



# NICaN Haematology Cancer Clinical Reference Group Terms of Reference (TOR)

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Prepared for and agreed by NICaN Haematology Clinical Reference Group in adherence with Manual for Cancer Services Haematology Measures Version 1.1 January 2014

Date Agreed	Version	Comments
18.11.14	1.0	Agreed at Regional Meeting 1 October 2014
26-01-17	2.0	Agreed at CRG meeting 26 January 2017
29-11-17	3.0	Revised to reflect GP and Patient Representatives as per meeting 29-11-17
17- 10-18	4.0	Revised to reflect appointment of new Chair and Deputy Chair as of September 2018
December 2019	5.0	Revised to reflect appointment of Dr Philip Barnes, Patient Representative

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

### Objectives

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

#### Service Planning:

The NICaN Haematology 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

#### Service Improvement/Redesign:

The NICaN Haematology 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

#### 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

#### 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.

#### Education & workforce

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

#### Research and Development

- The Haematology 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 Haemato-oncology cancer services in Northern Ireland and should be representative of all key stakeholder communities relevant to the disease area. The representation on the Haematology 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 Haemato-oncology Cancer.

The Manual for Cancer Services Haematology Measures sets out the agreed membership for the clinical reference group:<sup>1</sup>

- A named chair who should be a core member of one of the associated MDTs
- MDT lead clinician from each of the associated MDTs
- A haematologist
- A clinical oncologist
- A radiologist

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<sup>1</sup> [http://www.cquins.nhs.uk/download.php?d=resources/measures/Haematology\\_April2013.pdf](http://www.cquins.nhs.uk/download.php?d=resources/measures/Haematology_April2013.pdf)

- A pathologist
- At least one nurse core member of an associated MDT
- 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 Haematology Group in August 2014 – these reflect core membership of their Trust MDM. The table below sets out the confirmed nominations as of November 2017:

#### Clinical Lead

Dr Philip Windrum, Consultant Haematologist, NHSCT

#### Deputy Lead

Dr Aaron Niblock, Consultant Haematologist, NHSCT

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.

<b>Nominated Representative</b>		<b>Trust or other</b>
Dr Sarah Lawless Dr Oonagh Sheehy Dr Damien Finnegan Dr Lakshmi Venkatraman, Dr Heather McCarty Dr Rhun Evans Dr Bethany Mitchell	Consultant Haematologist Consultant Haematologist Consultant Haematologist Consultant Haematopathologist Consultant Oncologist Consultant Oncologist Consultant Paediatric Oncologist	<b>Belfast Trust</b>
Dr Mark Catherwood Dr Melanie Percy Professor Ken Mills	Clinical Scientist Pathology Clinical Scientist Pathology QUB Centre for Cancer Research and Cell Biology Institute for Health Sciences	

Nominated Representative		Trust or other
Dr Mervyn Humphreys Dr Amy Logan Mr Nick Henry Ms Jackie Quinn Ms Laura Croan Ms Tracey McGuigan Ms Christine Coyle Ms Claire Mason Caroline McCaughey	Cytogenetics Cytogenetics Assistant Service Manager Haematology Myeloma CNS Lymphoma CNS Clinical Nurse Specialist Clinical Nurse Specialist Physio AHP Representative QUB	
Dr Phillip Windrum Dr Aaron Niblock Ms Suzanne McPherson Dr Joanne Murdock Ms Lisa Lyons Ms Kairen McCloy	Consultant Haematologist Consultant Haematologist Consultant Haematologist Consultant Haematologist CNS CNS	<b>Northern Trust</b>
Dr Feargal McNicholl Dr Patrick Elder Dr Conal McConville Ms Sylvia Cole Ms Siobhan Glenn	Consultant Haematologist (Clinical Lead) Consultant Haematologist Consultant Haematologist CNS Ward manager	<b>Western Trust</b>
Dr Moulod El-Agnaf, Dr Yong Lee Ong Dr Margaret Bowers Ms Joanne Ogborn Ms Lisa Callender	Consultant Haematologist Consultant Haematologist (Clinical Lead) Consultant Haematologist Haematology CNS Haematology CNS	<b>South Eastern Trust</b>
Dr Christina Bradford Ms Louise Gribben Ms Sarah Walker Ms Denise Bond Ms Jennifer McCormick	Consultant Haematologist (Clinical Lead) Haematology CNS CNS Research Nurse Research Nurse	<b>Southern Trust</b>
Dr Gerry Millar	Macmillan GP Primary Care Representative	<b>Primary Care</b>
Mr Paddy Turnbull Dr Philip Barnes	Expert Patient Voice Representatives	
Sarah Donaldson	Macmillan Clinical Network Co-ordinator-NICaN	
<b>Extended Membership</b>		
Dr Mary Drake Ms Lisa Houlihan Dr Gary Benson	Consultant Haematologist Cancer Services Manager Clinical Director	<b>Belfast Trust</b>
Dr Jeremy Hamilton Mary Jo Thompson Caroline Lynas Robert McCormac	Consultant Haematologist Cancer Services Manager Service Improvement Lead Information Manager	<b>South Eastern Trust</b>

<b>Nominated Representative</b>		<b>Trust or other</b>
Dr Scott McCloskey Dr Bridgin Merron Dr Sarah McGahey Ms Pat McClelland Ms Moyra Mills	Consultant Haematologist (Clinical Lead) Consultant Haematologist Staff Grade Cancer Services Manager Service Improvement Lead	Northern Trust
Ms Fiona Reddick Ms Caroline Beattie	Cancer Services Manager Service Improvement Lead	Southern Trust
Ms Bridget Tourish	Cancer Services Manager	Western Trust
Ms Loretta Gribben	PHA Nurse Consultant	NICaN
Ms Naomi McCay	NICaN Network Manager	NICaN
Sinead Lardner		NICR

### **Frequency of Meetings**

The clinical reference group should meet regularly with meetings agreed in advance by the 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.