

NICaN Thyroid Clinical Reference Group (CRG): Terms of Reference

Date Agreed by CRG	Version	Comments/changes
18.11.14	1.0	Prepared for and agreed by NICaN Thyroid Clinical Reference Group in adherence with Manual for Cancer Services Head & Neck Measures
18.10.16	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).

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

2. Objectives

The NICaN Thyroid 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 thyroid cancer services in Northern Ireland and should be representative of all key stakeholder communities relevant to the disease area. The representation on the Thyroid 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 thyroid cancer.

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

- Representation from each of the associated MDTs;
- At least one nurse core member of an associated MDT;
- A thyroid surgeon;
- A clinical oncologist;
- A consultant representing the radioactive iodine treatment modality (this may be an oncologist or a nuclear medicine specialist);
- 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 Thyroid Group in July 2014 – these reflect core membership of their Trust MDM. The membership was reviewed

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

by the CRG in October 2016 and a few minor amendments were noted. The table below sets out the membership.

Named Individual	Role	Trust/ Other
Dr Steven Hunter	Consultant Endocrinologist & Clinical Lead of the NICaN CRG	Belfast
Mr Ramzan Ullah Dr Fionnuala Houghton Ms Fiona Eatock Ms Teresa Rea Ms Lorraine McKnight	Consultant Head and Neck Surgeon Consultant Oncologist Consultant Endocrine Surgeon Endocrine Education Nurse Radionuclide Therapy Nurse	
Dr Neil Black Mr Greg McBride Ms Angela McKeever Dr Ciaran Flynn Dr Kasia Zygan	Consultant Endocrinologist ENT Consultant Head & Neck CNS Consultant Pathologist Consultant Radiologist	Western
Mr Marcel Valko	Consultant ENT Surgeon	Northern
Mr Marian Korda	Consultant ENT Consultant	Southern
Mr Robert Kennedy Dr Roy Harper	Consultant Oncoplastic Breast Endocrine and General Surgeon Consultant Physician and Endocrinologist	South Eastern
Vacant	Patient/Public Representative	
Ms Paula Treanor	Clinical Network Co-ordinator	NICaN
Extended members will include Trust Cancer Service Improvement Leads and/or Cancer Manager		

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 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.

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.