



NICaN Sarcoma Clinical Reference Group Terms of Reference (TOR)

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

Date Agreed	Version	Comments/Changes
November 2014	1.0	Agreed at Regional Meeting
February 2017	2.0	Agreed at Regional Meeting
October 2018	3.0	Agreed at Regional Meeting

NICaN Sarcoma Clinical Reference Group Terms of Reference

Purpose

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

Objectives

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

- I. Service Planning: The NICaN Sarcoma 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

- II. Service Improvement/Redesign: The NICaN Sarcoma 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

- III. 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

IV. 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

V. Education & workforce

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

VI. Research and Development

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

Core Membership

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

The Manual for Cancer Services Sarcoma Measures sets out the agreed membership for the clinical reference group:¹

- A named chair who should be a core member of an associated MDT
- A core member from each of the associated MDT's
- At least one nurse core member of an associated MDT
- A Sarcoma surgeon
- A Clinical Oncologist
- A Medical Oncologist (where the responsibility for chemotherapy is not undertaken by the clinical oncology core member)
- An Imaging specialist
- A Histopathologist
- Two user representatives
- Secretarial/admin support

¹ http://www.cquins.nhs.uk/download.php?d=resources/measures/Sarcoma_January2014.pdf

Trust Cancer Executive Directors provided details of their nominations to the Sarcoma Group in October 2014 – these reflect core membership of their Trust MDM. The table below sets out the confirmed nominations as of February 2017.

Named Representative	Role	Trust or other
Mr John Barr	Consultant Orthopaedic Surgeon and MDT Lead	BHSCT
Laurence Cusick	Consultant Orthopaedic Surgeon	
David Warnock	Consultant Orthopaedic Surgeon	
Heather McCarty	Consultant Oncologist	
Audrey Fenton	Consultant Oncologist	
Julie Reid	Vascular Surgeon	
Declan Carey	Retroperitoneal Surgeon	
Oisín Houghton	Consultant Pathologist	
Patrick Wilson	Consultant Radiologist	
Susan Starrett	Sarcoma CNS	
Dr Robert Johnston	Paediatric Consultant Oncologist	
Mr Alistair Graham		
Dr Diarmaid O'Longain	Consultant Radiologist	WHsCT
Mr Kevin Herbert	Consultant Plastic Surgeon (Lead Clinician)	SEHsCT
Dr Shakeel Dustagheer	Consultant Plastic Surgeon	
Dr Satyen Shukla	Consultant Radiologist	
Ms Jill Kennedy	Sarcoma CNS	
Mark Murnaghan	Trauma & Orthopaedic Consultant	SHsCT
Elaine McConnell	AHP representative/s	
Sarah Donaldson	NICaN Network Co-ordinator	
Extended Membership		
Ms Davinia Lee	Cancer Services Manager	Belfast Trust
Ms Gillian Traub	Lead Cancer Nurse	
Ms Lisa Houlihan	Haematology Services Manager	
Mary Jo Thompson	Cancer Services Manager	South Eastern Trust
Caroline Lynas	Service Improvement Lead	
Robert McCormac	Information Manager	
Ms Pat McClelland	Cancer Services Manager	Northern Trust
Ms Moyra Mills	Service Improvement Lead	
Ms Fiona Reddick	Cancer Services Manager	Southern Trust
Ms Mary Haughey	Service Improvement Lead	
Ms Bridget Tourish	Cancer Services Manager	Western Trust
Ms Caoimhe Lavery	Service Improvement Lead	
Loretta Gribben	PHA Nurse Consultant	NICaN
Sinead Lardner	NICR Representative	NICR

Clinical Lead

John Barr, Bone & Soft Tissue MDT Chair, BHSCT

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.

Frequency of Meetings

Clinical reference should meet regularly with meetings agreed in advance by Clinical Lead. All attendance should be recorded and minutes agreed following each meeting.

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.

Attendance at Committee 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 3 consecutive meetings, a new nomination will be sought. Contact will be made with the member following non-attendance at 2 consecutive meetings to establish reasons for non-attendance.

