



NICaN Allied Health Profession Terms of Reference

Date agreed/discussed	Version	Comments/changes
20/02/ 2020	1.0	Adapted from 'Constitution for Regional Cancer Rehabilitation Allied Health Group 2017'

NICaN Allied Health Professional Group : Terms of Reference

Introduction

AHPs are the third largest professional workforce in the NHS, with 13 distinct and unique disciplines. They are integral to the care of the patient with a cancer diagnosis, across the entire cancer pathway¹. Frequently leading change, transforming care and improving health and wellbeing, they are involved in design and delivery of care, treatment and rehabilitation, supporting those affected by cancer and ensuring that a holistic, multi-professional approach is taken to improve the quality of life of their patients and carers.

Purpose

The purpose of the NICaN AHP group is to work together to ensure equitable access to high quality care for patients with a cancer diagnosis, across the entire cancer pathway.

To coordinate communications and enable connections across AHP networks establishing work programmes as prioritised by the stakeholders.

Roles and Responsibilities

- To be the contact for site specific CRG leads to consult the AHP for clinical and referral guidelines for all cancer sites as appropriate.
- Be the authoritative source of expertise and guidance to planners, commissioners and providers of services for AHP.
- Be the provision of clinical opinion on issues relating to cancer and AHP for the network;
- Provide co-ordination and ensure consistency across the network for AHP practice guidelines, audit, research and service development.
- Develop clinical pathways and clinical guidelines
- Support the identification of good practice for recommendation and dissemination;
- Determine the strategic direction for the development of AHP cancer services in Northern Ireland;
- Coordination and consistency of policy across NICaN Clinical Reference Groups for the provision of AHP cancer services.

¹ NHS England. (2018) Quick Guide: the role of allied health professionals in supporting people to live well with and beyond cancer. Transforming health, care and wellbeing with allied health professionals. London. Allied Health Professions team. Available at: <https://www.england.nhs.uk/wp-content/uploads/2018/10/quick-guide-ahp-cancer.pdf> (Accessed 18 May 2019).

- Ensure that there is appropriate engagement of stakeholders, including staff, user involvement and commissioners, to ensure services are developed taking these views into account;
- Take into account the role and contribution to services from charitable organisations.
- Provide guidance, direction and development of multidisciplinary education programmes.
- To advise the Trusts, commissioners and the Network board on the workforce, facilities and other resources required to ensure appropriate and safe provision of AHP treatment.

Core Membership

Membership will be by invite to those deemed to have a vested interest in the planning, development and delivery of AHP Cancer Services in Northern Ireland.

Current members are listed in Appendix A

The meetings are open to members only. Core membership should be in line with the Manual for Cancer Services outlined above. The Network will ensure that there is appropriate representation from across the Trusts.

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

The AHP Group should meet regularly with meetings agreed in advance by the Chair, usually Bi annual. All attendance should be recorded.

6. 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 to their own multi-disciplinary teams. The Lead/Chair of the group will be held accountable to the NICaN Board and HSCB for the

delivery of the agreed work plan. The Lead/Chair will be responsible for reporting to the NICaN Board and HSCB as required.

7. Attendance at CRG Meetings

In order to keep up to date with progression of the CRG plan, it is crucial that core members attend regularly. If a nominated core 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.

Appendix A
Current membership – 17th Feb 2020

Named Individual	Role	Trust/Other
Core Membership		
Brenda Nugent (Chair)	Dietetics	Belfast
Nicola Evans (Vice Chair)	OT	Belfast
Jane Rankin	Lymphoedema/Physio	Belfast
Elaine Johnston	Physio	Western
Aileen McGurran	S<	Belfast
Helen Vennard	Radiotherapy	Belfast
Malcom	Radiotherapy	Western
Edel Carty	Dietetics	Southern
		South Eastern
		Northern
Jackie Gracey	Research/Education	UUJ
Eamon Farrell	AHP Consultant	PHA
Naomi McCay	NICaN Manager	NICaN