

BGCS Commissioning Subgroup – Terms of Reference

The BGCS is referred to as the Society.

1. Aims

The Commissioning Subgroup will represent the interests of the gynaecological oncologic community on behalf of the Society

2. Objectives

- 2.1 Provide a two-way forum to encourage regular dialogue between commissioners, the NCIN/ NSSG, users and the Society.
- 2.2 To share relevant expertise, experience and views to ensure that the management of gynaecological cancer is reasonably represented in the commissioning process.
- 2.3 To monitor and document changes in the commissioning process and to proactively suggest and advise commissioning decisions in collaboration with the BGCS Officers and the BGCS Council.
- 2.4 To develop commissioning guidance including draft commissioning specifications and clinical access policies on behalf of the gynaecological oncology community, for consideration by the NHS England Complex Gynaecological Services Clinical Reference Group. Commissioning guidance should be based on IOG and NICE guidance and evidence based best practice, and proposed changes to commissioning guidance should be based on best available evidence and wide consultation outwith the gynae oncology community. Quality outcome measures should be based on deliverable data sources including NCIN and Peer Review data sets.

3. Composition

3.1 The subgroup is accountable to the Council of the Society.

3.2 The chair will be appointed by Council and serve for 3 years and may be renewed at the discretion of Council.

3.3 Membership shall be offered to Society members and will include members of the NHS England Complex Gynaecological Services Clinical Reference Group with an interest in gynaecological oncology. The group membership should cover representation from a breadth of regions throughout the United Kingdom and should include officers or representatives of stakeholder organisations including gynaecological oncology charities, professional colleges and societies. The group membership should include user representatives of all of the major gynaecological oncology disease sites, and clinical representation should include surgical, medical and clinical oncologists, diagnostic / unit lead gynaecologists and clinical nurse specialists (see appendix). The process of appointment will be open, fair and transparent. Other members can be co-opted after agreement by Council.

3.4 Administrative support for the group shall be provided by the Society secretariat. All formal correspondence is to be forwarded to Council.

3.6 The Chair may co-opt other individuals as appropriate after discussion with the Officers of the Society.

4. Quorum

4.1 A meeting is quorate if the Chair, an Officer and at least 2 members are present. All policy decisions must be minuted and forwarded to Council. The meetings are open to all BGCS Officers and ideally 1 Officer should attend each meeting.

5. Term of office

5.1 Each member shall be appointed for 3 years only. This is renewable at the discretion of Council.

6. Funding

- 6.1 Funding for the meetings including travel expenses for each member will be from the Society.
- 6.2 Reasonable travel expenses will be reimbursed by the Society for subgroup members engaged in agreed business in line with the BGCS travel policy.

7. Meetings

- 7.1 Meetings to be provisionally scheduled at BGCS conferences but should be at least every 6 months. Further communication between meetings should be by email. Important announcements will be placed on the Society website.
- 7.2 Disease-specific working groups will be formed with a mandate to draft guideline documents on behalf of the group.
- 7.3 Proceedings of the meetings shall be minuted. They shall be copied to the members of the BGCS Council.
- 7.4 Observers at the meetings shall be allowed only at the discretion of the chair.
- 7.5 Extra-ordinary meetings will be arranged if urgent or potentially serious commissioning issues arise. The above terms will be applicable for such meetings.

8. Reporting arrangements

- 8.1 The Chair of the Commissioning Subgroup should formally report to the Council of the Society at each BGCS conference and additionally on request.
- 8.2 New draft service specifications and clinical access policies should be presented at both a BGCS Council meeting and a NCIN Clinical Leads Forum, with a formal consultation process and document review by the BGCS Commissioning Subgroup, before progressing to the NHS England Complex Gynaecological Services CRG

Appendix: BGCS Commissioning Subgroup Membership Template

• Chair (appointed by BGCS Council)	1
• BGCS officers (minimum of 1 per meeting)	1
• National Cancer Director (ex officio)	1
• Existing clinical members of Complex Gynae Services CRG	4
• Existing (ovarian ca) user reps on Complex Gynae Services CRG	2
• Existing senior clinical managers from NHS England	2
• NCIN Gynae SSCRG Chair (currently BGCS Com Gp Chair)	0
• Cancer Knowledge & Information Team Chief Analyst Gynae	1
• Chair, BGCS Guidelines Group	1
• President National Forum of Gynae Oncology Nurses (NFGON)	1
• CEO of each main gynae oncology charity	5
• Additional 1 medical oncologist	1
• Clinical oncologists	2
• Additional surgical gynae oncologists	3
• Diagnostic / unit lead gynaecologist	1
• Radiologist	1
• Pathologist	1
• Additional Clinical Nurse Specialist	2
• Additional user reps (cervical/ uterine/ vulval ca)	3
Maximum Total Membership	33