

**Meeting of the SWAG Systemic Anti-Cancer Therapy (SACT) Clinical Advisory Group (CAG)  
Friday, 21<sup>st</sup> October 2022, 15:00-16:30 via MS Teams**

**Chair: Jeremy Braybrooke**

**NOTES**

(To be agreed at the next CAG meeting)

**ACTIONS**

**1. Review of Previous Notes and Actions**

Please see the separate list of attendees and apologies uploaded on to the SWAG website [here](#).

As there were no amendments or comments following distribution of the report from the meeting on Wednesday 24<sup>th</sup> November 2021, the report was accepted.

**Action: Escalate to the SWAG website developer the need for an automated email notification when new or amended protocols are added to the website:**

This has been discussed with the website developer and it will be possible to develop an automated notification. In the interim, H Dunderdale will email protocol updates to the Lead Pharmacists.

**H Dunderdale**

**Action: CAG members will provide local extravasation policy documents for H Dunderdale to review and compile into one document for ratification by CAG:**

Several extravasation policies have now been received and will be compared and made into a shared SWAG regional policy.

**H Dunderdale**

**Action: The Carfilzomib, Dexamethasone and Lenalidomide protocol will be drafted by B Bagnall:**

In progress - A Whiteway will discuss further with B Bagnall.

**A Whiteway**

**Action: Information on outputs from the mutual aid meeting, organised by Cancer Alliance Managing Director T White, will be requested:**

Managing Director for the SWAG Cancer Alliance T White, is no longer in post. No outputs/agreements were reported from the mutual aid group, which convened on one occasion. At present, teams provide mutual aid in an informal way. Ideally, there would be agreed pathways defined.

**Action: Capacity and Demand United Kingdom Oncology Nursing Society (UKONS) Project:** There has been no update on this project since the last meeting.

**Action: H Dunderdale to invite the MSD Representative to give a brief presentation on the oncology capacity insight tool at a future meeting.**

To add to a future meeting depending on the priorities of the next SACT agenda.

**H Dunderdale**

## 2. Service Development

### 2.1 Caspe Healthcare Knowledge Systems (CHKS) Accreditation / Alternatives for SACT Service

#### Presented by E Cattell

The Beacon Centre at Musgrove Park Hospital has previously taken part in CHKS accreditation, which used to be considered the Gold Standard governance assessment for chemotherapy services.

It involves a lengthy process of review/development of multiple Standard Operation Procedures (SOPs) and governance structures and, although it is not inexpensive, has been found to be beneficial when identifying potential service improvements.

A regional approach to governance processes could be considered by SACT CAG as current practice varies, with other centres referring to ISO health standards.

Radiotherapy services have embedded accreditation processes with full-time staff employed to undertake the governance processes, whereas there is no workforce funding available for the SACT service to take the same approach and current workload pressures need to be considered.

The first step will be to investigate the accreditation process that are undertaken by SACT centres across the UK.

**Action: H Dunderdale will contact the Cancer Alliance Futures online platform to ask for details on the accreditation processes undertaken by UK SACT centres.**

**H Dunderdale**

**Action: CHKS quality standards will be reviewed by H Winter to see if it would be possible to have a shared approach across centres.**

**H Winter**

<https://www.chks.co.uk/m/Accreditation-and-Quality-Assurance>

## 3. Clinical Opinion on Network Issues

### 3.1 Workforce / Adjuvant Abemaciclib Implementation plans

The NICE approval of Abemaciclib for a new cohort of patients (high risk early-stage breast cancer) plus an additional tranche of NICE technological appraisals (TA) for other indications, 70% of which are for new cancer therapies, has led to discussions in the Breast and other CAGs over concerns with delivering the new therapies with no additional resources; the additional demands on clinics have been calculated by M Beresford in RUH and by Commissioners in the Peninsula. RUH are training a specialist pharmacist to hold the clinics; this is not a new post but resource reallocation. It is anticipated the clinic will involve additional six patient follow-up appointments per week and 49 follow ups per year.

It would be helpful if NICE could include a review of the impact on resources as part of the TA approvals process. It is also expected to provide new treatments as soon as approved whereas previously there was a 3-month time frame.

**Action: NICE TA issues have been escalated to the Cancer Alliance Clinical Leads meeting, held on Friday mornings, and will also be escalated to the National Cancer Board.**

**H Winter**

Regional variation in offering the new therapies needs to be avoided.

Information on the regional workforce would be useful, to identify any areas with capacity.

Network Pharmacist K Gregory will continue to check the NICE website on a fortnightly basis to keep pace with the TAs in progress and any new approvals.

### **3.2 Highlights from the South West Immunotherapy Group (SWIG)**

**Presented by H Dunderdale**

The inaugural formal SWIG Clinical Advisory Group convened on 30<sup>th</sup> March 2022. The next hybrid event will be held on 30<sup>th</sup> November 2022 in the Holiday Inn, Taunton.

Meeting outputs included:

- Baseline assessment of current service provision
- Formation of a regional group of medical specialists (Specialist IO Peer Support (SIPs))
- Business Case sharing
- Development of an alert symptoms card
- Provision of Late Effects service
- Provision of a Patient Experience survey
- Local training
- GP education
- Forge links with the Psychology Network
- Regional list of IO trials to facilitate cross-referrals
- Summary of IO education forum.

SACT and SWIG will work in tandem to ensure that there is no duplication of work. Lead Cancer Nurse C Levett can facilitate this as he attends both meetings.

**Action: H Dunderdale will circulate the SWIG meeting invitation and agenda**

**H Dunderdale**

#### 4. Clinical Guidelines

##### 4.1 Network Pharmacist Update

**Presented by Network Pharmacist K Gregory**

SACT protocols that were new, had recently been reviewed, and were currently under development showed activity across all tumour sites, which included a number of breast cancer protocols for immunotherapy. Head and Neck CAG are in the process of updating all their protocols.

Many of the existing Haematology protocols need to be reviewed. These are normally distributed during the Haem CAG meeting, which had not convened recently due to workload pressures. The next meeting will take place in February 2023 and H Dunderdale will ask for volunteers to make the updates prior to this meeting.

There have been 59 new NICE TAs with positive recommendations since January 2021; protocols are available for 37 (62%) of these. 11 protocols are in progress and a further 11 have yet to be developed.

SACT CAG acknowledged the extensive amount of work involved in the management of the production of SACT protocols, which were incredibly useful and used by the region's chemotherapy nurses on a daily basis.

**Action: K Gregory will circulate the SACT protocol update**

**K Gregory**

**Action: H Dunderdale will provide an update on SACT protocol website activity at the next meeting**

**H Dunderdale**

Access to the Early Access to Medicines Scheme (EAMS) for compassionate use is very time consuming and sometimes unsuccessful. Adverse reaction forms need to be completed frequently.

There are various schemes open across the region.

**Action: K Gregory will gather details of the schemes open in each centre.**

**K Gregory**

#### 5. Quality Indicators, Audits and Data Collection

##### 5.1 SWAG SACT Data Completeness

**Please see the presentation uploaded to the SWAG website**

**Presented by H Dunderdale**

The SACT dataset was extracted from the Cancer Stats website from April 2019-June 2022 to see if it was complete and accurate enough to be useful to the group:

<https://cancerstats.ndrs.nhs.uk/>

The website states that data for some specialties will be under-reported due to incorrect entry of ICD-10 codes, in particular for Haematology.

When assessing data completeness, red indicates missing data, amber indicates better data quality and green is considered good quality data. This can be reviewed by tumour site or by Trust. Data fields include:

- Height at regimen start
- Weight at regimen start
- Performance status
- Comorbidity adjustments
- Decision to treat date
- Clinical trials.

Completeness includes a not known field for performance status and treatment intent. Where it is known, it is possible to generate tables and identify themes.

Drug level data is completed well and can be looked at by the number of regimens submitted each year, and compare with the treatment intent, performance status and outcome summary.

The metrics that would be useful to look at in future meetings will be decided so that this can facilitate service planning and inform future business cases.

**Action: K Gregory and H Dunderdale will review Cancer Stats data fields to provide a summary at future SACT CAG meetings**

**K Gregory/H  
Dunderdale**

## **6. Patient Experience**

### **6.1 'Will the NHS care for me' (extract from Panorama)**

**Presented by H Winter**

SWAG Cancer Alliance is committed to addressing health inequalities and ensuring that there is equality of access across the region.

A videoclip from a Panorama documentary that aired last week called 'Will The NHS Care For Me?' was shared for reflection on improving delivery of SACT for patients with learning difficulties; assumptions were made that lead to initially withholding a curative treatment until a family advocate sought legal advice; the patient has since recovered.

SACT CAG are invited to share any relevant experiences offline and provide H Winter with information on the resources that SACT units have in place for patients with learning difficulties.

### **6.2 Any Other Business Date, Time and Agenda of Next Meeting**

SACT protocols have been developed by the Myeloproliferative Neoplasms (MPN) Group without input from the SACT protocol team.

The Chair of the group R Frewin will be contacted to ensure that, once the protocols are signed off, that they are version controlled by H Dunderdale via publication on the website.

Consultant Oncologist S Gangadhara has received some hypersensitivity reaction protocols developed by a colleague from the Royal Marsden, which could be adopted as network protocols.

**Action: S Gangadhara will email hypersensitivity reaction protocols to H Dunderdale for discussion/ratification at the next SACT meeting.**

**S Gangadhara**

**Date and Time of the next meeting: To be determined by Doodle Poll 2023, chaired by E Cattell**

**-END-**

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