NICaN Head & Neck Clinical Reference Group (CRG): Terms of Reference

Date Agreed by CRG	Version	Comments/changes
18.04.14	1.0	Prepared for and agreed by NICaN Head & Neck Clinical Reference Group in adherence with Network Regional Groups, Review and Constitution: Version 7, May 2005.
12.10.16	2.0	Updated to reflect the minimum membership set out in the Manual for Cancer Services Head and Neck Measures (Version 1.3, December 2014,14-IC-203i) and changes to membership
Jan 2018	2.1	Minor changes to membership

NICaN Head & Neck 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 Head & Neck Clinical Reference Group (CRG) will bring together those interested in the planning, development and delivery of head and neck cancer services in Northern Ireland for those with, or suspected of having a head and neck tumour. It will give leadership to, and continuously develop, head and neck 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 head and neck cancer service developments.

2. Objectives

The NICaN Head & Neck 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 head and neck cancer services in Northern Ireland and should be representative of all key stakeholder communities relevant to the disease area. The representation on the Head & Neck 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 head and neck cancer.

The Manual for Cancer Services Head and Neck Measures sets out the agreed membership for the Head & Neck Clinical Reference Group:[1]

- Representation from each of the associated MDTs;
- At least one nurse core member of an associated MDT;
- A head and neck surgeon;
- A clinical oncologist;

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

- A medical oncologist;
- 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 HSC 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 Head and Neck Group in January 2014 – these reflect core membership of their Trust MDM. The table below sets out the confirmed nominations and was updated in October 2016 to reflect changes in staffing/membership.

Named Individual	Role	Trust or Other
Mr Barry Devlin	H&N Consultant & Clinical Lead of CRG	Belfast
Mr Ramzan Ullah	H&N consultant	
Mr Myles Black	H&N Consultant	
Ms Nicola Joyce	H&N CNS	
Ms Melanie Ardis	H&N CNS	
Ms Claire Duffy	H&N CNS	
Ms Janine Briggs	H&N Dietician	
Ms Catherine Farnan	H&N S&LT	
Dr Seamus Napier	Consultant Pathologist	
Dr Mark Love	Consultant Radiologist	
Dr Simon Killough	School of Dentistry	
Dr Fionnuala Houghton	Consultant Oncologist	
Dr Keith Rooney	Consultant Oncologist	
Dr Paula McCluskey	Consultant Oncologist	
Ms Kar-Lee Brown	H&N Radiographer	
Ms Cheryl Mackin,	Specialist Oncology Liaison Dietitian	
Mr Joseph Smith	Consultant Oral and Maxillofacial	Western
Mr Greg McBride	Consultant ENT Surgeon	
Mr John Stenhouse	Consultant Oral and Maxillofacial	
Mr David McGahey	Consultant ENT Surgeon	
Dr David Stewart	Consultant Oncologist	
Dr Ciaran Flynn	Consultant Pathologist	
Dr Kasha Zygan	Consultant Radiologist	
Ms Angela McKeever	Head and Neck CNS	
Dr John Canning	Consultant Radiologist	Northern
Mr Marcel Valko	Consultant ENT Surgeon	
Mr Dave McCaul	Consultant ENT Surgeon	Southern
Mr Ramesh Gurunathan	Consultant ENT Surgeon	
Ms Kate McGinn	H&N CNS	

Named Individual	Role	Trust or Other
Mr Declan Lannon Mr John Hanratty Ms Cherith Semple Ms Teresa Ferguson Ms Dee Rafferty	Consultant Plastic Surgeon Consultant Maxillo Facial Surgeon Head and Neck CNS Head and Neck CNS Palliative Care CNS	South Eastern
Dr Gerry Millar	GP	GP
Mr John McGuinness	PPI Representative	
Ms Paula Treanor	Clinical Network Coordinator	NICaN
Extended Membership:		
Ms Davinia Lee Ms Edel Aughey Ms Debbie Wightman Ms Ruth Jenkins	Cancer Manager Macmillan Service Improvement Lead Service Manager for onc & haem Service Manager for H&N	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 Ms Martina Corrigan	Cancer Manager/lead nurse Macmillan Service Improvement Lead Head of ENT, urology & outpatients	Southern Trust
Ms Bridget Tourish	Cancer manager Macmillan Service Improvement Lead	Western Trust
Ms Clodagh O'Brien Ms Loretta Gribben	Network Manager Nurse Consultant PHA	NICaN
Ms Sinead Lardner	Clinical Advisor	NI Cancer Registry

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.