

Systemic Anti-Cancer Therapies Board

Constitution

July 2014

Date for Review: July 2015

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1. INTRODUCTION

2013/14 was a transitional year for cancer services in Greater Manchester and East Cheshire. The Greater Manchester and Cheshire Cancer Network ceased to exist in March 2013 when cancer networks nationally were amalgamated into strategic clinical networks as part of the NHS reorganisation. In Greater Manchester this coincided with the creation of Manchester Cancer, an integrated cancer system for Greater Manchester and East Cheshire.

Twenty Manchester Cancer Pathway Clinical Directors were appointed in late 2013 and took up their roles on 1st January 2014. They spent the first months in post forming their Pathway Boards, multi-professional clinical groups from across the region. These Pathway Boards are now formed and most had their first meeting in April/May of 2014.

As such, this is a transitional constitution document based on the legacy document. In July 2015 every Manchester Cancer Pathway Board will publish a full constitution alongside its annual report and work plan for the year ahead.

2. CONFIGURATION (14-1E-101s)

2.1 Chemotherapy Heads of Service and Lead Pharmacists for Oncology Pharmacy Services

Trust	Chemotherapy Head of Service	Acute Trust Lead Cancer Clinician	Lead Pharmacist for oncology pharmacy services
Royal Bolton Hospital NHS	Dr Claire Barnes	Dr Mark Grey	Sara Khan
Central Manchester University Hospitals NHS Trust	Dr Kate Ryan	Professor Ajith Siriwardena	Elizabeth Davies
Christie Hospital NHS Trust	Dr A Wardley	Dr Chris Harrison	Steve Wardell
East Cheshire NHS Trust	Joy Bailey	Dr J Hudson	Julie Whitehead
Mid Cheshire	Dr Gabor Tarkovacs	Miss A Dingle	Julia Gemmell
Pennine Acute Hospitals NHS Trust	Philippa Jones (Chief Pharmacist / Chemotherapy Lead)	Dr Robert Gillies	Philippa Jones
Salford Royal Foundation Trust	Dr J B Houghton	Dr G Armstrong	Elizabeth Lamerton
Stockport Foundation NHS Trust	Louise Abedin	Dr Maryana Lewinski	Louise Abedin
Tameside Acute NHS Trust	Anthony Sivner Chief Pharmacist tony.sivner@tgh.nhs.uk	Dr Ian Brett Consultant lead Clinician ian.brett@tgh.nhs.uk	Alison Tyzack Aseptic Service Manager Alison.tyzack@tgh.nhs.uk
Central @ Trafford Healthcare NHS Trust	Dr D Alderson	Dr P Carrington	Miss A O'Brien
University Hospital of South Manchester NHS Trust	Dr Paul Taylor	Mr Ian Welch	Rhiannon Davies
Wrightington Wigan and Leigh NHS Foundation Trust	Dr Greg Wilson	Mr Anthony Blower	Kay Gibson

2.2 The Manchester Cancer Systemic Anti-Cancer Therapies Board (14-1E-103s)

The Manchester Cancer Systemic Anti-Cancer Therapies Board is a multi-professional group made up of health professionals from organisations across Manchester Cancer. Its Terms of Reference are set out below and these will be reviewed on an annual basis.

2.3 Terms of Reference

These terms of reference have been agreed by Professor Gordon Jayson, Pathway Clinical Director for Systemic Anti-Cancer Therapies, and Mr David Shackley, Medical Director of Manchester Cancer, on behalf of the Manchester Cancer Provider Board. The terms of reference will be subject to future review.

The Pathway Board

The Systemic Anti-Cancer Therapies Board is a cancer care specific board with responsibility to improve cancer outcomes and patient experience for local people across Greater Manchester and areas of Cheshire (a catchment population of 3.2 million). This area is synonymous with the old Greater Manchester and Cheshire Cancer Network area.

The Pathway Board is led by a Pathway Clinical Director and is formed of a multidisciplinary team of clinicians and other staff from all of hospital trusts that are involved in the delivery of systemic therapies in Greater Manchester. The Pathway Board also has membership and active participation from primary care and patients representatives.

The Systemic Anti-Cancer Therapies Board reports into and is ultimately governed and held to account by the Manchester Cancer Provider Board.

Manchester Cancer Provider Board

The Manchester Cancer Provider Board is responsible for the service and clinical delivery arm of Manchester Cancer, Greater Manchester's integrated cancer system. Manchester Cancer has two other arms: research and education (see appendix for the structure of Manchester Cancer).

The Provider Board is independently chaired and consists of the Chief Executive Officers of the ten acute hospital trusts in the Greater Manchester area:

- Bolton NHS Foundation Trust
- Central Manchester University Hospitals NHS Foundation Trust
- East Cheshire NHS Trust
- Pennine Acute NHS Trust
- Salford Royal NHS Foundation Trust
- Stockport NHS Foundation Trust
- Tameside Hospital NHS Foundation Trust
- The Christie NHS Foundation Trust
- University Hospital of South Manchester NHS Foundation Trust;
- Wrightington, Wigan and Leigh NHS Foundation Trust;

The Provider Board regularly invites representatives of commissioners, the Strategic Clinical Network, and Manchester Cancer to its meetings.

Purpose of the Pathway Board

The purpose of the Pathway Board is to improve cancer care for patients on the Greater Manchester Systemic Anti-Cancer Therapies. Specifically, the Pathway Board aims to save more lives, put patients at the centre of care, and improve patient experience. The Board will represent the interests of local people with cancer, respecting their wider needs and concerns. It is the primary source of clinical opinion on this pathway for the Manchester Cancer Provider Board and Greater Manchester's cancer commissioners.

The Pathway Board will gain a robust understanding of the key opportunities to improve outcomes and experience by gathering and reviewing intelligence about the Systemic Anti-Cancer Therapies. It will ensure that objectives are set, with a supporting work programme that drives improvements in clinical care and patient experience.

The Pathway Board will also promote equality of access, choice and quality of care for all patients within Greater Manchester, irrespective of their individual circumstances. The Board will also work with cancer commissioners to provide expert opinion on the design of any commissioning pathways, metrics and specifications.

Role of the Pathway Board

The role of the Systemic Anti-Cancer Therapies Board is to:

Represent the Manchester Cancer professional and patient community for systemic therapies.

Identify specific opportunities for improving outcomes and patient experience and convert these into agreed objectives and a prioritised programme of work.

Gain approval from Greater Manchester's cancer commissioners and the Manchester Cancer Provider Board for the programme of work and provide regular reporting on progress.

Design and implement new services for patients where these progress the objectives of commissioners and Manchester Cancer, can be resourced, and have been shown to provide improvements in outcomes that matter to patients.

Ensure that diagnosis and treatment guidelines are agreed and followed by all teams in provider trusts, and are annually reviewed.

Ensure that all providers working within the pathway collect the pathway dataset measures to a high standard of data quality and that this data is shared transparently amongst the Pathway Board and beyond.

Promote and develop research and innovation in the pathway, and have agreed objectives in this area.

Monitor performance and improvements in outcomes and patient experience via a pathway scorecard, understanding variation to identify areas for action.

Escalate any clinical concerns through provider trusts.

Highlight any key issues that cannot be resolved within the Pathway Board itself to the Medical Director of Manchester Cancer for assistance.

Ensure that decisions, work programmes, and scorecards involve clearly demonstrable patient participation.

Share best practices with other Pathway Boards within Manchester Cancer.

Contribute to cross-cutting initiatives (e.g. work streams in living with and beyond cancer and early diagnosis).

Discuss opportunities for improved education and training related to the pathway and implement new educational initiatives.

Develop an annual report of outcomes and patient experience, including an overview of progress, difficulties, peer review data and all relevant key documentation. This report will be published in July of each year and will be the key document for circulation to the Provider Board. A template for this report is available so that all Pathway Boards complete the report in a similar manner.

Membership principles

All member organisations of Manchester Cancer will have at least one representative on the Pathway Board unless they do not wish to be represented.

Provider trusts not part of Manchester Cancer can be represented on the Pathway Board if they have links to the Greater Manchester Systemic Anti-Cancer Therapies.

All specialties and professions involved in the delivery of the pathway will be represented.

The Board will have at least one patient or carer representative within its membership

One professional member of the Pathway Board will act as a Patient Advocate, offering support to the patient and carer representative(s).

The Board will have named leads for:

- Early diagnosis
- Pathology
- Radiology
- Surgery
- Oncology
- Specialist nursing
- Living with and beyond cancer ('survivorship')
- Research
- Data collection (clinical outcomes/experience and research input).

It is possible for an individual to hold more than one of these posts. The Pathway Clinical Director is responsible for their fair appointment and holding them to account.

These named leads will link with wider Manchester Cancer Boards for these areas where they exist.

All members will be expected to attend regular meetings of the Pathway Board to ensure consistency of discussions and decision-making (meeting dates for the whole year will be set annually to allow members to make arrangements for their attendance).

A register of attendance will be kept: members should aim to attend at least 5 of the 6 meetings annually and an individual's membership of the Pathway Board will be reviewed in the event of frequent non-attendance.

Each member will have a named deputy who will attend on the rare occasions that the member of the Board cannot.

Frequency of meetings

The Systemic Anti-Cancer Therapies Board will meet every two months.

Quorum

Quorum will be the Pathway Clinical Director plus five members of the Pathway Board or their named deputies.

Communication and engagement

Accurate representative minutes will be taken at all meetings and these will be circulated and then validated at the next meeting of the Board.

All minutes, circulated papers and associated data outputs will be archived and stored by the Pathway Clinical Director and relevant Pathway Manager.

The Pathway Board will design, organise and host at least one open meeting per year for the wider clinical community and local people. This meeting or meetings will include:

- An annual engagement event to account for its progress against its work programme objectives and to obtain input and feedback from the local professional community
- An annual educational event for wider pathway professionals and interested others to allow new developments and learning to be disseminated across the system

Representatives from all sections of the Manchester Cancer professional body will be invited to these events, as well as patient and public representatives and voluntary sector partners.

An annual report will be created and circulated to the Medical Director of the Manchester Cancer Provider Board by 31st July of each calendar year.

The agendas, minutes and work programmes of the Pathway Board, as well as copies of papers from educational and engagement events, will be made available to all in an open and transparent manner through the Manchester Cancer website once this has been developed.

Administrative support

Administrative support will be provided by the relevant Pathway Manager with the support of the Manchester Cancer core team. Over the course of a year, an average of one day per week administrative support will be provided.

2.4 Membership of the Manchester Cancer Systemic Anti-Cancer Therapies Board (14-1E-102s)

Member	Profession/ specialty/role	Trust
Cheryl Downes	Chemotherapy CNS	Bolton
Dr Alam Nooreen	Oncologist	
Dr Claire Mitchell	Acute Oncologist	Christie
Mathew barker- Hewitt	Head of Information	
Dr Mike Dennis		
Mrs Catherine Fensom	Oncology matron	East Cheshire
Dr Lisa Barraclough	Oncologist	
Dr Saifee Mullaitha	Oncologist	Pennine
Lindsey Newton	Macmillan Lead Nurse Chemotherapy	
Ann Stout	Lead Nurse Chemotherapy	Salford
Louise Abedin	Senior Oncology/ Palliative Care Pharmacist. Trust Chemotherapy Lead	Stockport
Dr Hussein Baden	Consultant Haematologist	Tameside
Dr Rafaele Califano	Consulant Medical Oncologist	UHSM
Leonora Anson	Oncology unit manager	WWL
Dr Elena takeuchi		
Robert Hallworth	Commissioner	NHS England
Vicki Burns		Christie
Elaine Blowers	Lead research nurse	NIHR

3. LEADERSHIP (14-1E-105S)

3.1 Pathway Clinical Director

The Manchester Cancer Systemic Anti-Cancer Therapies Board is chaired by Professor Gordon Jayson, Manchester Cancer Clinical Director for Systemic Anti-Cancer Therapies.

3.2 Network Lead Pharmacist

The Network lead pharmacist is Robert Hallworth. The post- holder has a full time position and at least 30% of his time is spent on network duties.

Purpose of the Role

To provide the network management team, and Network Board with pharmaceutical expertise, and work with them as well as chairs of the tumour site-specific groups, GP cancer leads and chief / lead pharmacists (primary and secondary care) to promote the delivery of a safe high quality chemotherapy service across the network.

Core Elements - Lead Pharmacist:

- Support the development of a strategy for Chemotherapy Services in the network, in the knowledge that more chemotherapy is to be provided outside Christie;
- Gather information / data to support the strategy;
- Support the development of an implementation plan;
- Ensure implementation of pharmaceutical aspects of the strategy, and monitor adherence to network policies and protocols.
- In conjunction with the Network Drugs & Therapeutics Crosscutting group (CCG), chief pharmacists and pharmaceutical advisers, provide pharmaceutical oncology advice to the Network Board, network management team and commissioners on the development of a pharmaceutical oncology strategy which takes full account of (a) the implementation of the national cancer plan, and (b) the future provision of chemotherapy services as part of the network's service delivery plan.
- Provides proactive oncology pharmacy support to the chairs of tumour site-specific clinical subgroups (CSGs) and the network Medical Director in the clinical work of these groups. Provide a key communication link between the CSGs, PCTs and the Network Drugs & Therapeutics CCG on pharmaceutical and medicine issues.
- Coordinate, facilitate and drive pieces of work related to Chemotherapy and associated cancer drugs, on behalf of the Network Director, Network commissioners and the Network Drugs and Therapeutics CCG.
- Establish strong links and integrated working with the Medicines Management groups of the Network PCTs and Trusts.
- Establish a centralised database of oncology pharmacy information for the network, dealing with medicines queries including clinical trials and disseminating regular (at least quarterly) oncology practice newsletters to all relevant users.
- Establish links with the existing established MI centres within the Cancer Network.
- Work with the CSGs, GP cancer leads, network Drugs & Therapeutics CCG / chief pharmacists / heads of medicines management and the Drugs and Therapeutics Committees of the individual Trusts to facilitate the development and standardisation of chemotherapy protocols and other drug policies across the network.

3.3 Network Lead Chemotherapy Nurse

Joy Bailey is the Network lead Chemotherapy Nurse. The post-holder has a full time position and at least 10% of the post-holders time is spent on responsibilities of network lead chemotherapy nurse.

Purpose of the Role

The over-riding purpose of the lead nurse role is to provide professional and clinical leadership and support to Chemotherapy nursing staff within the cancer network.

Core Elements - Lead Nurse:

- is an expert in the care of adults undergoing chemotherapy

- advances the development and practice of evidence-based chemotherapy nursing, in line with national recommendations and measures where available;
- chairs the Network chemotherapy nurses meetings and feeds back issues to the Chemotherapy CCG
- develops and implements communication arrangements with nursing and members of the multidisciplinary team across the networks;
- works clinically on a regular basis, (this should be a least 20%) thus demonstrating expert clinical practice, professional competence, authority and credibility;
- works with the trusts / network to co-ordinate the nursing elements of preparation for peer review visits or self assessment;
- provides professional advice, leadership and support on haematology / oncology issues to units within the network

4. POLICIES AND PROCEDURES

The Board Board has only been in place since spring 2014 and has not yet had the opportunity to review the regional policies in place. As such, the policies created by the previous cancer network group have been adopted until such time as they can be reviewed and updated in the coming year.

All of the relevant documentation has been migrated from the old cancer network website and can now be found at www.manchestercancer.org.

4.1 Policy for Preventing Regular Deviation from the Network Agreed Treatment Algorithms (Measure 14-1E-107s)

The policy for preventing use of regimes not on the accepted list is on www.manchestercancer.org

4.2 Network Chemotherapy Error Review (Measure 14-1E-110s)

The following has been developed for network use:

OCCURRENCE REPORT – CHEMOTHERAPY CONCERNS

Name of Reporting Officer	
Report for three-month period	
Name of Trust	
Name of Cancer Network	
Name of Lead Accountable Clinician	
I confirm that my designated body has the following concerns regarding its management or use of chemotherapy during this period	
Accountable Clinician Signature	
Date Signed	

Site of Occurrence / Incident Number	Description of Concern	Date Aware	Actions taken

Note

The following information must be included:

- Site where the incident occurred
- Date of the incident being noticed
- Staff involved in both the incident and its investigation, i.e. grade, not names
- Information regarding the incident itself including degree of patient harm (but not patient details)
- Whether other NHS services are involved
- Reference number of the internal governance investigation

4.3 Network Assessors of Competence (Measure 14-1E-106s)

The network has a Christie education and training programme for the delivery of chemotherapy. There is work being led nationally to develop competencies for chemotherapy administration led by NCAT and skills for health which the network will adopt when available. There is a Network list of assessors but no criteria for who can assess.

4.4 24-hour Telephone Advice for patients (Measure 14-1E-108s)

There is a network specification for a 24 hour advice line for patients on the www.manchestercancer.org website

In addition, for haematology patients, 24 hour advice is provided as follows:

Trust	24 hour advice for haematology patients
Bolton	Ring the MAU in the event of pyrexia. This is operated by a Triage nurse. This is out of hours and weekend. During the week they are asked to ring the Haematology department
Christie	Use Christie helpline
East Cheshire	Use Christie helpline
Mid Cheshire	Use North Staffs help line as haematology pathway is to North Staffs
MRI (CMFT)	Currently in the process of setting up a Haematology 24hour advice line which is going to be manned by the Haem CNS / BMT co-ordinators through office hours and then by the senior nurses on the ward out of hours and over the weekends. There will be a separate phone line for the patients to ring in an emergency.
Pennine (Oldham)	Pennine haematology patients are given a 24/7 telephone number where ward staff will give advice or refer on to more senior colleague. Here is always a Consultant Haematologist on call. If the advice is to attend A & E the staff then ring ahead to alert A &E to expect the patient.
Salford	Salford Royal Haematology patients are directed to ring the haematology unit directly 24/7. There is always a band 5, mostly a band 6 available. Doctors (SPR & consultant) are always contactable, by phone out of hours
Stockport	Use Christie helpline
Tameside	Use Christie helpline
Trafford	Patients asked to ring the haematology day unit phone number, Band 6 nurses answer the calls. Out of hours, weekend and bank holiday numbers given that enable the patient to speak to a Haematology doctor with access over 24hours
WWL	Within Hours (9am-5pm) patients are provided with Cancer Care Suite Telephone number (IV/SC treatments) where Band 6 Nurses with the calls. All Haematology Patients are given Contact details of the CNS's Band 7 who provide advice. Out of Hours inc weekend and bank holidays. For Haematology (Lymphoma) patients under the care of Christie consultant- Dr Cowan/ Dr Smith who are being treated in our Chemotherapy unit-these patients are provided with the contact number of the Christie Helpline.

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	All other haematology Patients are advised to contact WWL Bed managers (Band 6-7) and advice will be given. Advice can also be sought from the on-call Haematology Consultant (by medical/ nursing staff) patients can not contact direct.
Wythenshaw	The team does not have a 24 hour help line neither does it have access to another helpline. Patients are able to phone during normal haem clinic hours – and are directed to A & E at other times.