NICaN Urology Cancer Clinical Reference Group Terms of Reference (TOR)

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

Date Agreed by CRG	Version	Comments/changes
2 October 2008	1.0	Agreed at Urology Regional Group Meeting
August 2013	2.0	Agreed following changes in group membership
Month 2016	3.0	To be agreed at CRG

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

Objectives

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

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

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

- A named chair who should be a core member of one of the associated MDTs
- A core member from each of the associated MDTs
- A urology surgeon
- Representation covering both clinical and medical oncology
- A radiologist

[1] http://www.cquins.nhs.uk/?menu=resources_measures_Urology_January2014

- A histopathologist
- A urology nurse specialist
- Two user representatives (one of the NHS employed members of the group should be nominated as having specific responsibility for users issues and information for patients and carers
- 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 Cancer Executive Directors provided details of their nominations to the Urology Group in August 2013 – these reflect core membership of their Trust MDM. The table below sets out the confirmed nominations as of June 2018:

Named Representative	Role	Trust or other
Mr Patrick Keane Mr Hugh O'Kane Mr Chris Hagan Dr Darren Mitchell Mr Gerry McCarthy Dr Alison Clayton Prof Joe O'Sullivan Dr Lin Shum Dr Jackie Harney Dr Jonathan McAleese Dr Fionnuala Houghton Dr Suneil Jain Mr Ali Thwaini Ms Samantha Thompson Dr Declan O'Rourke Dr Arthur Grey	Consultant Urologist Consultant Urological Surgeon Consultant Urologist Consultant Clinical Oncologist Anaesthetist Consultant Medical Oncologist Consultant Uro-pathologist Consultant Oncologist Consultant Clinical Oncologist Consultant Oncologist Consultant Oncologist Consultant Oncologist Consultant Urologist Clinical Nurse Specialist – Urology Consultant Pathologist Consultant Radiologist	Belfast Trust
Mr Paul Downey Dr Dianne Kirkpatrick Dr Barry Patterson Dr Jackie Jamieson	Consultant Urologist Consultant Radiologist Consultant Radiologist Consultant Pathologist	**Northern Trust**
Dr Michael Reilly Mr Colin Mulholland Dr Igho Deigbe Ms Kerry Chambers	Consultant Radiologist Consultant Urologist Consultant Pathologist Clinical Nurse Specialist Uro-oncology	**Western Trust**
Mr Sam Gray Mr Brian Duggan Mr John McKnight Dr Peter Ball	Consultant Urologist Consultant Urologist Consultant Urologist Consultant Radiologist	**South Eastern Trust**

Named Representative	Role	Trust or other
Ms Patricia Thompson	Clinical Nurse Specialist Urology	
Mr Aidan O'Brien Dr Gareth McClean Ms Kate O'Neill	Consultant Urologist Consultant Pathologist Clinical Nurse Specialist Urology	**Southern Trust**
TBC Ruth Moore /	Patient / Public representative AHP Representative	
Sinead Lardner Sarah Donaldson	NI Cancer Registry NICaN Network Co-ordinator	
Extended Membership		
Ms Davinia Lee Ms Gillian Traub Ms Lisa Houlihan	Cancer Services Manager Lead Cancer Nurse Haematology Services Manager	Belfast Trust
Mary Jo Thompson Caroline Lynas Robert McCormac	Cancer Services Manager Service Improvement Lead Information Manager	South Eastern Trust
Ms Pat McClelland Ms Moyra Mills	Cancer Services Manager Service Improvement Lead	Northern Trust
Ms Fiona Reddick Ms Mary Haughey	Cancer Services Manager Service Improvement Lead	Southern Trust
Ms Bridget Tourish Ms Caoimhe Lavery	Cancer Services Manager Service Improvement Lead	Western Trust
Loretta Gribben	PHA Nurse Consultant	NICaN

Clinical Lead

Mr Mark Haynes, Consultant Urological Surgeon, SHSCT

There will continue to be a distribution list for interested parties to ensure that communication in relation to the work of the group continues within the wider urology community.

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.