

**Agenda Item:** 15

**From:** Tonia Dawson, Nurse Director

**BOARD REPORT** Report on work on the Regimen List

## 1 Purpose

To provide the Board with an update on the development of a Network wide Regimens List for governance and commissioning purposes.

## 2 Background

The manual for Cancer Services Chemotherapy Measures (2004) set out a total of 54 measures for clinical chemotherapy services and 11 measures for oncology pharmacy services. During the 2004-2007 peer review round, overall compliance was 74% nationally. However analysis of individual measures revealed compliance rates of below 60% on 7 key measures. 3 of these were linked to regimens and were:-

- Network wide list of agreed acceptable regimens (46%)
- Agreed policies for preventing regular use of regimens not on the accepted list (53%)
- Records of instances of use of a regimen not on the list (52%)

Following this, the NCEPOD report published in November 2008 focussed on the analysis of the care given to patients who received Systematic Anti Cancer Therapy (SACT) in June/July 2006 and died within 30 days of the start of their last cycle of treatment. As a result, this report raised very significant concerns about quality and safety of chemotherapy.

In 2008 the NPSA Rapid response Alert on Oral Chemotherapy was issued. Over a four year period 3 deaths and 400 incidents had been reported involving the wrong dosage, frequency, quantity and duration of therapy. Additionally there was continuation of oral cancer medication by primary and secondary care, when the duration of such therapy should have been limited.

A culmination of these three reports resulted in the August 2009 NCAG report and a subsequent re-write of the chemotherapy measures. These were published on the 22<sup>nd</sup> June 2011 and have to be self assessed against by the end of October 2011.

As a result of the NCAG report the regimens and treatment protocols now have to be part of a treatment algorithm which includes the specification of the acceptable ranges of regimen options for named steps on the patient pathway. The algorithms are cancer site specific and must be signed off by the network site specific groups. For example, the treatment algorithm for breast cancer would include a statement of the range of regimens acceptable for adjuvant chemotherapy and for first, second or third line palliative chemotherapy etc.

### **3 Progress to date**

This network took back the management of the regimen list and algorithms from the Cambridgeshire Medical Management Team in the first quarter of this year. The chemotherapy board and network team has worked with the SSGs to get a clinically agreed list of regimens and protocols together over the last 6 months. The regimen list was signed off at the Chemotherapy Board on the 20th September. (Subject to a few minor amendments).

The algorithms are being overseen by the Trust Oncology Pharmacists who are working with the SSG Oncologists/Haematologists and are due to complete them mid October. These need to be uploaded onto CQUINs by the end of October to meet the standards.

It was agreed at the SACT meeting on the 20<sup>th</sup> April that once the regimen list was in draft form the commissioners could begin work on it to decide which drugs regimens would be funded and which would be 'not normally funded'. This work has taken place on Version 0.4 of the regimen list during May to August 2011.

A first draft of the 'Not normally funded' regimens list has been compiled by the commissioning pharmacy group along with a draft list of commissioning principles and the following process for future actions was agreed by the SACT group on the 20th September and ratified by the Chemotherapy Board, also on the 20th September.

### **4 Future Actions**

- The network pharmacist will send the SSG oncologists and SSG Chairs the clinically approved regimens list, together with the draft 'not normally funded list' and the CDF policy the week commencing 26<sup>th</sup> September. Responses will be requested by the 14<sup>th</sup> of October.
- These responses will be collated and shared with the commissioners on 14<sup>th</sup> October for a final draft Not Normally Funded list to be with the Network by the 28<sup>th</sup> October.
- The draft regimens list will then be ready to be discussed by the SACT group.
- If there are still disagreements it will be for commissioners to decide the final list of not normally funded drugs. It was agreed at the Chemo Board that the reasons for this need to be clearly stated by the commissioners, together with the provision of a breakdown of the cost benefit. Network support will be available for the cost analysis work if required.
- Once there is an agreed regimen list in place there will be a collaborative decision making process between providers and commissioners for the introduction of new drugs/regimens

### **5 Recommendations**

The Board is asked to note the progress with the regimens list and Algorithms.

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