

NICaN Melanoma and Complex Skin Cancer Clinical Reference Group (CRG): Terms of Reference

Date Agreed by CRG	Version	Comments/changes
27.11.09	1.0	
August 2013	2.0	Prepared for and agreed by NICaN Melanoma Site Specific Group in adherence with Network Regional Groups, Review and Constitution: Version 7, May 2005.
Feb 2017	3.0	Updated to reflect the minimum membership set out in the Manual for Cancer Services Skin Measures (Version 1.2, July 2014, 14-IC-104j and revised/confirmed nominations from Trusts

NICaN Melanoma and Complex Skin 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 Melanoma and Complex Skin Cancer Clinical Reference Group (CRG) will bring together those interested in the planning, development and delivery of melanoma and complex skin cancer services in Northern Ireland. It will give leadership to, and continuously develop, skin 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 skin cancer service developments.

2. Objectives

The NICaN Melanoma and Complex Skin 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 melanoma and complex skin cancer services in Northern Ireland and should be representative of all key stakeholder communities relevant to the disease area. The representation on the Melanoma and Complex Skin 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 melanoma and complex skin cancer.

The Manual for Cancer Services Skin Measures sets out the agreed membership for the Skin Cancer Clinical Reference Group:¹

- a core member from each of the associated MDTs;
- a skin nurse specialist;
- a dermatologist;
- surgical representation including plastic and reconstructive surgery;
- representation covering both clinical and medical oncology;
- a histopathologist;
- an imaging specialist;
- a GPwSI in skin cancer practising in the community;
- 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.

Assistant Directors with responsibility for Cancer were asked to review their nominations in February 2017. The table below sets out the confirmed nominations as of February 2017.

¹ <http://www.cquins.nhs.uk/?menu=resources>

Named Individual	Role	Trust or Other
Core members		
Dr Olivia Dolan	Consultant Dermatologist and Network Clinical Lead	Belfast
Ms Iona McCormack	Dermatology Nurse Practitioner	
Dr Olga Kerr	Consultant Dermatologist	
Dr Lin Shum	Consultant Clinical Oncologist	
Dr Bode Oladipo	Consultant Medical Oncologist	
Ms Claire Black	Consultant Plastic Surgeon	
Dr Tom Lynch	Consultant Radiologist/ Imaging Specialist	
Dr David Todd	Consultant Dermatologist	Northern
Dr David Boyle	Consultant Pathologist	
Ms Michelle Reid	Skin Cancer Clinical Nurse Specialist	
Ms Lynsey Atkinson	Skin Cancer Clinical Nurse Specialist	
Dr David Alderdice	Consultant Dermatologist	South Eastern
Mr Jeremy Bond	Consultant Plastic Surgeon	
Mr Mel Tohill	Consultant Plastic Surgery	
Ms Sheena Stothers	Clinical Nurse Specialist (Complex)	
Ms Louise Harden	Skin Cancer Clinical Nurse Specialist	
Dr Art O'Hagan	Consultant Dermatologist	Southern
Ms Paula Nugent	Skin Cancer Clinical Nurse Specialist	
Ms Lauren Godfrey	Skin Cancer Clinical Nurse Specialist	
Dr David Stewart	Consultant in Clinical Oncology	Western
Dr Ahmed Bediar	Consultant in Clinical Oncology	
Dr Paula O'Hare	Associate Specialist Dermatology/GP	
Ms Joanne McFadden	Patient Access Coordinator (representing dermatology)	
Mr Mike Moran	Patient Representative	PPI
Ms Paula Treanor	Clinical Network Coordinator	NICaN
Extended Members:		
Ms Davinia Lee	Cancer Manager	Belfast Trust
Ms Edel Aughey	Macmillan Service Improvement Lead	
Ms Liz Taylor	Dermatology Services Manager	
Ms Pat McClelland	Cancer Manager/lead nurse	Northern Trust
Ms Moyra Mill	Macmillan Service Improvement Lead	
Ms Mary Jo Thompson	Clinical Cancer Manager	South Eastern Trust
Ms Caroline Lyness	Macmillan Service Improvement Lead	
Mr Robert McCormac	Operations Manager, Cancer	
Ms Fiona Reddick	Cancer Manager/lead nurse	Southern Trust
Ms Mary Haughey	Macmillan Service Improvement Lead	
Ms Jeanette Collins	Dermatology manager	
Ms Elizabeth England	Cancer manager/lead nurse	Western Trust
Ms Bridget Tourish	Macmillan Service Improvement Lead	
Ms Sinead Lardner	Clinical Advisor	NICR

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.