# **Patient Representative for the NHS England and NHS Improvement Upper GI Timed Pathway Task & Finish Group**

**Role Title:** **Patient Representative for the Upper GI Timed Pathway Task & Finish Group**

**Hours**: Up to 2 hours attendance and 1 hour of preparation time at virtual MS Teams Task & Finish Group meetings on a monthly basis from February to May 2022.

Contributions to the work of the group between meetings as required. Preparation ahead of the group to read papers.

**Background and Summary:**

The NHS Cancer Programme published four national best practice timed pathways in April 2019. These timed pathways outlined the minimum providers and commissioners should deliver to ensure patients have their diagnosis communicated to them within 28 days of referral. The four pathways published were: suspected lung, prostate, colorectal, and oesophago-gastric cancers. In 2021, Head and Neck and Gynaecology pathways are also due to be published.

The NHS Cancer Programme has committed to produce new pathways for all remaining tumour groups. Upper GI (non-oesophago-gastric sub-groups) has been identified from 28-day Faster Diagnosis Standard (FDS) and 62-day referral to treatment data as one of the next tumour groups that would benefit from having timed pathways established as they are currently struggling to meet FDS and 62-day performance standards and there exists large variation across localities.

The Upper GI Timed Pathway Task & Finish Group will bring together a group of experts to create, advise and support the development and embedding of the Upper GI timed pathway. Implementation of the timed pathways will help aid COVID-19 recovery and support Cancer Alliances as they will be officially reporting the Faster Diagnosis Standard from April 2021.

**Main Duties and Responsibilities of the Upper GI Timed Pathway Task & Finish Group**

The Task & Finish Group is made up of a group of experts who will provide support and expertise to establish a clinical timed pathway for Upper GI (non-oesophago-gastric sub-groups). This timed pathway will be officially published for cancer alliances and providers to use.

The group’s immediate priorities are;

* To develop a clinical timed pathway for all suspected Upper GI (non-oesophago-gastric sub-groups) cancer patients, which will be published for use.
* Provide operational & clinical insight and feedback from front line clinical and non-clinical staff to identify operational barriers which need to be addressed for the successful delivery of the timed pathway.
* Review Rapid Diagnostic Centre (RDC) pathways and adopt recommended best practice elements into the timed pathways.
* Incorporate learning and feedback from Alliances and providers during the pandemic for the clinical timed pathway formed.
* To test bed any guidance produced from recommendations made by the group with all Alliances, to understand how it lands with them.
* The clinical sponsors will provide clinical guidance for the Task & Finish Group and will keep the Clinical Advisory Group informed on developments of timed pathway.

**Person Specification**

Essential:

* Experience of Upper GI (non-oesophago-gastric sub-groups) cancer as a patient or unpaid carer (e.g. Pancreatic, Liver, Bile Duct and Gall Bladder cancer)
* Ability to provide objective input about the needs of people affected by cancerand to represent the diverse range of people treated
* Ability to communicate your ideas to a wide range of people including senior healthcare professionals
* Confident about participating in group discussions and presenting the views of people affected by cancer to senior stakeholders
* Ability to reach out and engage with people affected by cancer (via existing forums, community groups or setting up interviews/focus groups)
* Ability to offer constructive challenge to senior professionals when necessary
* Ability to listen to and respect different perspectives, display empathy, and be open to other points of view
* Ability to understand and evaluate a range of information and evidence to support different approaches to service delivery
* Have an awareness to and commitment to equality and diversity

**What will you get from us:**

* Ongoing support from programme team via scheduled meeting or phone call between sessions to fully report and provide feedback, if required.
* Reasonable adjustments will be put in place to ensure members can undertake their role fully. Such as by providing information verbally alongside written documents or making information available in other formats.
* Experience of working closely and directly with clinical and managerial staff across the NHS as well as other patient and carer representatives.
* The opportunity to learn more about the National Cancer Programme and to actively shape the priorities for the delivery of the Long-Term Plan.
* The opportunity to work more closely with Cancer Alliances and stakeholders across the UK.
* Travel expenses if required to travel to London for meetings will be paid.

Lead: Peter Hawkins, Programme Manager, Faster Diagnosis Programme