Public Health England

Protecting and improving the nation's health

Systemic Anti-Cancer Therapy (SACT) Data Set

Implementation Guide

Version 3.0

About Public Health England

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Published December 2018
PHE publications
gateway number: 2018638

PHE supports the UN
Sustainable Development Goals

Amendment History

Version	Date	Amendment History
0.11	29-09-2013	Updated following comments received following the ISB appraisal
3.0 Draft	31-08-2018	Draft version for internal review and comment
3.1 Draft	02-10-2018	Draft version for DSAS review
3.0 Final	28-10-2018	Final version for publication
3.0 Final	06-12-2018	Final version published

Data Coordination Board

This information standard (DCB1533) has been approved for publication by the Department of Health and Social Care under section 250 of the Health and Social Care Act 2012.

Assurance that this information standard meets the requirements of the act and is appropriate for the use detailed in the specification document has been provided by the Data Coordination Board (DCB), a sub-group of the Digital Delivery Board.

This information standard comprises the following documents:

- Specification
- Implementation Guide
- Change Request

An Information Standards Notice (DCB1533 Amd 80/2018) has been issued as a notification of use and implementation timescales. Please read this alongside the documents for the standard.

The controlled versions of these documents can be found on the NHS Digital website. Any copies held outside that area, in whatever format (for example paper, email attachment) are considered to have passed out of control and should be checked for currency and validity.

Date of publication: 6 December 2018

Contents

Introduction

This standard specifies a data set for use at both national and local levels to generate secondary uses information about systemic anti-cancer therapy (SACT) treatment. It assists in achieving the business objectives of the data set, as well as specialist commissioning and related policies.

All patients receiving SACTs in or funded by the NHS in England are covered by the standard. This includes adult and paediatric cancer patients receiving systemic anti-cancer treatment, in acute inpatient, day-case and outpatient settings and delivery in the community for solid tumours and haematological malignancies, including patients in clinical trials.

The standard covers neoplasms coded within ICD-10 diagnosis codes range C00 - C97, D00 - D48 and E85.9[1].

Implementation Approach

The impact of the standard will vary, depending on the configuration of hospitals and services and the existing and planned implementation of electronic prescribing and other clinical electronic systems.

The contents of this Implementation Guide and the new User and Technical Guidance documents should be made available to all staff groups involved in responding to the standard including:

- medical and nursing
- pharmacy
- information
- IT
- management staff

It is not intended that the amendment of the standard should have any direct impact on the delivery of patient care. However, the above groups, which are

[1] Although primary amyloidosis (E85.9) is listed as an E ICD code in the World Health Organization (WHO) disease classification, amongst clinicians it is widely acknowledged and subsequently treated as a cancer, receiving chemotherapy in cases. Whilst we await the WHO disease classification being updated to reflect this fact, we have extended the scope of the COSD to include this. The United Kingdom and Ireland Association of Cancer Registries (UKIACR) is currently considering its inclusion in the UKIACR Library of Recommendations, which we have referenced in Appendix A.

involved in the local implementation of the information standard, need to take account of implications of the standard in their work area and develop a strategy to fully meet its requirements by the end of the implementation period.

If you are a new provider of SACTs, as well as reading this Implementation Guide, please contact the SACT helpdesk at sact@phe.gov.uk. Other useful resources to support the collection of the SACT data set v3.0, include:

- User Guide
- Data set v3.0
- Technical Guidance
- Frequently Asked Questions

These can be found on the SACT website as follows:

- www.chemodataset.nhs.uk/guides_and_support/
- www.chemodataset.nhs.uk/frequently_asked_questions/

This version change is important in order to continue to meet the business objectives of the standard, and to ensure that all data requested is clinically accurate and relevant for the lifetime of the standard.

The implementation of SACT is managed by the SACT helpdesk and its liaison teams directly with its data providers. The principal approach is to work in partnership with clinicians and their information, management and pharmacy teams to implement the standard successfully.

Background

The national collection of all SACT information in the NHS in England commenced in April 2012. This was in line with the requirements of the Department of Health's policy document 'Improving Outcomes: A Strategy for Cancer January 2011'[2].

SACT is a major part of cancer treatment, with new types of drugs being introduced capable of targeting individual cancers. Historically the recording of SACT activity was held within individual patients' notes. SACTs are increasingly successful as a treatment but are ever more complex and expensive. Accurate, timely and complete data collection is a priority and supported through electronic clinical data collection.

SACT is a mainstay treatment for patients with cancer, with a cost estimated at approximately £1.5 billion for the NHS in England annually[3]. Since 2012, provider trusts have been submitting regular SACT activity for their patients. Electronic recording of treatment, and in particular electronic prescribing systems, are supporting the national collection and analysis of SACT provided within the NHS.

The SACT Information Standard addresses the requirement to standardise the recording of SACT treatments and outcomes through electronic systems.

Benefits

The SACT data set was launched in April 2012. A phased implementation was introduced firstly with trusts that had e-prescribing and by September 2012 all providers of SACT were expected to provide information for the data set.

Sufficient data has been quality assured and analysed to enable reports to be issued to contributing providers. Although data collection and reporting processes are now firmly established, this is a continuing process and requires careful governance and maintenance.
This is an important initiative with a wide range of benefits in terms of understanding patterns of clinical management in SACTs. This is already

[2] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/388160/fourth_annual_report.pdf
[3] www.nice.org.uk/advice/ktt22/chapter/Evidence-context

recognised as being very valuable for those providing and commissioning SACT services, ensuring that services are both of high quality and delivered efficiently.

Equally importantly, it will support patients and their clinical teams in choosing appropriate care, based on accurate knowledge of current practice and the corresponding benefits and toxicities of treatment.

The SACT data set is also integrated with other clinical NHS data sets, through the National Cancer Registration and Analysis Service (NCRAS), ultimately enabling the outcome of the complete patient pathway to be understood.

In order to provide an accurate and complete analysis of clinical practice, the data collected includes information on the patient and their cancer, with details of every attendance for SACT. It also records a summary of the outcome of treatment.

Chemotherapy Intelligence Unit

The Chemotherapy Intelligence Unit (CIU) was established on 1 April 2011. The term ‘CIU - Chemotherapy Intelligence Unit’ was the SACT team name prior to SACT’s integration with the wider NCRAS team. Although this was a name change, the core team remained who were present at the time of the name change.

The SACT team is the conduit for all routine communications relating to the establishment and maintenance of the national SACT data set and data collection.

Information Governance

Data collection from all the new sources required to support cancer registration is covered by existing permissions granted by the Confidentiality Advisory Group (CAG) of the Health Research Authority (HRA).

The data set contains sensitive and patient-identifiable information items. The Confidentiality Advisory Group (CAG) of the Health Research Authority (HRA) has confirmed that reporting of patient identifiable data is covered by the NCRAS existing support under the Health Service (Control of Patient Information) Regulations 2002. Reported data will be managed by the NCRAS where there is long-standing expertise in managing large volumes of confidential data.

Although some of the data items that are flowed to the SACT data set have changed, the data flows (ie. which organisations will be receiving the data in identifiable form) remain unchanged. In compliance with the fair processing requirement within the Data Protection Act, provider organisations are expected to inform patients of this purpose for reporting their information and of the potential use of the information for service development, analysis and statistical research[4].

To help and support trusts with this, the NCRAS has developed a patient information leaflet[5] that is a useful resource for organisations wanting to develop or revise local information materials. This has been written with the patient in mind and consulted upon to ensure it is easy to understand, and an updated version was issued in January 2018, taking into consideration the new General Data Protection Regulation (GDPR)[6].

These leaflets are provided without cost to all NHS trusts in England. More information about the review of informed choice for cancer registration can be found on the cancer research website[7].

NCRAS, as part of PHE, comes under the Department of Health and Social Care Data Protection Act registration with the Information Commissioner's Office (ICO). The NCRAS has reviewed its information governance policies to correlate them with those of PHE and maintain compliance with all national information governance guidelines.

These policies inform for example:

- access controls of data, including data security awareness
- server security and encryption, including threats to data security and how to avoid them
- data transfer procedures, including breaches and incidents
- general data protection regulation (GDPR) and other legal requirements

[4] www.ndrs.nhs.uk/national-disease-registration-service/patients/
[5] www.gov.uk/government/publications/cancer-registration-patient-information-leaflet
[6] GDPR is fully explained in section 2.3 of the Business Justification document
[7] www.cancerresearchuk.org/health-professional/review-of-informed-choice-for-cancer-registration

Clinical Governance

This is a secondary uses standard - no direct patient safety hazards were identified for the data set itself. Analysis of the clinical content of the data collected will provide previously impossible insights into the patterns of SACTs, being delivered by individual providers and to individual patient groups and communities.

The format and content of reporting will be matched to the reasonable requirements of the various recipients of the data and reports, and the confidence intervals applying to each analysis made clear. When an apparently unacceptable variation in clinical practice is revealed by analysis, a formal staged process of investigation must be undertaken by SACT.

This process will determine the following:

- Is this an issue of variation within acceptable range but with limited patient choice?
- Is this an acceptable practice but worrying trend?
- Is this an issue which requires action within an agreed timescale?
- Is this an issue of immediate clinical concern?

This will decide the urgency of appropriate action which will be managed by the SACT senior leadership team.

Mapping Local Data to the SACT Information Standard

There is no requirement to modify local clinical practices or data recording, however local system managers will be required to map local nomenclature and data formats to that defined in the SACT information standard before transmission.

Provider organisations are encouraged to review the content of the standard and consider whether making primary data recording consistent with the standard would benefit their services in terms of safety and efficiency.

Examples of this are standardisation of SACT cycle numbering, particularly relevant where patient management is transferred during treatment and the consistent completion of fields summarising the end of treatment.

Maintenance and Updating

Over time there may become a requirement to improve the functionality and incorporate changes to ensure that the data standard remains consistent with need, and the data standard continues to meet its business objectives. These will be coordinated through the Chemotherapy Clinical Information Group (CCIG).

This group consist of senior clinicians, medical oncologists, pharmacists and charities. They report to the SACT Programme Board, which consists of 3 senior members of the SACT team including the Director for National Disease Registration, and formally sign off any changes proposed by CCIG.

Provider organisations are encouraged to submit comments or requests concerning the data set, its collection and analysis to sact@phe.gov.uk for consideration.

Agreed changes or enhancements to the implementation of the data standard will be circulated to all contributors on a regular basis, and via the formal consultation process for the information standard. This allows for a wide and informative review of existing and newly proposed data items before the final data set is agreed.

Definitions for the Systemic Anti-Cancer Therapy Data Set

Within the SACT Data set, it is important that field naming is consistent within hospital systems and the definitions of the fields are unambiguous and applied by all providers.

Where possible, field naming and definitions should be aligned with the NHS Digital Data Model and Dictionary and those agreed for the Radiotherapy Data set (SCCI0111), Cancer Outcomes and Services Data set (DCB1521).

Definitions

- the term ‘Regimen’ is used to identify a standard combination of drugs
- the term ‘Cycle’ is used to identify treatment intervals within a regimen
- the term ‘Administration’ is used to identify the physical administration of drugs
- the relationships between programmes, regimens, cycles and administration dates are shown in the accompanying graphic and examples of data set structures (page 13)

Regimen: A SACT regimen identifies a standard for a combination of drugs (or single drug) given in a planned schedule.

A regimen can be standard, part of a trial or specifically designed for an individual treatment plan.

The SACT drug regimen title will be as agreed by the SACT team and an NHS support pharmacists group, as they maintain the regimen list, and this will inform the OPCS guidance.

Cycle: Apart from continuous SACT, a regimen normally contains identifiable repeating elements and each repeat should be identified and numbered. Some regimens have alternating repeating elements and some have consecutive sets of repeating elements. In all these cases the term ‘cycle’ would be equally valid and help to identify the stage of progress of the patient through SACT.

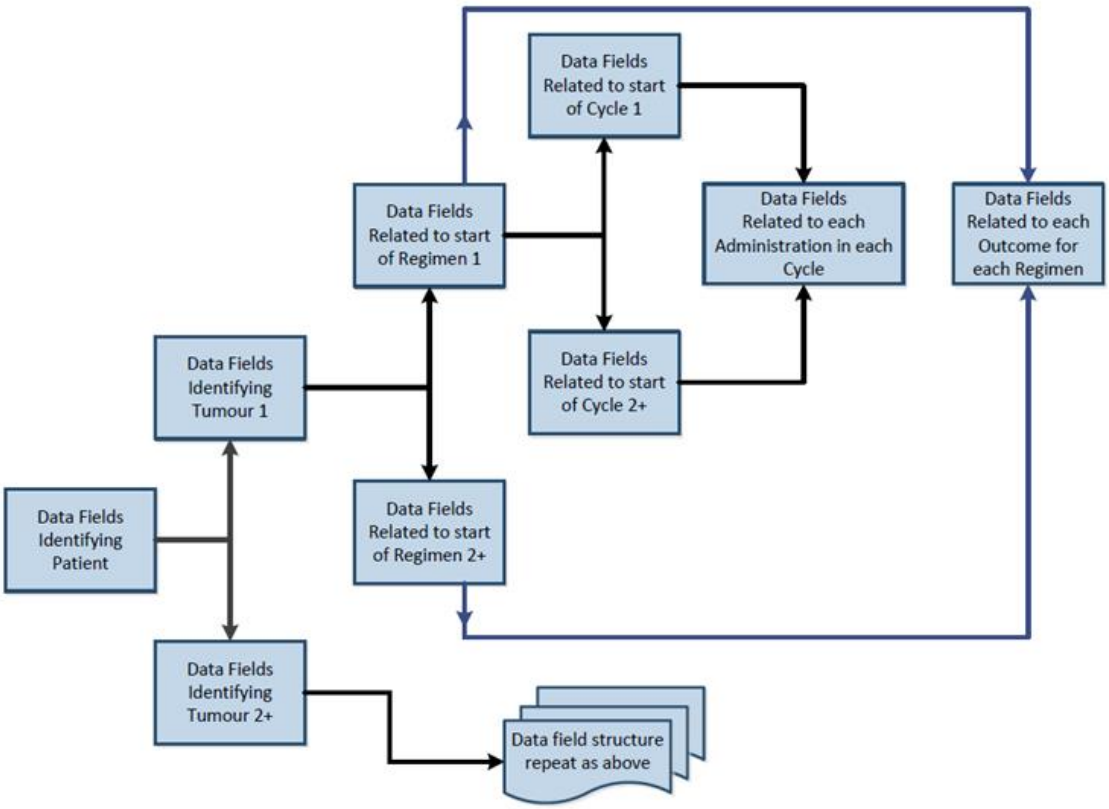
Cycle number: These will be numbered sequentially within a regimen and the option to start from any number must be available to allow for prior management not recorded on the current system.

Administration date: Consistent terminology is required to identify each contact between the patient and the clinical team when SACTs are administered. This will cover initial and subsequent contacts and needs to be recorded for inpatient treatment, clinic attendances, attendances in a primary care setting and domiciliary administration by a specialist service. In the case of infusions, the administration date will be the day the infusion was commenced.

For continuous oral chemotherapy, the administration date will be the first day of the nominal cycle.

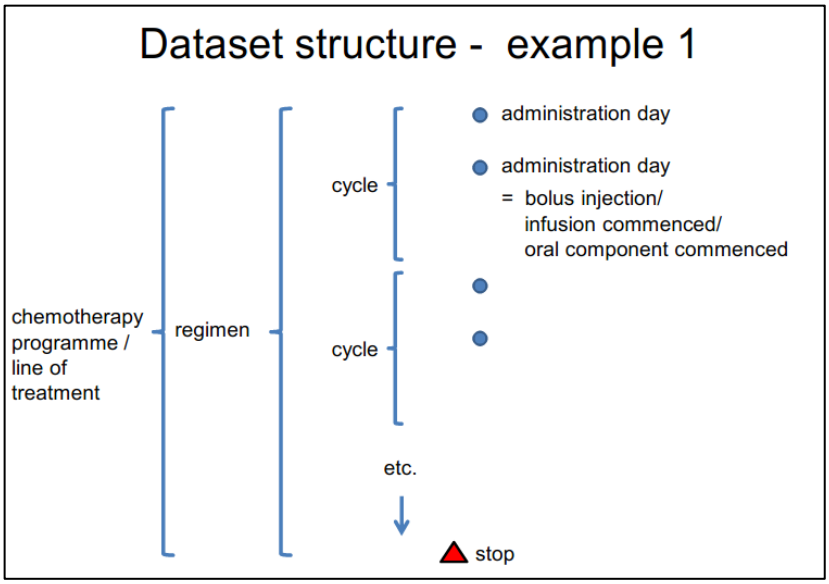
SACT Data Model

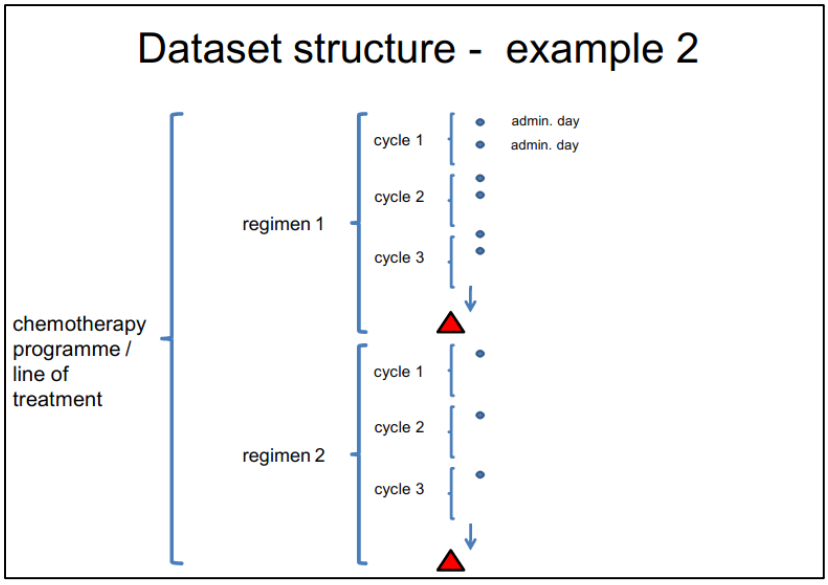
The following data model explains the relationship between the data and the treatment process (Regimen and Cycle), provided to a patient:

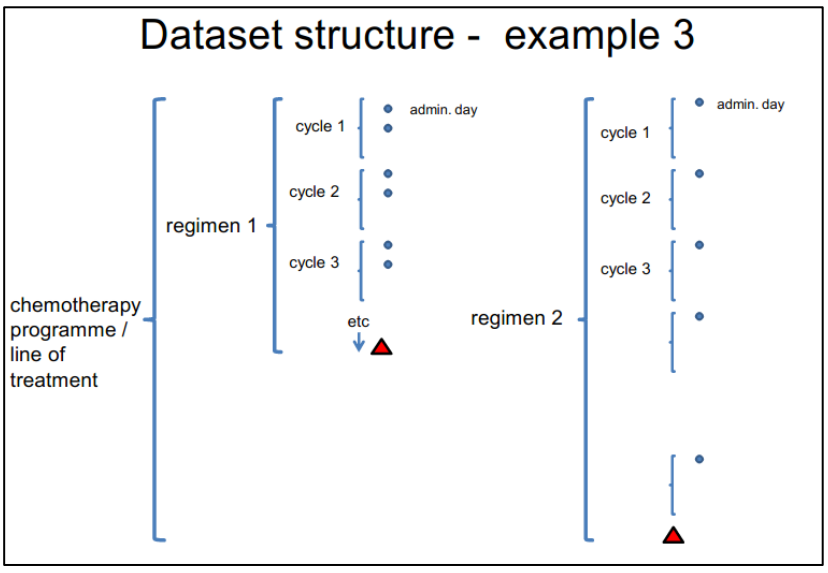


The Data Structures

The data structures are described below using 3 examples:







Summary of Changes

Version 3.0 (SACT) builds on the work that has continued over the past 4 years since the last update. These new changes were required in order to make the data set clinically accurate and also meet the business objectives of the data set.

Please refer to the new SACT v3.0 User Guide and Change Request document for detailed information about each data item, including:

- field formats
- attributes
- names
- data dictionary names (if different)
- detailed descriptions about each item

This will aid collection and delivery of the standard, whilst allowing the SACT team to provide an up-to-date (version controlled) user guide for all developers and users.

Overall the data set has remained similar in size (44 data items,) with 17 data items deleted and 18 new ones added to the data set. Some items have more than 1 change and a full change log is available within the v3.0 data set (excel) document itself.

These changes also help to reduce the burden of data collected wherever possible and improve the quality of the data being requested, for example:

- some are dependent on the answers of others − if you state ‘Yes’ to the ‘Regimen Outcome Summary − Curative (Completed As Planned)’ field, then you do not have to return an answer for the following 2 outcome summary questions
- 3 of the new data items are already stored in local systems, so there is no additional burden to collect these, mapping only is required in the report
- 3 new data items have been added as optional items with an either/or with their matched data-item in the data set and are SNOMED CT items only, so there is no burden there
- 2 of the new fields are going to be piloted for the lifetime of this version of the data set − a full breakdown can be found in the Business Justification document in section 1.3 Burden vs Benefit

New analysis and reports will be created to monitor and improve the data ascertainment and address issues where there are local difficulties in collecting any of the new or changed data items.

Status of Documents

All the documents referred to in this guidance were submitted to the Data Standards Assurance Service (DSAS) for review under DCB1533 Amd 80/2018. Following acceptance by Data Coordination Board (DCB) and confirmation of authority to publish by the Department of Health and Social Care, the official Information Standards Notice (ISN) and related documents were published on the 6 December 2018.

These documents are intended to support providers and developers who wish to identify and plan changes to their systems. The standard will be formally issued via DCB as an approved standard and additional documents (for example the Data Set, User Guide and Technical Guide) will be available to download via the SACT Website[8].

Changes to Systems

Please note that SACT specifies the data which providers are required to submit to the NCRAS for secondary uses and does not define record-level data to be used in the delivery of care. The data for SACT should be derived from patient identifiable data which is already recorded for the purpose of care management.

Clinical Safety

The primary purpose of the standard is for secondary uses only and will therefore have no direct impact on clinical safety and as such is not in scope of DCB0129[9]. Consequently, a Clinical Safety Case Report is not required to support the standard.

However, implementation of this standard may require modification to the health IT system from which the collection/extraction is made. The safety implications of any such modification must be considered by the manufacturer and all other parties involved under DCB0129 and the health organisation under DCB0160[10].

[8] www.chemodataset.nhs.uk/guides_and_support/
[9] SCCI0129 Clinical Risk Management: its Application in the Manufacture of Health IT Systems: https://digital.nhs.uk/isce/publication/dcb0129
[10] SCCI0160 Clinical Risk Management: its Application in the Deployment and Use of Health IT Systems: https://digital.nhs.uk/isce/publication/dcb0160

After discussion with NHS Digital, although the IG requirements within SACT have not changed within the scope of v3.0, it was agreed that a Data Protection Impact Assessment (DPIA) report would be required.

Implementation Process

All documents referenced below have all been published by either SACT or Data Coordination Board (DCB), unless otherwise stated.

The following is a sequence of steps, set out to help you understand the implementation process and to support you in asking the right questions and engaging the right people within your organisation.

It is important to read all the steps first as depending on your current readiness, if you are a new user/system supplier and creating a new cancer information system for the first time, you may require a different implementation approach, which could be different from the published order below:

Step 1: Read the Information Standards Notice (ISN)[11]

This is the official notification of the Information Standard, published by the Data Coordination Board (DCB). It provides an outline of the approved standard and timeframe for compliance. Compliance with ISNs will normally be included in contracts between NHS Providers and their system suppliers.

This was available to download from the 6 December 2018 and will provide an implementation period of 8½ months (please refer to table in Step 7). To receive notifications about standards activity please email standards.assurance@nhs.net

Step 2: Read the SACT v3.0 Specification

This provides a more detailed description of the Information Standard. This provides information about all the requirements and conformance that new and existing users must comply with, including information about:

- the data set process
- clinical and information governance
- technical architecture

[11] http://digital.nhs.uk/isce/publication/dcb1533

Step 3: Read the Change Request

This provides a summary of the changes to the data set since the last version, including the timescales for delivery. If you are a new user/system supplier, please go directly to step 4.

Step 4: Read the Data Set and User Guides (SACT v3.0)

These provide the detailed information and explanation about the data items in the data set, and the definitions, formats and values which can be recorded. These are divided by the data set sections and will give you an idea of what will need to be submitted.

The SACT data set should be reviewed to understand the requirements of current versions. For new users, this is important as the change request document will only give details of items that have changed since the previous versions.

The data set workbook has many worksheets (or tabs) at the bottom of the document. All changes are highlighted in the relevant worksheets and specified in the change-control log.

There are also 3 additional worksheets which list the changes as either:

- substantial − significant changes to the data set such as additional items or values which require changes to systems and possibly to processes
- cosmetic − minor modifications such as format restrictions which are unlikely to require changes to processes and only minimal changes to systems
- csv schema mandation only − changes that are only applicable to the csv schema and do not affect the data items within the data set

The SACT v3.0 data set user guide and technical guide should be read in conjunction with the data set for additional information/guidance and are included within the overall suite of documentation.

The Information Standards Notice (ISN) and all related documents were published on 6 December 2018, via the NHS Digital website[12].

[12] http://digital.nhs.uk/isce/publication/dcb1533

Additional supporting documents, such as the user guide, data set, technical guide, were published via the SACT guides and support page[13], on the 6 December 2018. These are separate to those published by NHS Digital above.

For v3.0 there is no longer a requirement to convert downloads to XML, instead submit as a 'double quote' separated comma-separated values (CSV) document. This will prevent any unnecessary financial burden on trusts.

Step 5: Identify and discuss with stakeholders

It is essential to engage with those who are involved in recording, checking, submitting and using the data in/or for your organisation. This will probably include (but is not restricted to) some or all of the following (names may vary):

- clinical teams (multi-disciplinary teams):
    - pharmacy staff
    - nursing staff
    - medical staff
- cancer services manager:
    - cancer data manager
    - multi-disciplinary team (MDT) coordinators
    - clerical staff
- informatics/IT departments:
    - software suppliers
- strategic clinical network team:
    - vanguards or cancer alliances
    - commissioners
- your local SACT/NCRAS office:
    - liaison officers
    - help desk
    - data loaders

If you are developing an in-house system, you need to understand how the data is collected to improve existing collection systems. Where an off-the-shelf system is used, this is less important, as the system supplier should have done this through client engagement or a service level agreement (SLA).

[13] www.chemodataset.nhs.uk/guides_and_support/

Step 6: Plan how you will implement

Implementation of the new version of the standard will be between 6 December 2018 and 31 August 2019 (8½ months). Please refer to the table in step 7 for the phased implementation to full conformance timeframe.

Between September and November 2019, both versions (v2.0 and v3.0) of the data set can be submitted. From December 2019 (full conformance), only the amended v3.0 will be accepted.

Not all the data will need to be submitted immediately, but you need to be sure you have considered all the issues.

Step 7: Check your current state of readiness

Systems (software):

Many of the new or amended data items in SACT will already be recorded electronically in your trust.

Check what changes are required to meet the amendments or new items.

Processes:

Are there any changes to process required, such as:

- additional training needs
- additional clinical system access
- clearer mapping documents with your IT/system supplier

Collection:

New/amendments: there will be new and amended data which will be required to be collected differently, including a change of mandation of some items. Identify who will collect this data and at what stage in the pathway.

Deletions/corrections: data has been grouped into more logical pathways or in some cases deleted to reduce the burden of data collection. Identify where this data is and collect appropriately.

Quality assurance and submission:

It is essential that clinical teams are confident in the data being submitted for their patients.

Review processes to ensure quality assurance of the data is performed before submission to SACT.

If necessary, review audit tools with software suppliers to meet new requirements.

Feedback on current submissions are available from the SACT website[14] and the CancerStats2 Conformance portal[15]. Access and registration is available to all authorised NHS staff, and it is recommended that each organisation has a clinical member responsible for reviewing their data submitted monthly to the SACT portal (a clinical champion).

Data files are required to be submitted monthly, using the 2 month schedule, for example submissions of September 2019 activity data (1 September 2019 to 30 September 2019) should be uploaded to SACT as follows:

- 1 to 30 November 2019:
    - files containing September data **MUST** be uploaded to the portal and all errors on the file **MUST** be resolved
- by 15 December 2019:
    - regimen mapping **MUST** be completed
- this process can start at any point once the file has been uploaded
- by 31 December 2019:
    - all regimen queries **MUST** be resolved and the file **MUST** be submitted

Note: This upload schedule will continue to apply to all future months

Step 8: Put SACT on the agenda

Make sure that clinical colleagues are aware of SACT by raising it at any local or network meetings. This could include strategic clinical network, vanguard or cancer alliance meetings, or any other relevant clinical network or trust event.

[14] www.chemodataset.nhs.uk/guides_and_support/
[15] https://nww.cancerstats.nhs.uk/

Step 9: Talk to your software supplier/customers

If you have a commercial system, you will need to speak with your supplier to confirm the timescale for any necessary changes to the cancer management system you use. In most cases these changes will be part of your Service Level Agreement (SLA).

Similarly, trusts must talk with their software suppliers to agree dates for roll-out of their systems and local updates. Based on previous experience, we have allowed a 3 month window to accommodate this.

If trusts use an in-house system, they need to start discussions early to ensure all changes can be incorporated within the 3-phased timetable below.

The revised data set SACT v3.0 is expected to be submitted using the following timetable:

Phase	Dates	Action
Phase 1 - Implementation Period	06-12-2018 to 31-08-2019	the development lead times of software suppliers and in-house developers to make changes to systems to reflect requirements and align with conformance criteria
Phase 2 - Data Collection Period	01-09-2019 to 30-11-2019	allows for a 3 month period where data can be submitted in accordance with either SACT v2.0 or v3.0 formats
Phase 3 - Full Conformance	01-12-2019 onwards	requires full conformance, using only SACT data set v3.0 format

Step 10: Read the Technical Guide

The technical guide has been updated for SACT data set v3.0, and is available on the SACT website from 6 December 2018.

Step 11: Attend your regional roadshow

The SACT management team is planning to run a series of regional roadshows (between June and July 2019) across England.

Details will be communicated towards the end of 2018 via newsletter and SACT will work with each trust to arrange placements for these events.

Although the final details of the day have not been confirmed it is expected that the event will be a half day, repeated in morning and afternoon of the same day, to maximise attendance as follows:

- **morning session:**
    - discussions around the SACT changes, (what is in and what is out)
    - what change was required and the impact to local teams (burden)
    - additional data analysis and reporting presentations
    - Q+A session
        - ***lunch will be provided for all delegates***
- **afternoon session:**
    - discussions around the SACT changes, (what is in and what is out)
    - what change was required and the impact to local teams (burden)
    - additional data analysis and reporting presentations
    - Q+A session

It is recognised that the target audience may be from multiple different departments within each treatment centre. Therefore a maximum of 4 attendees per trust have been allocated for the roadshows from the following groups:

- cancer managers
- deputy or clinical leads
- information managers
- pharmacy managers
- nursing staff

These can be allocated to different sessions during the day (morning or afternoon), depending on local business commitments or availability, but never exceeding 4 (in total) for the day.

Trusts will be allocated to a venue to manage overall numbers and to support local networking. Where possible, SACT will also allocate 1 place to each vanguard/cancer alliance and 1 place to NHS Improvement (NHSI).

It will also be an opportunity for both central teams and clinical teams to find out more, discuss issues and ask questions.

Step 12: Check for updates

The SACT website will be re-branded to a Public Health England site but will continue to publish additional information and updates on the existing website until this happens[16].

[16] www.chemodataset.nhs.uk/guides_and_support/

End-To-End Testing

End-to-end testing with system suppliers is an ongoing and iterative process, which requires careful planning and support. Extensive consultation will continue throughout 2018 to 2019 with system suppliers and IT departments across the NHS in England to help and support development, implementation and testing, prior to 'Full Conformance' from 1 December 2019.

A series of meetings will be held with the major software suppliers and Trust IT departments to assess their readiness/compliance. It is expected that all organisations/suppliers provide a written report to the SACT Programme Manager by the end of May 2019, outlining their compliance readiness and timescales for deployment to their clients. This will be coordinated by the regional SACT liaison officers.

These reports were assessed by the SACT Chemotherapy Clinical Information Group at a meeting in June 2019, with recommendations submitted to the SACT Programme Board for discussion later in that month.

A 3-month phased implementation period for deployment of the new data set upgrades has been written into the implementation programme from 1 September 2019 to 30 November 2019. This will help with roll-out where, for instance, suppliers have multiple clients and where simultaneous upgrades are not possible.

The SACT Programme Board will also have the ability to insert a stop/go on the implementation process, if there are serious concerns that implementation cannot be safely achieved. Should this occur, it will be widely communicated through:

- SACT liaison officers
- newsletters
- the Data Coordination Board

In this eventuality, trusts will be able to revert back to v2.0, until the serious issue (which caused the stop/go process) is resolved and an acceptable solution agreed.

Lessons Learned

Throughout the implementation process the Head of Cancer Datasets will monitor the roll-out and any lessons learned will be documented and used to improve the next version.