

Northern Cancer Alliance Cancer in the Community Group

TERMS OF REFERENCE January 2018

Chairperson:	Chris Tasker
Purpose:	<p>The primary purpose of Northern Cancer Alliance Cancer in the Community Group (CiC) is to provide community representation to ensure that all patients in the North East and North Cumbria receive have</p> <ul style="list-style-type: none"> • An understanding regarding healthy life styles and how a healthy life style reduces the risk of cancer. • Have a better understanding of symptoms of cancer, how and when to access medical advice and where appropriate investigation. • Aware of importance of national screening programmes in preventing cancer and diagnosing cancer early. • Have access to high standard primary care regarding cancer diagnosis and recognition. • Have access to urgent diagnostics to exclude or confirm cancer as per national guidelines • Have access to urgent (currently 2 week pathway) referral pathways to exclude or confirm cancer as per national guidelines • When needed extra support with cancer prevention and diagnosis, such as patients with learning disability or hard to reach groups. • And equitable access to safe, evidence based and effective care. <p>We will achieve this by holding each other to account for performance in this respect.</p>
Membership:	<p>Core membership:</p> <ul style="list-style-type: none"> ▪ Chair person ▪ CCG GP cancer leads ▪ Cancer Charities who work in the community, including Cancer Research UK and Macmillan ▪ Voluntary/community groups ▪ Public health representatives ▪ CCG Cancer managers/leads ▪ Patient and carer representative ▪ Locality representatives ▪ NCA administration support

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	<p style="text-align: center;"><i>Additional membership to be determined by group.</i></p> <p>Extended membership NHS England screening leads Learning disability team</p>
<p>Specific Role:</p>	<ul style="list-style-type: none"> ▪ To be the Community expert advisory group to the Northern Cancer Alliance. ▪ To support the delivery plan of the NCA. ▪ To prioritise community aspects of the NCA delivery plan <ul style="list-style-type: none"> ○ Prevention and awareness ○ Screening ○ Early Diagnosis ○ Living with and beyond ▪ To develop and maintain up to date clinical guidelines. These may in part be reference to nationally developed guidelines where available. ▪ To review local data and metrics such as the cancer dashboard, and where possible use them to inform service improvement proposals. ▪ To provide a forum for the sharing of good practice, discussing local and national issues and initiatives. ▪ To ensure the views of patients and carers are taken into account in the planning, operation and evaluation of services including Patient Information material. ▪ To lead rapid change, including the development and implementation of consistent standards within available resources. ▪ To ensure NCA clinical and strategic service development issues are shared within member organisations. ▪ To ensure that clinical research is incorporated into the work of the Group. ▪ To contribute to the Alliance needs assessment of education, training and work force planning
<p>Accountability:</p>	<p>The tenure of the Chair will be 2 years with an option to extend for a further 2 years. (maximum tenure at discretion of group) A vice chair will deputise for the chair when necessary and normally succeed the chair when they step down</p> <p>To report to the NCA board through the Chair's membership of the NCA Clinical Leadership group</p>
<p>Frequency of Meetings:</p>	<p>Meeting will be every second month</p>

Quorum:	A minimum requirement for quorate to be achieved is attendance by 75% of core members who provide a service.
Admin:	Action Points <input type="checkbox"/> Minutes <input checked="" type="checkbox"/>
Ownership of Group Projects and Initiatives:	All projects, initiatives and outcomes will be owned by each member of the group that has taken part in the group project or initiative.
Ways of Working Together	All relationships must be handled in an open and transparent manner, which comply with the requirements of guidance issued by the Department of Health. Healthcare professionals have a responsibility to comply with their own codes of conduct at all times.
Communication Arrangements:	<p>Minutes will be forwarded to members within three weeks. Agendas and minutes will be posted on the group page of the Northern England Clinical Network website. Items for the agenda should be received 7 days before the meeting.</p> <p>It is the responsibility of each member to share information appropriately within their own organisation and networks and bring feedback to the group so that they are truly representative of those groups they belong to.</p> <p>Inter meeting communication will be circulated by email from the NCA.</p>
Declaration of Interest:	All potential or perceived conflicts of interest should be declared.