Somerset, Wiltshire, Avon and Gloucestershire (SWAG) Cancer Alliance

Meeting of the SWAG Systemic Anti-Cancer Therapy (SACT) Clinical Advisory Group (CAG)
Friday, 23rd July 2021, 15:30-17:00 via MS Teams

Chair: Jeremy Braybrooke

NOTES **ACTIONS**

(To be agreed at the next CAG meeting)

1. Welcome and apologies

Please see the separate list of attendees and apologies uploaded on to the new SWAG Website.

2. Clinical Opinion on Network Issues

2.1 SWAG Cancer Alliance (CA) Update

Please see the presentation uploaded on to the SWAG website

Presented by CAG Manager H Dunderdale

An overview was presented of the SWAG Cancer Alliance's purpose, structure, core team, and described how the Clinical Advisory Groups work with the CA.

A brief history:

Following the disbanding of Cancer Networks by the Government in 2012, the SWAG Cancer Clinical Advisory Group service (formerly known as Site Specific Groups and previously managed by the Avon, Somerset and Wiltshire Cancer Network) was reintroduced in August 2014, with the cost split across 7 provider Trusts, Gloucestershire hospitals now being included.

The Government / National Cancer Board then decided that centrally funded Cancer Alliances were required to improve cancer outcomes in line with other developed countries. SWAG CA was founded in 2017 and was recently restructured in 2020/21 to include a Secondary Care focused Clinical Director H Winter, in addition to Out of Hospitals Clinical Lead, A Randle; an Executive Board, comprising CEO representatives from each Trust; a Delivery Group with the Cancer Alliance core team, representatives from all Systems (ICSs/STPs/CCGs) and the Clinical Cabinet to ensure collaborative working between Primary Care, Secondary Care and Clinical Commissioning Groups, and then various sub-groups tasked with delivering the specific projects as instructed by the National Cancer Board.

Remit of Cancer Alliances:

To implement 96 recommendations identified by the National Cancer Board, which have been categorised into the following broad topics:

- Prevention
- Early Diagnosis
- Patient Experience
- Quality of Life.

The CA aims to improve information, research, treatments, workforce, and implementation of innovations by the provision of funding and project managers for related projects.

The Cancer Clinical Advisory Groups (CAGs) link with the Cancer Alliance to facilitate compliance with national priorities, escalate any strategic issues, and link with the Cancer Operational Group (COG, Regional Cancer Managers and Lead Cancer Nurses) to escalate any operational issues, plus provide evidence to influence funding decisions of all relevant stakeholders.

During the pandemic, communications between CAGs and the Cancer Alliance have greatly improved, with many examples of the CAGs influencing funding decisions for service improvements, as listed in the presentation.

Examples specific to SACT include negotiating with COG to have the funding for the work on network protocols (provided by J Braybrooke and K Gregory) extended for 5 years, with the cost to be split across the provider Trusts. The Cancer Alliance has also provided funding for the new website including the SACT protocol page, which now contains 319 protocols and is used by 700+ people on a daily basis, mostly by clinical teams in the UK, but also across the globe.

The huge amount of work that has been undertaken by SWAG members across the region to produce the protocol resource was recognised.

2.2 Review of CAG Purpose / Requirement for the Group

The purpose of this inaugural SWAG SACT meeting is for attendees to consider if the group, which used to meet regularly when under the ASW remit, should be reinstated.

The overall opinion was that it would be helpful to reinstate for the following reasons: **AGREED**

- Avoid duplication of work
- Rapidly move forward production of new guidelines / keep up with new NICE/Cancer Drug Fund additions
- Share resources
- Provide a central forum to link in with the site specific groups
- Provide a regional sense check of any issues arising
- Report back any developments to existing pharmacy and nursing groups.

The membership of Lead SACT Oncologist, Pharmacists and Nurses was felt to be appropriate.

The frequency of the meeting will be 2 to 3 times a year.

Initially, the role of Chair will be rotated between J Braybrooke and E Cattell, but will be reviewed on a regular basis and can be undertaken by any other member of SACT CAG.

The importance of getting feedback from the nursing team on protocol development was emphasised.

Action: A small group of Lead Nurses should be identified to review protocols to avoid this becoming a protracted process, and with recognition that the protocols are guidelines rather than specifically trying to answer every issue. **K Gregory**

The previous ASW website had a function that sent an email notification when a new or amended protocol was changed on the website. It would be ideal if this could be arranged on the new website with one or two people in each Trust nominated to receive and disseminate the notification. This has previously been discussed with the website manager and is thought to be possible to arrange.

Action: H Dunderdale to escalate the need for an automated email notification of change when new or amended protocols are uploaded. **H Dunderdale**

Uploading new protocols to the website can now happen quickly, usually within a day to a week, as this work is prioritised by the CAG Manager.

2.3 South West SACT Nurses Group

Presented by Lead SACT Nurse R Herrington

The original SACT Lead Nurses Group has merged with the Peninsula Group and meets three times a year in February, June and October, although less frequently during 2020 due to the workload pressures caused by the COVID-19 pandemic.

Membership includes the SACT Leads or the Chemotherapy CNS representative from each Trust and has very good attendance.

The purpose of the group is to provide clinical expertise and leadership in the development of SACT nursing practice and to influence the development of SACT services.

The group provides clinical supervision for its members to ensure equitable access to SACT nursing practice across the region; the opportunity to collaborate has been very helpful, in particular with sharing Standard Operating Practices, which frequently happens on an ad hoc basis between meetings. This is more difficult with anti-emetic policies as all have access to different drugs. It would be helpful to have such policies from SWAG available on a SACT page on the website.

Action: Review of existing Anti-emetic and Extravasation Policies for development into SWAG Guidance to add to the SWAG website **To be allocated**

The group manage and frequently update an agreed SACT training manual so that all SACT nurses receive the same training and can transfer efficiently between hospitals across the region.

2.4 South West Immunotherapy Group

Presented by Cancer Alliance Clinical Director and BHOC Consultant Oncologist H Winter

The inaugural meeting of the South West Immunotherapy Clinical Advisory Group (SWIG), organised by Consultant Oncologist C Barlow, was held in March 2021. Ground breaking work has been undertaken to set up immunotherapy services in Taunton, led by C Barlow and E Cattell, and SWIG has been set up to align delivery of care across the patch, building on their experience. Initially, IO treatments were available for melanoma, renal cell and lung, but are now rapidly becoming available to other cancer sites, requiring the clinical teams to be upskilled in IO management.

SWIG aims to provide the following function:

- Review of treatments available and the way they are delivered
- Practical management of IO toxicities
- Research, audit and clinical governance
- Multi-professional education.

Action: SWIG will work alongside and feed into SACT CAG in recognition of the overlap with treatments and the shared resources in terms of how to deliver where and workforce capacity. **C Barlow / H Winter**

In addition to SWIG, an informal IO micro-education forum will be held on a monthly basis, with the next event planned for Thursday 2nd September 2021. This was initially held with the Bristol and Welsh teams, but will be rolled out across the region.

It is anticipated that representatives from haematology will also become involved in the groups in the near future now that IO treatments for Hodgkin's Lymphoma are becoming available.

3. Clinical Guidelines

3.1 Network Pharmacy Update

Presented by Network Pharmacist K Gregory

Pharmacist K Gregory undertook the role of SWAG CAG pharmacist at the end of 2020. Many of the SACT protocols currently on the website are in the process of being reviewed and updated and volunteers are requested to help with the process.

A new SACT protocol request form has been developed to simplify the process of drafting new protocols .

Action: H Dunderdale to circulate SACT protocol status and generic protocol request form to SACT members **H Dunderdale**

3.2 Network View on Medication-Related Osteonecrosis of the Jaw (MRONJ) Policy

Presented by Clinical Oncologist E Cattell

There is some variation in calcium levels indicated in the national and local Medication-Related Osteonecrosis of the Jaw (MRONJ) policies; one suggests a dose of 1000mg calcium per day, and the other 2000mg calcium per day. There was felt to be limited evidence to know which was preferable and either is acceptable.

4. Quality Indicators, Audits and Data Collection

4.1 SACT Data Collection

Completion of the mandatory SACT dataset was found to be difficult due to the quantity of data required, and also due to the subjective nature of some of the questions, for example, '*Has the patient benefited from SACT treatment*' needs to be answered within 2 months of receiving the treatment, which is insufficient time to evaluate the patient's situation, plus the patient will not be seen until the end of treatment, at which point the clinician will not be logged in to the SACT Audit system.

The dataset is then reported back from the SACT Audit team as incomplete and the data is chased.

This was felt to be a national problem, and one that is exacerbated by having no extra resources to complete the dataset.

One solution has been devised by a system specialist in NBT, who has built an alert system into ChemoCare that prompts people to close the care episode and complete the outcomes. This reduced the outstanding outcomes from 75 to 8. It should be possible to share this development with other centres.

Action: J Dunn and E Cattell to contact B Bagnall for the system specialist contact details **J Dunn, E Cattell, B Bagnall**

5. Coordination of Patient Care Pathways

5.1 Patient Experience – User Representative Input / Patient Information

Presented by H Dunderdale

As SACT CAG is a meeting with a technical purpose to oversee treatments used by the Cancer CAGs, it was not considered suitable for a patient representative to attend the group. Feedback from a patient representative who attends a SACT CAG in another region indicated that they did not consider it a useful forum for providing the patient experience.

This decision will be reviewed if specific agenda items that require patient input are planned for future meetings. There is a large group of patient representatives in SWAG that can be consulted on the content of Patient Information Leaflets etc. as and when required.

5.2 Any Other Business

Action: A Doodle Poll will be circulated to determine the optimum day and time for the next meeting, which E Cattell has agreed to Chair. **H Dunderdale**

Date and Time of the next meeting: November 2021 (date and time to be agreed)

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