

Cancer Clinical Reference Groups – Terms of Reference

Purpose

The Cancer Clinical Reference Groups (CRGs) are the source of expert clinical and professional opinion from which advice is sought on a wide range of cancer services issues. The CRGs are made up of representatives from different professions involved in a cancer pathway.

CRGs are fundamental in their clinical and strategic role and adopt an evidence-based approach, incorporating national best-practice guidance into local practice to ensure common standards and pathways for cancer patients are met safely and effectively. Those pathways include prevention and screening, diagnostic pathways, treatment and follow up care.

In Lancashire and South Cumbria Cancer CRGs are established for tumour-specific pathways and cross cutting themes such Systemic anti-cancer therapy (SACT), psychology, and acute oncology.

Scope and Function

The scope and function of the CRGs is to ensure co-ordination of the cancer pathway and consistency of clinical practice irrespective of where treatment is provided.

This includes:

- Identifying and raising awareness of population needs.
- Service monitoring including clinical performance and patient outcomes.
- Multidisciplinary Workforce development.
- Increasing research capacity.
- Implementation of clinical guidelines.
- Development of local pathways and service specifications that are consistent with national guidance.
- Responding to concerns or inequalities raised through monitoring processes.
- Advising on matters relating to service reconfiguration.

Objectives:

- To improve clinical and quality outcomes for patients.
- To support the objectives defined in the National Cancer Programme planning pack annually.
- Agree clinical management guidelines and ensure consistency of delivery across all trusts.
- To drive service transformation in collaboration with the cancer alliance.
- Seek lived experience opinions relating to service transformation.

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- Develop and maintain a CRG report based on the triple A process, Alert, Advise, Assure.
- Support the reduction of treatment variation where it exists.
- To meet three times per year plus one face to face education event.

Membership

The CRG should have active engagement of all MDT/nominated service leads from the constituent organisations in the Lancashire and South Cumbria Cancer Alliance

Each group will include:

Role	Description	Core or Extended Member
Chair	The Chair will be elected for a three-year period. Expressions of interest will be requested by the Alliance Clinical Chair followed by an interview process. The chair will agree the agenda and chair all CRG meetings. Develop and maintain a CRG report, agreed with CRG members. Encourage members to attend and contribute to the meetings	Core
Lead Clinicians	Lead Clinician for the specialty from each provider Trust.	Core
Lead Nurse/AHPs	One lead for the specialty from each provider Trust.	Core
Service Managers	Relevant service line managers by invitation if operational issues to be discussed.	Extended
Lived Experience Partners	Lay members representing service users (overseen by the patient experience advisory group).	Extended
Primary Care	GPs with special interests or providing community services in the specialty.	Extended
Commissioners	CCG and Spec Comm representatives by invitation if reconfiguration or commissioning issues to be discussed.	Extended

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Third Sector	Charities and community groups with special interest by invitation.	Extended
Invited guest speakers	Experts in the specialty by invitation.	Extended

Accountability and Reporting Responsibilities

CRG Chairs are mandated to report to the Cancer Alliance Programme Board on a six-monthly basis via the Cancer Alliance Clinical Chair. Reporting will follow the Triple A format—Alert, Advise, Assure—and utilise the approved performance scorecard.

Where necessary, issues requiring immediate attention can be escalated directly to the Cancer Alliance Clinical Chair between scheduled reporting cycles.

CRG Chairs and Leads may be requested to present on behalf of the Cancer Alliance at local, regional, or national events to share updates, outcomes, or best practice.

The CRG Chair is responsible for ensuring that regular meetings aligned with their specific tumour site and scheduled on a regular basis. Administrative support will be provided where appropriate to assist with this process.

Additional tasks or roles within the CRG may fall under the remit of the CRG chair. Any such responsibilities will be assigned with predetermined remuneration, in line with Cancer Alliance protocols.

Each CRG member is accountable for progressing any actions assigned to them by the Chair or the group. Updates must be provided by the agreed deadline or reported at the next CRG meeting.

The Action Log will be reviewed and updated at every CRG meeting by the administrative support team, ensuring accurate tracking of progress and accountability.

Administration

Administrative support will be provided by the Cancer Alliance via the education hub at Lancashire Teaching Hospital, to include:

- Maintaining active membership and distribution lists

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- Sending out agendas, minutes and papers for each meeting (standard templates to be used)
- Booking venues
- Meet and greet with attendance list at meetings
- Liaising with invited guests
- Forwarding relevant guidelines and protocols to membership as required
- Assisting in the process to request additional project support for specific tasks.

Frequency of meetings

The CRGs will be scheduled to meet three times per year, in addition one meeting will be an educational event. Additional meetings may be necessary for short term task and finish projects.

A schedule of meetings will be produced in April to cover the following 12-month period and meeting and dates may only be changed in exceptional circumstances.

Quoracy

The meeting will be quorate when the Chair and a Lead Clinician or lead Nurse/AHP from each trust, or a nominated deputy, are present.

Review

Terms of reference will be reviewed annually in line with national cancer planning guidance. Next review date April 2026.