National Cancer Medicines Advisory Group (NCMAG) Programme

Executive Team

Terms of Reference (TOR)

January 2022

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## DOCUMENT CONTROL SHEET

### Key Information

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<th>Title:</th>
<th>NCMAG Executive Team TOR</th>
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<td>NCMAG Programme Team</td>
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<td>Owner:</td>
<td>NCMAG Programme Team</td>
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<td>Approver:</td>
<td>Dr Sally Clive, NCMAG Chair</td>
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### Document updates

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<th>Version No.</th>
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<td>v2.0</td>
<td>Updated membership</td>
<td>11/08/2022</td>
<td>Sally Clive, NCMAG Chair</td>
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1. Purpose

The purpose of the National Cancer Medicines Advisory Group (NCMAG) Executive Team is to provide effective strategic direction and leadership to develop NCMAG and ensure that it is delivering on its aim to support and realise opportunities to improve outcomes for cancer patients across NHSScotland through increased uptake of, and equitable access to, safe and effective new uses of cancer medicines.

The Executive team role is to provide effective strategic direction and leadership and to oversee governance for the NCMAG programme as follows:

- To drive the development of a strategic agenda that supports the development of the programme.
- To engage with key strategic stakeholders and to ensure timely actions, decision-making and effective working.

2. Governance

The project is led and managed by the NCMAG Programme Team, with oversight from the NCMAG Executive Team. The programme operates within the Medical Directorate of Healthcare Improvement Scotland (HIS).

The NCMAG Executive Team steers the work of the NCMAG Council. NCMAG Council will meet every two to three months to consider proposals and issue advice on use of off-label and off-patent cancer medicines. These proposals will be brought forward by clinicians who are representatives of Scottish cancer specialty teams, with horizon scanning and evidence review support from the NCMAG team.

Significant risks or issues are escalated to the HIS Executive Team by the HIS Medical Director.

2.1 Reporting

The Chair provides regular updates from NCMAG Council to the NCMAG Executive Team. The overall NCMAG programme reporting structure is illustrated in Appendix 1.

Progress with the programme is reported externally to the Scottish Government Health Department (SGHD): Cancer Policy Team and Pharmacy and Medicines Division; and to the SACT Programme Board which is a National Cancer Recovery Group (NCRG) sub-group.

3. Responsibilities

3.1 Collective Responsibilities of the NCMAG Executive Team

- Ensuring work is within the agreed scope of the programme.
- Provide oversight and direction to the NCMAG programme work plan to ensure effective and timely delivery of agreed actions.
- Quality assure and approve the outputs of the NCMAG programme.

Visit NCMAG Programme Webpage for more information
• Prioritise proposals for scheduling based on an agreed prioritisation process, at times where volume of proposals exceeds team capacity for an assessment period (see Appendix 2).
• Set the agenda for NCMAG Council meetings to ensure a focus on facilitating equity of access to off-label and off-patent uses of cancer medicines and reducing unwarranted variation for patients across NHS Scotland.
• Engage with relevant stakeholders in NHS Scotland, Scottish Government, and with public partners to identify issues, to propose solutions, and to progress resolution.
• Ratify NCMAG programme reports to be shared with stakeholders or partners.

3.2 Responsibilities of individual members of the NCMAG Executive Team

• Make a full commitment to support the function and work of NCMAG.
• Attend all meetings of the NCMAG Executive Team or notify the NCMAG team by sending apologies at the earliest opportunity. The NCMAG team will invite another member of the NCMAG Council as a deputy to attend in place of the absent member. The NCMAG Council member should be from the same professional group (for example senior cancer clinician or senior cancer pharmacist) with consideration of regional balance or similar senior management role (for example director of finance representative in the absence of a director of pharmacy).
• Highlight areas of concern to the Chair of the Executive Team.
• Read all meeting papers in advance of the meetings.
• Agree to lead discussion on specific topics and pieces of work, as requested by the Chair of the Executive Team.
• Participate in, and contribute to, working groups/subgroups, where requested by the Chair of the Executive Team.
• Raise awareness of NCMAG and its role and remit, facilitating engagement with their constituent geographical and professional networks and clinical communities.
• Adhere to the HIS organisational values and behaviours: care and compassion; dignity and respect; quality and teamwork; and openness, honesty and responsibility.
• Make a full declaration of interests on appointment, and annually thereafter, in accordance with the HIS Evidence Directorate policy on declaration of interests. If a member is uncertain whether or not an interest should be declared, they must seek guidance from the Chair. All Executive Team members are required to declare relevant interests at meetings, whether or not those interests have previously been declared to NCMAG. Declarations of interest may be published online.

4. Membership

• Members are appointed from the NCMAG council and programme team, as representatives of their professional organisations.
• The membership of the Executive team is made public via the NCMAG webpages.
• Members of the Executive Team are appointed for a period of 3 years. This may be renewed on the recommendation of the NCMAG Chair and with the agreement of the member, and his/her nominating body, for a further term of 3 years or longer in exceptional circumstances.

4.1 Members

Membership of the Executive team comprises of multidisciplinary representation of the following groups and organisations:

4.1.1 Executive Team membership (names listed in Appendix 4) consists of the:

- NCMAG Chair (serves as Executive team chair)
- HIS National Clinical Lead – Cancer Medicines
- NCMAG Lead Pharmacist
- NCMAG Programme Manager
- NCMAG Senior Project Officer
- HIS Lead/ Principal Economist
- Three regional cancer network representatives: one pharmacist, one oncologist and one haematologist with representation of each of the regional networks
- Area Drug and Therapeutics Committee Collaborative (ADTCC) representative
- Director of Pharmacy
- Cancer service Manager/ Cancer Business Manager representative

4.1.2 Executive Team | NCMAG Project Support Team (names listed in Appendix 3) consists of the:

- NCMAG Senior Project Officer
- NCMAG Project Officer

5. Meetings

5.1 Frequency of meetings

- The NCMAG Executive Team oversees the NCMAG Council work remit and will meet ahead of their meetings.
- The Executive Team will meet every two to three months and meetings may last up to 1 hour. Details of meeting format and/or location is provided in advance of the meeting.
- An annual schedule of meetings for the following calendar year is shared.

5.2 Agenda

- The NCMAG Chair and programme team determines which items appear on the meeting agenda.
- Any member wishing to have an item considered for an agenda should notify the NCMAG Team at as early a date as possible.
• The agenda and papers are circulated to members at least five working days in advance of meetings. The order of business is determined by the Chair.
• Tabled papers may be accepted with the express agreement of the Chair and only in exceptional circumstances.
• No other business is discussed at the meeting, unless permitted by the Chair.

5.3 Conduct of meetings

The Chair leads and directs meetings, encouraging all members to make a full contribution to discussions and ensuring that all appropriate matters are addressed in a timely manner.

5.4 Timekeeping

The agenda is timed with the discretion of the chair to be flexible to ensure appropriate discussion and decision-making. Rarely, un-concluded items are carried forward to the next meeting or concluded in writing.

5.5 Attendance and Format

• Members are expected to attend all meetings. Members submitting apologies for meetings, are expected to notify the NCMAG team at the earliest opportunity. An equivalent member of the NCMAG Council will be invited to attend in place of the absent member.
• All reasonable facilities are provided for members to ensure they can participate fully and equitably in the business of the Executive Team.
• If a member does not attend for three consecutive meetings, the Chair will consider whether they should continue as a member.

5.6 Interpretation

During the meeting, the Chair of the Executive Team has overall responsibility for the interpretation of the Terms of Reference. Statements made by members during the meeting should be relevant to the matter under discussion.

5.7 Collective Decision-Making

All members act collectively in accepting and agreeing the business of meetings and ensure the discussions and conclusions remain confidential until the publication of outputs. Decisions are taken by reaching consensus among the majority present through discussion.

5.8 Declaration of interests

• All Executive Team members are required to declare relevant interests at meetings, whether or not those interests have previously been declared to NCMAG. If an issue arises for discussion and a member is concerned about a matter which could be regarded as affecting their impartiality and this matter has not already been declared, they must raise this with the Chair in advance of the meeting if possible.
• The Chair must also ensure that at the beginning of each meeting members are asked to declare any additional recently acquired interests and implement the HIS Evidence Directorate policy on handling declarations of interest.

5.9 Confidentiality
NCMAG requests that confidentiality is observed in respect of all information shared in relation to NCMAG business and that steps are taken to ensure it is not breached.

5.10 Quorum
Executive Team meetings are considered quorate with an attendance of 50% plus one member including representation of at least two of the regional cancer networks, a senior cancer care clinician and a senior cancer care pharmacist. At the Chair’s discretion, meetings which are not quorate may continue if those members who are not present are consulted after the meeting and agree with the decisions reached.

5.11 Minutes
An action note from the meeting is drawn up by NCMAG Project Officer or NCMAG Senior Project Officer. The names of those members present are recorded in the note. The notes are approved by the Chair.
Appendix 2 | Role of the Executive Team members in the prioritisation of proposals

- The NCMAG programme will have capacity to review two to three proposals per quarter. The number of proposals for ‘in remit’ cancer medicines may exceed the review cycle (3 month) capacity. When this occurs workload prioritisation criteria will be applied.
- The responsibility of applying the prioritisation tool consistently to proposals will be the responsibility of the NCMAG Executive Team, with support from the programme team. A guidance document supports use of the prioritisation tool. If expertise specific to the proposal is not available within the Executive Group membership, an expert may be invited to attend the prioritisation section of the meeting.
- Deputies for Executive team members should be identified from the Council based on regional network and professional role (Medical, Pharmacist or Director).
- Health service researcher(s) will routinely be invited to the prioritisation section of the meeting to provide support to discussions.
## Appendix 3 | NCMAG Project Support

<table>
<thead>
<tr>
<th>Stakeholder representation</th>
<th>NCMAG Role</th>
<th>Name</th>
<th>Surname</th>
<th>Job title</th>
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<tbody>
<tr>
<td>NCMAG, Healthcare Improvement Scotland</td>
<td>NCMAG Senior Project Officer</td>
<td>Hana</td>
<td>Barvik</td>
<td>Senior Project Officer</td>
</tr>
<tr>
<td>NCMAG, Healthcare Improvement Scotland</td>
<td>NCMAG Project Officer</td>
<td>Kate</td>
<td>Russell</td>
<td>Project Officer</td>
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## Appendix 4 | NCMAG Executive Team Membership

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<tr>
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<th>Surname</th>
<th>Job title</th>
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<tbody>
<tr>
<td>Area Drug and Therapeutics Committee (ADTC) Collaborative</td>
<td>ADTC representative</td>
<td>Ewan</td>
<td>Bell</td>
<td>National Clinical Lead – ADTC Collaborative, Healthcare Improvement Scotland</td>
</tr>
<tr>
<td>Scottish Medicines Consortium (SMC)</td>
<td>Senior Health Economist representative</td>
<td>Corinne</td>
<td>Booth</td>
<td>Principal Health Economist</td>
</tr>
<tr>
<td>NCMAG, Healthcare Improvement Scotland</td>
<td>NCMAG Chair (Chair)</td>
<td>Sally</td>
<td>Clive</td>
<td>NCMAG Chair</td>
</tr>
<tr>
<td>North Cancer Alliance (NCA)</td>
<td>Senior Cancer Pharmacist (Interim for 1 year until July 2023)</td>
<td>Judith</td>
<td>Jordan</td>
<td>Regional Lead Pharmacist, North Cancer Alliance (NCA)</td>
</tr>
<tr>
<td>NHS Board Senior Cancer Service Manager</td>
<td>NHS Board Senior Cancer Service Manager</td>
<td>Tracy</td>
<td>Dalrymple</td>
<td>Assistant General Manager - Cancer, Haematology, Head &amp; Neck Services, NHS Ayrshire &amp; Arran</td>
</tr>
<tr>
<td>West of Scotland Cancer Area Network (WoSCAN)</td>
<td>Senior Cancer Clinician</td>
<td>Rob</td>
<td>Jones</td>
<td>Consultant in Medical Oncology, NHS Greater Glasgow and Clyde</td>
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<thead>
<tr>
<th>NCMAG, Healthcare Improvement Scotland</th>
<th>National Clinical Lead, Cancer Medicines</th>
<th>Heather Dalrymple</th>
<th>HIS National Clinical Lead, Cancer Medicines</th>
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<tr>
<td>North Cancer Alliance (NCA) medical rep</td>
<td>Senior Cancer Clinician</td>
<td>Charlotte Robertson</td>
<td>Consultant Haematologist, NHS Grampian</td>
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<tr>
<td>NHS Scotland Director of Pharmacy group</td>
<td>Director of Pharmacy representative</td>
<td>Ian Rudd</td>
<td>Director of Pharmacy, NHS Highland</td>
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<tr>
<td>NCMAG, Healthcare Improvement Scotland</td>
<td>NCMAG Lead Pharmacist</td>
<td>Rickie O'Connell</td>
<td>Lead Pharmacist</td>
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<tr>
<td>NCMAG, Healthcare Improvement Scotland</td>
<td>Programme Manager, Medicines and Pharmacy Team</td>
<td>Gayle Wylie</td>
<td>Programme Manager</td>
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