



Somerset, Wiltshire, Avon and Gloucestershire Cancer Alliance

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

Head and Neck Cancer Clinical Advisory Group

Constitution

June 2023

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VERSION CONTROL

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VERSION	DATE ISSUED	SUMMARY OF CHANGE	OWNER'S NAME
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Draft 0.2	September 2015	Amended list of clinical staff to agree constitution and amended patient pathway	C Hughes
Draft 0.3	September 2015	Addition of information on University Hospitals Bristol local support team.	R Buller
Draft 0.4	December 2015	Additional information to section 2.4	R Buller, C Cook
1.0	February 2016	Finalised	C Hughes
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1.2	April 2017	Biennial review	SWAG Head and Neck CAG
1.3	30 th June 2017	Finalised	H Dunderdale
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1.5	28 th June 2019	Finalised	H Dunderdale
1.6	June 2022	Biennial update (delayed due to the COVID-19 pandemic)	H Dunderdale
1.7	October 2023	Amendment of UH Bristol to UHBW	H Dunderdale



Somerset, Wiltshire, Avon and Gloucestershire Cancer Alliance

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1. Statement of Purpose

The Somerset, Wiltshire, Avon and Gloucestershire Cancer Network Head and Neck 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, Head and Neck Measures¹
- 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

¹ Manual for Cancer Services

² [NICE Guidance](#)

- There is a process by which patients 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 has 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.

2. Structure and Function

2.1 Network Configuration of MDTs (measure 14-1C-101i)

The Multi-Disciplinary Teams (MDTs) within the Head and Neck CAG consist of consultant surgeons, clinical and medical oncologists, pathologists, imaging specialists, clinical nurse specialists and other health care professionals. They meet regularly to discuss and manage each patient's care individually.

³ Improving Outcomes – A Strategy for Cancer (2011)

Table 1 shows the CAG agreed list of MDTs, with their host hospital and Trusts.

Name of MDT	Host Organisation	Point of Contact	Referring CCG	Catchment Population
Bristol Royal Infirmary Head and Neck Local / Central Network MDT	University Hospitals Bristol and Weston NHS Foundation Trust	Fast Track Cancer Office: 0117 34 29292	Bristol B&NES Somerset North Somerset South Gloucester Wiltshire	2.1 million
Royal United Hospital Bath Head and Neck Local MDT (video links with UHBW)	Royal United Hospital Bath NHS Foundation Trust	Central Booking Office: 01225 821821	Bath and North East Somerset, Wiltshire, Somerset	347,135
Worcester and Gloucestershire Joint Head and Neck MDT	Gloucestershire Royal Hospitals NHS Foundation Trust	Central Booking Office 0300 422 6703	Gloucestershire	611.000

Gloucestershire Royal Hospitals NHS Foundation Trust (GLOS) has been included in the SWAG Head and Neck network group, as patients referred to GLOS with suspected head and neck cancers, are managed within both the SWAG and the Midlands Network Head and Neck CAG. Somerset NHS Foundation Trust (SFT) has not been included in the SWAG Head and Neck network group as patients referred to SFT are managed by the Peninsula Network Head and Neck CAG.

The Head and Neck CAG complies with Peer Review ground rules for networking by meeting the following criteria:

- The network group is the only such network group for the MDTs which are associated with it
- The network group is the single group that deals with upper aero-digestive tract cancer and thyroid cancer
- Diagnosis and assessment of patients who fulfil the guidelines for ‘urgent suspicion of head and neck cancer and thyroid cancer’ will be carried out only by personnel who are agreed and designated by the network, acting only in similarly agreed, named hospitals

- Fast track neck lump clinics are provided with the clinics' working procedure jointly agreed by the haematology and head and neck network groups
- The location in the network of the named fast-track neck lump clinics is agreed by the network group
- Clinics for the diagnosis and assessment of thyroid lumps are specified and provided either as part of the remit of a neck lump clinic or as a specialised thyroid clinic.

2.2 Named Designated Hospitals for Head and Neck Cancer (measure 14-1C-102i)

The network agreed designated hospitals, which are the only hospitals in the network for the diagnosis and assessment of patients with head and neck cancer symptoms, are University Hospitals Bristol NHS Foundation Trust, Royal United Hospital Bath NHS Foundation Trust, and Gloucestershire Royal Hospitals NHS Foundation Trust.

The above hospitals fulfil the following criteria:

- Specialised facilities for investigation of head and neck patients
- 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.

Further services hosted only by designated hospitals:

2.3 The Neck Lump and Thyroid Clinics (measure 14-1D-102i, 103i)

The neck lump clinic in UHBW is held once a week. Patients with both neck and thyroid lumps are reviewed. Fast track referrals are directed to the clinics based on the information provided on the GP referral proforma. The clinics are in the job plans of Ceri Hughes, Steven Thomas, Mark Singh, John Collin, Graham Porter, David Baldwin, Oliver Dale and Paul Tierney, all of whom are designated UAT Consultants. Advice from a haematology oncologist is available if required during the clinic sessions.

The neck lump clinic in RUH Bath is held on a Tuesday. Patients with both neck and thyroid lumps are reviewed. Referrals are triaged to the clinic based on the information provided on the referral. The clinic is run by Catherine Ashworth with cover by Andrew Carswell and Stuart Gillett as required

The neck lump clinic in GLOS is held on Friday morning in Cheltenham Hospital. Patients with both neck and thyroid lumps are reviewed. Fast track referrals are directed to the

clinics based on information provided on the GP referral proformas. The clinics are in the job plans of Charlie Hall, Simon Whitley, Hugh Wheatley, and Darryl Godden.

UHBW, RUH Bath and GLOS are the hospitals within the CAG where curative surgical treatment for head and neck cancers takes place. All patients requiring free flap reconstructive surgery are referred to UHBW.

The hospitals where curative surgical treatment for head and neck cancer takes place fulfil the National Peer Review criteria.

2.4 The network group agreed distribution and role of local support teams for patients with head and neck cancer (measure 14-1C-103i).

UHBW covers the geographical area of Bristol, North Somerset and South Gloucestershire. The local support team based in Yeovil District Hospital covers the geographical area of South Somerset. The local support team in Royal United Hospitals Bath covers the geographical area of Bath and North East Somerset. The three support teams provide appropriate cover for all patients within the network.

The local teams provide the following services, as agreed with the relevant Trust cancer clinical leads:

- Management of the aftercare and rehabilitation of head and neck cancer patients for a named geographical area of coverage
- Work with the head and neck cancer MDTs which deliver the definitive anti-cancer treatment and immediate support, and refer patients to the local support teams
- Work 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 they are responsible.

The UHBW local support team consists of 2 WTE Band 7 Head & Neck Clinical Specialists, 1 WTE Band 6 Head & Neck Clinical Nurse Specialist, 1 WTE Band 7 Head & Neck/Skin Clinical Nurse Specialist (2 year Macmillan funded from Jan 2023), 0.8 WTE Band 6 Thyroid Clinical Nurse Specialist, and 0.8 WTE Administrative Support.

There are 7 Speech and Language Therapists (SLT) that cover H&N services (4 in surgery and 3 in oncology). There is no dedicated laryngectomy SLT - this is covered by the 4 surgical SLT's.

The team also includes occupational therapists, physiotherapists, dedicated radiologists and dental hygienist rehabilitation team.

The CNS team links with community palliative services and will refer to local hospice teams. It is possible to refer to the hospital palliative care team in the event of complex needs.

A dedicated social worker has yet to be allocated to the team. This is documented in the Head and Neck Work Programme. Allied health professional/Macmillan support clinics are held twice weekly on Mondays and Thursdays and Nurse led surgical/wound care clinics are held twice weekly on Tuesdays and Fridays.

The RUH team have three Clinical Nurse Specialists, one speech and language therapist and one dietician. Strong links are in place with palliative care, lymphoedema and clinical psychology support services. Nurse-led clinics follow-up clinics are held every week.

The YDH team have one Clinical Nurse Specialist.

The GLOS team have 2.6 WTE Clinical Nurse Specialist's, 1.6 Dietitians and 3 WT SLT's.

2.5 Network Group Membership (measure 14-1C-104i)

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

The most recent delegate list currently includes the following members:

Trust	Name	Position
UHBW	Adam Duffen	Anaesthetist
UHBW	Amarnath Challapalli	Consultant Oncologist
UHBW	Amelia Lowe	Trial Co-ordinator
SWAG Administration	Amy Smith	Cancer Alliance CAG Administrative Coordinator
RUH	Andrew Carswell	Consultant Ear, Nose and Throat Surgeon
RUH	Andrew Felstead	Consultant Oral & Maxillofacial Surgeon
RUH	Angela Ellaby	Medical secretary
Glos	Audrey Cook	Consultant Clinical Oncologist
UHBW	Barry Main	Oral & Maxillofacial Specialist Registrar
RUH	Carey Milson	Clinical Trials Officer
RUH	Carol Cook	Head & Neck Clinical Nurse Specialist
UHBW	Caroline McGill	Speech Therapist
RUH	Caroline Styles	Consultant Radiologist
RUH	Catherine Ashworth	Associate Specialist
UHBW	Catherine O'Donovan	Surgical Research Nurse

UHBW	Ceri Hughes	Consultant Oral & Maxillofacial Surgeon
Glos	Charlie Hall	Consultant Head & Neck and Thyroid Surgeon
RUH	Christine Cole	Clinic Co-ordinator
UHBW	David Baldwin	Consultant Ear, Nose, Throat, Head and Neck Surgeon
RUH	David Little	Consultant Radiologist
UHBW	Dominic O'Sullivan	Consultant Restorative Dentistry
UHBW	Donna Graham	Head & Neck Clinical Nurse Specialist
RUH	Emma De Winton	Consultant Clinical Oncologist
RUH	Fiona Mackay	Head & Neck Clinical Nurse Specialist
UHBW	Frances Goddard	Performance and Operations Manager, Bristol Dental Hospital
RUH	Freya Smith-Jack	Senior House Officer
User Representative	Gary Nicholls	User Representative
UHBW	Georgina Casswell	Consultant Oncologist
UHBW	Graham Porter	Consultant Ear, Nose, Throat, Head and Neck Surgeon
SWAG Administration	Helen Dunderdale	Cancer Alliance CAG Manager
RUH	Henrietta Samler	Speech and Language Therapist
UHBW	Hoda Booz	Consultant Clinical Oncologist
UHBW	Holly Cole-Hawkins	Senior House Officer
UHBW	Ilko Genkov	Clinical Fellow
UHBW	Jade Trendall	Oral & Dental Student Administrator
UHBW	Jenna Eagles	Speech Therapist
RUH	Jill Fraser	Medical Secretary
UHBW	John Collin	Consultant Oral & Maxillofacial Surgeon
RUH	John Waldron	Consultant Ear, Nose and Throat Surgeon
UHBW	Joya Pawade	Consultant Pathologist
UHBW	Julian Kabala	Consultant Radiologist
NBT	Julie Clash	Senior Medical Secretary/PA To Mr Morgan And Miss Edwards
NBT	Justin Morgan	Consultant General & Transplant Surgeon
Somerset FT	Karen Dockings	Speech and Language Therapist
RUH	Kate Allen	Consultant Endocrinologist
UHBW	Kate Cave	Physiotherapist - Head and Neck Cancer
NBT	Kate Hewings	Medical Secretary
RUH	Kerry Sant	Lymphoedema Clinical Nurse Specialist
UHBW	Kerry Youe	Staff Nurse
UHBW	Kuldip Bhakerd	Deputy Performance & Operations Manager BDH
UHBW	Laura Black	Macmillan Head and Neck cancer specialist dietitian
RUH	Laura Clifford	Head & Neck Clinical Nurse Specialist
RUH	Laura Felton	Cancer Services Pathway Co-Ordinator

UHBW	Libby Collett	Speech and Language Therapist
UHBW	Lisa McNally	Consultant Restorative Dentistry
RUH	Liz Slusarczyk	Medical Secretary
UHBW	Louise Parkes	Senior Medical Secretary
RUH	Lydia Harris	Senior House Officer
RUH	Lynda Harvey	Stuart Gillett's secretary
RUH	Lynette Matthews	MDT Co-ordinator
RUH	Lynne Howes	Senior Sister
RUH	Mimi Chen	Consultant in Diabetes & Endocrinology
UHBW	Mandy Williams	Consultant Radiologist
UHBW	Margaret Burke	Medical Secretary
UHBW	Mark Singh	Consultant Oral & Maxillofacial Surgeon
UHBW	Matthew Beasley	Consultant Clinical Oncologist
UHBW	Melanie Speakman	Head & Neck Clinical Nurse Specialist
Glos	Michael Thomas	Consultant Pathologist
RUH	Michelle Cray	Operational Co-ordinator for ENT and Audiology
UHBW	Michelle O'Callaghan	Clerical Officer Admissions
UHBW	Miranda Flory	Consultant Palliative Care
UHBW	Miranda Pring	Consultant Pathologist
UHBW	Mojtaba Dorri	Clinical Lecturer Restorative Dentistry
UHBW	Morwenna White-Thomson	Consultant Pathologist
UHBW	Nikki Goodway	Senior Medical Secretary
UHBW	Oliver Dale	Consultant Ear Nose Throat Surgeon
Glos	Paul Craig	Consultant Histopathologist
UHBW	Paul Tierney	Consultant Ear, Nose and Throat Surgeon
UHBW	Pauline Stewart	Administrative Assistant
UHBW	Rachael Goble	Cancer Support Manager
UHBW	Rachel Alexander	Anaesthetist
UHBW	Rachel McKendry	Anaesthetist
User Representative	Ralph Openshaw	User Representative
UHBW	Rebecca Davies	Consultant Radiologist
UHBW	Rebecca J Houlihan	Surgical Research Nurse
UHBW	Rhiannon Jones	Dental Therapist
RUH	Richard Sisson	SpR - Maxillofacial / Honorary STR
UHBW	Rob Buller	Head & Neck Clinical Nurse Specialist
YDH	Sarah Levy	Head & Neck Clinical Nurse Specialist
UHBW	Sarah Perkins	Dietician
Glos	Sarah Reilly	Head & Neck Clinical Nurse Specialist
RUH	Serryth Colbert	Oral & Maxillofacial Surgery Consultant

UHBW	Simon Florio	Biomedical Scientist
Glos	Simon Whitley	Consultant Oral & Maxillofacial Surgeon
UHBW	Sophia Harman	Dental Nurse
RUH	Sophie Dobbs	Dietician
UHBW	Sophie Lukman	OMFS Clinic Coordinator
UHBW	Stephen Lang	Research Clinical Nurse
UHBW	Steve Thomas	Consultant Oral & Maxillofacial Surgeon
RUH	Stewart Redman	Consultant Radiologist
RUH	Stuart Gillett	Consultant Ear, Nose, Throat, Head and Neck Surgeon
UHBW	Susan Armstrong	Consultant Radiologist
RUH	Susan Fox	Senior Secretary Oral & Maxillofacial Surgery
Glos	Suzanne Hopcroft	Consultant Histopathologist
UHBW	Susan Webster	Clerical Officer Admissions
UHBW	Tamsin Marsh	Head & Neck Clinical Nurse Specialist
UHBW	Tanya Cerajewska	Specialist Registrar in Restorative Dentistry
RUH	Thomas Tylee	Oncology Clinical Trials Officer
UHBW	Timothy Bates	Consultant Pathologist
RUH	Tony Robinson	Consultant Ear, Nose & Throat Surgeon
RUH	Valerie Longman	Medical Secretary
Glos	Vicky Poole	Head & Neck Clinical Nurse Specialist
UHBW	Waheeda Owadally	Consultant Oncologist
Glos	Warren Grant	Consultant Clinical Oncologist
UHBW	Zoe Robinson	MDT Co-ordinator

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](#).

2.6 SWAG Cancer Services Network Group Meetings (measure 14-1C-105i)

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

Appendix 1 is the Template Agenda for the Head and Neck 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, [Head and Neck Measures \(Version 1.1\)](#).

2.7 Work Programme and Annual Report (measure 14-1C-106i)

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

2.8 Named Surgeons Authorised to Perform Lymph Node Resections (measure 14-1C-107i)

Host Organisation	Surgeon(s)
University Hospitals Bristol and Weston NHS Foundation Trust	Ceri Hughes
	Steve Thomas
	David Baldwin
	Graham Porter
	Paul Tierney
	Mark Singh
Royal United Hospital Bath NHS Foundation Trust	Andrew Carswell
	Stuart Gillett
	Richard Sisson
Gloucestershire Hospitals NHS Foundation Trust	Charlie Hall
	Hugh Wheatley
	Darryll Godden
	Simon Whitley

The network group, in consultation with all the MDTs in the Network, agree the following policy relating to which named surgeons in the network are authorised to perform lymph node resections on thyroid cancer patients:

- All authorised surgeons are core members of a combined UAT / thyroid MDT
- The policy does not apply to the simple excision of lymph nodes for diagnosis
- When the network receives referrals of thyroid cancers from another network, the consultation includes the MDT from the referring network and, where relevant, names the surgeons in that network.

3. COORDINATION OF CARE / PATIENT PATHWAYS

The CAG refers to the [British Association of Head and Neck Oncologists \(BAHNO\) Guidelines](#) and the [Scottish Intercollegiate Guidelines for the Diagnosis and Management of Head and Neck Cancers \(SIGN\)](#) for the clinical management of Head and Neck cancer. Further details of the local provision of the guidelines are within the Head and Neck CAG Clinical Guidelines on the SWAG website [here](#). This is reviewed every other year to ensure that any amendments to imaging, surgery, pathology, chemotherapy and radiotherapy practices are up to date for the following:

3.1 Clinical Guidelines – UAT cancer (B16/S/a-16-005, measure 14-1C-108i)

3.2 Clinical Guidelines – Thyroid cancer (B16/S/a-16-005, measure 14-1C-109i)

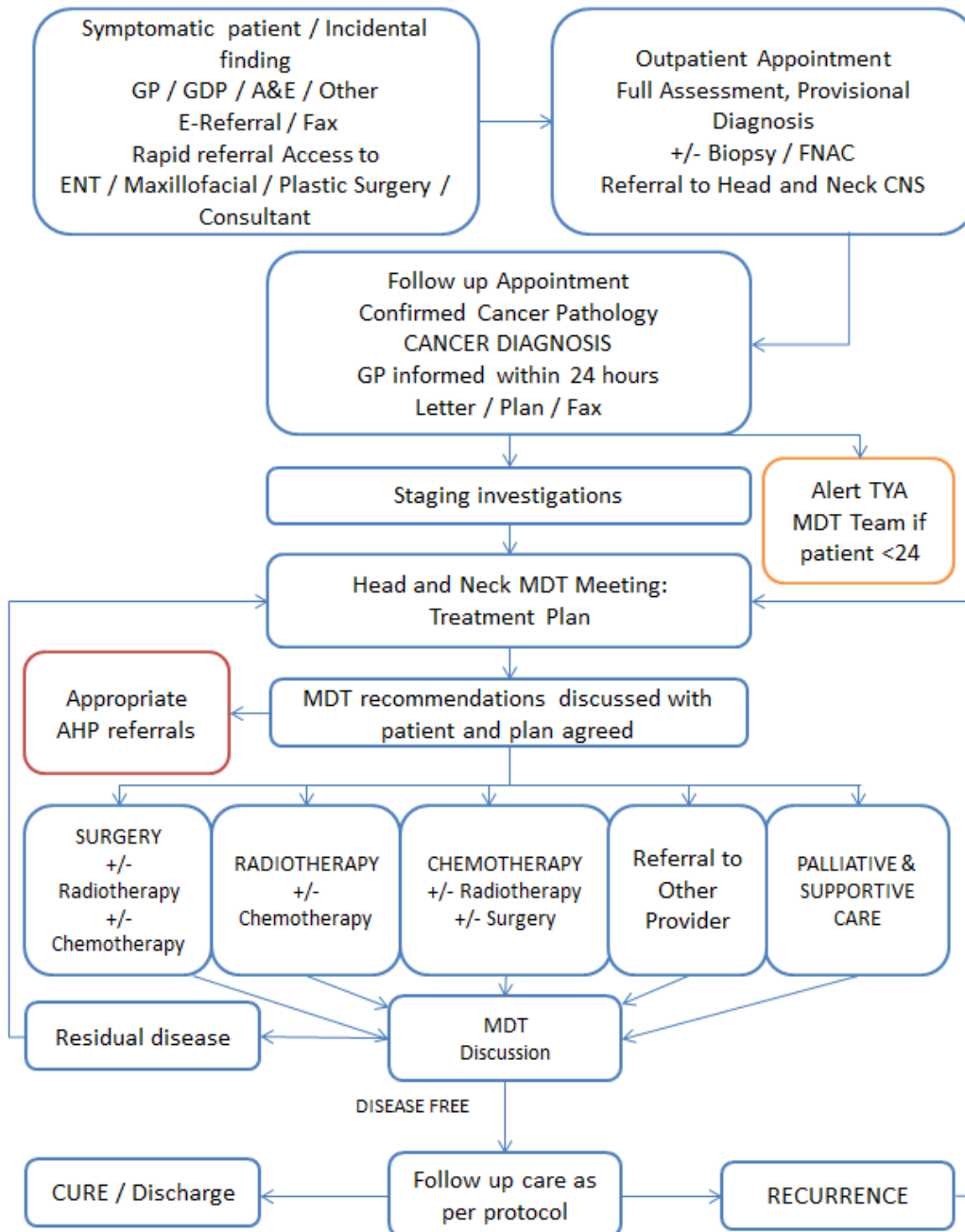
3.3 Systemic Anti-Cancer Therapy (SACT) Treatment Algorithms (measure 14-1C-110i)

An agreed list of acceptable SACT treatment algorithms is reviewed bi-annually and available to view in the Annual Report and on the SWAG [website](#).

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

3.4 Patient Pathways for UAT and Thyroid Cancer (B16/S/a-16-006)

Head and Neck Best Practice Pathway



3.5 Referral pathways for primary care practitioners regarding patients with head and neck symptoms.

Primary care clinicians should refer to the NICE guidelines *Suspected Cancer: recognition and management of suspected cancer in children, young people and adults* (2015) for information on the signs and symptoms that are relevant when considering referrals to the Head and Neck Services.

For thyroid cancer, there is a policy that a given designated hospital should refer to only one MDT.

Clinical Nurse Specialists (CNSs) are allocated at the MDT recommendations point in the pathway and provide psychological and social support and advice on rehabilitation and follow up.

Trusts and Hospitals	Clinical Nurse Specialists
University Hospitals Bristol NHS Foundation Trust, Bristol Royal Infirmary	Donna Graham Email: Donna.Graham@UHBristol.nhs.uk Melanie Speakman John Bostock Email: John.Bostock@uhbw.nhs.uk Email: Melanie.Speakman@UHBristol.nhs.uk Rob Buller Email: Rob.Buller@UHBristol.nhs.uk Tamsin Marsh Email: Tamsin.Marsh@UHBristol.nhs.uk Telephone: 0117 342 0631
Royal United Hospital Bath NHS Foundation Trust	Carol Cook Email: carol.cook1@nhs.net Fiona Mackay Email: Fionamackay5@nhs.net Laura Clifford Email: laura.clifford2@nhs.net Steph Worthington stephanie.worthington@nhs.net Telephone: 01225 825 684
Yeovil District Hospital NHS Foundation Trust	Sarah Levy Email: sarah.levy@ydh.nhs.uk Telephone: 01935 384 790
Gloucestershire Hospitals NHS Foundation Trust	Grace Jones Email: grace.jones3@nhs.net Vicky Poole Email: vicky.poole@glos.nhs.uk

	Telephone: 0300 422 6785 Bleep 2267 Sarah Reilly Email: s.reilly@nhs.net Telephone: 0300422 6785 Bleep 2571
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3.6 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](#)

3.7 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](#)

3.8 Network Referral Proforma (measure 14-1C-113i)



suspected-head-neck-cancer.rtf

4. PATIENT AND PUBLIC INVOLVEMENT

4.1 User involvement

The CAG has two user representative members who contribute opinions about the Head and Neck 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 2 contains the Patient/User Involvement Brief that is circulated for this purpose.

4.2 Patient Experience (14-1C-114i)

The results and actions generated from the National Cancer Patient Experience Survey within each Trust in the CAG will be reviewed in every other 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 3

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

The Head and Neck 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 Head and Neck 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 Head and Neck CAG will also develop risk stratified pathways of 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 (14-1C-115i)

The CAG regularly reviews 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 should be presented at the CAG meetings and distributed electronically to the group.

6.2 Data Collection

⁴ <http://www.ncsi.org.uk/>

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 (14-1C-116i)

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 Head and Neck NIHR portfolio, and potential new trials, 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 Head and Neck oncology patients. The NHS staff member nominated as the research lead for the CAG is Sarah Hargreaves.

8. SERVICE DEVELOPMENT

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

8.1 The Enhanced Recovery Programme (ERP)

The CAG will endeavour to provide an Enhanced Recovery Programme for all patients. The ERP is about improving patients' 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 Head and Neck oncology services outside the SWAG CAG has been identified, information on the function of these services will be gathered to provide 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 Head and Neck 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 Head and Neck awareness campaign, the CAG has an agreed process to manage the possible impact of increased urgent referral from primary care to the Head and Neck oncology services. Information on clinical decision making, when referring to Head and Neck services, will be cascaded to General Practitioners via the primary care email bulletin and the SWAG website.

9. FUNDING

9.1 Clinical Commissioning Groups / Integrated Care Boards

In the event that an insufficiency in the Head and Neck 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 Clinical Advisory Group 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

Network group membership to attend

Chair, MDT core members, MDT nurse core member, Head and neck surgeon, Clinical oncologist, Medical oncologist, Imaging specialist, Histopathologist, Consultant representing radioactive iodine pX modality, User representative 1, User representative 2, 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.

AGENDA

1. Review of last meeting minutes 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:

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

10. Quality Surveillance Programme:

- 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 content of next meeting:

10.2 Appendix 2

[SWAG CAG Patient/User Involvement Brief](#)

10.3 Appendix 3

[SWAG CAG Charity Involvement Brief](#)

-END-