD Nurses	Cancer/Haematology OPD Staff
In Patient Beds	60 Oncology 28 Haematology PLUS 10 Oncology inpatient beds which are 5 day only Mon-Fri	6 Haematology in Ward C7 0 Oncology beds	0 Oncology 8 Haematology in 2 North	12 beds include haematology and medical admission where possible oncology are admitted to this unit	7 Medical beds for Onc chemotherapy complications / palliative care 7 Haematology
Emergency Beds	Above beds used	Patients admitted to MAU Some direct admissions	Above beds used for Neutropenic Sepsis if available	If available 1 of above beds used for Neutropenic Sepsis	Above beds used

	BHSCT	NHSCT	SHSCT	SEHSCT	WHSCT
		to C7			
Treatment Spaces	38	14	16	12 – from Jan 2015	21
Consulting Rooms	17	6	5	4 – from Jan 2015	9