

Rehabilitation Expert Reference Group

Terms of Reference

ERG Title	Rehabilitation
Chair	Sharon Cavanagh, Macmillan AHP and Survivorship Lead
Ratified by	Living with and Beyond Cancer Board
Date Agreed	19/01/2012
Review Date	To be reviewed on annual basis

The terms of reference have been agreed by:

Sharon Cavanagh
Macmillan AHP and Survivorship
Lead

Kathy Pritchard-Jones
Chief Medical Officer for *London
Cancer*, on behalf of the *London
Cancer Board*

London Cancer Board

London Cancer is an Integrated Cancer System covering a resident population of approximately 3.2 million people in North Central London, North East London and West Essex.

The *London Cancer* Board is independent of the *London Cancer* providers and is supported by high quality information and recommendations from cancer Pathway Boards. The *London Cancer* Board takes account of clinical evidence, population, value and potential impacts in other pathways and treatments when making decisions. It has a focus on bringing about real change that delivers significant benefits for patients.

Aims and Purpose Expert Reference Group

The purpose of the Rehabilitation Expert Reference Group is to be the primary source of clinical advice for cancer rehabilitation to Pathway Specific Boards, the Living with and Beyond Cancer Board and from there to the Board of London Cancer.

In doing this it will be able to assure :

- equality of access for patients wherever and whenever they present
- facilitation of patient choice
- clinical pathway development that aims to improve outcomes using evidence based practice, and tools from service improvement and workforce design

The ERG will gain a robust understanding of the key opportunities to improve outcomes and experience by gathering and reviewing intelligence about their cross-cutting work stream. It will ensure that objectives are set, with a supporting work programme which drives improvements in clinical care and patient experience.

This ERG will share best practices as well as engaging with pathway boards and cross-cutting work streams such as rehabilitation and psychosocial support. It also has a duty to promote equality of access, choice and quality of care for all patients within *London Cancer*, irrespective of their individual circumstances. The ERG will also work with cancer commissioners to provide expert opinion on the design of any commissioning pathways, metrics and specifications.

The Group reports to the Living with and Beyond Cancer Board. The Chair and Vice chair¹ are members of this group and will be expected to attend when rehabilitation pathways are being discussed.

Depending on the workplan of individual tumour pathway boards, the Rehabilitation Group may institute subgroups (for example in head and neck or brain) where reporting is shared between the Rehabilitation Expert Reference Group and the relevant pathway board.

¹ The role of vice chair will be instituted as the Rehabilitation Board decides.

Key Roles and Functions of the Pathway Board

The role and aims of the Living with and Beyond Cancer Board are as follows:

1. Service quality monitoring and evaluation
 - Undertake annual workforce mapping
 - Analyse mapping against national indicators
 - Advise on minimum service standards and report on issues of concern
 - Provide data on request to national and local bodies concerned with rehabilitation service provision
2. Workforce development
 - Keep training strategy under review
 - Promote access to appropriate CPD through collaborative use of resource across London Cancer
3. Research and development
 - Disseminate evidence based findings in the field of rehabilitation
 - Oversee appropriate local audit
 - Advise on priorities for research
4. Workforce redesign
 - Work collaboratively across professional groups and organisations to support the development and implementation of tumour specific pathway board recommendations
5. Work programme and Annual Report
 - The Group will agree an annual work programme and report progress in an annual report. This will be presented at the Living with and Beyond Cancer Board and circulated to all Pathway Directors.

Chair and Vice-chair

The Chair will be the Allied Health Lead for London Cancer who is an HPC Registered Occupational Therapist paid for 6 sessions per week. The role description for this post is included in appendix 1. The Allied Health Lead is also chair of the Living with and Beyond Cancer Board and member of PallE8, the steering group for palliative care.

The Network has agreed a guideline that the vice chair of any Board will normally be from a different professional background to the chair. The Rehabilitation Board has the option to appoint a vice chair as considered appropriate.

Membership

The group brings together rehabilitation experts from all clinical disciplines and offers a strategic overview of service provision and education.

The Group will aim to be representative of all trusts in *London Cancer* and will include as core members:

Therapy manager representatives from:

- **Barts Health NHS Trust including trusts previously known as**
Barts and the London NHS trust
Newham University Hospital NHS Trust
Whipps Cross University Hospital NHS Trust
- **Barking, Havering and Redbridge University Hospitals NHS Trust (BHRT)**
- **Homerton University Hospital NHS Foundation Trust (HUT)**
- **Barnet and Chase Farm NHS Trust**
- **North Middlesex University Hospital NHS Trust**
- **Whittington NHS Trust**
- **Royal Free Hospital NHS Trust**
- **UCLH NHS Trust**
- **Great Ormond Street Hospital**
- **Royal National Orthopaedic Hospital**

Senior therapists from:

- **St Joseph's Hospice, Hackney**
- **St Francis Hospice, Romford**
- **Margaret Centre, Waltham Forest**
- **Marie Curie Hospice, Eden Hall**
- **The North London Hospice**

Clinical representation from adult acute oncology and palliative care for:

- **Physiotherapy**
- **Occupational therapy**
- **Speech and Language therapy**
- **Dietetics**

Clinical representation from paediatric oncology:

- **Great Ormond Street Hospital**
- **UCLH NHS Trust**

Therapy Managers / clinical representatives must ensure that organisations are adequately represented at each Board meeting. Therapy managers must be

members of their respective Trust Cancer Board. Clinical representatives can be drawn from the core and extended membership of any cancer MDT including palliative care. Members attending the meeting may hold more than one representative role.

- User representation as described in the section below
- Nominated lead member for research
- Nominated lead member to liaise with Palle8 (Palliative Care Steering Group)

Any other role considered useful to the work plan

Administrative Support

There is a requirement to develop and store the full range of documentation for the Group, and to arrange and notify meetings in support of the chair. The designated administrative support to the Allied Health Lead is Rachel Burrows.

Frequency of Meetings

The Group will normally meet four times during the course of the year; and a minimum of three times.

User Involvement

Members of the North East London Partnership Group have been invited to join the Rehabilitation Group but have elected to receive regular reports to their evening meetings instead. The North Central and West Essex Partnership Group have two members that attend the Group. All formal documentation produced by the Rehabilitation Group will be circulated to both Partnership Groups for comment, and priorities for pathway development and clinical guidelines explicitly discussed.

Table 5 Membership of the Cancer Rehabilitation Board (to complete)

Chair		
Vice Chair		
Member responsible for research		

User/Carer		
Therapy Managers		
Professional Leads		
Dietetics		
Occupational Therapy		
Physiotherapy		
Speech and language therapy		
Paediatric oncology		
Additional Members		
Dietetics		
Occupational Therapy		
Physiotherapy		
Speech and Language Therapy		
Members not otherwise listed		

Service Planning/Commissioning

In collaboration with Pathway Boards, the Group will agree referral and clinical guidelines for cancer rehabilitation on an annual cycle, including the Living with and Beyond Cancer Board and the Patient Partnership Groups. The Group will review, agree and update these guidelines on a specific timescale and will audit their implementation.

The Group will execute its Public Health function on behalf of the Living with and Beyond Cancer Board contributing to health needs assessments and equity audits; reviewing relevant clinical datasets on clinical outcomes, complication rates and late effects of treatment to inform service planning for survivorship. This is for the purpose of advising commissioners at all levels of collaborative commissioning and making recommendations for service improvement/reconfiguration, including the implementation of appropriate *NICE Improving Outcomes Guidance* (1996) recommendations from the *Cancer Reform Strategy* (2007) and the *London Model of Care* (2010).