

Interim Governance Framework for Cancer Medicines in adults during COVID-19

Version History

Version	Date	Summary of changes
V1.0	8 April 2020	

Further Information

For more information on COVID see the COVID guidance section of our website, www.gov.scot/coronavirus.

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Background

The Covid-19 pandemic changes the balance of benefit to risk for patients receiving systemic anticancer therapy (SACT) and will impact on workforce available to deliver SACT services in NHS Scotland.

There is an urgent need to review prescribing practice in order to minimise risk to patients, optimise use of workforce and support planning for SACT services being compromised due to staff absences and/or supply chain shortages.

Decisions on treatment will need to be made on an individual patient basis by clinicians in discussion with the patient and, where appropriate, the multidisciplinary team (MDT). There will also be decisions made which will apply to groups of patients, notwithstanding that individual documented patient discussions will still be required. Normal processes for organisational approval of routine changes to practice are not sufficiently responsive to the current situation and are also currently suspended.

This governance framework outlines the interim arrangements in NHS Scotland for oversight of proposed changes to adult SACT practice in the context of COVID 19. This will be delivered through a collaboration of the three regional cancer networks, to facilitate rapid decision-making and support, as far as possible, consistency in these changes.

Key Principles

- The purpose of the interim framework is to(
 - facilitate a consistent approach to decision making on cancer medicines in the context of COVID 19
 - support planning for SACT services being compromised due to staff absences and/or supply chain shortages

- The framework will be delivered through a collaboration of the three regional cancer networks.
- The framework will apply to decisions on interim routine practice for groups of patients. The normal process for individual requests will remain aligned with Board medicines' governance processes.
- Boards will still need to consider local governance issues and the service/budget impact of changes.
- There may be treatment options that are off label, not considered cost effective and/or have significant budget impact but, during the pandemic, will be a clinically safer option for patients.
- All interim changes to practice will be reviewed once normal services are resumed. Protocols and guidelines will be given a nominal one year review but may be changed or withdrawn earlier than this.
- The interim framework process will be endorsed by Boards with the national group having delegated responsibility for decisions.
- A 'Once for Scotland' approach should be taken unless there are specific circumstances that require a more urgent regional or Board level decision.
- Regions and Boards who make urgent changes in response to local situations will still inform the national group of these changes. It is recommended that local and/or regional decision making groups are set up applying the same principles as the national group.
- A decision will be subject to confirmation that a supply assessment has been undertaken and there is sufficient supply to support the change.
- A decision log will be held of all national, regional and local decisions to facilitate review when normal services resume.
- Regular reporting of changes to the National COVID-19/ Cancer Treatment Response Group

Process

- A COVID 19 National Cancer Medicines Advisory Group (COVID 19 NCMAG) will be convened.
- Individual consultants wishing to implement a change should seek team/MCN support in the first instance.
- Submissions to the COVID 19 NCMAG for changes to practice will be led by a tumour site team lead working in collaboration with consultant colleagues across NHS Scotland.
- Pharmacy support to work up submissions will be provided.
- Evidence & documentation requirements
 - Proforma(s) to be developed with key requirements:
 - Justification for change in the context of COVID-19
 - Prioritisation category as defined in SGHD Guidelines for cancer treatment during COVID 19 pandemic 20 March 2020, Version 1
 - Brief summary of evidence base
 - Patient population this applies to
 - SACT protocol and/or interim SACT pathway as appropriate
- The nominated lead will submit the proposal for consideration.
- The professional secretary, working with National Procurement, will ensure a supply assessment has been undertaken and there is sufficient supply to support the change.
- Proposals to be reviewed by the group at a weekly virtual meeting.
- Communication of decision to the nominated cancer network lead and requesting clinician.

Membership

- Chair – cancer centre Clinical Director (CD) or SACT Lead Clinician
- Professional Secretary – a Cancer Network Pharmacist
- All three Regional Cancer Network Pharmacists (or nominee)
- Clinical Director or SACT lead clinician representative from each network (one of which will chair) – at least one CD and one SACT lead clinician
- Director of Pharmacy representative
- Cancer centre manager representative

The professional secretary will be supported by the Healthcare Improvement Scotland Off-label Cancer Medicines programme team who will be redeployed to support the group.

Deputies will be identified and quorum defined as at least one representative from each network.

Implementation

- All cancer networks and Boards are expected to ensure practice is aligned to the advice from the group unless there are exceptional circumstances.
- Regional Cancer network lead to:
 - cascade the decision and links to associated documents to their constituent boards
 - inform the Chemotherapy Electronic Prescribing and Administration System clinical support team(s).
- NHS boards to:
 - act on the decisions and advice from the national group and ensure relevant staff are aware of the decisions.
 - cascade information and links to associated documents through local SACT groups and teams

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