CANCER RESEARCH NETWORK MEASURES

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Section 1A-4 NETWORK BOARD MEASURESFOR CANCER RESEARCH NETWORKS

Introduction

The National Cancer Research Network Co-ordinating Centre (NCRNCC) itself sets procedures for inclusion of studies of each Cancer Research Network's research portfolio and set targets for the numbers recruited into clinical trials and other well designed studies. The measures in the Manual for Cancer Services concentrate on reviewing the interaction between a Cancer Research Network and its local cancer network. In the Measures, the Cancer Research Network will be termed "the Research Network".
The responsibility for review purposes for establishing the leadership and reporting arrangements of the Research Network, lies with the Cancer Network Board and is reviewed in topic 1A-4 "Network Board Measures for Cancer Research Networks "; the compliance counting towards the review of the network board.
The responsibility for review purposes for the functions of the Research Network lies with the Research Clinical Lead and is reviewed under Topic 5 – "Cancer Research Networks"; compliance counting towards the review of the research network itself.

1A-401	There should be a single named Clinical Lead for the Research Network.
1*	
	Note: *The clinical lead should be medically qualified and at consultant level or its academic equivalent.*
Compliance:	The named Clinical Lead agreed by the Lead Clinician of the Cancer Network and the National Cancer Research Network (NCRN) National Director.
1A-402	There should be a single manager for the Cancer Research Network.
1*	
Compliance:	The named manager agreed by the lead clinician of the cancer network and the NCRN National Director or Assistant Director.
1A-403	The Lead Clinician of the Cancer Network should agree the management structure and reporting arrangements covering at least the posts of Research Clinical Lead and manager of the Research Network.
1*	
	This should deal with the arrangements within the Research Network and the arrangements between the Research Network

	and the Cancer Network. *Note: It is recommended but <u>not mandatory</u> that the Research Network adopts the structures preferred by the NCRNCC, as follows:-* ***Research Clinical Lead*** *The preferred arrangements are a direct report ("solid line") to the Lead Clinician of the Cancer Network and a secondary report ("dotted line") to the NCRN Director. The Research Clinical Lead appointment is made locally and ratified by the NCRN Director.* *The Research Clinical Lead is a role undertaken by someone who should have a substantive clinical post besides this, with its own formal line management arrangements.* ***The Research Network Manager*** *The preferred arrangements are for the Cancer Network Lead Manager to provide day-to-day line management of the manager of the Research Network, and the Research Clinical Lead to take responsibility for the Research Manager's professional development with respect to research and strategy.*
Compliance:	The management arrangements agreed by the Lead Clinician of the Cancer Network. *Note: This may be provided in the form of management structure diagrams.*
1A-404 **1***	The Research Clinical Lead should be a named member of the Cancer Network Board.
Compliance:	The agreement that the Research Clinical Lead should be a board member. Authorised by the Chair of the Network Board.

Section 1C-1 – Functions of Network Site Specific Groups

MEASURE DETAILS & DEMONSTRATION OF COMPLIANCE	
1C-a **1***	The NSSG should discuss the following, annually, with each of its MDT's at one of it's meetings: • The MDT's response to the approved clinical trials and other well designed studies list • The MDT's recruitment into clinical trials and other well designed studies over the previous year The following should be presented at the discussion: • The Chair of the NSSG or a nominated representative • The Lead Clinician of the MDT or a nominated representative from that MDT • The Clinical Lead of the CRN or a nominated representative from the CRN Staff
Compliance:	An extract of the minutes of a relevant meeting with the relevant attendance list. *Note: The discussion with various individual MDT's may take place at different meetings of the NSSG.*
1C-b **1***	The NSSG and the Research Clinical Lead of the Research Network, should agree remedial actions for improving recruitment into approved trials and other well designed studies, which each of its MDT's, following its meeting to discuss the MDT's recruitment.
Compliance:	The remedial actions agreed by the Chair of the NSSG and the Research Clinical Lead Note: • It is acceptable for them to agree that no remedial action is needed for a given MDT, if the accrual is satisfactory • The outcome for each of the NSSG's, MDT's should be agreed, for compliance with the measures.

Section 2 – MDT Measures

2X-a **1*** 	The MDT should nominate one of the members of the core team as the person responsible for ensuring that recruitment to clinical trials and other well designed studies is integrated into the function of the MDT.
Compliance:	The named member agreed by the Lead Clinician of the MDT
2X-b **1*** 	The MDT should produce a written response to the NSSG's approved list of trials and other well designed studies, which fulfils the following: • For Each trial and other well designed study the MDT should agree to enter patients or state the reasons why it will not be able to.
Compliance:	The response agreed by the Clinical Lead of the MDT
2X-c **1*** 	The remedial action arising from the MDT's recruitment results, agreed with the NSSG should have been carried out.
Compliance:	The reviewers should enquire as to the implementation of the recommendation of the recommended actions

Section 5A- Functions of the Cancer Research Networks

Introduction

The National Cancer Research Network Co-ordinating Centre (NCRNCC) itself sets procedures for inclusion of studies of each Cancer Research Network's research portfolio and set targets for the numbers recruited into studies and trials. The measures in the Manual for Cancer Services concentrate on reviewing the interaction between a Cancer Research Network and its local Cancer Network. In the Measures, the Cancer Research Network will be termed "the Research Network".
The responsibility for review purposes for establishing the leadership and reporting arrangements of the Research Network, lies with the Cancer Network Board and is reviewed in topic 1A-4 "Network Board Measures for Cancer Research Networks "; the compliance counting towards the review of the network board.
The responsibility for review purposes for the functions of the Research Network lies with the Research Clinical Lead and is reviewed under Topic 5 – "Cancer Research Networks"; compliance counting towards the review of the Research Network itself.

5A-101 **1***	The Research Clinical Lead should agree a list of responsibilities with the Lead Clinician of the Cancer Network. The responsibilities should include that the Research Clinical Lead is a named member of the Network Board.
Compliance:	The list of responsibilities agreed by the Research Clinical Lead and the Lead Clinician of the Cancer Network. The membership list of the Network Board (as for measure 1A - 108) *Notes:* • *For Cancer Networks which are reviewed against this measure for the first time when they have already been reviewed on a previous peer review visit against measure 1A – 108 (The Network Board Membership), then the documentation for compliance may be provided by a separate statement of the membership status of the Research Clinical Lead, agreed by the Lead Clinician of the Cancer Network.* • *A list of responsibilities of the Research Clinical Lead is given (for illustrative purposes only) in appendix A*
5A-102 **1***	The Research Clinical Lead should have an annual review with the Lead Clinician of the Cancer Network.

Compliance:	The notes from a review within one year prior to the peer review visit, agreed by the Research Clinical Lead and the Lead Clinician of the Cancer Network. *Note:* *An agreed extract or summary sufficient to show compliance with the measure will suffice.*
5A-103 **1**	The annual report to the NCRNCC, should be distributed in addition to at least the Cancer Network Board, the NSSGs and the Network Palliative Care Group, the Network Chemotherapy Group, the Network Imaging Group, the Network Pathology Group and the Network Users' Group
Compliance:	The reviewers should enquire as to the distribution process.
5A-104 **1***	The Research Clinical lead should agree an annual work programme with the chair of the Cancer Network Board. It should be for the financial year in which the network's peer review takes place.
Compliance:	The work programme agreed by the Research Clinical Lead and the Chair of the Network Board. Note: For networks for which there has been more than one complete financial year between the publication of these measures and the Network's peer review, the work programmes for each of these complete financial years should be produced for compliance.
5A-105 **1***	The Research Network should have a Service Level Agreement (SLA) / Contract with each Trust in which it has devolved staff members, regarding the responsibilities of those staff.
Compliance:	The Service Level Agreement / Contract, signed by the Research Network Manager and a managerial representative from each relevant Trust. The reviewers should enquire whether that are devolved staff in the Trusts, without a Service Level Agreement / Contract.
5A-106 **1***	There should be a single group for the research Network and its associated Cancer Network, with membership which includes the following: • The Clinical Lead for the Research Network • The Research Network Manager • The Lead Clinician of the cancer Network • The Lead Manager for the Cancer Network

	• Two User Representatives • A Representative from each Trust involved in the research Network, representing the cancer clinical research interest of the Trust. *Note:* • *The name of the group is not subject to review, and the names for such groups will vary in practice. What matter is that a single group, whatever its name, is put forward on behalf of the Network for the review against this measure and the measures on terms of reference and meetings, below:* • *'Users' here, refers to patients and carers; and it is conventional throughout the measures to have at least two representatives for cross cover and mutual support* • *A Trust may agree that someone named as a Research Representative from another Trust, may represent their interests on the group as well.* • *Additional members besides those itemised above, may be in the group.*
Compliance:	The named members, agreed by the Chair of the Network Board
5A-107 **1***	There should be terms of reference agreed for the Research Network single group (see 5A-106), which include: The group should be recognised as: • The Research Network's forum for deciding strategies to improve accrual to trials and other well designed studies • The group which advises on the research Network's allocation of resources *Note:* *There may be additional points to the terms of reference*
Compliance:	The terms of reference agreed by the Lead Clinical of the Cancer Network and the research Clinical Lead
5A-108 **1***	The Research Network single group should meet at least six monthly
Compliance:	• An extract of the minutes of a meeting held within the 6 months prior to the Research Network's Peer Review visit, sufficient to show compliance • A programme of meeting dates

Appendix A

Generic Job Description for Post of Clinical Lead for Research – this can be amended to reflect local responsibilities, relationships and circumstances

[add name] CANCER NETWORK

[add name] RESEARCH NETWORK

Job Description

Clinical Lead for Research

The post will be part-time filled by a consultant with knowledge and experience of cancer and considerable previous experience in cancer clinical trials.

Accountable to:	Lead Clinician (or equivalent), [name] Cancer Network
Hours:	Part time. Minimum of one fixed session per week
Tenure:	5 years
Base:	[name of network] Headquarters, Centre address
Salary:	Equivalent to a minimum of one fixed session at appropriate Consultant level
Manages:	Research Network Manager and other Research Network staff
Liaises with:	NCRN Director and Coordinating Centre Staff Trust R&D Directors and Managers. Clinical, Managerial and Research Leads within [name] Cancer Network Lead Clinicians, Nurses and Managers within Cancer Units
Network Summary:	The [add name] Research Network is part of the National Cancer Research Network (NCRN). The NCRN was established by the Department of Health and aims to improve the speed, quality and integration of research, ultimately resulting in improved patient care. The [add name] Research Network covers [add areas or names of hospitals]. The Research Network will be managed by a part time Clinical Lead for Research (this post) and a Network Manager (full time) who will be based at [add] but will work across all Network sites.

Role Summary: This post will provide the clinical leadership and development of the Research Network in line with local and national priorities. The post will be required to establish and lead a clinical trials portfolio ensuring access to clinical trials for patients with cancer, and, in turn, increasing accrual into trials, across the Network.

Responsibilities

1 To provide clinical leadership for cancer clinical trials in the [add name] Cancer Network, advising the [name of Network Central Management/Strategy Committee] on the [add name] Research Network's role as part of the National Cancer Research Network (NCRN).

2 To oversee the participation of the [add name] Research Network in NCRN activities.

3 To liaise with the [add name] Cancer Network Lead Clinician, Lead Manager, Lead Nurse, Chair of the Commissioning Group and other [add name] Cancer Network staff concerning the [add name] Research Network's participation in the NCRN.

4 To liaise with existing tumour groups and management groups in the Network and establish other groups as appropriate.

5 With the assistance of the Research Network Manager to develop and maintain an ongoing portfolio of clinical trials, to which patients from the [add name] Cancer Network area will be recruited. This to be developed in discussion with the [add name] Cancer Network Tumour-Specific Groups and in line with the clinical trial activity of the [add names of existing units undertaking cancer research activity, in particular academic units] and the NCRN.

6 With other members of the [add name] Research Network Steering Group to be responsible for the overall recruitment and quality of clinical trial research in the [add name] Research Network, ensuring that appropriate governance processes are in place and all clinical trial activity is supported by appropriate guidelines and protocols and complies with established quality standards.

7 With the assistance of the Research Network Manager, to introduce systems to enable the [add name] Research Network to comply with NCRN agreed performance, financial and planning arrangements and report on progress in these areas as required.

8 To liaise with the Chairs of Tumour-Specific Groups and Cancer Unit Lead Clinicians and Research Groups to promote recruitment to clinical trials throughout the Network.

9 To contribute to the recruitment, training, support and quality control of the Research Network Manager, Research Nurses, and other research staff at the [add name] Research Network.

10 To keep abreast of clinical trial developments locally, nationally and internationally and to inform and guide the [add name] Cancer Network accordingly.

11 To represent the [add name] Research Network at regional, national and international meetings.

Person Specification

The Clinical Lead would be expected to have the following skills and experience:

- Experience of running clinical trials at Phase II and III.
- Success in coordination of trials at a national level and good working relationships with national trials development bodies such as the NCRI Clinical Studies Groups.
- Established local credibility for commitment to clinical research.
- Membership of, or good working relationships with, local units conducting cancer research funded by the major funding bodies.
- Experience in holding and administering research grants.
- An up to date record of publication in clinical cancer research.
- Practical organisational skills.