NICaN Acute Oncology Clinical Reference Group (CRG): Terms of Reference

Date agreed/discussed	Version	Comments/changes
29.9.16	0.1	Prepared for and agreed by the Regional Acute Oncology Steering group in September 2016.
27.7.17	0.2	Nomination provided by Trusts in February 2017.
18.8.17	0.3	Minor changes to nominations
15.9.17	0.4	Minor changes following discussion at CRG
19.1.18	1.0	Agreed at CRG

NICaN Acute Oncology Clinical Reference Group: Terms of Reference

1. Introduction

In 2016 HSCB/PHA approved a service specification for the acute oncology model which was agreed by all Trusts through the Regional Acute Oncology Task and Finish Group. Subsequent to this approval responsibility for the implementation of the service lies with the HSCB Acute Oncology Steering Group chaired by Dr Miriam McCarthy PHA.

NICaN has been tasked with establishing a Network Acute Oncology Clinical Reference Group (CRG) to provide guidance and direct the operational implementation and development of the Acute Oncology Service in Northern Ireland. The CRG will be accountable and report to the HSCB Acute Oncology Steering Group and NICaN Board.

Definition of Acute Oncology

Acute Oncology deals with non-elective cancer admissions for

- Treatment toxicities
- Acute complications of the patients' disease (such as malignant spinal cord compression)
- Patients admitted as an emergency with a new diagnosis of cancer

An acute oncology service aims to:

- Provide access to expert and timely oncology advice, in order to ensure appropriate management of the complications of cancer and its treatment
- Provide timely and appropriate access to emergency treatment and, if necessary, hospital admission
- Ensure that the infrastructure is in place to provide this service
- Enhance the management of patients with previously undiagnosed cancer or cancer of an unknown primary
- When appropriate, inform patients of the risks of treatment and how to deal with problems

2. Purpose

The NICaN Acute Oncology Clinical Reference Group (CRG) will bring together those interested in the planning, development and delivery of acute

oncology services in Northern Ireland. It will give leadership to, and continuously develop, the acute oncology service in Northern Ireland.

The CRG will provide advice and guidance on the following aspects of the Acute Oncology Service:

- The configuration and regional service developments of AO across the network, ensuring co-ordination and consistency across the network for implementing the acute oncology service and acute oncology practice in hospitals
- Provide guidance to commissioners to ensure that there is an acute oncology team (AOT) within each HSC Trust, combining staff from A&E departments, acute medicine and oncology. This team will have the role of coordinating the service in that hospital.

In addition, the CRG will be responsible for the following:

- Develop operational policies and protocols, describing timely and accurate communication between primary care, the AOT, providers of emergency treatment, oncologists, telephone advice services and patients and carers
- Undertake an regular review (3 yearly as minimum) of the Acute Oncology Clinical Guidelines
- Define protocols for the treatment of the AO presentations
- Ensure rapid assessment and management of patients who require access to urgent or emergency care
- The CRG will link with the Tumour site specific and SACT Clinical Reference Groups on the acute oncology treatment and referral guidelines
- The CRG will function as the network group for MSCC

3. Objectives

The NICaN Acute Oncology CRG should work collaboratively to deliver the following key core objectives:

a) Service Planning

The CRG should ensure that service planning:

- Is in line with national and local guidelines and standards, specifically:
  - Manual for Cancer Services Acute Oncology (2014)

  - NICaN Neutropenic Sepsis Guideline which are based on the National NICE Neutropenic sepsis: prevention and management of neutropenic sepsis in cancer patients (CG 151)
  - Metastatic spinal cord compression: Diagnosis and management of adults at risk of and with metastatic spinal cord compression (CG 75)
  - Metastatic malignant disease of unknown primary origin: Diagnosis and management of metastatic malignant disease of unknown primary origin (CG 104)
- Promotes high quality care and reduces inequality.
- Takes account of patient and carers views.
- Recognises opportunities for service and workforce redesign.
- Establishes common guidelines.

b) Service Improvement

The CRG should commit to service improvement by ensuring:

- Responsiveness to pathway issues highlighted at regional cancer operational meetings /Acute Oncology Steering Group.

c) Service Quality Monitoring and Evaluation

- Collate and review Trust audits of the treatment of neutropenic sepsis and of the MSCC service.
- 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.
- Monitor progress on meeting national cancer measures and ensure action plans are agreed.

d) Service delivery

- Monitor the delivery of antibiotics within one hour to patients with potential neutropenic sepsis ('1 hour to antibiotic policy')
- Monitor the provision of urgent outpatient appointment slots, specified for AO patients;
- Develop protocols for the management of CUP

e) Education & workforce

- To develop a Network Induction Training Policy in the use of the Acute Oncology Service
- Participate in relevant training and development events to facilitate sharing of best practice and service development
- Undertake regular sharing of audit information
- Update the Acute Oncology APP as required.

- Provide advice to the Regional Acute Oncology Steering group on issues relating to skill mix.

4. Core Membership

Membership will be open to all those interested in the planning, development and delivery of acute oncology services in Northern Ireland and should be representative of all key stakeholder communities. The representation on the Acute Oncology 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 acute oncology.

The Manual for Cancer Services Acute Oncology Measures[1] sets out the membership for the Network Acute Oncology Clinical Group as follows:

- The hospital acute oncology leads from the network
- The Chair of the Network Chemotherapy Group
- The Chair of the Network Radiotherapy Group*
- Clinical Oncologist who is a member of the acute oncology assessment service
- Medical oncologist who is a member of an acute oncology assessment service
- Haemato-oncologist who is a member of an acute oncology assessment service
- A&E consultant who is a member of an acute oncology team
- Member of a specialist palliative care team who is also a member of a hospital acute oncology team
- Consultant physician who is a member of a hospital acute oncology team
- Senior clinical advisor for MSCC from both the spinal surgical and clinical oncology disciplines
- Specialist nurse who is a member of an acute oncology assessment service
- Designated oncology pharmacist
- Physiotherapist
- Two user representatives

[1] http://www.cquins.nhs.uk/?menu=resources
* NICaN does not have a Radiotherapy Network Group

The Acute Oncology Steering Group considered the membership outlined above and the need to ensure representation from each Trust. The NICaN Medical Director wrote to the Assistant Directors with responsibility for cancer in February 2017 seeking nominations for the group and the table below reflects this membership.

Named Individual	Role	Trust/ Other
Core Membership		
Dr Judith Carser	Consultant Medical Oncologist and Clinical Lead for Acute Oncology	BHSCT
Dr Paula Scullin	Consultant Medical Oncologist and Clinical Lead for Systemic Anti-Cancer Therapy and Chair of NICAN SACT	BHSCT
Mr Jim Sales	Consultant Spinal Surgeon	BHSCT
Ms Jacque Warwick and/or Ms Rachel Forster	CNS in Acute Oncology	BHSCT
Dr Ruth E Johnston	Consultant Clinical Oncologist and Clinical Lead for Acute Oncology	NHSCT
Ms Lisa McCauley and/or Ms Kerrie Sweeny	CNS in Acute Oncology	NHSCT
VACANT	Consultant Oncologist (Acute Oncology)	SHSCT
Ms Theresa Clarke and/or Ms Laura Creaney	CNS in Acute Oncology	SHSCT
Dr Lois Mulholland *(Clinical Lead/Chair of CRG)*	Consultant Clinical Oncologist and Clinical Lead for Acute Oncology	SEHSCT
Dr Simon Coulter	Consultant in Palliative Medicine	SEHSCT
Dr Niall Collum	Consultant Emergency Medicine	SEHSCT
Ms Caitlin McCoy and/or Ms Dawn Mellon	CNS in Acute Oncology	SEHSCT
Dr Sonali Dasgupta	Consultant Oncologist and Clinical lead for Acute Oncology	WHSCT
Dr Ciara Lyons	Consultant Clinical Oncologist	WHSCT
Ms Celia Diver Hall	CNS in Acute Oncology	WHSCT
Ms Lorna Cairns	Consultant Cancer Pharmacist	WHSCT
Ms Paula Treanor	Clinical Network Coordinator	NICaN
Extended membership		
Ms Debbie Wightman	Divisional Nurse for Cancer/Lead Cancer Nurse	BHSCT

Ms Debbie McKelvey Ms Edel Aughey	Assistant Service Manager, Oncology IP Macmillan Service Improvement Lead	
Ms Pat McClelland Ms Moyra Mill	Cancer Manager/lead nurse Macmillan Service Improvement Lead	NHSCT
Mary Jo Thompson Ms Caroline Lyness Mr Robert McCormac	Clinical Cancer Manager Macmillan Service Improvement Lead Operations Manager, Cancer	SEHSCT
Ms Fiona Reddick Ms Mary Haughey	Cancer Manager/lead nurse Macmillan Service Improvement Lead	SHSCT
Ms Bridget Tourish Ms Caoimhe Lavery	Cancer manager/lead nurse Macmillan Service Improvement Lead	WHSCT
Ms Clodagh O'Brien	Network Manager	NICaN
Ms Loretta Gribben	Nurse Consultant	PHA
Ms Sinead Lardner	Clinical Advisor	NICR
Ms Claire Black	Macmillan Cancer Support	MacMillan

The meetings are open meetings with everyone interested welcome to attend, however the core membership should be in line with the Manual for Cancer Services outlined above. The Network will ensure that there is appropriate representation from across the Trusts.

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.

5. Frequency of Meetings

The CRG should meet regularly with meetings agreed in advance by Clinical Lead. All attendance should be recorded.

6. Accountability and reporting arrangements

The Group's 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 Regional Acute Oncology Steering Group and the NICaN Board for the delivery of the agreed work plan. The Lead/Chair will be responsible for reporting to the Acute Oncology Steering Group and NICaN Board as required.

7. Attendance at CRG Meetings

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