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CCN Head and Neck Cancer Steering Group Terms of Reference

1. Purpose

- To plan, develop and work with providers to implement best practice in the total management of head and neck cancers in accordance with the recommendations of the NZ Cancer Control Strategy Action Plan, national cancer standards and any other guidance relating to head and neck cancers.
- To promote a co-ordinated and consistent approach to the delivery of care, ensuring equity of access to high quality services across the CCN.
- To provide regional cancer service providers with advice and guidance for the distribution of resources across the Network to ensure commissioning of services is in the best interest of cancer patients.

CCN Head and Neck Cancers Steering Group will link closely with like steering groups in the other cancer networks and any relevant work occurring nationally to maximise opportunities for shared learning and the development of consistent approaches to addressing systems issues.

2. Responsibilities

- To involve service providers within the cancer control continuum, NGO, Maori, Pacific Island and consumers in the development of quality head and neck cancer services.
- By using the Victoria Head and Neck Patient Management Frameworks and NICE clinical guidelines as a guide, agree how a given patient should be clinically managed (which modality of treatment, rather than detailed regimens or surgical techniques etc).
- To guide the development of a 3 year service delivery plan for head and neck cancers in collaboration with regional cancer service providers which identifies short, medium and long term initiatives to address system issues
- To agree a minimum dataset for head and neck cancers taking into account national and specialist guidance.
- To develop and monitor key indicators within the system eg waiting times, access to MDM

- To reach agreement of mechanisms for auditing head and neck cancers clinical practice and outcomes against national standards.
- To discuss results of any Network audits for head and neck cancers.
- To promote a list of clinical trials for head and neck cancers, into which patients managed by the MDTs for head and neck cancer in the CCN may be entered.
- To have as part of the regular meeting programme, at least one meeting per year at which head and neck cancer clinical research and trial entry is reviewed and to which representatives of a range of disciplines are invited.
- To assess the current patient information available to support the patient pathway and recommend modifications if required.

3. Membership

Membership of the CCN Head and Neck Cancer Steering Group should be multidisciplinary, inclusive of service providers from all parts of the cancer control continuum, and will ideally include Maori, Pacific Island and Consumer.

The following services have been identified as important stakeholders, from which representation will be sought:

- Plastic Service
- ORL Head and Neck Service
- Maxilo facial services
- General Surgery
- Medical Oncology
- General Practice
- Pathology
- Radiation Oncology
- Supportive care services eg dietician, speech language therapist, social worker
- Palliative care
- Service Manager

One of the CCN Clinical Directors will also be a member of the group.

5. Chair

The Steering Group will decide if the CCN Clinical Director chairs the meeting or whether a Chair is elected from within the group.

6. Accountability

The CCN Head and Neck Cancer Steering Group is accountable to the CCN governance group. Reporting will be via meeting minutes and regular project updates.

The group will be provided with project management and administration resource to facilitate its work programme

7. Frequency

The CCN Head and Neck Cancer Steering Group will formally meet on a quarterly basis however consultation via email / teleconferencing will also occur periodically as the project develops.