NICaN Lung Clinical Reference Group Terms of Reference (TOR)

Prepared for and agreed by NICaN Lung Clinical Reference Group in adherence with Manual for Cancer Services Lung Measures Version 1.1 January 2014

Date Agreed	Version	Comments
08/06/05	1.0	Agreed at inaugural meeting 7th April 2005
2009	2.0	Amended to reflect changes from RPA
2013	3.0	Updated following change in membership August 2013
30/09/16	4.0	Agreed at Lung CRG Meeting 30/09/16
08/12/17	5.0	Agreed 8th December 2017

NICaN Lung Clinical Reference Group Terms of Reference

Purpose

All NICaN site specific groups are multi-disciplinary with representation of professionals from across the care pathway. The clinical reference groups aim to ensure that mechanisms are in place to involve service users in the planning and review of Cancer services and ensure active engagement of all relevant professionals across the Network.

The NICaN Lung Clinical Reference Group (CRG) will bring together those interested in the planning, development and delivery of Lung cancer services in Northern Ireland for those with, or suspected of having Lung cancer. It will give leadership to, and continuously develop, Lung cancer care in Northern Ireland.

In order to ensure high quality person centred care, the Group will:

- be the authoritative source of expertise and guidance to planners, commissioners and providers of services;
- indicate service reconfiguration, and resource implications required to achieve the highest quality care;
- review existing standards and guidelines and develop regionally agreed standards of care which are periodically monitored/audited; and
- Prioritise resources within Lung cancer service developments.

Objectives

The NICaN Lung Clinical Reference Group should work collaboratively to deliver the following key core objectives:

I. Service Planning: The NICaN Lung CRG should ensure that service planning
    - Is in line with national guidelines and standards
    - Considers the full patient pathway
    - Promotes high quality care and reduces inequality
    - Takes account of patient and carers views
    - Recognises opportunities for service and workforce redesign
    - Establishes common guidelines

II. Service Improvement/Redesign: The NICaN Lung CRG should commit to service improvement and redesign by ensuring:
    - Responsiveness to pathway issues highlighted at regional cancer operational meetings / Trust performance meetings
    - Regular participation in service improvement/redesign and ensuring that evidence of such is readily available to support resource applications etc

III. Service Quality Monitoring and Evaluation
- Agree on priorities for data collection and support the development of regionally agreed clinical data sets
- Review the quality and completeness of data, recommending corrective action where necessary
- Facilitate processes which allow for service users/carers to evaluate services
- Produce audit data and participate in open review
- Monitor progress on meeting national cancer measures and ensure action plans are agreed

IV. Service delivery
- Assist in the delivery of Trust priority areas (e.g. access, Cancer Service Framework) through the development of appropriate guidelines and protocols that support delivery.

V. Education & workforce
- Participate in relevant training and development events to facilitate sharing of best practice and service development.
- Undertake regular sharing of audit information.

VI. Research and Development
- The Lung CRG should agree a common approach to research and development and ensure participation in nationally recognised studies whenever possible.

Core Membership

Membership will be open to all those interested in the planning, development and delivery of Lung cancer services in Northern Ireland and should be representative of all key stakeholder communities relevant to the disease area. The representation on the Lung CRG should be such that the NICaN Board agree to authorise it as the source of the Network's clinical opinion on matters relating to Lung Cancer.

The Manual for Cancer Services Lung Measures sets out the agreed membership for the clinical reference group:[1]

- A named chair who should be a core member of one of the associated MDTs
- The MDT lead clinician from each of the associated MDTs
- A respiratory physician
- A thoracic surgeon
- A clinical oncologist
- A medical oncologist
- An imaging specialist
- A histopathologist
- At least one nurse core member of one of the associated MDTs

1

- Two user representatives (one of the NHS employed members of the group should be nominated as having specific responsibility for users issues and information for patients and carers
- Secretarial/admin support

A member of the CRG should be nominated as responsible for ensuring that recruitment into clinical trials and other well designed studies is integrated into the function of the CRG.

Trust Cancer Executive Directors provided details of their nominations to the Lung Group in August 2013 – these reflect core membership of their Trust MDM, the table below sets out the confirmed nominations as agreed at CRG meeting 08 December 2017

Clinical Lead

Mr Niall McGonigle, BHSCT is the Chair of the CRG with Mr Rory Convery as Deputy Chair

Nominated Representative	Role	Trust or other
Lynn Campbell Nicholas Magee Joe Kidney Jonathan McAleese Linda young Tim Warke Kieran McManus Ruth Johnston Tom Lynch Paula Scullin Mark Jones Aine Shiels Anne Robinson Carol McMaster	Consultant Oncologist Medical Respiratory Consultant Respiratory Consultant Consultant Oncologist Clinical Therapeutic Radiographer Respiratory Consultant Thoracic Surgeon Consultant Clinical Oncology Consultant Nuclear Medicine Consultant Oncologist Medical Thoracic Surgeon Consultant Radiologist Clinical Nurse Specialist Macmillan Lung Cancer Nurse Specialist	Belfast Trust
Wendy Anderson Pauline Wilkinson Sally Convery Margaret Carlin Carmen Barr	Respiratory Consultant Consultant Palliative Medicine Palliative Care Nurse Palliative Care Nurse CNS	Northern Trust Marie Curie
Martin Kelly Charles Mullan Kathleen Mulholland Michael Reilly Rhun Evans Michelle Doherty Bernie O'Hanlon Teresa Howe	Consultant Respiratory Physician Consultant Radiologist Consultant Pathologist Consultant Radiologist Consultant Clinical Oncologist Clinical Nurse Specialist Clinical Nurse Specialist Clinical Nurse Specialist	Western Trust

Nominated Representative	Role	Trust or other
Mazdai Goudarz Hossam Abdulkhalek Ahmed Bedair	Consultant Clinical Oncologist Consultant Oncologist Consultant Oncologist	
Jennifer Elder (Maternity Leave) Steve Rowan(see above) Karen Foden Richard Hewitt Stephanie Spring	Respiratory Consultant Respiratory Consultant Clinical Nurse Specialist Consultant Respiratory Physician	South Eastern Trust
Joanne Frazer Muriel Stevenson Judith Carser Shane Moan Rajeev Shah	Clinical Nurse Specialist Clinical Nurse Specialist Acute Oncology Consultant Clinical Lead HDU Consultant Pathologist	Southern Trust
Nicola Evans Dr Yvonne McGivern Dr Gerry Millar Dr Anna Gavin and Ms Sinead Lardner Ms Janice Wilson	AHP Representative GP Representative GP Representative NICR Registry Clinical Liaison Patient Representative	
Sarah Donaldson	NICaN Network Co-ordinator	NICaN
Extended Membership		
Ms Davinia Lee Ms Gillian Traub Ms Lisa Houlihan	Cancer Services Manager Lead Cancer Nurse Haematology Services Manager	Belfast Trust
Mary Jo Thompson Caroline Lynas Robert McCormac	Cancer Services Manager Service Improvement Lead Information Manager	South Eastern Trust
Ms Pat McClelland Ms Moyra Mills	Cancer Services Manager Service Improvement Lead	Northern Trust
Ms Fiona Reddick Ms Mary Haughey	Cancer Services Manager Service Improvement Lead	Southern Trust
Ms Bridget Tourish Ms Caoimhe Lavery	Cancer Services Manager Service Improvement Lead	Western Trust
Loretta Gribben	PHA Nurse Consultant	NICaN

It is the responsibility of Core Members to report back within their own professional group and to ensure adequate consultation and involvement in key areas of the regional group work plan.

Frequency of Meetings

The clinical reference group should meet regularly with meetings agreed in advance by Clinical Lead. All attendance should be recorded and minutes agreed following each meeting.

Accountability and reporting arrangements

The Groups authority will come from its credibility. This credibility will be evidenced by the application of the Group and its member's knowledge and expertise. It will be the principal source of advice to indicate the service reconfiguration, and resource implications required to achieve the highest quality care.

Individual members will be accountable to their own profession and are responsible for reporting back to their own multi-disciplinary teams. The Lead/Chair of the group will be held accountable to the NICaN Board, via a member of the NICaN management team, for the delivery of the agreed work plan. The Lead/Chair will be responsible for reporting to the NICaN Board annually.

Attendance at Committee Meetings

In order to keep up to date with progression of the regional group work plan, it is crucial that members attend regularly. If a nominated member fails to attend 3 consecutive meetings, a new nomination will be sought. Contact will be made with the member following non-attendance at 2 consecutive meetings to establish reasons for non-attendance.