NCCP Haemato-oncology Tumour Conference - Standard Operating Procedure Guidance

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1	Jan 2016		NCCP
2	June 2023	Updated document to align to NCCP Tumour conference - Standard Operating Procedure Guidance	NCCP Haemato-oncology Clinical Leads Group

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1.0 Introduction

1.1 Purpose of this document

The purpose of this document is to provide guidance for development of a standard operating procedure (SOP) for each haemato-oncology tumour conference.

This guidance describes the process of registration, preparation, execution and documentation of the tumour conference.

Refer to Appendix 2 for Tumour Conference Summary Table and Version Control Table templates which can be adapted locally by each hospital for individual haemato-oncology tumour conference SOPs.

1.2 Responsibility for the SOP

This haemato-oncology tumour conference SOP guidance document was developed by the National Cancer Control Programme (NCCP) Haemato-oncology Clinical Leads Group (Refer to Appendix 3 for the NCCP Haemato-oncology Clinical Leads Group Terms of Reference) and will be reviewed periodically by the NCCP in line with national standards and international practice and updated/amended, as appropriate.

This document will be used by the NCCP Haemato-oncology Clinical Leads Group to create national tumour-specific SOP guidance for haemato-oncology tumour conferences. Hospitals may incorporate their own processes where appropriate into the document in addition to the requirements as set out in this document.

All haemato-oncology tumour conferences should have an SOP and should take into consideration the latest NCCP SOP for haemato-oncology tumour conferences. Local tumour-specific SOP documents should be updated at least once annually to agree any required amendments.

1.3 Definition of a tumour conference and multidisciplinary team

1.3.1 Tumour conference

The tumour conference involves a group of people from different health care disciplines, which meets together at a given time (whether physically in one place, or by video or tele-conferencing) to discuss a given patient and who are each able to contribute independently to the discussion on diagnosis and to make recommendations on patient management. It provides a forum for multidisciplinary teams to regularly convene and discuss the diagnosis and management of cancer patients.

1.3.2 Multidisciplinary team (MDT)

A multidisciplinary team is a group of health care workers who are members of different disciplines (professions e.g. doctors, nurses, psychologists, social workers, pharmacy etc.), each providing specific services to the patient. The team members independently treat various issues a patient may have, focusing on the issues in which they specialise. Members of the MDT include those listed as required and desirable attendees at the tumour conference (see section 3.0 Suggested membership of tumour conference).

The activities of the team are brought together using a care plan. Sometimes the patient has a member of the healthcare team, who becomes their main point of contact.

Communication between members of the MDT is key to providing quality care and improving patient outcomes. Activities of the team should also be brought together through annual quality assurance days and attendance at mortality and morbidity conferences.

2.0 Purpose of the tumour conference

An objective of the tumour conference is to ensure that all newly diagnosed patients with cancer benefit from expert multidisciplinary evidence-based discussion of their diagnosis and management. Tumour conferences aim to ensure that all patients receive timely diagnosis, that patient management is evidence-based and that continuity of care is maintained.

All newly diagnosed cancer patients and those as outlined in 'Section 5.1 Types of cases for discussion' should be discussed in a tumour conference.

The NCCP Haemato-oncology Clinical Leads Group will identify a clear process for how patients should be identified. This process will be detailed in the NCCP Haemato-oncology Patient Pathway for each haematological malignancy, if available.

2.1 Functions of the tumour conference

The function of the tumour conference should be explicitly reviewed and documented for each cancer/tumour type.

The function of the tumour conference includes:

a. To establish or confirm diagnosis, determine the extent and stage of patient's disease, review and resolve ambiguities and discuss its probable course
b. To record the clinical and pathological stage of the disease
c. To facilitate clinical, radiological and pathological correlation
d. To ensure prompt, effective multi-disciplinary decision making, thus preventing delays in the management of patients
e. To agree a recommendation on patient management
f. To provide a recommendation to the patient's Primary Consultant
g. To ensure the maintenance of clinical standards and protocols to support clinical governance
h. To plan or confirm evidence based management of each patient including referring to the appropriate tumour conference member or, if a second opinion is sought to recommend that the Primary Consultant or designated representative attend and present the case at the tumour conference or to refer to the appropriate specialist who will attend and discuss at a tumour conference as needed
i. To consider patient's other requirements such as palliative care or referral to other services
j. To ensure that mechanisms are in place to support enrolment of eligible patients into clinical trials and other research studies predicated on patients giving fully informed consent
k. To collect data to support the workings of the tumour conference
l. To collect data to aid audit or research
m. To collect data required for NCCP agreed data fields
n. To provide an opportunity for shared learning and development to all members of the multidisciplinary team and facilitate continuing professional education for all staff
o. To provide an opportunity for education and learning to its members and trainee doctors

3.0 Suggested membership of tumour conference

3.1 Required attendees

The list of required specialist attendees are detailed below. At least one representative from each of the specialties must attend each tumour conference. To note: The attendance should align to the attendees detailed in the relevant NCCP Haemato-oncology Patient Pathway if available.

Please insert tumour specific information on required MDT members who must attend the haemato-oncology tumour conference e.g.

a. Consultant Haemato-oncologist with expertise in xxx (determine locally)
b. Consultant Radiologist, where indicated
c. Consultant Histopathologist / Haematopathologist
d. Consultant Medical Oncologist, where indicated
e. Consultant Radiation Oncologist, where indicated
f. Advanced Nurse Practitioners (ANP) / Clinical Nurse Specialist (CNS) / Clinical Nurse Manager (CNM) / Other nurses
g. NCHDs in Haematology / Medical Oncology with cancer services rotations
h. Tumour conference coordinator
i. Data manager
j. Administrative support

The required attendees hold the responsibility for discussing the patients and making the recommendation on patient management. All required members will have a named designated representative who will attend on their behalf, where appropriate, depending on the nature of the cases for discussion.

Section 4.0 Role and responsibilities of tumour conference members outlines the roles and responsibilities of the attendees at the tumour conference.

3.2 Desirable attendees

Desirable attendees are other members of the MDT who should attend the tumour conference at least once a year.

Add other relevant disciplines, as appropriate, depending on the nature of the cases to be discussed e.g.

a. Consultants from other specialities e.g. dermatology
b. Pharmacy
c. Health and Social Care Professions (HSCP)
d. Clinical geneticist/genetic counsellor
e. Research staff e.g. nurses, data managers
f. Psychology
g. NCHDs in cancer service rotations
h. Laboratory scientists

3.3 Guest attendees

Appropriate guests may attend with the approval of the Chair / Co-Chair and tumour conference, as relevant. Guests should be introduced to the team members and their attendance should be recorded in accordance with the SOP.

3.4 Record of attendance

Attendance at the tumour conference will be recorded for all required attendees. The system in place for recording attendance at the tumour conference is: _____*please specify e.g. NCIS*_____.

3.5 Quorum

This guidance document lays out the required attendees (see Section 3.1 Required attendees) to ensure a quorum for the tumour conference, it is the hospital's responsibility to ensure that the quorum is met and attendance of required consultant members is documented.

3.6 Attendance

Attendance for the quorum, by the required attendees, is expected for at least 75% of meetings. All members should have a named designated representative (consultant/specialist registrar) who will attend on their behalf when the Primary Consultant is unable to attend the tumour conference. The Chair should be informed of the attendance of a designated representative in advance of the meeting.

The Primary Consultant of the patients being discussed should be present. The tumour conference record should record the details of the consultant or designated representative who presented the case. Where opinion is sought from specialist tumour conferences, a designated representative may present the patient's case at the tumour conference.

3.7 Shared tumour conferences

In the case of shared tumour conferences, where required attendees of the tumour conference are split across more than one site, the clinical governance of the tumour conference should be explicit and outlined in the SOP. The Chair of the shared tumour conference may rotate between sites.

4.0 Role and responsibilities of tumour conference members

4.1 Chair

The Chair should be a Consultant member who participates regularly in the tumour conference and is accountable to the hospital governance system. A Co-Chair should be appointed and take on the responsibilities of the Chair when the Chair is absent. The Chair may delegate/rotate the actual running of the tumour conference and other responsibilities.

All required tumour conference members will have a vote in the selection of the Chair and Co-Chair. The Chair position will be rotated on a regular basis to be determined locally, between interested candidates of the required disciplines.

The Chair is responsible for:

a. Facilitating participation by all members of the multidisciplinary team in clinical discussions and decision making
b. Verifying attendance at the tumour conference
c. Accurately identifying each patient being discussed using name and Date of Birth (DOB) and health care record number
d. Ensuring that all forwarded cases that have been selected for presentation are discussed within the allotted time. This may include direct entry of data on the tumour conference system
e. Inviting the referring clinician to summarise the case
f. Inviting review of pathology and radiology as appropriate
g. Inviting review of other disciplines as appropriate to the case e.g. radiology, palliative care
h. Encouraging participation of all tumour conference members and facilitating a team environment
i. Ensuring that patient confidentiality is maintained by reminding participants of privacy issues and permitting only appropriate attendance.
j. Summarising the recommendations of the meeting to ensure all parties are in agreement with the conclusion of the case
k. Ensuring that the recommendations of the meeting are made available to the members of the tumour conference in a timely fashion by delegation to the tumour conference coordinator

4.2 Required medical consultants

The Primary Consultant, under whom the patient is being cared for, remains responsible for the patient. For patients discussed at specialist tumour conference who are being seen at a linked hospital, the responsibility for the patient's care remains with the Primary Consultant in the linked hospital in such circumstances. The below responsibilities listed may be assigned by the patient's Primary Consultant to a named individual. However, it remains the responsibility of the patient's Primary Consultant that such actions are carried out to their satisfaction.

Individual required medical consultants of the tumour conference are responsible for:

a. Informing the tumour conference coordinator of the patients for discussion by agreed advance deadline
b. Providing patient case summary to the tumour conference coordinator by [Insert x time on y day] before the meeting
c. Providing the relevant patient information to the tumour conference coordinator, including radiology and pathology reports, and the specific issue to be discussed by the multidisciplinary team, prior to each meeting
d. Presenting the patient case at the tumour conference (or sending a delegate to present) and maintaining patient confidentiality
e. Providing expert opinion from their area of expertise
f. Discussing the treatment options and conclusions, as discussed at the tumour conference, with the patient and making the ultimate decision on patient management in collaboration with the patient
g. Entering the following details into the patient's medical record:
    i. The tumour conference recommendations within 24 hours of the tumour conference

ii. The physician-patient discussion regarding the tumour conference recommendations
iii. The patient's final decision about their management
iv. In cases where the patient seeks a further opinion about the proposed management plan, the referral for second opinion should be documented in the clinical notes

h. Committing to attend (the majority or 75%) of tumour conference and to send all new cancer cases from their practice as well as any other cancer cases (e.g. recurrent cancer) that would benefit from discussion by the tumour conference
i. For cases submitted by a satellite hospital for discussion at the tumour conference, the Primary Consultant at that hospital must ensure that all required reports and materials are provided to the tumour conference coordinator in a timely manner

4.2.1 Consultant Haematologist

X Haematologists from XX hospital attend the tumour conference each week. Haematologists from Y Hospital also join the tumour conference by videoconference. The lead haematologist for each patient for discussion will present the case to the tumour conference.

4.2.2 Consultant Histopathologist / Haematopathologist

X Histopathologists / Haematopathologists from xx (hospitals) are members of the tumour conference and attend the tumour conference on a rotational basis. The consultant Histopathologist / Haematopathologist will present the pathology report for each case. The Consultant Histopathologist / Haematopathologist will be responsible for any issue requiring further pathology action on a case post discussion or for feedback to the relevant reporting Histopathologist / Haematopathologist, where relevant.

4.2.3 Consultant Radiologist, where indicated

The consultant radiologist will present the staging radiology report for each meeting. The consultant radiologist will be responsible for amending radiology reports post review / discussion where necessary. Radiology input will not be required for patients with predominantly leukaemic disease.

4.2.4 Consultant Medical Oncologist, where indicated

The consultant medical oncologist will provide their expertise to advise on the appropriate treatment in each relevant case. Oncology input will not be required for patients with leukaemic disease.

4.2.5 Consultant Radiation Oncologist, where indicated

The consultant radiation oncologist will provide their expertise to advise on the appropriate treatment in each relevant case. Radiation oncologist input will not be required for patients with predominantly leukaemic disease.
Radiation oncology input is recommended for the following types of cases:

1. Myeloma: new patients with symptomatic bone lesions or symptomatic extramedullary masses
2. Hodgkins disease: all new cases/all stages including relapsed cases
3. Non-hodgkin's lymphoma: all new cases/all stages including relapsed cases
4. CNS involvement by lymphoma (either primary or secondary to systemic disease)
5. Others (e.g. CNS involvement in ALL, AML, myeloma - at individual physicians discretion)

4.3 Tumour conference coordinator and Tumour conference data management

Ideally each tumour conference would have a person to manage the coordination in addition to the data management. Coordinators and data managers may manage more than one tumour conference as well as having varying roles depending on local arrangements. Some elements of these roles may also be undertaken by other designated members of the MDT.

Typical tasks in tumour conference coordination:

a. Keeping a record of attendance at meetings
b. The administrative management and individual meeting functioning
c. Preparing the register of patient cases for discussion at the meeting, based on cases forwarded by individual consultants in line with the conference SOP
d. Ensuring all up to date information including slides and imaging are available prior to the meeting
e. In the case of shared tumour conferences:
    i. Liaising with [the other hospitals] regarding patients for tumour conference
    ii. Integrating the [the other hospital's] tumour conference list in liaison with the coordinator in [the other hospitals]
f. Organising the meetings, book and set-up meeting room and required equipment.
g. Notifying required members and others
h. Contacting non-regular participants of the tumour conference when a patient case requires their review
i. Coordinating and distributing annual attendance records
j. Coordinating evaluations of the tumour conference meetings
k. Coordinating review of the SOP
l. Maintaining an up to date distribution list of tumour conference members and attendees, including those at satellite hospitals
m. Recording the outcome of the tumour conference on the tumour conference documentation system in line with local processes
n. Maintaining and follow up on action list, obtain updates from action owners
o. Coordinating and distributing annual attendance records
p. Managing the theatre case list for [name of malignancy] patients

To note: The tumour conference coordinator will not be responsible if the requested material is not provided by the referring unit. A designated representative should be assigned in case the coordinator is unavailable.

Typical tasks in tumour conference data management:

a. Collecting valid and accurate data in accordance with agreed local and national data sets and requirements
b. To keep up to date on the minimum data requirements as outlined by the tumour conference SOP
c. To collate data for presentation at relevant national audit quality review conferences
d. Support multidisciplinary teams to undertake ongoing audit and evaluation of the tumour conference
e. Ensure data are kept confidential and secure in accordance with local policy

5.0 Meeting Protocol

5.1 Types of cases for discussion

At a minimum the following cases should be discussed:

a. All new patients with a diagnosis of haematological malignancy and patients with recurrent disease merit discussion at tumour conference where deemed appropriate by the treating consultant.
    i. The NCCP Haemato-oncology Clinical Leads Group will identify the list of diagnoses to be registered and discussed for each tumour site in conjunction with the relevant NCCP SACT Clinical Advisory Groups. This will be detailed in the relevant NCCP Haemato-oncology Patient Pathway, if available.
    ii. Patients discussed may also include patients with a suspicion of cancer.

The Primary Consultant or a designated representative must be present at the meeting for the discussion of their patients' cases.

All patients including those being treated through an agreed standard of care pathway should be registered at the tumour conference to facilitate their recording.

5.2 Registering patients for tumour conference

The process of registering patients for discussion at the tumour conference is agreed locally and in alignment with any nationally agreed referral pathways. Pathways are established with clear information on who can register, how to register and the acceptable times frames in which patients registered will be discussed.

5.3 The conference time and venue

The conference should convene at a specified date (weekly/monthly) and time. This should be agreed locally. Any change of time/date or venue will be notified by group email in advance. The conference must be held at least once a week/ insert frequency.

To facilitate an efficient conference there should be appropriate equipment available in the tumour conference room e.g.

a. Projection equipment for displaying images and slides
b. Secure computer systems
c. Videoconferencing equipment
d. Teleconferencing equipment.
e. Information technology support
f. Any other items as required

Meetings should be face-to face wherever possible. Having a tumour conference that spans multiple hospitals will effectively use skills across the region. Participants from these hospitals should video link into the regularly scheduled tumour conference and present patients' cases, as appropriate.

5.4 Tumour conference data template

A tumour conference data template should set out the minimum data requirements to be recorded for each case discussed at the meeting. The tumour conference template should include both tumour specific and general data fields. Nationally agreed tumour specific data fields will be defined by the NCCP Haemato-oncology Clinical Leads Group.

The minimum data information requirements should be available as a paper template or made visible on an electronic tumour conference template.

When developing a tumour conference template it should be noted that there are data fields already agreed and operational within the National Cancer Information System (NCIS). These have been agreed by the NCIS Implementation Group and were aligned to existing NCCP data fields and data dictionaries in place at that time. In addition to these fields, the NCCP Haemato-oncology Clinical Leads Group can define Tumour Specific Datasets in line with the agreed NCCP NCIS Tumour Specific Dataset Governance.

5.5 Minimum information/data requirements for the conference

Information necessary for effective team functioning and clinical decision-making will be provided/available prior to and during the meeting and reviewed by relevant members of the tumour conference in advance.

This should include:

a. A list of all cases for discussion including patient's name, date of birth and health care record number (Agenda)
b. The Primary Consultant or delegated representative should present the rationale for discussion and patient history
c. Patient-related staging information images (e.g. pathology, radiology) must be available at the conference and suitable technical equipment must be provided for the presentation of the visual material.
d. Patient views and preferences, if known
e. Other relevant reports and clinical information
f. The question being posed for the tumour conference

All cases for discussion at the tumour conference must be submitted to the tumour conference coordinator by [time] on the [day] before the meeting. Alternatively cases may be added by users to electronic systems as outlined in the relevant tumour conference SOP.

Cases will be ordered in a logical way on the agenda as designated by the chair.

Team members must be appropriately prepared for the tumour conference. Preparation for and attendance at tumour conference are recognised to be clinical commitments and time should be allocated accordingly.

5.6 Format of the meeting

5.6.1 Presentation

The Primary Consultant from the relevant specialty will present the rationale for discussion and will give a short presentation on each patient. Radiology, histology and other reports, as relevant, will be presented, as appropriate.

5.6.2 Discussion

Discussion of the case can include:

a. Diagnosis and staging information
b. The proposed management plan for the patient
c. The care pathway for the patient
d. The location(s) for receipt of treatment
e. Any specific information and support requirements for the patient
f. Consideration of the patient's holistic needs
g. The Primary Consultant
h. Any required referrals
i. Shared care arrangements between departments and between centres
j. Indication for re-referral to the tumour conference
k. Frequency for re-referral to the tumour conference

5.6.3 Outcome of the conference

a. Agree and document the management recommendations made for each patient.
b. Agree further investigations required.
c. Agree which patient should be offered entry to approved clinical trials.
d. Refer patients as appropriate for treatment as appropriate e.g. radiotherapy
e. Document all information including the recommended management plan for each patient.
f. The patient's Primary Consultant is responsible for ensuring that a letter is sent to the patient's GP with details of the management plan for the patient.
g. Document all required datasets (e.g. to inform KPIs, audit etc.)

Any substantial deviation from the management plan by the Primary Consultant should be documented in the patient's notes and discussed at tumour conference, where appropriate.

Any substantial deviation from national clinical guideline recommendations should be documented in the patient notes and discussed at tumour conference where appropriate.

5.6.4 Management plan recommendations

Management plan recommendations within the tumour conference will be handled as follows:

a. The specific evidence basis for possible treatment options will be discussed and recorded at meetings.
b. The majority of the group will be taken as the consensus for the record.
c. Where multiple reasonable options are available and each is supported by more than one consultant, a summary of the potential options will be recorded for discussion with the patient

On request, the patient will be provided with the following documents:

a. Tumour conference protocol/management plan
b. Medical report/discharge letter
c. If relevant, study documentation

The specific evidence base for treatment options should be discussed and recorded at meetings including any national clinical guideline recommendations. Any deviation and justification from national clinical guideline recommendations should be recorded.

5.6.5 After the tumour conference

The completed tumour conference data template must be approved by the conference Chair and must be available for reference in management of the patients care.

Recommendations made at tumour conference will be made available to all members within 24 hours of the tumour conference and they will be included in the patient record, as per local hospital policy. Recommendations made at tumour conference will be copied to the patient's GP as well as the referring consultant as appropriate.

6.0 Record of the meeting

There should be an agreed template at tumour conference for all patients being discussed including those that are managed through a standard of care algorithm. Standard of care algorithms should be agreed at a National level.

The record of the meeting will include the following minimum details as relevant:

a. Personal details
b. Assessment procedure
c. Clinical assessment
d. Imaging assessment
e. Histology assessment
f. Staging
g. Patient management plan
h. Concordance / discordance / missing data

6.1 Record maintenance

Details of the tumour conference will be recorded by:

a. Using a tumour conference documentation system (where paper is in use for record maintenance a tumour conference template should be agreed and in use).
b. Records of the tumour conference register and outcomes must be securely stored and available for review including in the patient record within 24 hours of the conference concluding.
c. Any deviation by the consultant from the recommendation of the tumour conference (including those made at the choice of the patient) should be documented at the tumour conference.

7.0 Urgent case process

In cases where an urgent case arises which cannot wait until the next scheduled tumour conference, the Primary Consultant will discuss the case with colleagues, as appropriate. The case should be brought to the tumour conference for subsequent discussion and/or refinement of the patient management plan where the patient meets the criteria as defined in Section 5.1 Types of cases for discussion.

8.0 Patient engagement

Patients should be informed about the tumour conference, the discussion of their case at the tumour conference and the recommended patient management plan.

The patient will make the ultimate decision about their treatment from the options recommended.

9.0 Patient confidentiality

Confidentiality of patients' information is paramount. All attendees should be aware of the local data protection policy and make all reasonable efforts to ensure patients' confidentiality. All attendees must discard any printed patient information securely following from the meeting e.g. shredding, confidential bins etc. Any attendee retaining documentation from the tumour conference is responsible for maintaining the confidentiality of the documentation.

10.0 Audit

The tumour conference will agree and indicate here an appropriate approach to audit of conferences and cases.

Measure of success

a. Attendance records
b. Proportion of patient cases discussed at tumour conference of total possible patient cases.
c. Proportion of patients following the tumour conference recommended patient management plan vs another management plan and reason (Primary Consultant plan, patient wishes etc.)
d. Proportion of patients discussed with a recommendation recorded
e. Proportion of recommendations available in the patients notes within 24 hours of the tumour conference
f. Time in implementing treatment recommendation
g. Tumour conference member satisfaction survey
h. Morbidity and mortality discussion

11.0 Tumour conference evaluation

The tumour conference will be evaluated annually or as frequently as felt necessary by the team members. The tumour conference coordinator will distribute evaluation forms to all members to complete. The forms will evaluate meeting effectiveness, strengths and weaknesses. Specific roles may also be evaluated such as the Chair and coordinator to determine what is working well and what could be improved.

The evaluation forms will be collected and the results will be summarized. The results will be discussed with the MDT to come to consensus on how the tumour conference could be improved based on the feedback. The appropriate actions will take place to implement the desired changes which may include updating the SOP document.

12.0 Annual report

The tumour conference will agree and indicate an appropriate approach to the development of an annual report detailing useful statistics on tumour conferences and the development of the service.

Appendix 1 Glossary

Chair	A consultant member who participates regularly in the tumour conference and who is accountable to the hospital governance system.
Primary Consultant	The Primary Consultant of a case is the consultant who has overall responsibility for the case (HIPE Data Dictionary 2022).

Appendix 2 Tumour Conference Summary Table and Version Control Table templates

Tumour Conference Summary Table (to be populated by individual hospital)

Name of haemato-oncology tumour conference:	(e.g.) Lymphoid			
Principal hospital:	(e.g.) St. James's Hospital			
Day, time and frequency of meeting:	(e.g.) Tuesday; 08.00; Weekly			
Scope of meeting:	National	Hospital group	Other region/ group	Hospital specific
	☐	☐	☐	☐
Other hospitals involved in tumour conference:				
Chair				
Co-Chair/Deputy Chair				
Last updated				
SOP is available locally at:	*Insert Location / URL for location of SOP on hospital site*			

Version Control Table (to be populated by individual hospital and updated as required)

Version	Date	Comment / Changes	Author	Reviewer
1	*XX/XX/XX*	*SOP first implemented at XXX Hospital with effect from XX/XX/XXXX*	*n/a*	
2	*Xx/xx/xx*	*Amendment to core membership – xx added*	*J. Smith*	

Appendix 3 NCCP Haemato-oncology Clinical Leads Group Terms of Reference

NCCP National Haemato-oncology Clinical Leads Group Terms of Reference

Purpose

The purpose of the NCCP National Haemato-oncology Leads Group is to ensure that the systemic anti-cancer therapy (SACT) hospitals build on robust local clinical governance arrangements, in order to operate as a cohesive national clinical network for the purpose of sharing of good practice, problem solving and clinical audit, in relation to haemato-oncology services. See Appendix 1 for details of the Haemato-oncology Clinical Leads Group communication network.

Functions of the NCCP Haemato-oncology Leads Group

- Act as an expert group in relation to the development of haemato-oncology services
- Contribute to the development and continuous improvement of haemato-oncology services nationally and locally, in line with the national cancer strategy
- Share good practice and innovation in national haemato-oncology services
- Inform decision making and standardisation of service delivery across the cancer centres and SACT hospitals and ensure appropriate communication with haemato-oncology colleagues in each hospital/network
- Ensure development and adherence to national standards, as relevant and to key performance indicators
- Review the quality and completeness of data, such as KPI data, activity data and other relevant information, recommending corrective action where appropriate
- Lead national multidisciplinary audit, quality and risk meetings/forums or other national meetings for haemato-oncology /SACT services
- Input into selection of KPIs for haemato-oncology
- Support the implementation of NCCP clinical guidelines relevant to haemato-oncology services
- Advise on evidence based integrated patient pathways and models of care

Chairmanship

Peer nomination from amongst the nominated members on the group. A deputy chairperson will also be nominated by the group to provide cover for chair when necessary.

NCCP Haemato-oncology Leads Group Membership

Representation from the Hospital Group CEO/General Manager to nominate a representative to the group which will include at least one haemato-oncologist from each of the hospitals as outlined in Appendix 1. Regional areas may also have a representative with agreement from the Hospital Group and the NCCP Haemato-oncology Leads Group.

The Chairperson may consult with members on an ongoing basis regarding the expansion of membership on a multidisciplinary basis, beyond consultant haemato-oncologists to consider; physicians, surgeons,

radiologists, pathologists, medical and radiation oncologist, nurses and patients as deemed appropriate by the chair or team members.

Where a Clinical Lead is unable to attend a meeting, the Lead may ask an alternative Consultant Haematologist[1] to attend in their place.

The Clinical Leads Group will be supported by NCCP staff as required.

Observers

- IHS representative (at the discretion of the IHS)
- The NCCP Clinical Lead for Haemato–oncology (if not nominated as a member)

Invited Experts

Experts in a particular area, who are not members of the committee, may be invited to attend specific meetings or for specific items at a meeting, as appropriate.

Support

The Systemic Therapy Programme manager will coordinate the group and ensure appropriate administrative support.

Meeting rooms and teleconferencing facility will be provided by the NCCP. Meetings will be facilitated primarily by teleconference and paperwork will be distributed by email in advance of meetings.

Meeting Frequency

The Leads Group will meet at least quarterly, one meeting of which may coincide with the national haemato-oncology meeting or other relevant national NCCP SACT meetings. The quorum for the meeting is 50% of membership.

Sub Groups

Periodically the Chairperson may decide to establish a working group on a specific matter that needs concentrated work with additional expertise from individuals outside of the Clinical Leads Group. A precise TOR will be agreed by the clinical leads group for any such sub group and a lead from within the Clinical Leads Group will be appointed to chair the sub group. All sub groups will be time bound and reviewed at every meeting of the clinical leads group.

Reporting Relationship

The Chairperson of the National Haemato-oncology Leads Group reports to the National Director of the NCCP. The Chairperson will attend the NCCP Executive meeting at least annually and provide a report on the Group's activities and advise the NCCP Executive on current issues.

Tenure/Duration of Position

The representatives from each SACT communication network will be appointed for a period of three years, which may be renewed for a further period of approximately two years. Appropriate measures

[1] From their communication network as detailed in Table 1

should be taken so that several members do not step down at one time, in order to ensure continuity. If a nominated clinician is unable to take up the role or has to absent themselves from the role due to unexpected circumstances, the Chairperson can seek an alternative from the hospital CEO/General Manager and/or through a haemato-oncologist in that SACT network.

Planned review of Terms of Reference
The Terms of Reference will be reviewed every 2 years.

Role specification for Haemato-oncology Lead Clinician

(Within the context of the overall clinical governance framework of their Hospital Group / Cancer Centre)

Key Responsibilities:

1. Facilitate development of key performance indicators and national standards for haemato-oncology and ensure that the multidisciplinary teams participate in the implementation of quality, regulatory and other standards.

2. Contribute to the continuous development and improvement of the Haemato-oncology services at one's Hospital Group / Cancer Centre and nationally through participation in National Cancer Control Programme meetings and processes, including national haemato-oncology meetings.

3. Work with the Hospital Group/Cancer Centre management team on the implementation of improvements in the haemato-oncology services for patients.

4. Ensure that there is appropriate leadership for the multidisciplinary team.

5. Ensure that there are appropriate mechanisms and processes in place to support the dissemination of information and communication with all members of the haemato-oncology service.

6. Support clinical governance of the haemato-oncology service in the Cancer Centre and associated hospitals within the context of the overall clinical governance framework of the Hospital Group.

7. Ensure that the data management team has appropriate clinical input in the collection, review and interpretation of clinical data as it pertains to the haemato-oncology service.

8. Ensure audit and data collection complies with reporting requirements.

9. Take responsibility for all clinical data prior to submission to the National Cancer Control programme.

10. Act as the clinical liaison between the National Cancer Control Programme and the haemato-oncology services.

11. Play an active part in setting standards, developing guidance, encouraging audit and benchmarking exercises across and between centres so that clinical practice is developed and updated to the highest standard.

12. Play a leading role in reviewing systems of service delivery, including involving patients and their families/carers.

Appendix 1: Haemato-oncology Clinical Leads Group communication network:

Table 1 outlines the communication network associated with this group. It has been informed by the consultant contracts, where a haemato-oncology centre is any SACT hospital with a contracted consultant based there providing parenteral SACT to haematology patients with malignant disease and a satellite hospital is linked with this centre through contracted sessions with the consultant. For the purpose of this group, it is expected that the consultant representing the centre will communicate and disseminate information as appropriate to their colleagues in the satellite hospital.

Table 1 Haemato-oncology Clinical Leads Group communication network

Haemato-oncology Centre	Satellite Hospital
Beaumont Hospital	Connolly Hospital, Blanchardstown
Our Lady of Lourdes Hospital, Drogheda	
Cork University Hospital	South Infirmary-Victoria University Hospital
University Hospital Kerry	
Mercy University Hospital	
University Hospital Waterford	
University Hospital Galway	Mayo University Hospital
	Portiuncula University Hospital
Letterkenny University Hospital	
Sligo University Hospital	
Mater Misericordiae University Hospital	Cavan General Hospital
St Vincent's University Hospital	St Luke's Hospital, Rathgar
MRH Tullamore	
St James's Hospital	
Tallaght University Hospital	Naas General Hospital
University Hospital Limerick	
CHI at Crumlin	