Northern England
Strategic Clinical Networks

Head and Neck NSSG

Constitution
2015

Document Information

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Version History:

Date:	09.06.15	Version:	V0.5	Review Date:	May 2016

Document Control

Version	Date	Summary	Review Date
V0.5	09.06.15	Updated membership	May 2016
V0.4	26.05.15	Updated membership	May 2016
V0.3	23.03.15	Updated membership	May 2016
V0.2	22.01. 15	Review and Updated	May 2016
V0.1	27.08.14	Measure updates	May 2015

Constitution has been agreed by:

Position:	Head and Neck NSSG Chair
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Date Agreed:	17.06.15

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Date Agreed:	17.06.15

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Date Agreed:	17.06.15

Position:	Chair of the Chemotherapy Group 14-1C-110i Chemotherapy Treatment Algorithms
Name:	Mr S Williamson
Organisation:	Northumbria Health Care NHS FT
Date Agreed:	17.06.15

NSSG members agreed the Constitution on:	
Date Agreed:	09.06.15
Review Date:	May 2017

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INTRODUCTION

The Head and Neck NSSG are multi-professional groups made of health professionals from organisations across the North of England Cancer Network covering a population of 3.06 million.

STRUCTURE AND FUNCTIONS

14-1C-101i Network Configuration of MDTs **Cross Reference**

Table 1 - MDTs/Case Mix

Trust	Designated MDT	Case Mix
South Tees Hospitals NHS FT North Tees & Hartlepool NHS FT Co Durham & Darlington FT (South)	James Cook University Hospital	Upper Aero-digestive Tract dealing with one or more of salivary gland tumours; UAT cancer involving skull base
Newcastle Upon Tyne Hospitals NHS FT Northumbria Healthcare NHS FT North Cumbria University Hospitals NHS FT	Freeman Hospital	Upper Aero-digestive Tract dealing with one or more of salivary gland tumours; UAT cancer involving skull base
City Hospitals Sunderland NHS FT Co Durham & Darlington NHS FT (North) Gateshead Health NHS FT South Tyneside NHS FT	Sunderland Royal Hospital	Upper Aero-digestive Tract dealing with Salivary gland tumours

Trust	Designated MDT	Case Mix
South Tees Hospitals NHS FT North Tees & Hartlepool NHS FT Co Durham & Darlington NHS FT	James Cook University Hospital	Thyroid cancer
Newcastle Upon Tyne Hospitals NHS FT Northumbria Healthcare NHS FT North Cumbria University Hospitals NHS FT City Hospitals Sunderland NHS FT South Tyneside NHS FT Gateshead Health NHS FT	Royal Victoria Infirmary	Thyroid Cancer

The Head and Neck Site Specific Group and its associated services comply with the relevant ground rules for networking. Please see appendix 1.

14-1C-102i Named Designated Hospitals for Head and Neck Cancer

The Network Group, in consultation with the and Area Team Medical Director, agreed a policy that the diagnosis and assessment of patients with head and neck cancer symptoms should only take place in certain ‘designated hospitals; which fulfil the following criteria:

- They have specialised facilities for the investigation of head and neck patients
- They have contracted direct patient care sessions with at least two ‘designated clinicians’ for head and neck diagnosis and assessment
- They are the only hospitals for which there are contact points specified in the primary care referral guidelines for head and neck cancer. See table 2.

Table 2 - Policy and the Named Hospitals for Head and Neck Cancer

CCG populations		Designated Hospital – Head and Neck	Designated Hospital - Thyroid
Area	**Population***		
Newcastle West	140	Freeman Hospital	Freeman Hospital
Newcastle North & East	139		Royal Victoria Infirmary
North Tyneside	201	Freeman Hospital	North Tyneside General Hospital
Northumberland	316		
South Tyneside	148	South Tyneside District Hospital Palmer Community Hospital	Palmer Community Hospital
Sunderland	275	Sunderland Royal Hospital	Sunderland Royal Hospital
Gateshead	200	Queen Elizabeth Hospital	Queen Elizabeth Hospital
Durham Dales, Easington & Sedgefield	273	Darlington Memorial Hospital	Darlington Memorial Hospital
Darlington	106		
North Durham	240	Sunderland Royal Hospital	University Hospital of North Durham Shotley Bridge Hospital
South Tees	274	James Cook University Hospital	James Cook University Hospital
Hambleton, Richmondshire & Whitby	153		
Stockton	191	James Cook University Hospital	University Hospital of North Tees
Hartlepool	93		University Hospital of Hartlepool
Cumbria	329	Cumberland Infirmary West Cumberland Hospital	Cumberland Infirmary

*** - 2010 Mid Year Population Estimates**

Neck Lump Clinics

The NSSG, in consultation with the and Area Team Medical Director, has agreed the location of neck lump clinics (see table 3 below) which fulfil the following criteria:

- They are the clinics named for referral of patients with neck lumps in the primary care referral guidelines
- They are hosted by a designated hospital
- They are distributed such that the commissioners agree their populations have sufficient access
- It has been agreed for each clinic whether it will have clinicians designated for thyroid cancer and assess patients with thyroid lumps.

Table 3 Referral Guidelines for Primary Care Practitioners - Thyroid Patients

CCG populations		**Designated Hospital – Head and Neck**	**Designated Hospital - Thyroid**
Area	**Population***		
Newcastle West	144	Freeman Hospital	Freeman Hospital
Newcastle North & East	143		Royal Victoria Infirmary
North Tyneside	202	Freeman Hospital	North Tyneside General Hospital
Northumberland	316		
South Tyneside	149	South Tyneside District Hospital Palmer Community Hospital	Palmer Community Hospital
Sunderland	276	Sunderland Royal Hospital	Sunderland Royal Hospital
Gateshead	200	Queen Elizabeth Hospital	Queen Elizabeth Hospital
Durham Dales, Easington & Sedgefield	273	Darlington Memorial Hospital	Darlington Memorial Hospital
Darlington	105		
North Durham	243	Sunderland Royal Hospital	University Hospital of North Durham Shotley Bridge Hospital
South Tees	274	James Cook University Hospital	James Cook University Hospital
Hambleton, Richmondshire & Whitby	154		
Stockton	193	James Cook University Hospital	University Hospital of North Tees
Hartlepool	93		University Hospital of Hartlepool
Cumbria	328	Cumberland Infirmary West Cumberland Hospital	Cumberland Infirmary

*** - 2013 Mid Year Population Estimates**

Curative Surgical Treatment

The NSSG, in consultation with the and Area Team Medical Director, has agreed the location of hospitals where curative surgical treatment for head and neck cancer will take place, each fulfilling the following criteria:

- They are a designated hospital for the diagnostic and assessment service
- They are the hospital where one or more named MDTs carry out all their curative surgical procedures for head and neck cancer
- They have a designated head and neck ward.

Table 4 Network Agreed Named Hospital for Surgical Treatment Delivery

CCG populations		Hospitals for Surgical Delivery	Designated Ward	Designated Hospital
Area	**Population***			
Newcastle West	144	Newcastle upon Tyne Hospitals NHS FT	Ward 10	Freeman Hospital
Newcastle North & East	143			
Northumberland	316			Lead Clinician
North Tyneside	202			Mr D Meikle
Gateshead	200	City Hospitals Sunderland NHS FT	Wards	Sunderland Royal Hospital
Sunderland	276		C33	
South Tyneside	149			Lead Clinician Mr R Banks
North Durham	243			
Darlington	105	South Tees Hospitals NHS FT	Ward 6 and Ward 35	James Cook University Hospital
South Tees	274			Lead Clinician
Hartlepool & Stockton	286			Mr S Lester
Hambleton, Richmondshire & Whitby	154			
Durham Dales, Easington & Sedgefield	273			
Cumbria	328	North Cumbria University Hospitals NHS Trust	Ward for H&N surgery is Beech C/D	Cumberland Infirmary Lead Clinician Mr G Putnam

Source - Mid-2013 Population Estimates for Clinical Commissioning Groups (CCGs) in England - ONS.gov.uk

14-1C-103i The distribution and Role of Local Support Teams

The NSSG, in consultation with the and Area Team Medical Directors and Trust Leads, has agreed the distribution of local support teams (LSTs) in the network, for patients with head and neck cancer, which fulfils the following:

- Each team should cover a named geographical area
- The whole network is covered by means of such areas

Designated Hospital	Geographical coverage
Freeman Hospital	Northumberland, North Tyneside, Newcastle
Sunderland Royal Hospital	Sunderland, South Tyneside, North Durham, Washington, Gateshead
Cumberland Infirmary	Carlisle, Whitehaven, North Cumbria
Darlington Memorial	South Durham - Darlington, Bishop Auckland, Sedgefield (75%)
James Cook University Hospital – local support provided by Specialist MDT	Teesside – North of Tees, South of Tees, Sedgefield (25%), North Yorkshire

The NSSG, in consultation with the locality groups, has agreed the role of the local support teams in the care of patients with head and neck cancer.

The Network model is to provide excellent care within the hospital setting and provide colleagues within the community easily available access to advice and help when required which includes the following:

- manages the aftercare and rehabilitation of head and neck cancer patients for a named geographical area of coverage
- works with head and neck cancer MDTs which deliver the definitive anti-cancer treatment and immediate support, and refer patients to the local support team
- works according to protocols agreed with the referring MDTs regarding which types of care are delivered by the local support team and for which parts of the patient care pathway (see the relevant MDT measure)

14-1C-104i Network Group Membership

Head and Neck NSSG

- The Lead MDT clinician's from each MDT in the Network are: Col D Bryant (S Tees), Mr S Endersby, (Sunderland), Mr D

Meikle
(Newcastle)

- The nurse core member is Mrs A Dear
- Head and Neck Surgeon-Mr James O'Hara
- Clinical Oncologist- Dr Eleanor Aynsley
- Medical Oncologist- Vacant
- Radiologist- Andrew McQueen
- Histopathologist- Vacant
- The user representative is Mrs M Leckonby
- NSSG Chair – Dr Eleanor Aynsley
- The NHS member nominated with specific responsibility for user issues and patients and carers is Mrs A Dear
- Member responsible for ensuring recruitment into clinical trials is Mr V Paleri
- Secretarial and administrative support is provided by Network Peer Review Co-ordinator or member of the Network administration team.

Please see: Appendix 1 for NSSG Terms of Reference
Appendix 2 for Head and Neck NSSG Membership

14-1C-105i **Network Group Meetings**

The NSSG for Head and Neck meet regularly and record attendance. The group met three times in the last year. The group will agree and operate under the Terms of Reference (Appendix 1). **Annual Report**

Date	Time	Location
05.03.14	2.00 pm – 4.00 pm	Evolve Business Centre
17.06.14	2.00 pm - 4.00 pm	Evolve Business Centre
18.11.14	2.00 pm - 4.00 pm	Evolve Business Centre

14-1C-106i **The Work Programme and Annual Report** **Annual Report Work Programme**

The Group will produce an annual report and work programme in discussion with the strategic clinical network (SCN) and agreed with the medical director of the relevant NHS England area team.

14-1C-107i **Named Surgeons Authorised to Perform Lymph Node Resections**

Not Applicable

CO-ORDINATION OF CARE /PATIENT PATHWAYS

14-1C-108i Clinical Guidelines – UAT Cancer

Clinical Guidelines

The NSSG has agreed the guidelines for referral of patients with thyroid cancer from the designated hospital(s) in the Network to the MDTs for UAT cancer.

The NSSG has agreed the network-wide imaging guidelines for the diagnosis and assessment of UAT cancer, including salivary gland cancers and UAT cancer involving the skull base.

Diagnosis and assessment services outside the MDT are required to produce sufficient information to merit referral to the MDT. Following which, the MDT will undertake further investigations as appropriate in order to produce a definitive treatment plan as per protocol. It is undesirable for investigations to proceed outside the MDT once a cancer diagnosis is reached.
The NSSG has agreed the network-wide pathology guidelines for the diagnosis and assessment of UAT cancer, including salivary gland cancers and UAT cancer involving the skull base. These can be accessed at:
http://www.rcpath.org/publications-media/publications/datasets/datasets-TP.htm

The general pathology services are required to provide a diagnosis sufficient to merit referral to the MDT. The MDT pathology service will produce further reports as referred to in the pathology protocol.

14-1C-109i Clinical Guidelines – Thyroid Cancer

Not applicable

14-1C-110i Chemotherapy Treatment Algorithms

Clinical Guidelines

The NSSG, in consultation with the Network Chemotherapy Group (NCG), will agree a list of acceptable chemotherapy treatment algorithms which will be updated bi-annually.

14-1C-111i Patient Pathways – UAT Cancer

The NSSG has produced patient pathways (ie the named services, hospitals and MDTs which a patient should be referred to according to named indications, during their investigation, treatment, psychological and social support, rehabilitation and follow up). The pathways should include the relevant contact points for the services, hospitals and MDTs. See table 5 below.

The pathways include the following:

The TYACN Pathway for Initial Management
The NSSG, with the chair of the relevant TYACNCG, has agreed the TYACN patient pathway for initial management, including any features specific to the NSSG's cancer site and their host adult cancer network and incorporating their relevant MDT contact numbers. This pathway has been distributed to the MDT lead clinicians.

The TYA Pathway for Follow Up on Completion of First Line Treatment
Network groups have been advised to continue to follow up patients as per adult clinical protocols and in the meantime if necessary to seek advice by contacting their respective TYA Lead Clinician.

It has been acknowledged that the development of these pathways will need specialist input from adult and paediatric oncologists to ensure that they are robust and clinically accurate. It has been agreed to develop a TYA working group to address these pathways along with other TYA service issues from across NECN.

In addition, it has been agreed that any patient with metastatic carcinoma of unknown origin should be referred on for discussion by the carcinoma of unknown primary MDT.

Referral pathways for primary care are distributed within the network.

CCG populations		Designated Hospital	Neck Lump Clinic Location	Contact Points	Designated Lead Clinicians	Haemato-oncologists with direct care sessions timetabled for the clinic	MDT Location
Area	Population*						
Newcastle West Newcastle North & East Northumberland North Tyneside	144 143 316 202	Freeman Hospital (FH)	Freeman Hospital	GDP - FH 2 week wait central office Fax: 0191 2231498 Choose & Book Tel: 0345 6088888	Mr A Welch Mr V Paleri Mr D Meikle Mr Adams	Dr A Lennard Dr G Jackson Dr G Jones Dr T Menne (do not attend clinic- contactable by phone /bleep only)	Freeman Hospital Thursday AM
Cumbria	328	Cumberland Infirmary West Cumberland Hospital	Cumberland Infirmary West Cumberland Hospital	2 week central office Fax: 01946 523489	Mr J Elliott Mr A Robson Mr G Putnam Mr P Counter	H Ob'rien R Oakes Locum (do not attend clinic- contactable by phone/bleep	
Sunderland North Durham	276 243	Sunderland Royal Hospital (SRH)	Sunderland Royal Hospital (SRH)	Appointments Office Fax: 0191 5699030	Mr R Banks Mr C Hartley Ms H Cocks Mr I C Martin Mr A Burns Mr J O'Hara	V Hervey (does not attend clinic- but contactable as liaison haematologist)	
South Tyneside	149	South Tyneside DH Palmer Community Hospital	South Tyneside DH Palmer Community	Fax: 0191 2022191	Ms H Cocks Miss J Heaton Mr T Leontsinis Mr Pardeshi Mr A Burns Ms K Stone Miss N Jones	V Hervey (does not attend clinic- but contactable as liaison haematologist)	SRH Friday AM
Gateshead	200	Queen Elizabeth Hospital	Queen Elizabeth Hospital	Choose & Book Tel: 0345 6088888 Cancer Booking Team (within call centre) QE	Mr J Moor Ms H Cocks Mr P Arul	S Marshall (does not attend clinic- but contactable by Bleep only)	
Durham Dales, Easington & Sedgefield Darlington	273 105	Darlington Memorial Hospital	Darlington Memorial Hospital	Choose & Book Tel: 0345 6088888	Mr S Lester Mr R Wight Mr C Edge Col D Bryant	Dr D Plews (unable to attend clinic however they are able to see the patient 24-48 hrs)	
South Tees Hartlepool & Stockton Hambleton, Richmondshire & Whitby	274 286 154	James Cook University Hospital (JCUH)	James Cook University Hospital (JCUH)	Tel: 01642 282853 Fax: 01642 282826	Mr C Pace		JCUH Tuesday AM

*** - 2013 Mid Year Population Estimates**

14-1C-112i Patient Pathways – Thyroid Cancer

Not applicable

14-1C-113i Network Referral Proforma

There is a network agreed referral proforma for patients with UAT symptoms which are outside the “urgent suspicion of cancer” definition and who have no neck lumps which;

- Allows for the referrer to categorise a patient by presenting features, so that the hospital can direct the referral to the relevant specialty.
- Is made locally specific by identifying a single referral point for each designated hospital to which proformas can be sent for direction to individual specialist.

The network-wide format is made locally specific by identifying a single referral point for each designated hospital to which proformas can be sent for direction to individual specialists.

PATIENT EXPERIENCE

14-1C-114i Patient Experience

The network group annually reviews patient feedback of associated MDTs and any action plans implemented and agree improvement programmes with them. **Annual Report**

CLINICAL OUTCOMES / INDICATORS

14-1C-115i Clinical Outcomes Indicators and Audits

In the course of regular meetings, the NSSG will annually review the progress (or discuss the completed results, as relevant), of their associated MDTs' outcome indicators and audits, which should have been carried out, or the data examined across all its associated MDTs:

- Any Head and Neck cancer outcome indicators for hospital practice, required by the Clinical Commissioning Group Outcomes Indicator Set (CCGOIS)
- Clinical indicators

14-1C-116i Discussions of Clinical Trials

The NSSG will discuss the MDTs’ reports on clinical trials, annually with each of its associate MDTs and agree an improvement programme with them.

Appendix 1 – Terms of Reference

North of England Cancer Network
Network Site Specific Group (NSSG)/Network Cross Cutting Group (NCCG)
Terms of Reference
June 2013

1. Role and Purpose of Site Specific Group

The role of NSSG is clearly outlined in the Manual of Cancer Services Quality Measures 2013.

The NSSG should be multi-disciplinary; with representation from professionals across the care pathway; involve users in their planning and review; and have the active engagement of all MDT leads from the relevant associated organisations.

The NSSG should:

- agree a set of clinical guidelines and patient pathways to support the delivery of high quality equitable services across the network
- review the quality and completeness of data, recommending corrective action where necessary
- produce audit data and participate in open review
- ensure services are evaluated by patients and carers
- monitor progress on meeting national cancer measures and ensure actions following peer review are implemented
- review and discuss identified risks/untoward incidents to ensure learning is spread
- agree a common approach to research and development, working with the network research team, participating in nationally recognised studies whenever possible.

Responsibilities of the MDT Lead Clinician

The MDT lead clinician should:

- ensure that designated specialists work effectively together in teams such that decisions regarding all aspects of diagnosis, treatment and care of individual patients and decisions regarding the team's operational policies are multi-disciplinary decisions
- ensure that care is given according to recognised guidelines (including guidelines for onward referrals) with appropriate information being collected to inform clinical decision making and to support clinical governance/audit
- ensure mechanisms are in place to support entry of eligible patients into clinical trials, subject to patients giving fully informed consent
- overall responsibility for ensuring that the MDT meetings and team meet peer review quality measures
- ensure attendance levels of core members are maintained, in line with quality measures
- provide the link to the NSSG either by attendance at meetings or by nominating another MDT member to attend
- ensure MDT's activities are audited and results documented
- ensure that the outcomes of the meeting are clearly recorded, clinically validated and that appropriate data collection is supported.

NSSG Chair, Roles and Responsibilities

The Network Site Specific Group (NSSG) Chair has overall responsibility for the development of co-ordinated, cohesive and integrated networked cancer services for a specific tumour site. This will be

achieved primarily by ensuring that the NSSG operates efficiently and effectively to facilitate these developments across the network.

Specifically, the Chair should:

- ensure the group is properly represented by all the key stakeholders operating in the care of the specific tumour site
- work with NECN to ensure all Trusts in the network are involved and primary care is appropriately represented
- aim to ensure groups are multi-professional in nature
- take responsibility for delivering on the terms of reference for the Group
- ensure that systems and processes are in place to:
    - review (and update) local and national standards
    - collect minimum cancer data sets
    - support accreditation/quality assurance
    - agree common audits and bench marking
    - agree R&D programme/common clinical trials
    - facilitate user involvement in the development of services.
- ensure that any Tumour specific issues of clinical governance are supported by adequate protocols across the network
- organise NSSG meetings at least twice a year
- prepare the agenda for and chair NSSG meetings ensuring that adequate time is allowed for each item under discussion and stakeholders' views are sought
- ensure that minutes and action notes are circulated to the wider network as appropriate
- ensure a vice chair is nominated. This would support succession planning and help in attending various meetings
- agree and publish the NSSG Annual Report and work programme
- lead discussions with other NSSGs on issues of common interest.

Vice Chair

The NSSG Chair is a challenging role. Good practice would be Chair and Vice Chair (preferably one from north and one from south) this would support succession planning.

Nomination and Selection Process

Nominations for Chair and Vice Chair to come from the NSSG followed by a selection process.

Term of Office

2 years with an option to a further 2 years (maximum 4 years Term of Office). The Chair and the Vice Chair may agree to switch role after 1-2 years.

Support

- employing Trust
- the chair must secure its own Trust support to undertake the role
- the role must be reflected in Job Plan as 0.5 PA per month
- NECN staff/ team.

Ground Rules for Networking

Introduction

These ground rules preserve the principles underpinning clinical networking. The principles may be summarised as follows:
• they prevent destructive competition between MDTs for their catchment populations
• they prevent destructive competition between NSSGs for their associated MDTs
• they allow the development of consistent, intra- and inter-team patient pathways which are clinically rational and in only the patients' best interests instead of in the vested interests of professional groups or of NHS statutory institutions.

Before a first peer review assessment of any services which, from the networking point of view, come under the governance of a strategic clinical network (SCN), there should be an agreement between the relevant SCNs which describes which provider and commissioner networks come under the governance of each particular SCN. The agreement should delineate the boundaries and list the constituent services and commissioners of those networks. On principle, a single SCN should be agreed as being responsible for the network. This specifies the governance framework within which the networks are placed. Ideally this would apply to all services in a geographical area. However, the arrangements in terms of the governance and ownership of staff and facilities may not be coterminous across different disease sites spread over a similar geographical area. The network function will therefore be reviewed at a disease site specific level. The term 'network' in these measures refers to the disease site clinical network unless otherwise specified. The geographical extent of this and the physical facilities and hospital sites involved should be agreed between the relevant SCNs prior to review, and a named SCN should be considered having ownership and requiring/commissioning the review. This principle becomes especially important for cases of clinical networks for the rarer cancers where catchment areas may overlap those of more than one SCN.

NSSGs

- the NSSG should be the only such NSSG for the MDTs which are associated with it
- for cancer sites where there is only one level of MDT, the NSSG should be associated with more than one MDT
- for cancer sites where there is a division into more than one level of MDT, i.e. into local and specialist/supranetwork MDTs, the NSSG need only be associated with one specialist/supranetwork MDT as long as it is associated with more than one MDT for the cancer site overall.

Notes: The NSSG need only be associated with one specialist/supranetwork type MDT but may be associated with more than one.

Cross Cutting Groups

These currently include network groups for:

- chemotherapy
- radiotherapy
- acute oncology.

These groups need to have working relationships with the hospitals/services system and also the NSSGs /MDTs system, if they are to fulfil their role of acting as leaders of the networking process. Because these groups are service specific, not cancer site specific, it seems most important to lay down ground rules to ensure clarity and co-ordination across a given cross cutting service within a network, and leave ground rules regarding the relationship with NSSGs/MDTs, at a more informal and flexible level. The term 'network' here refers to the networking arrangements and coverage of the service in question.

These services are required to have local multi-professional management teams. These are not equivalent to the site specific groups and are treated differently in the measures. The ground rules for MDTs do not apply to them.

- The network group for a given service should be the only such group for that service for all the hospitals/services it is associated with.
- The equivalent reciprocal ground rules to this for hospitals and services would be; any given hospital should be associated with only one network group for any given service, and any service should be associated with only one network service group.

Note: Hospitals and services are mentioned separately because, for the purposes of peer review and data gathering, it has been necessary to clearly define individual services and delineate their boundaries in terms of staff and facilities. Sometimes a declared 'service' may cross more than one hospital.

MDTs

For MDTs dealing with cancer sites for which the IOG and measures recommend only one level of MDT (i.e.no division into local and specialist or their equivalent. e.g. Breast MDTs):

- The MDT should be the only such MDT for its cancer site, for its catchment area.

Notes: The principle of a given primary care practice agreeing that patients will be referred to a given MDT is not intended to restrict patient or GP choice. A rational network of MDTs, rather than a state of destructive competition can only be developed if i) there is an agreement on which MDT the patients will normally be referred to and ii) the resulting referral catchment populations and /or workload are counted, for planning purposes. It is accepted that individual patients will, on occasion, be referred to different teams, depending on specific circumstances.

- This ground rule does not apply to the carcinoma of unknown primary (CUP) MDT or the specialist palliative care (SPC) MDT. This is because, for this ground rule to be implementable, it is necessary to define a relevant disease entity in terms of objective diagnostic criteria which governs referral at primary care level. This is not possible for CUP or SPC, by the nature of these practices.
- The MDT should be the only such MDT for its cancer site on or covering a given hospital site.

Note: This is because for patient safety and service efficiency, there should be no rival individuals or units working to potentially different protocols on the same site. This does not prevent a given MDT working across more than one hospital site. Neither does it prevent trusts which have more than one hospital site, having more than one MDT of the same kind, in the trust. This ground rule does not apply

to SPC MDTs, since there may be more than one distinctive setting for the practice of SPC on a single given hospital
site.

- The MDT should be associated with a single named network site specific group (NSSG) for the purposes of coordination of clinical guidelines and pathways, comparative audits and coordination of clinical trials.

Note: MDTs which are IOG compliant but deal with a group of related cancer sites, rather than a single site, may be associated with more than one NSSG, but should have only one per cancer site. e.g. A brain and CNS tumours MDT also dealing with one or more of the specialist sites such as skull base, spine and pituitary could be associated with a separate NSSG for each of its specialty sites.

For cancer sites for which there is a division into local, specialist and in some cases, supranetwork MDTs, the following apply to the specialist/supranetwork MDTs. The above ground rules still apply to the 'local' type MDTs

- The specialist/supranetwork MDT should be the only such specialist/supranetwork MDT for its cancer site, for its specialist/supranetwork referral catchment area
- The specialist/supranetwork MDT should be the only such specialist/supranetwork MDT for its cancer site on or covering a given hospital site
- The specialist MDT should act as the 'local' type MDT for its own secondary catchment population. If a supranetwork MDT deals with potentially the whole patient pathway for its cancer site, this ground rule applies to the supranetwork MDT. If it deals with just a particular procedure or set of procedures, not potentially the whole patient pathway, it does not apply.

Note: This is in order that the specialist/supranetwork MDT is exposed to the full range of clinical practice for its cancer site. The specialist MDT should be associated with a single named network site specific group (NSSG), (or possibly one per individual cancer site, as above) for the purposes of coordination of clinical guidelines and pathways, comparative audits and coordination of clinical trials.

Review Date: June 2017

Appendix 2 – NSSG Membership List – Head and Neck

HEAD & NECK NSSG

Organisation	Name	Designation
CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST	Ms Rachel Bannister-Young	Head & Neck Specialist Nurse
	Ms Lynn Bolden	Speech & Language Therapist
	Mr Andy Burns	Consultant Oral & Maxillofacial Surgeon
	Michael Caygill	Senior Specialist Speech and Language Therapist
	Ms Helen Cocks	Consultant ENT Surgeon
	Scott Covington	Dietitian
	Ms Kelly Craggs	Head & Neck Specialist Nurse
	Mr Simon Endersby	Consultant Oral & Maxillofacial Surgeons
	Ms Diane Goff	Speech & Language Therapist
	Mr Chris Hartley	Consultant ENT Surgeon
	Mrs Anne Hurren	Chief Speech & Language Therapist
	Ms Dawn Ivison	Head & Neck Specialist Nurse
	Mr Leon Lindsey	Consultant ENT Surgeon
	Mr Ian Martin	Consultant Maxillofacial Surgeon
	Dr Debra Milne	Consultant Histopathologist
	Mr Mike Nugent	Consultant Oral & Maxillofacial Surgeons
	Ms Jo Patterson	Speech & Language Therapist
	Ms Paula Tetlow	Head & Neck PEG Nurse
	Ms Gillian Watson	Dental Hygienist
St Benedict's Hospice	Dr Alison Prime	Consultant in Palliative Medicine
On electronic distribution list for information	*Lisa Heaton*	*Medical Secretary to Andy Burns*
	Denise Wilson	*Medical Secretary to Jim Moor*
COUNTY DURHAM & DARLINGTON NHS FOUNDATION TRUST	Dr James Anderson	Consultant Radiologist
	Dr Steven Beck	Consultant Histopathologist
	Ms Pauline Burton	Cancer Services Manager
	Ms Jill Dyer	Lead Speech & Language Therapist
	Mr Colin Edge	Consultant Oral & Maxillofacial Surgeon
	Ms Sarah Harkess	Nutrition Support Dietitian, Senior Specialist
	Mrs Jennifer Korsen	Associate Specialist in Oral and Maxillofacial Surgery
	Ms Guet Lee	Speech and Language Therapist
	Mr Shane Lester	Consultant ENT Surgeon
	Mr Rory Murphy	Associate Specialist in ENT
	Ms Julie Newman	Head & Neck Specialist Nurse
On electronic distribution list for information	*Tracy Leech*	*Medical Secretary to Shane Lester*
NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION	Mr Omar Ahmed	Consultant Plastic & Reconstructive Surgeon
	Mr James Adams	Consultant Oral & Maxillofacial Surgeon
	Dr Philip Atherton	Consultant Clinical Oncologist

Organisation	Name	Designation
TRUST	Mr Stewart Barclay	Consultant in Restorative Dentistry
	Ms Isobel Bowe	Specialist Dietitian
	Dr Tony Branson	Consultant Clinical Oncologist
	Professor Paul Carding	Head of Speech & Language Therapy
	Dr Andrew Chippendale	Consultant Radiologist
	Ms Michelle Dale	Head & Neck Macmillan Nurse
	Ms Carole Downs	Superintendent Radiographer
	Ms Sheila Fellows	Head & Neck Nurse Co-ordinator
	Ms Amy Fitzgerald	Speech & Language Therapist
	Mr Matthew Garnett	Consultant in Restorative Dentistry
	Ms Laura Gradwell-Nelson	Head & Neck Specialist Nurse
	Ms Kathryn Johnson	Speech & Language Therapist
	Dr Charles Kelly	Consultant Clinical Oncologist
	Dr Kate Kendell	Consultant Clinical Psychologist
	Andrew McQueen	Consultant Radiologist
	Mr David Meikle	Consultant ENT Surgeon
	Mr James O'Hara	Consultant ENT Surgeon
	Dr Atuora Okpokam	ENT/Oral Pathology Consultant
	Ms Sarah Owen	Speech & Language Therapist
	Mr Vinidh Paleri	Consultant Surgeon
	Mr Maniram Ragbir	Consultant Plastic & Reconstructive Surgeon
	Ms Wendy Philip	Head & Neck Specialist Nurse
	Dr Claud Regnard	Consultant in Palliative Care Medicine
	Dr Max Robinson	Consultant Pathologist
	Fiona Stacey	Dental Hygienist
	Prof Peter Thomson	Consultant Maxillofacial Surgeon
	Mr Alan Torrance	Chief Dietician
	Mr Andrew Welch	Consultant ENT Surgeon
	Dr Ivan Zammit-Maempel	Consultant Radiologist
NORTH CUMBRIA UNIVERSITY HOSPITALS NHS TRUST	Dr Syed Alaa Abdelgail	Consultant Radiologist
	Ms Sharon Austin	Senior Mould Room Technician
	Mrs Gwen Barker	Radiotherapy Manager
	Clair Cairns	Specialist Head & Neck Dietitian
	Alison Coan	Cancer Manager
	Mr Paul Counter	Consultant ENT Surgeon
	Elspeth Desert	Consultant Clinical Psychologist
	Mr John Elliott	Consultant Maxillofacial Surgeon
	Ms Jen Florence	Clinical Oncology Manager
	Lorna Gamberini	Specialist Speech & Language Therapist
	Mary Jenkins	Consultant Pathologist
	Mr Graham Putnam	Consultant Maxillofacial Surgeon
	Andrew Robson	Consultant Otolaryngologist
	Kirstie Swainson	MDT Co-ordinator
	Mr Shaun Whitehead	Consultant Restorative Dentist
	Dr Joanne Wilkinson	Consultant Histopathologist
	Dr Fergus Young	Consultant Histopathologist
SOUTH TEES HOSPITALS NHS FOUNDATION TRUST	Dr Eleanor Aynsley	Consultant Clinical Oncologist
	Sarah Barkley	MDT Co-ordinator
	Mandeep Bhabra	SaLT

Organisation	Name	Designation
	Cl. Doug Bryant	Consultant Oral and Maxillofacial Surgeon
	Mr Chris Dunkin	Consultant Plastic and Reconstructive
	Dr Peter Dunlop	Clinical Director
	Dr Ursula Earl	Consultant Histopathologist
	Maxine Easby	Senior Specialist Dietician
	Mr Colin Edge	Consultant Oral and Maxillofacial Surgeon
	Dr Montserrat Giles	Consultant Histopathologist
	Amy Gregory	Macmillan Head & Neck Specialist Nurse
	Mr Alex Jones	Consultant Plastic and reconstructive surgeon
	Mr Shane Lester	Consultant ENT Head & Neck Surgeon
	Dr Laura Viva	Consultant Radiologist
	Dr Victor Martin	Consultant Histopathologist
	Margaret McLean	Superintendent Radiographer Radiotherapy
	Dr Sath Nag	Consultant Endocrinologist
	Dr Ailsa Nicol	Consultant in Restorative Dentistry
	Georgia Payne	Senior Specialist Dietitian
	Victoria Phelps	Pathway Co-ordinator
	Shannon Rees	Speech & Language Therapist
	Louise Shutt	Cancer Services Manager
	Fiona Underwood	Pathway Co-ordinator
	Dr Laura Viva	Consultant Radiologist
	Emma Watson	Senior Specialist Dietitian
	Richard Wight	Consultant Head & Neck Surgeon
On electronic distribution list for information	*Angela Ellis*	*Secretary to Richard Wight*
	Helen Rafferty	*Secretary to Colin Edge*
	Janet Rowling	*Secretary to Sath Nag*
SOUTH TYNESIDE NHS FOUNDATION TRUST		
On electronic distribution list for information	*Dr Oliver Schulte*	*Consultant Radiologist and Cancer Lead Clinician*
NORTHERN ENGLAND STRATEGIC CLINICAL NETWORK	Jonathan Berry	GP Cancer Lead
	Penny Williams	Research Delivery Manager
	Kath Jones	Service Improvement Facilitator
	Marjorie Leckonby	Patient & Carer Representative
	Claire McNeill	Peer Review Co-ordinator
On electronic distribution list for information	*Carol Mayes*	*Network Delivery Team Facilitator*
	Ann Bassom	*Network PA*
	Roy McLachlan	*Network Director*

Member of the Head and Neck NSSG and Thyroid Subgroup

Appendix 3 – NSSG Membership List – Thyroid

NHS
North of England Cancer Network

THYROID SUBGROUP

Organisation	Name	Designation
CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST	Les Boobis	Medical Director
	John Chapman	Consultant Physician
	Helen Cocks	Consultant ENT Surgeon
	Andrew Knight	Consultant Medical Physicist
	Timothy Leontsinis	Consultant ENT Surgeon
	Debra Milne	Consultant Histopathologist
	Mr Jim Moor	Consultant ENT Surgeon
	Dr Youssef Mentias	Consultant Radiologist
COUNTY DURHAM & DARLINGTON NHS FOUNDATION TRUST	Amir Bhatti	Consultant Surgeon
	Julie Newman	Head & Neck Specialist Nurse
	Vivek Shanker	Consultant ENT Surgeon
	Dr Giri Tarigopula	Consultant Endocrinologist
	Gareth Tervitt	Consultant Surgeon
On electronic distribution list for information	*Lisa Gill*	*Secretary to Vivek Shanker*
NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	Nicola Armstrong	Thyroid Cancer Nurse Specialist
	Steve Ball	Senior Lecturer in Endocrinology
	Richard Bliss	Consultant Surgeon
	Paul Carding	Head of Speech & Language Therapy
	Tim Cheetham	Senior Lecturer in Paediatric Endocrinology
	Mary Comiskey	Consultant in Palliative Medicine
	Amanda Dear	Specialist Head and Neck Nurse
	Fiona Douglas	Clinical Geneticist
	Ian Driver	Consultant Physicist
	Juliet Hale	Consultant Paediatric Oncologist
	Andy James	Consultant Endocrinologist
	Kim Johnson	Specialist Nurse - Endocrinology
	Sarah Johnson	Consultant Histopathologist
	Charles Kelly	Consultant Clinical Oncologist
	Kate Kendell	Consultant Clinical Psychologist
	Tom Lennard	Consultant Surgeon
	Ujjal Mallick	Consultant Clinical Oncologist
	Margaret Morris	Endocrine CNS
	Vinidh Paleri	Consultant Surgeon
	Stewart Pattman	SpR in Chemical Pathology
	Simon Pearce	Senior Lecturer - Endocrinology
	Petros Perros	Consultant Endocrinologist
	Richard Quinton	Consultant Endocrinologist
	David Richardson	Consultant Radiologist
	Michelle Shield	MDT Co-ordinator
	Margaret Valentine	Trust Librarian
	Andrew Welch	Consultant ENT Surgeon
	John Wilsdon	Consultant Radiologist / PET CT Lead
NORTH CUMBRIA UNIVERSITY HOSPITALS NHS TRUST	Alison Coan	Cancer Manger
	Paul Counter	Consultant ENT Surgeon
	Mary Jenkins	Consultant Pathologist
	Andrew Robson	Consultant Otolaryngologist
	Mike Williams	Consultant Surgeon
On electronic distribution list for information	*Alison Oglanby*	*Secretary to Mike Williams*

Organisation	Name	Designation
NORTH TEES & HARTLEPOOL NHS FOUNDATION TRUST	Dr Arun Batra	Consultant Radiologist
	Sue Jones	Consultant Endocrinologist
	Vijay Kurup	Consultant Surgeon
	Karen Milburn	Specialist Nurse
	Sonali Natu	Consultant Histopathologist
NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	Mr Seb Aspinall	Consultant Surgeon
	Mike Carr	Consultant Surgeon
SOUTH TEES HOSPITALS NHS TRUST	Wael Elsaify	Consultant Endocrine/Thyroid Surgeon
	Amy Gregory	Macmillan Head & Neck Nurse Specialist
	John Hardman	Consultant Oncologist
	Julia McBride	Staff Grade Practitioner
	Dr Sath Nag (Chair)	Consultant Endocrinologist
	Dr Geoff Naisby	Consultant Radiologist
	Mark Richardson	Clinical Scientist
	Laura Viva	Consultant Radiologist
On electronic distribution list for information	*Richard Rigby*	*GP*
	Janet Rowling	*Secretary to Sath Nag*
SOUTH TYNESIDE NHS FOUNDATION TRUST		
On electronic distribution list for information	*Karen Humphreys*	*Lead Cancer Nurse/Head of Service*
	Dr Oliver Schulte	*Consultant Radiologist and Cancer Lead Clinician*
NORTHERN ENGLAND STRATEGIC CLINICAL NETWORK	Dawn Golightly	Patient & Carer Representative
	Kath Jones	Service Improvement Facilitator
	Duncan Leith	GP Cancer Lead
	Penny Williams	Research Delivery Manager
	Claire McNeill	Peer Review Co-ordinator
On electronic distribution list for information	*Tony Branson*	*Network Medical Director*
	Ann Bassom	*Network PA*
	Carol Mayes	*Network Facilitator*
	Roy McLachlan	*Network Director*
Butterfly Trust	Kate Farnell	Patient Thyroid Cancer Advisor

Member of the Head and Neck NSSG and Thyroid Subgroup