



NICaN Brain and CNS Clinical Reference Group Terms of Reference (TOR)

Prepared for and agreed by NICaN Brain and CNS Clinical Reference Group in adherence with Manual for Cancer Services Brain and CNS Measures Version 1.0 March 2014

Date Agreed	Version	Comments
20/08/2009	1.0	Agreed at inaugural meeting 7 March 2014
28/06/19	2.0	Revised and to be agreed at CRG

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

Objectives

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

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

The Manual for Cancer Services Brain and CNS 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
- Representation from each of the associated MDTs
- At least one neurosurgeon representing each of the tumour groups dealt with by the MDT
- The network lead for neurorehabilitation
- At least one nurse core member of an associated MDT
- Oncologists representing radiation therapy and systemic therapy
- A radiologist
- A histopathologist

¹ http://www.cquins.nhs.uk/download.php?d=resources/measures/Brain_and_CNS_March2014.pdf

- 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 Brain and CNS Group in January 2014 – these reflect core membership of their Trust MDM. The table below sets out the revised nominations as of June 2019:

Nominated Representative	Role	Trust or other
Ms Nicola J Johnston Dr Jacqui Harney Dr David Conkey Ms Medb Bradley Mr Mano Shanmuganathan Mr Philip Weir	Consultant Neuro Surgeon Consultant Oncologist Consultant Oncologist CNS Neuro Oncology Paediatric Neurosurgeon Cons Neurosurgeon(Skull Base Consultant	Belfast Trust
Mr Tom Flannery Mr Ashraf Abouharb Mr Neil Simms Dr Michael Kinney Dr Graham Smyth Dr Adam Nelson Dr Debs Bhattacharya Dr Paul Burns Dr Estelle Healy Dr Brian Herron Dr Matt Dore Ms Clodagh McStravick Ms Gillian Trimble	Consultant Neurosurgeon Consultant Neurosurgeon Consultant Neurosurgeon Consultant Neurologist Consultant Neuroradiologist Consultant Neuroradiologist Consultant Neuroradiologist Consultant Neuroradiologist Consultant Histopathologist Consultant Histopathologist Consultant Palliative Care Physiotherapist Speech and Language Therapist	
Ms Angela O'Neill	Neuro Clinical Specialist Radiographer	
Ms Sharon McClean Ms Loretta Goudy	Nurse Occupational Therapist	
Mr Mark McCarron	Consultant Neurologist	Western Trust
Dr Kiran Kaur	Consultant Palliative Care	South Eastern Trust
Bronagh Lynch Sandra McKillop Ms Kate Ferguson Mr Gordon Dickson Ms Sinead Lardner	Palliative Care PPI Representatives: Brainwaves NI Cancer Registry	BHSCT NICR
Sarah Donaldson	Clinical Network Co-ordinator	NICaN

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	Cancer Services Manager	Southern Trust
Ms Bridget Tourish Ms Caoimhe Lavery	Cancer Services Manager Service Improvement Lead	Western Trust
Loretta Gribben	PHA Nurse Consultant	NICaN

Clinical Lead

Ms Nicola Johnston, Consultant Neurosurgeon BHSCT
Deputy Clinical Lead: Mr Tom Flannery

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.