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NICaN Upper GI Cancer Clinical Reference Group Terms of Reference (TOR)

Prepared for and agreed by NICaN Upper GI Clinical Reference Group in adherence with Manual for Cancer Services Upper GI Measures Version 1.0 January 2014

Date Agreed	Version	Comments
17 November 2005	1.0	Agreed at regional meeting
November 2014	2.0	Updated following change in group membership
April 2017	3.0	Updated to include reference to Manual for Cancer Services recommended membership and revised membership

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NICaN Upper GI Clinical Reference Group Terms of Reference

1. Purpose

All NICaN clinical reference groups 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 Upper GI Clinical Reference Group (CRG) will bring together those interested in the planning, development and delivery of both Oesophago-gastric and HPB cancer services in Northern Ireland for those with, or suspected of having either oesophago-gastric or HPB cancer. It will give leadership to, and continuously develop, Upper GI 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 Upper GI cancer service developments.

2. Objectives

The NICaN Upper GI Clinical Reference Group should work collaboratively to deliver the following key core objectives:

a) Service Planning: The NICaN Upper GI 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 NICaN Upper GI 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 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 Upper GI 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 Upper GI cancer services in Northern Ireland and should be representative of all key stakeholder communities relevant to the disease area. The representation on the Upper GI 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 Upper GI Cancer.

The Manual for Cancer Services Upper GI Measures sets out the agreed membership for the clinical reference group as follows. Additional membership from HPB measures is also included:[1]

- A named chair who should be a core member of one of the associated MDTs
- MDT lead from each of the associated MDTs
- An OG Surgeon
- A HPB surgeon (HPB measures)
- A rep for ERCP and EUS (HPB measures)
- A hepatologist (HPB measures)
- A gastroenterologist

[1]

- A clinical oncologist
- A medical oncologist
- A radiologist
- A histopathologist
- Representation from specialist palliative care
- At least one nurse core member of an associated MDT
- Two user representatives
- Secretarial/admin support

A member of the CRG should be nominated as responsible for ensuring that recruitment into clinical trials and other well designed studies is integrated into the function of the CRG.

Trust Assistant Directors with responsibility for Cancer provided details of their nominations to the Upper GI Group in April 2017 – these reflect core membership of their Trust MDM. The table below sets out the confirmed nominations as of April 2017:

Named Representative	Role	Trust or other
Core membership		
Mr Andrew Kennedy Dr Martin Eatock Dr Neil McDougall Dr Mike Mitchell Mr Mark Taylor Dr Inder Mainie Dr Claire Harrison Dr Joan Regan Dr Eoin Napier Dr Peter Kennedy Dr Damian McManus Dr Paul Kelly Sharon McGaughey Louise Collins Julie Hanna Karen Lilly Alex McAfee	Consultant OG Surgeon **(Chair of CRG)** Consultant Medical Oncologist Consultant Hepatologist (Deputy chair HPB MDT) Consultant Gastroenterologist (Chair HPB MDT) Lead HPB Surgeon Gastroenterology OG EUS Consultant Clinical Oncologist Consultant Palliative Medicine Radiologist OG Radiologist HPB Pathologist OG Pathologist HPB Clinical Specialist UGI Dietician CNS OG CNS OG CNS OG CNS HPB	Belfast Trust
Dr Colin Rodgers Tracey Ashfield	Consultant Gastroenterologist Lead Cancer Clinician CNS OG	Northern Trust
Dr Ahmed Bedair Dr Ishtiaq Zubari Yvonne Black	Consultant Clinical Oncologist Consultant Medical Oncologist CNS OG	Western Trust

Dr Simon Coulter Mr Gary Spence Dr Tony Tham Dr Patrick Allen Julie MacMillan	Consultant in Palliative Medicine Consultant Surgeon Consultant Gastroenterologist Consultant Gastroenterologist CNS GI	South Eastern Trust
Mr Manos Epanomeritakis Maureen Connolly	Consultant Surgeon Palliative/OG CNS	Southern Trust
Helen Setterfield Susan Cooke	Patient/user Representative (OG) Patient/user Representative (HPB)	Patient/User
Paula Treanor	NICaN Network Co-ordinator	NICaN
Extended membership		
Ms Davinia Lee Ms Edel Aughey Ciara Toal	Cancer Manager Macmillan Service Improvement Lead Cancer Business Support Manger	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
Loretta Gribben	Nurse Consultant	PHA
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 Clinical Reference Group (CRG) should meet regularly with meetings agreed in advance by Clinical Lead. All attendance should be recorded and minutes agreed following each meeting.

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 meetings

In order to keep up to date with progression of the regional group work 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.