



Somerset, Wiltshire, Avon and Gloucestershire Cancer Services

Somerset, Wiltshire, Avon and Gloucestershire (SWAG) Cancer Services

Breast Cancer Clinical Advisory Group

Constitution

June 2022

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VERSION CONTROL

THIS IS A CONTROLLED DOCUMENT. PLEASE DESTROY ALL PREVIOUS VERSIONS ON RECEIPT OF A NEW VERSION.

Please check the SWAG website for the latest version available [here](#).

VERSION	DATE ISSUED	SUMMARY OF CHANGE	OWNER'S NAME
Draft 0.1	June 2015	First draft	H Dunderdale
1.0	30 th June 2015	Finalised Document	SWAG Breast SSG
1.1	7 th July 2015	Amendment to reflect centralisation of Breast Services in Bristol to North Bristol Trust	Alexandra Valencia
1.2	April 2017	Biennial review	SWAG Breast SSG
1.3	23 rd June 2017	Membership list updated.	H Dunderdale
1.4	April 2019	Biennial review	SWAG Breast Clinical Advisory Group (CAG, formerly SSG)
1.5	28 th June 2019	Finalised	H Dunderdale
1.6	June 2022	Biennial update (delayed due to workload pressures caused by the COVID-19 pandemic)	H Dunderdale



Somerset, Wiltshire, Avon and Gloucestershire Cancer Services

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1. Statement of Purpose

The Somerset, Wiltshire, Avon and Gloucestershire Cancer Network Breast Clinical Advisory Group (CAG) endeavours to deliver equity of access to the best medical practice for our patient population. The essential priorities of the CAG are to provide a service that is safe, high quality, efficient and promotes positive patient experiences.

To ensure that this statement of purpose is actively supported, the consensually agreed constitution will demonstrate the following:

- The structure and function of the service is conducted, wherever possible, in accordance with the most up to date recommended best practice, as specified in the Manual of Cancer Services, Breast Measures¹

¹ Manual for Cancer Services

- An CAG consisting of multidisciplinary professionals from across the Somerset, Wiltshire, Avon and Gloucestershire cancer services has been established and meets on a regular basis
- Network wide systems and care pathways for providing coordinated care to individual patients are in place. This includes the process by which network groups link to individual MDTs
- A process for ensuring that the CAG clinical decision making is in accordance with the most up to date NICE Quality Standards² (December 2014) is in place, as are local clinical guidelines that support the standards
- There is a process by which patient and carers can evaluate and influence service improvements that supports the principle '*No decision about me without me*'³
- Internal and externally driven routine risk related clinical governance processes are in place for evaluating services across the network, and identifying priorities for improvement
- The CAG have a coordinated approach to ensure that, wherever possible, clinical research trials are accessible to all eligible cancer patients
- Examples of best practice are sought out and brought to the CAG to inform service development
- Educational opportunities that consolidate current practice and introduce the most up to date practices are offered whenever resources allow
- Provision of advice to influence the funding decisions of the Cancer Alliance Board.

³ Improving Outcomes – A Strategy for Cancer (2011)
³ NICE guidelines

2. Structure and Function

2.1 Network Group Membership (measure 13-1C-101b)

All participants at MDTs are welcome to attend the CAG meetings.

The SWAG Breast CAG consists of the following core members:

Table 1.

Trust	Name	Position
UHBW	Abigail Jenner	Associate Specialist Oncologist
Glos	Abigail Tomlins	Consultant Breast Surgeon
NBT	Ajay Sahu	Consultant Breast Surgeon
NBT	Alexandra Valencia	Consultant Radiologist
NBT	Alice Moody	Specialty Doctor - Breast
NBT	Alice Pocklington	Consultant Radiologist
Weston UHBW	Amanda Bessant	Breast Cancer Clinical Nurse Specialist
Somerset FT	Amanda Morrish	Breast Cancer Clinical Nurse Specialist
Somerset FT	Amanda Thorne	Consultant Oncoplastic Breast Surgeon
UHBW	Amit Bahl	Consultant Clinical Oncologist
SWAG Administrator	Amy Smith	Cancer Alliance CAG Administrative Coordinator
YDH	Angela Tadd	Consultant Radiographer
NBT	Angie Nicolson	Breast Cancer Clinical Nurse Specialist
NBT	Anjum Mahatma	Consultant Radiologist
UHBW	Barbara Freitas	Research Nurse
UHBW	Carolyn Lewis Dearie	Breast Cancer Clinical Nurse Specialist
YDH	Caroline Osborne	Consultant Breast Surgeon
RUH	Catherine Brown	Breast Cancer Clinical Nurse Specialist
UHBW	Charles Comins	Consultant Clinical Oncologist
UHBW	Charlotte Kallaway	SPR
NBT	Charlotte Kemp	MDT and Cancer Performance Manager
RUH	Cherry Miller	Breast Cancer Clinical Nurse Specialist
RUH	Chris Meehan	Consultant Histopathologist
RUH	Chrissie Laban	Consultant Breast Surgeon
Somerset FT	Christopher Levett	Breast Cancer Nurse - Research Lead
Glos	Clare Fowler	Consultant Breast Surgeon and Clinical Lead
NBT	Colin Purdie	Consultant Pathologist
Glos	Daniel Nelmes	Consultant in Medical Oncology
RUH	Debbie Cole	Breast Cancer Clinical Nurse Specialist
NBT	Demetris Poyiatzis	Consultant Histopathologist
RUH & Avon Breast Screening	Diana Dalglish	Breast Clinician

RUH	Dorothy Goddard	Consultant Radiologist
Glos	Eleanor Cornford	Consultant Radiologist
Glos	Eleanore Massey	Consultant Breast Surgeon
UHBW	Elizabeth Grant	Breast Cancer Clinical Nurse Specialist
UHBW	Elisabeth Kutt	Head of Diagnostic & Therapies
Glos	Fiona Court	Consultant Breast Surgeon
Somerset FT	Fiona Dobie	Consultant Therapeutic Radiographer
NBT	Gillian Clark	Consultant Radiologist
RUH	Hassan El-Wakeel	Associate Specialist Surgeon
RUH	Helen Burton	Clinical Trials Nurse
SWAG	Helen Dunderdale	Cancer Network SSG Support Manager
NBT	Helen Massey	Consultant Radiologist
Glos	Iain Lyburn	Consultant Radiologist
RUH	Irene Buckley	Breast Cancer Clinical Nurse Specialist
Weston UHBW	Isabella Dash	Consultant Breast Surgeon
Glos	James Bristol	Consultant Breast Surgeon
RUH	Jamie McKintosh	Consultant Breast Surgeon
Somerset FT	Jane Boobier	Breast Cancer Clinical Nurse Specialist
NBT	Jayne Masters	Macmillan Physiotherapist
Somerset FT	Jane McKenna	Breast Cancer Nurse - Radiotherapy Rehabilitation - Senior
Weston UHBW	Jenni Brooks	MDT Co-ordinator
Weston UHBW	Jenny Leonard	Breast Cancer Clinical Nurse Specialist
Glos	Jenny Toomey	Secretary to Consultant Histopathologist
UHBW	Jeremy Braybrooke	Consultant Medical Oncologist
UHBW	Jessica Jenkins	Consultant Oncologist
Glos	Jo Bowen	Consultant Clinical Oncologist
User Representative	Jo Chambers	User Representative
NBT	Joanna Hillman	Breast Cancer Clinical Nurse Specialist
RUH	Joyce Katebe	Clinical Trials Nurse
Somerset FT	Judith Reeves	Breast Cancer Clinical Nurse Specialist - Lead
YDH	Kate Hewlett	Breast Cancer Clinical Nurse Specialist
RUH	Kate Hope	Breast Cancer Clinical Nurse Specialist
Somerset FT	Kate Cooper	Macmillan Review Radiographer
NBT	Katherine Klimczak	Consultant Radiologist
RUH	Kerry Sant	Lymphoedema Clinical Nurse Specialist
RUH	Kit Fairhurst	Breast Trainee
Weston UHBW	Kristelle Vonbrockdorf	Consultant Clinical Oncologist
Somerset FT	Lisa Graham	Breast Cancer Clinical Nurse Specialist
NBT	Lorna Taylor	Breast Cancer Clinical Nurse Specialist
NBT	Lorraine Peall	Breast Cancer Clinical Nurse Specialist
NBT	Lyn Jones	Consultant Radiologist

RUH	Lynette Matthews	Breast Cancer MDT Coordinator
UHBW	Manuel Ruiz-Echarri	Consultant Clinical Oncologist
RUH	Mark Beresford	Consultant Clinical Oncologist
UHBW	Mia Card	Advanced Clinical Practitioner for Oncology
NBT	Michelle Mullan	Consultant Oncoplastic Breast Surgeon
Somerset FT	Miranda Nicholls	Advanced Nurse Practitioner
NBT	Morwenna White-Thomson	Speech & Language Therapist
UHBW	Naomi Amos	Breast Cancer Clinical Nurse Specialist
NBT	Naomi Day	Breast Cancer Clinical Nurse Specialist
RUH	Nathalie Webber	Medical Oncology SpR
Weston UHBW	Naveen Bhatt	Consultant Radiologist
YDH	Nia Dobner	Breast Cancer Clinical Nurse Specialist
Weston UHBW	Nick Gallegos	Consultant Surgeon
User Representative	Nicky Gravestock	User Representative
RUH	Nicola Laurence	Consultant Breast Surgeon
NBT	Olivia Donnelly	Clinical Psychologist
User Representative	Pat Eagle	User Representative
Glos	Patricia Vergani	Consultant Pathologist
RUH	Paul Kitching	Consultant Histopathologist
Glos	Peter Jenkins	Consultant Clinical Oncologist
RUH	Philippa Gilbert	Consultant Therapeutic Radiographer
NBT	Philippa Jackson	Consultant Breast Surgeon
RUH	Rachael Bolitho	Breast Cancer Clinical Nurse Specialist
NBT	Rachel Ainsworth	Consultant Breast Surgeon
Glos	Rachel Owers	Breast Cancer Clinical Nurse Specialist
RUH	Rebecca Bowen	Consultant Medical Oncologist
NBT	Rebecca Geach	Consultant Radiologist
YDH	Rebecca Laney	Breast Cancer Clinical Nurse Specialist
Glos	Richard Hunt	Consultant Breast Surgeon
Glos	Richard Sidebottom	Consultant Radiologist
RUH	Richard Sutton	Consultant Breast Surgeon
RUH	Robert Zorica	Consultant Oncologist
Somerset FT	Saiqa Spensley	Consultant Clinical Oncologist
Glos	Sally McIlwraith	Assistant General Manager for Breast Services
YDH	Salma Naseem	Consultant Breast Surgeon
RUH	Samantha Boland	Cancer Support Worker
Somerset FT	Sara Orton	Advanced Nurse Practitioner
Somerset FT	Sarah Perrin	Acting Director of Somerset Breast Screening
Glos	Sarah Vestey	Consultant Breast Surgeon
Glos	Sarah Vinnicombe	Consultant Radiologist
NBT	Sasirekha Govindarajulu	Consultant Breast Surgeon
Glos	Sean Elyan	Consultant Clinical Oncologist

NBT	Sherif Wilson	Consultant Breast Surgeon
Somerset FT	Simon Goldsworthy	Principal Research Radiographer
UHBW	Sohail Mohammed	Consultant Histopathologist
YDH	Stella Campbell	Consultant Radiographer
UHBW	Thomas Strawson-Smith	Consultant Clinical Oncologist
Weston UHBW	Tom John	Consultant Surgeon
Weston UHBW	Tom Wells	Consultant Medical Oncologist
UHBW	Vivek Mohan	Consultant Oncologist

Terms of reference are agreed in accordance with the paper *Recurrent Arrangements for Cancer Alliance Clinical Advisory Groups (2019)*, which is available on the SWAG website [here](#).

2.2 SWAG Cancer Services Network Group Meetings (measure 13-1C-102b)

The SWAG CAG will meet twice yearly. Agendas, notes and actions, and attendance records will be uploaded onto the SWAG website [here](#).

Appendix 1 is the Template Agenda for the Breast CAG meetings, which is circulated prior to each meeting to ensure that all members are aware of who is required to attend and that all subject matters requiring discussion are identified.

The CAG meetings are also conducted in line with the Manual for Cancer Services, Breast Measures (Version1.1):

<http://www.cquins.nhs.uk/?menu=resources>

2.3 Work Programme and Annual Report (measure 13-1C-103b)

The SWAG CAG will produce a Work Programme and Annual Report in discussion with the SWAG Cancer Alliance.

3. COORDINATION OF CARE / PATIENT PATHWAYS

3.1 Clinical Guidelines (NS/BC-16-005)

The CAG refers to the [NICE guidelines](#) for the clinical management of breast cancer. Further details of the local provision of the guidelines are within the Breast CAG Clinical Guidelines on the SWAG website [here](#). This is reviewed biennially to ensure that any amendments to imaging, surgery, pathology, chemotherapy and radiotherapy practices are up to date.

3.2 Chemotherapy Treatment Algorithms (measure 13-1C-105b)

An agreed list of acceptable chemotherapy treatment algorithms is reviewed biennially and available to view in the Annual Report and on the SWAG website [here](#).

Any treatment algorithms that require updating are listed in the CAG Work Programme.

3.3 Patient Pathways (NS/BC-16-006)

3.3.1 Breast Cancer Multi-Disciplinary Team Meetings (MDTm)

All six Trusts within the Network operate a service for breast cancer patients and all Trusts have a Breast MDT in place, which meets weekly.

The breast cancer MDTs aspire to meet National Cancer Waiting Time Standards ([Version 11.0](#)) by implementing timed diagnostic pathways via provision of straight to test one-stop clinics and MDT streamlining initiatives.

Primary Care Practitioners refer patients defined as ‘urgent, suspicious of cancer’ using the criteria detailed in the NICE Suspected Cancer Referral Guidelines (NG12) on the agreed network forms to the relevant contact point of a single named breast MDT as defined below:

Table 2

Name of MDT / Host Organisation	Type of MDT	Point of Contact	Referring ICS	SWAG Catchment Population 2010
Royal United Hospital Bath NHS Trust (RUH) Breast Cancer MDT	Local MDT frequency: Weekly	ruh-tr.cancerservicesruh@nhs.net 01225 826452	Bath and North East Somerset, Wiltshire, Somerset	176,717 321,842 51,311
Somerset NHS Foundation Trust (SFT) Breast Cancer MDT	Local MDT frequency: Weekly	breastmdtreferrals@somersetft.nhs.uk	Somerset	273,665

Yeovil District Hospital NHS Foundation Trust (YDH) Breast Cancer MDT	Local MDT frequency: Weekly	Natacha.blake@YDH.NHS.UK	Somerset	136,833
University Hospitals Bristol and Weston (Weston site) Breast Cancer MDT	Local MDT frequency: Weekly	wnt-tr.CancerServiceswaht@nhs.net	North Somerset	181,630
				51,311
North Bristol NHS Trust (NBT) Breast Cancer MDT	Local MDT frequency: Weekly	Breastmdt.referrals@nhs.net 0117 3237008	South Gloucestershire Bristol	169,523
				171,249
Gloucestershire Hospitals NHS Foundation Trust Breast Cancer MDT	Local MDT frequency: Weekly	ghn-tr.GNHSFTcancerdatatransfer@nhs.net	Gloucestershire	566,268

3.3.2. Breast Screening Programmes

There are three NHS Breast Screening Programmes in the region.

Table 3

Name of Host Organisation	Name of NHS Breast Screening Programme Service	Contact Details	Referring ICS	Screening Population
University Hospitals Bristol and Weston NHS Foundation Trust	Avon Breast Screening	Breast Screening - Central Clinic, Tower Hill, Bristol	Bristol North Somerset Wiltshire S Glos	177,000
Somerset NHS Foundation Trust	Somerset Breast Screening	Musgrove Park Hospital, Taunton, Somerset TA1 5DA T:01823 342425	Somerset	63,000

Gloucestershire Hospitals NHS Foundation Trust	Gloucestershire Breast Screening	Thirlestaine Breast Centre, Cheltenham, GL53 7AN T: 03004223786	Gloucestershire	566,268
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3.3.3. Organisation of Breast Services

Table 4.

Host Organisation	Name of Breast Unit	NHS Breast Screening Programme	Services for Symptomatic Patients	Family History Clinics	Services for psycho-social / rehab support and follow up
North Bristol NHS Trust	Bristol Breast Care Centre: Avon Breast Screening Unit, Central Clinic, Tower Hill, Bristol	Yes	No	Yes	No
Somerset NHS Foundation Trust	Dual service- Musgrove Park Hospital	Yes	Yes	Yes	Yes
Royal United Hospital Bath NHS Trust	Royal United Hospital	No	Yes	Yes	Yes
Yeovil District Hospital NHS Foundation Trust	Yeovil Hospital	No	Yes	Yes	Yes
North Bristol NHS Trust	Southmead Hospital	No	Yes	No (at ABS)	Yes
University Hospitals Bristol and Weston NHS Foundation Trust	Weston General	No	Yes	Yes	Yes
Gloucestershire Hospitals NHS Foundation Trust	Cheltenham Hospital	Yes	Yes	Yes – by the Genetics Service	Yes

3.3.4. Contact details of Breast Services Teams:

Royal United Hospitals Bath [Breast Care Team](#)

Somerset [Breast Care Team](#)

Yeovil District Hospital [Breast Care Team](#)

North Bristol [Breast Care Team](#)

University Hospitals Bristol and Weston [Breast Care Team](#)

Gloucestershire Hospital [Breast Care team](#)

3.3.5 Patient Pathways for Teenagers and Young Adults (TYA)

Details of TYA patient pathways for the SWAG CAGs can be found on the SWAG website:

[TYA](#)

3.3.6 Cancer of Unknown Primary (CUP) Referrals

All patients with a metastatic carcinoma of unknown origin are referred to the cancer of unknown primary MDTs within the network. Details of the CUP referral processes can be found on the SWAG website:

[CUP](#)

4. PATIENT AND PUBLIC INVOLVEMENT

4.1 User involvement

The CAG has three user representative members who contribute opinions about the Breast service at the CAG meetings. The NHS employed member of the CAG nominated as having specific responsibility for users' issues and information for patients and carers is the Cancer Clinical Advisory Group Manager. The CAG actively seeks to recruit further user representatives. Appendix 3 contains the patient/user involvement brief that is circulated for this purpose.

4.2 Patient Experience (13-1C-107b)

The results and actions generated from the National Patient Experience Survey within each Trust in the CAG will be reviewed in every CAG meeting, and the progress of the agreed improvement programme monitored. Progress will be published in the annual report.

4.3 Charity involvement

See Appendix 4

5. THE NATIONAL PERSONALISED CARE AND SUPPORT (PCS, FORMERLY LIVING WITH AND BEYOND CANCER) INITIATIVE

The Breast CAG has agreed to conduct a review of patient follow up systems in line with the practices recommended by the National PCS Initiative. Due to the ever increasing population of patients living with and beyond cancer, the current follow up systems are not sustainable, therefore new follow up methods need to be established to provide the support that patients require to 'lead as healthy and active a life as possible, for as long as possible'⁴. The Breast CAG will work to ensure that all patients have access to the recommended *Recovery Package*. The *Recovery Package* consists of holistic needs assessments, treatment summaries and patient education and support events. The Breast CAG has developed risk stratified pathways for post treatment management, promote physical activity and seek to improve management of the consequences of treatment.

6. CLINICAL GOVERNANCE

6.1 Clinical Outcomes, Indicators and Audits (13-1C-108b)

The CAG regularly review the data from each MDT's clinical outcomes, quality indicators and audits. At least one network audit will be performed each year. The results of this are presented at the CAG meetings and distributed electronically to the group.

6.2 Data Collection

Patient data on diagnostics is uploaded to the Somerset Cancer Registry as part of a National initiative.

7. CLINICAL RESEARCH

7.1 Discussion of Clinical Trials (13-1C-109b)

Members of the CAG discuss each MDT's report on clinical research trials within every CAG meeting. A list of all of the open trials on the Breast NIHR portfolio, and potential new trials,

⁴ <http://www.ncsi.org.uk/>

is brought to each CAG meeting by the West of England Clinical Research Network (CRN) Cancer Research Delivery Manager.

Due to the CRNs mapping with the Academic Health Science Networks, Taunton and Yeovil are in South West Peninsula CRN. The Cancer Research Delivery Manager from the Peninsula CRN will provide the CAG with the data for these Trusts. Information on clinical trial recruitment will be published in the CAG annual report. Potential new trials to open and actions to improve recruitment will be documented in the CAG work programme. The trials available in each Trust will be updated on the South West Strategic Clinical Network website at regular intervals so that the CAG members can ensure, wherever possible, that clinical research trials are accessible to all eligible Breast oncology patients. The NHS staff member nominated as the Research Lead for the CAG is Professor Mark Beresford.

8. SERVICE DEVELOPMENT

Regular review of major service developments and changes in treatment pathways are conducted at the CAG meetings.

Regular review of Chemotherapy protocols is conducted by the CAG.

8.1 The Enhanced Recovery Programme

The CAG will endeavour to provide an Enhanced Recovery Programme for all patients. The ERP is about improving patient's outcomes and speeding up a patient's recovery after surgery. The programme focuses on making sure that patients are active participants in their own recovery process. It also aims to ensure that patients always receive evidence based care at the right time.

8.2 Education

The CAG meetings will have an educational function. Continuous Professional Development (CPD) accreditation for meetings with multiple educational presentations will be sought by application to the Royal College of Physicians. This will involve uploading presentations and speaker profiles to the CPD approvals online application database. The approvals process takes approximately six weeks, and can be applied for retrospectively. The CAG members will be required to complete a Royal College of Physician's CPD evaluation form. Certificates of the CPD points that are allocated to the meeting will be distributed to the CAG members.

8.3 Sharing Best Practice

Where best practice in breast oncology services outside the SWAG CAG has been identified, information on the function of these services will be gathered to provide a comparison and

inform service improvements. Guest speakers from the identified services will be invited to provide a presentation at the CAG meetings.

Where best practice in Breast oncology services within the SWAG CAG has been identified, information on the function of SWAG services will be disseminated to the other cancer networks

8.4 Awareness Campaigns

In the event of a breast awareness campaign, the CAG have an agreed process to manage the possible impact of increased urgent referral from primary care to the Breast oncology services. Information on clinical decision making when referring to breast services will be cascaded to General Practitioners via the primary care email bulletin and the SWAG website.

9. FUNDING

9.1 Cancer Alliance

In the event that an insufficiency in the Breast oncology services relating to funding is identified, the CAG will gather evidence of the insufficiency via audit and research, together with feedback about how the provider Trusts have tried to address them. The consequences of the insufficiencies for patients will be listed so that all key issues are documented and the required actions made clear. This information will then be fed back to the Cancer Alliance Delivery Group to determine the action that needs to be taken and escalated to the SWAG Cancer Board if required.

9.2 Industry

The Government's paper *Improving Outcomes: A Strategy for Cancer* states that 'working together with other organisations and individuals, we can make an even bigger difference in the fight against cancer'. The CAG will forge relationships with pharmaceutical companies to seek commercial sponsorship for the meetings in order to make savings that can be fed back into the CAG cancer services. The CAG Support Manager will comply with the various rules and regulations pertaining to the pharmaceutical companies' policies and with the NHS rules and regulations as follows:

- Completion of a register of interest form with the CAG support service host Trust, University Hospitals Bristol NHS Foundation Trust
- Declaration of any sponsorship offers

- Confirm with all sponsors that the arrangements would have no effect on purchasing decisions
- Ensure that all pharmaceutical companies entering into sponsorship agreements comply with *the Code of Practice for the Pharmaceutical Industry* (Second Edition) 2012
- Obtain advice from the Medical Director or Chief Pharmacist for sponsorship agreements in excess of £500.00
- Ensure that where a meeting is funded by the pharmaceutical industry, that this is documented on all papers relating to the meetings
- Ensure that the receipt of funding is approved by an Executive Director and recorded in the Register of Gifts, Hospitality and Sponsorship in advance
- Scrutinise contracts with the assistance of Financial Services prior to providing a signature.

10. APPENDICES

10.1 Appendix 1

TEMPLATE AGENDA

Network group membership to attend

Chair, MDT core members, MDT nurse core member, Surgeon, Clinical Oncologist, Medical Oncologist, Imaging Specialist, Histopathologist, Palliative Medicine representative, User representative 1, User representative 2, Managerial and Administrative support.

- Chair to name nominated network group member responsible for users' issues and information for patients / carers
- Chair to name nominated network group member responsible for clinical trial recruitment function.

1. Review of last meeting report and actions:

2. Clinical opinion on network issues:

- Review of MDT membership changes / meetings / service.

3. Clinical guidelines:

- Review of any amendments to imaging, pathology, chemotherapy, radiotherapy, surgical practices.

4. Coordination of patient care pathways:

- Review hospital referral processes for TYA / varying indications / investigations and follow up
- Review implementation of Primary Care referral pro forma / implementation of rapid diagnostic pathways
- Cancer Waiting Times breach example to discuss.

5. Patient experience:

- User representative input
- Review patient experience survey / identified actions
- QOL surveys
- Patient information
- CNS / keyworker support
- Addressing inequalities.

6. Personalised Care and Support and Stratified Follow Up

- Holistic needs assessments
 - To define when these should be performed
- Next steps (Health and Wellbeing events)
- Treatment summaries.

7. Quality indicators, audits and data collection:

- Current audits / audit outcomes
- Audits in the pipeline
- Data collection issues.

8. Research:

- Current clinical trials / recruitment / actions to improve recruitment
- Clinical trials in the pipe line
- Regional referrals
- Developing early career researchers / addressing inequalities.

9. Service development:

- Sharing best practice Genomics
- Immunotherapy
- Early diagnosis
- Prehabilitation / enhanced recovery programme
- Training opportunities available
- Sharing best practice

- Innovation
- Awareness campaigns.

10. Quality Surveillance:

- Annual Report
- Constitution
- Work Programme
 - Good practice – specific areas to highlight
 - Are there any immediate risks?
 - Are there any serious concerns?

11. Any other business / date and time of next meeting:

10.2 Appendix 2

[SWAG CAG User Involvement Brief](#)

10.3 Appendix 3

[SWAG CAG Charity Involvement Brief](#)