

Cancer Clinical Reference Groups- Terms of Reference

Role and Purpose (Tumour/Pathway Specific Groups)

- 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.
- CRGs adopt an evidence- based approach, incorporating national best-practice guidance into local practice to ensure common standards and pathways for cancer patients.
- In Lancashire and South Cumbria Cancer CRGs are established for tumour-specific pathways and cross cutting themes such as chemotherapy, psychology, and acute oncology.

The role of the CRG 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
- Workforce development
- Increasing research capacity
- Implementation of clinical guidelines
- Development of local pathways and service specifications
- Responding to concerns or inequalities raised through monitoring processes
- Advising on matters relating to service reconfiguration

These key functions will inform the development of the Cancer CRG work plans.

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:

	Description	Core-Extended Member
Chair	Nominated from the membership to take the chair for a period of 3 years	CORE
Lead Clinicians	Lead Clinician for the specialty from each provider Trust	CORE
Lead Nurses/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
Service Users (2)	Lay members representing service users (overseen by the patient experience advisory group)	CORE
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
Third Sector	Charities and community groups with special interest by invitation	EXTENDED
Invited guests	Experts in the specialty by invitation	EXTENDED

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Meeting process and frequency

CRG fa meetings will be held three times per year, with one meeting being an extended educational event. Additional meetings may be necessary for short term task and finish projects. The meeting will be quorate when the Chair and 50% of the constituent members, or a nominated deputy, are present.

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**.

Administrative support will be provided by the Cancer Alliance team, to include:

- Maintaining active membership and distribution lists
- Sending out agendas, notes 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 (see appendix 1. Request for project support)

Communication

- Chairs and Leads will meet quarterly with the Alliance Clinical Chair to ensure that there is visibility of work programmes across all quality groups
- Chairs and Leads may be required to present at local, regional and national events on behalf of the Cancer Alliance
- Chairs and Leads will ensure that an annual summary report from quality group providing an overview of work completed and objectives for the upcoming year

Key Responsibilities

The key responsibilities of the CQGs include:

- Taking action to implement relevant national guidelines/standards
- Review clinical outcome and performance data identifying and addressing variation
- Develop regional referral guidelines and review these as required
- Take steps to increase research capacity at both regional and MDT level.
- Identify areas requiring additional regional or local audit and act on findings of such audits
- Advise on the clinical impact of service reconfiguration proposals
- Cascade and disseminate relevant guidelines and documents to all appropriate staff within own organisations
- Ensure service users and carers are involved in decisions regarding pathways
- Identifying workforce issues in response to service developments, vacancy levels and emergent technologies.

Governance

- The Cancer Clinical Reference Groups are sub-groups of the Cancer Alliance Programme Board and as such should provide on request updates and reports on key work plan areas.
- CRG Chairs are responsible for escalating any issues that arise from their specialty area with the Cancer Alliance Clinical chair.
- CRGs will act as the approving group for Lancashire and South Cumbria clinical guidelines and protocols, although these may also need to be approved at each constituent organisation
- Each CRG member must act within the scope and remit of their substantive employment and professional registration.

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Appendix 1. Clinical Reference Group Request for Project Support

All requests will be considered by the Cancer Alliance Clinical Chair

Name of Clinical Reference Group	
Name and job role of person requesting support:	
Type of support requested:	1. Financial support only <input type="checkbox"/> 2. Financial and management support <input type="checkbox"/> 3. Management support only <input type="checkbox"/>
If financial support requested, amount:	£ _____
Brief description of project (max 200 words):	
Which area of the Cancer Alliance Delivery Plan does this project align to?	
Does the project have a clear and achievable outcome/aim?	
Proposed dates for project to start and finish:	Start date: Finish date:
Signature of Chair/Lead of CRG as evidence of support:	Signed: Chair Lead CQG

Please submit by email to bfwh.lscancer.cell@nhs.net