Kent and Medway Cancer Collaborative

Acute Oncology & Cancer of an Unknown Primary

Terms of Reference

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1.0 Introduction

As of 1st April 2014, the individual Kent & Medway NHS Trusts listed below have agreed it is their responsibility to support the provider led Tumour Site Specific Groups (TSSGs). With effect from February 2016, the Trust Chief Executives agreed to support the Kent & Medway Acute Oncology (AO) & Cancer of Unknown Primary (CUP) Forum which was required to share best practice, improve services and agree a common approach to services across the region. In 2024, Non-Specific Symptom service (NSS) was integrated into this TSSG

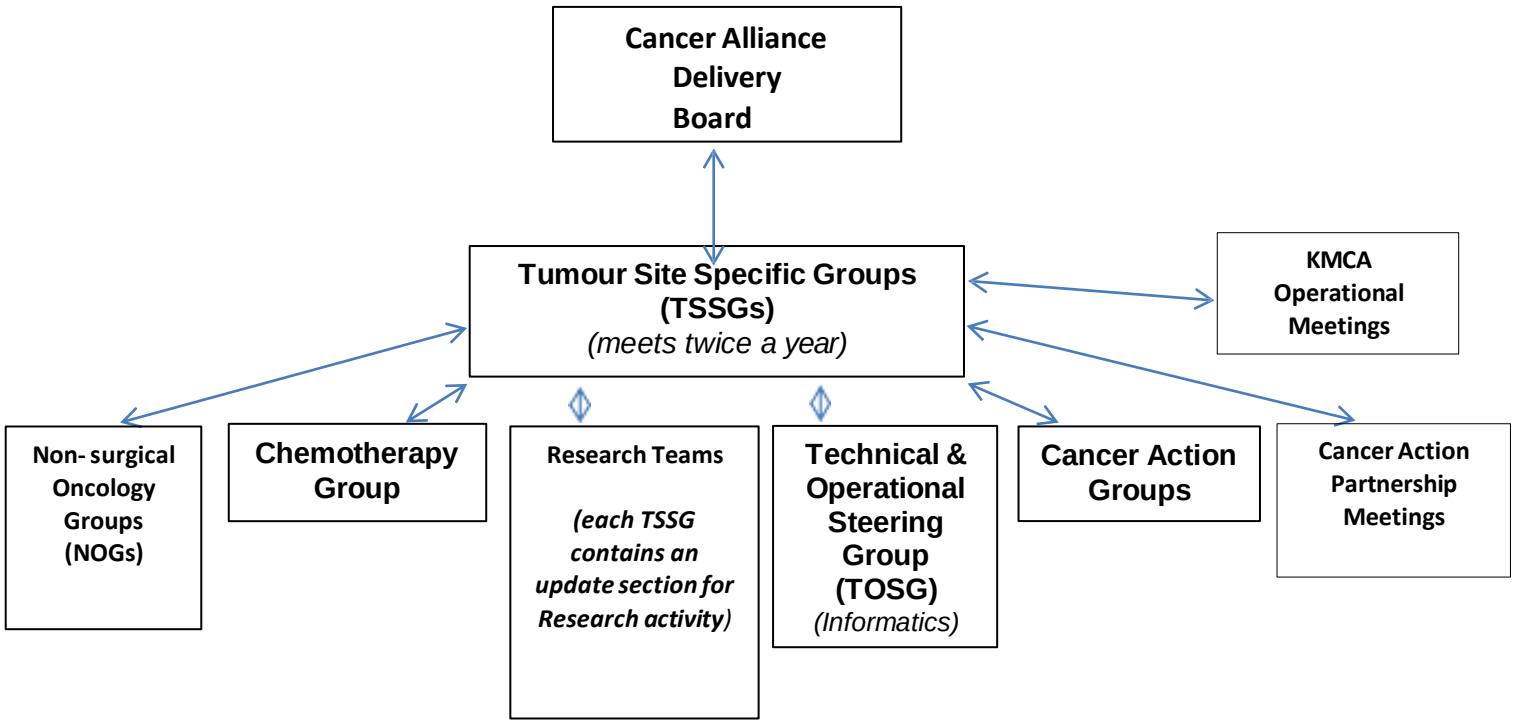
The four Trusts are:

- East Kent Hospitals University NHS Foundation Trust – EKHUFT - *hosts of the Kent & Medway Cancer Collaborative (KMCC)*
- Maidstone & Tunbridge Wells NHS Trust – MTW
- Dartford & Gravesham NHS Trust – DVH
- Medway Maritime Foundation NHS Trust – MFT

The Kent & Medway Acute Oncology & CUP Forum operates as a partnership, relying upon full participation from all provider colleagues, thus ensuring a network wide approach for delivering cancer services within Kent & Medway. The group will also form sub-groups such as CNS sessions to assist with development of services.

The Cancer Alliance Delivery Group hold the ultimate responsibility for ratifying all high-level documentation, which the Kent & Medway Cancer Collaborative (KMCC) will disseminate and make available where appropriate, to the Clinical Commissioning Groups (CCGs).

2.0 KMCC Group reporting structure



2.1 Membership

External sources that will be included, when relevant, in AO, CUP & NSS Forum meetings and correspondence, feeding into this and other TSSGs, by either physically participating or providing input via the KMCC, include:-
- Primary Care and Commissioner Colleagues via the Kent & Medway Clinical Commissioning Groups (CCGs)
- The South East Coast Strategic Clinical Network
- Specialist Commissioning
- Public Health and Health & Well Being Boards
- National Cancer Registration Service & National Cancer Quality Surveillance Team
- Clinical Senates

3.0 Non- Surgical Oncology Groups (NOGs)

- The Acute Oncology Service does not require a NOG meeting as these meetings are used to discuss the Chemotherapy and Radiotherapy Algorithms. Discussions around MSCC and CUP will be redirected into another NOG meeting.
- AO Treatment guidelines related to Systemic Anti-Cancer Therapy (SACT) side effects will be developed and discussed on Kent and Medway Cancer Collaborative Chemotherapy Group.
- Formal feedback from NOG meetings will be given as a standing agenda item for the Kent & Medway AO & CUP Forum

4.0 Research and Trials

The national initiative to restructure the National Institute for Health Research (NIHR) Clinical Research Networks to 15 Local Research Networks has resulted in a reconfigured structure for delivering clinical research across England. The local Cancer Research Networks became part of the NIHR Clinical Research Network: Kent, Surrey and Sussex (NIHR CRN: KSS) on 1st April 2014. NIHR CRN: KSS coordinates clinical research and facilitates study set up and delivery, through 30 disease specialties, of which Cancer is one.

The Forum and all TSSGs are now incorporating a research and trials update section into each meeting agenda where the research portfolio for that tumour site is discussed.

5.0 Purpose and Remit of the Forum

The purpose of the Kent & Medway Acute Oncology, CUP & NSS Forum is to be central to the success of the delivery of the National Cancer Agenda within the local Kent & Medway setting. Locally interpreting NICE Improving Outcomes Guidance (IOG), this forum leads the drive for high quality care by providing a forum for cross site, multi professional clinical, senior management, non-clinical & Commissioner Colleagues, patients & carers to collectively take forward:
- specific disease and service work streams
- development of patient pathways and clinical guidelines
- innovations
- audit
- change management
- best practice and lessons learnt
- service & patient experience improvement
- development of working groups to take forward actions
- cost savings/value for money through improving service efficiency

Where local interpretation of, and compliance with, IOG may, in some cases, require a degree of provider rationalisation/reconfiguration, under these circumstances the forum will provide unbiased expert clinical opinion on how this should be achieved. The forum will endeavour to reach their recommendations by consensus with the Chair having the casting vote.

Where specialist care can only be provided by specialist centres in another area, the forum is responsible for:

- Ensuring agreed specialist centres are fit for purpose and will provide the right standards of care expected in order to deliver the best possible outcomes for Kent & Medway patients referred to that centre (i.e. via clinical outcomes audits)
- Ensuring referral pathways to and from the centre, including timely communication pathways, are robust
- Ensuring where shared care pathways need to be established between a specialist centre and Kent & Medway providers, robust arrangements are in place to deliver care effectively

The Acute Oncology & CUP Forum will develop, maintain, strictly govern, risk analyse and ensure timely review of all their evidence based, high level cancer documentation, including High level Operational Policies (HoP); Pathways of Care (PoC); Treatment Guidelines & 2 week wait Referral Proformas (if applicable). These documents provide the framework for the safe and appropriate delivery of care for patients with a suspected or confirmed diagnosis of cancer across Kent & Medway.

6.0 Responsibilities

6.1 Responsibilities of Provider Trusts

The Kent & Medway Provider Trusts are committed to support Acute Oncology, CUP & NSS Forum members attendance to meetings and attendance is regarded as a clinical governance activity from the point of view of job planning (and not study leave). It is seen as best practice that Trusts implement an understanding of no cancer cases, surgery or clinics to be scheduled on forum meeting dates that are always booked in advance of the 8-week deadline notice period (taking place twice a year for a half day).

- TSSG Chair work/time allocation

In order to formally reflect each Provider Trusts commitment to supporting the Chairs of this forum and the TSSGs, it has been agreed with each Trust Chief Executive that this Chair work will be recognised as part of the appraisal process and time will be allocated in the individual's job plan to undertake this work.

Note: *It has been formally agreed at the CEO Cancer Board Meeting that each Trust supports the 1K per annum (£500 per meeting chaired) honorarium for the Chairs of this forum and TSSGs going forward.*

6.2 Chair of the Kent & Medway Acute Oncology, CUP & NSS Forum

The full TSSG/ Forum Chair Job Description is available to download from the KMCC website on:-
http://kmcc.nhs.uk/tumour-sites/terms-of-reference/

In summary, Chairs will:

- Be appointed, primarily, for a term of 3 years, through a process of advertisement and final interview
- Steer a cancer data collection process which complies with the ambitions of the National Cancer Intelligence Network and the National Cancer Registration Service (NCRS).
- In conjunction with the KMCC Lead, produce an Annual Report (Inc. progress on implementation of the IOG (successes and obstacles; workforce and recruitment issues; progress on clinical audit/results/actions taken; progress with clinical trials; 2week wait activity across Kent & Medway; progress with research; service and quality improvements; good news, sharing of best practice and lessons learnt.
- If the group are unable to agree upon a high level recommendation, then the Chair is to escalate this matter to the Cancer Alliance Delivery Group.

NOTE: In the absence of a Vice Chair, if a Chair is unable to process the expected level of work associated with TSSG and K&M Forum meetings, then the Forum/TSSG/Cancer Alliance Delivery Group have the ability to give notice.

6.3 General Organisational Responsibilities

- To be the prime source of cancer disease site specific clinical advice within Kent & Medway to Providers; Purchasers (including Clinical Commissioning Groups (CCGs) and Specialist Commissioners); Clinical Senates; Heath & Wellbeing Boards, in order that cancer services are commissioned that deliver the right treatment in the right place at the right time for the population of Kent & Medway.
- To ensure that recommendations are discussed and ratified at Cancer Alliance Delivery Group/CEO Board level
- Where TSSG/Forum level resolution attempts appear unsuccessful, to refer such matters first to the Cancer Alliance Delivery Group and then, if necessary, escalate to the Trust Chief Executive Cancer Board
- Through Research subgroups monitor disease site specific recruitment into clinical trials in line with national ambitions
- Through NOG subgroups monitor the ongoing development of chemotherapy and radiotherapy protocols
- Ensure that the views of patients and/or carers are fully taken into account.

6.4 Educational Responsibilities

- To share good practice and learning, by providing the platform for discussion between each professional group regarding new treatments (or developments in existing treatments) by increasing awareness - consideration may then be given to ways of further improving patient care
- Internal and external speakers to be sourced to present and lead discussion on local and national topics/debates

7.0 Clinical Governance

7.1 Monitoring standards and quality within Kent & Medway

- Making recommendations in reference not only to the IOGs, but also taking into account the ambitions of the Government's ambitions for the delivery of health care in general in the UK as well as Cancer Services as set out in the NHS Improving Outcomes Framework (i.e. the 5 domains) and improving outcomes: A Strategy for Cancer
- Main areas of TSSG/Forum focus will include as standard:-
  - Earlier Awareness and Diagnosis (i.e. Quality of Life; reducing Length of Stay; Enhanced Recovery)
  - Helping people recover from episodes of ill health (i.e. minimise re-admission rates; innovative follow up and surveillance programmes)
  - Ensuring people have a positive experience of care (i.e. patient satisfaction; Quality of Life studies)
  - Treating people in a safe environment & protecting them from avoidable harm (i.e. audit, monitoring outcomes for surgery, radiotherapy and chemotherapy and quality of data collection improvement)

7.2 Clinical Documentation

- Responsible for the development, monitoring, circulation and strict version control of Kent & Medway cancer clinical pathways, guidance, proformas', policies and protocols
- In compliance with current Peer Review Measures, (which may change as a result of the NHS reforms), the Cancer Alliance Delivery Group will delegate the responsibility for the development of Cancer Pathways of Care to the TSSG/Forum. Outputs will be shared where appropriate
- Where there are clinical changes to TSSG/Forum produced documentation, Chair approval is to be gained before final approval is gained from the Cancer Alliance Delivery Group before publication, circulation and upload to the Kent & Medway Cancer Collaborative website
- Where there are no clinical changes to TSSG/Forum produced documentation, the Chair has final approval before publication, circulation and up-load to Kent & Medway Cancer Collaborative website.

7.3 Audit

To monitor the efficacy of their recommendations though a robust, effective programme of audit (inc. adherence and efficacy of clinical pathways, adherence to commissioning pathways, testing current services etc.). The results of which to be shared within the meeting with results and any actions noted and progressed and any areas that are proving a barrier to pathway implementation/compliance identified (as highlighted through the audit programme) and facilitate resolution

7.4 Quality Surveillance (formally Peer Review)

- To be appropriately constituted as defined by current *(latest & most up to date)* Quality Surveillance Measures
- To be aware of/discuss (sharing best practice and lessons learnt) the Quality Surveillance timetable (self-assessment, internal validation, external visits, up to date evidence upload requirements) as set by the National Team
- To be aware of/discuss any updates or new publications (i.e. new or revised Quality Measures) circulated by the National Team and any potential impact
- To be aware of any updates to the Clinical Lines of Enquiry circulated by the National Team and any potential impact

8.0 Membership & Quorum

8.1 Membership

Core Kent & Medway Cancer Collaborative Representatives:
KMCC Team Manager
Service Improvement Facilitator
Patient Involvement Coordinator/ Macmillan Project Manager
KMCC Cancer Data Analyst
Administrative Support
Patient/Carer Representatives
Ideally two as a minimum or an agreed mechanism for obtaining user advice
Provider Representatives:
A named Chair who is a core member of one of the associated MDTs
A Trust specialist for Imaging
Trust disease site specific MDT lead clinicians
Trust disease site specific MDT CNS'
Trust disease site specific MDT Oncologists
Trust disease site specific MDT Radiologists
Trust disease site specific MDT Pathologists
Trust disease site specific MDT Allied Health Professional(s)
Trust Consultant in Palliative Care
Community Physiotherapist
Research Nurses
Clinical Trials Administrators
Pharmacy Representative
Any Healthcare Professional with an interest in cancer including senior delegates from Trust cancer management teams
Primary Care Clinicians
Commissioner Representatives

8.2 Quorum

For meetings to be quorate, the following members are required to be present:-

- Chair (or Vice Chair in the Chair's absence)
- Ideally one representative from each of the listed professions in the membership list, from each Trust, should be present. This will facilitate the group to obtain full debate and agreement reflecting whole patch practice and opinion. However, if there is just one core representative from each Trust (*who has delegated authority to speak on behalf of the MDT/Trust)* the Chair has the authority to progress with a meeting
- One senior representative of the Kent & Medway Cancer Collaborative and administrative support/facilitation
- Ideally 1, preferably 2, patient/carer representatives will be present at all meetings. Where this is not achievable, patient/carer opinion will be sought through other avenues such as the Cancer Action Groups etc.

9.0 Frequency of Meetings

- Acute Oncology & CUP Forum meetings will be held as often as required to complete agreed work programmes effectively.
- The forum should ideally meet twice a year (and in exceptional circumstances three times a year) in order to maximise scarce expert clinical engagement and reduce the impact of clinician absence from a host organisation. Wherever possible, specific pieces of work should be delegated to time limited, task and finish sub groups to complete work on behalf of the parent forum. Task and finish groups should always have an appropriate membership for the task in hand, but should strive to limit the membership to an expert core number.

10.0 Database, Record-Keeping, Outcomes & Availability of Information

- All meetings will be minuted by KMCC administrative support with draft minutes being approved as fit for purpose by senior KMCC management before being sent to the Forum Chair for proof reading/sign, ideally within 14 days of a meeting. Final minutes will then be formalised by senior KMCC management before being circulated and published on the KMCC website
- The Forum Chair, supported by the KMCC, holds the responsibility for ensuring that final agendas, minutes, and other papers, published on the KMCC website are available for all members, and extended community access, are "fit for purpose" and represent a true record of the meeting and do not contain misleading or inaccurate information (with particular reference to agreements and action points)
- Draft minutes will clearly state the word "draft" in both the actual document and title.
- Final minutes will clearly state the word "final" in both the actual document and title.
- The Chair, supported by the KMCC, will maintain an action list and refer to this at each meeting until the action point has been dealt with.

11.0 Review of Terms of Reference

This set of Terms of Reference should be reviewed 2 yearly from their date of adoption.

12.0 Document Revision History

Document Title	Acute Oncology & Cancer of an Unknown Primary Terms of Reference
Principle author/s	T.Spencer-Brown
Co-author/s	
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Revision History			
Date of revision	New Version Number	Nature of Revision	Confirmation of Accuracy by
29/04/16	0.1	Adaption of the TSSG Terms of Reference to suit the AO & CUP Forum	N.Aluwalia
09/05/16	0.2	Further amendments and alterations to draft document	N.Aluwalia
09/05/16	0.3	Further amends by A.Karathanaisi	A.Karathanaisi
10/06/16	0.4	Amendments following circulation, sent to O&Q Group for final ratification	N.Aluwalia
26/9/16	1.0	Final ratified version, amendments completed.	N.Aluwalia
March 2020	1.1	Draft – updates by TSSG members	A Wiltshire
28.04.2020	2.0	Final version – O&Q Group replaced with CA Delivery Group, reporting Structure has been updated.	A.Karathanaisi
20/09/2024	3.0	Final version – O&Q Group replaced with CA Delivery Group, reporting Structure has been updated.	T.Spencer-Brown