NICaN
Northern Ireland
Cancer Network

NICaN Gynaecological Cancer Clinical Reference Group (CRG): Terms of Reference

Date Agreed by CRG	Version	Comments/changes
9.2.07	1.0	
August 2013	2.0	Prepared for and agreed by NICaN Melanoma Site Specifc Group in adherence with Network Regional Groups, Review and Constitution: Version 7, May 2005.
23.6.17	3.0	Updated to reflect the minimum membership set out in the Manual for Cancer Services Gynecology Measures (Version 1.0, January 2014,14-IC-103e). CRG confirmed membership

NICaN Gynaecological Cancer Clinical Reference Group: Terms of Reference

1. Purpose

All NICaN Clinical Reference Groups (CRG) 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 Gynaecological Cancer Clinical Reference Group (CRG) will bring together those interested in the planning, development and delivery of gynaecological cancer services in Northern Ireland for those with, or suspected of having a gynaecological cancer. It will give leadership to, and continuously develop, gynaecological 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 gynaecological cancer service developments.

2. Objectives

The NICaN Gynaecological Cancer 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 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.

b) Service Improvement/Redesign

The 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

c) 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.

d) Service delivery

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

e) Education & workforce

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

f) Research and Development

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

3. Core Membership

Membership will be open to all those interested in the planning, development and delivery of gynaecological cancer services in Northern Ireland and should be representative of all key stakeholder communities relevant to the disease area. The representation on the Gynaecological Cancer 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 gynaecological cancer.

The Manual for Cancer Services Gynaecology Measures sets out the agreed membership for the Gynaecological Clinical Reference Group:[1]

- the MDT lead clinician from each of the associated MDTs;
- at least one nurse core member of an associated MDT;
- a gynaecology surgeon;

[1] http://www.cquins.nhs.uk/?menu=resources

- representation covering both clinical and medical oncology;
- a radiologist
- a histopathologist;
- two user representatives;
- there should be a named chair who should be a core member of one of the associated MDTs;
- one of the NHS employed members of the network group should be nominated as having specific responsibility for users' issues and information for patients and carers;
- a member of the network group nominated as responsible for ensuring that recruitment into clinical trials and other well designed studies is integrated into the function of the network group;
- named secretarial/administrative support.

Trust Cancer Executive Directors provided details of their nominations to the Gynaecological Cancer Group in August 2013 – these reflect core membership of their Trust MDM. The table below sets out the confirmed nominations and was reviewed and updated in June 2017.

Named Individual	Role	Trust or Other
Core Membership		
Dr Ian Harley	Consultant Gynaecologist & CRG Chair	Belfast
Dr Arthur Grey	Consultant Radiologist	
Dr Bernie Corcoran	Palliative Care Consultant	
Dr Stephen Dobbs	Consultant Gynaecologist	
Dr Joanne Millar	Consultant Oncologist – medical	
Dr Anne Drake	Consultant Oncologist – clinical	
Dr Hans Nagar	Consultant Gynaecologist	
Ms Eilish McColgan	Clinical Nurse Specialist	
Ms Adrina O'Donnell	Clinical Nurse Specialist	
Dr Glenn McCluggage	Consultant Pathologist	
Dr Sarah McKenna	Consultant Oncologist – medical	
Ms Helen Vennard	Therapeutic Radiographer	
Dr Jackie Clarke	Consultant Oncologist – clinical	
Dr Ursula McGivern	Consultant Oncologist – clinical	
Dr Eimear Murtagh	Consultant Radiologist	
Dr Julieann Forbes	Associate Specialist	
Dr Sharon Fallows	Consultant Gynaecologist	Western
Ms Heather Coulter	Clinical Nurse Specialist	
Dr Allam Adas	Consultant Radiologist	
Dr Gillian Thompson	Consultant Radiologist	
Dr Gary Dorman	Consultant Gynae Oncologist	Northern
Ms Patricia Rogers	Clinical Nurse Specialist	
Dr Geoff McCracken	Consultant Gynaecologist	Southern
Dr Anne Carson	Consultant Pathologist	
Ms Sharon Quinn	Clinical Nurse Specialist	

Dr Ramez Ayyoub Dr Andrew Wray Ms Pippa McCabe Dr David Glenn Ms Paula Dempster Dr Karen Woods	Consultant Gynaecologist Consultant Radiologist Clinical Lymphoedema Lead Consultant Gynaecologist Gynae Oncology CNS Consultant Gynaecologist	South Eastern
Ms Janine McCann Ms Dorothy Byers	Patient/Public Representative Patient/Public Representative	Patient/Public Representative
Dr Shauna Fannin	GP representative	GP
Ms Joanna Freeburn Ms Jane Rankin	AHP Rep AHP Rep	AHP Rep
Ms Paula Treanor	Clinical Network Coordinator	NICaN
Extended membership		
Ms Davinia Lee Ms Edel Aughey	Cancer Manager Macmillan Service Improvement Lead	Belfast Trust
Ms Pat McClelland Ms Moyra Mill	Cancer Manager/lead nurse Macmillan Service Improvement Lead	Northern Trust
Ms Mary Jo Thompson Ms Caroline Lyness Mr Robert McCormac	Clinical Cancer Manager Macmillan Service Improvement Lead Operations Manager, Cancer	South Eastern Trust
Ms Fiona Reddick Ms Mary Haughey	Cancer Manager/lead nurse Macmillan Service Improvement Lead	Southern Trust
Ms Elizabeth England Ms Bridget Tourish	Cancer manager/lead nurse Macmillan Service Improvement Lead	Western Trust
Ms Clodagh O'Brien	Network Manager	NICaN
Dr Miriam McCarthy	PHA Consultant	PHA
Ms Jenny Keane	AHP Consultant	PHa
Ms Loretta Gribben	Nurse Consultant	PHA
Ms Sinead Lardner	Clinical Advisor	NICR

There will continue to be a distribution list for interested parties to ensure that communication in relation to the work of the group continues within the wider gynaecological cancer community.

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.

4. Frequency of Meetings

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

5. 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 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.

6. 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.