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

Urological Cancer Network Clinical Advisory Group

Constitution

June 2023

Revision due: April 2025

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	18th June 2015	First draft	SWAG Urology SSG
Draft 0.2	24th June 2015	Revision of Patient Pathways	Clinical Nurse Specialist input
1.0	30th June 2015	Finalised	SWAG Urology SSG members
1.1	May 2017	Biennial review	SWAG Urology SSG members
1.2	12th May 2017	Revision of kidney cancer pathway and membership details	J McFarlane
1.3	15th May 2017	Addition of information on the services at Gloucestershire Hospital, revision of bladder cancer pathway	L Poulton
1.4	30th June 2017	Addition of aspirational prostate pathway. Finalised	H Dunderdale
1.5	31st May 2019	Biennial review and rebranding from Site Specific Group to Clinical Advisory Group	H Dunderdale
1.6	28th June 2019	Finalised	H Dunderdale
1.7	June 2022	Biennial update (delayed due to the COVID-19 pandemic)	H Dunderdale
1.8	July 2023	Removal of signature table in line with sign off by the SWAG Cancer Alliance Lead.	H Dunderdale

Urology CAG Constitution Contents

1. Statement of Purpose

The Somerset, Wiltshire, Avon and Gloucestershire Cancer Network Urology 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 for Cancer Services, Urology Measures[1]

- 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 Standards[2] (December 2014) is in place, as are local clinical guidelines that support the standards

- 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

[1] Manual for Cancer Services

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

- 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 (measure 14-1C-101g)

The local, specialist and supranetwork MDTs within the SWAG Urology CAG:

Table 1:

Name of MDT - Host Organisation	Type of MDT	Point of Contact	Referring CCG	SWAG Catchment Population
Royal United Hospital Bath NHS Foundation Trust	Local - frequency - weekly - satellite centre to NBT for radical prostatectomies	Cancer Appointment Centre - F: 01225281436	Bath and North East Somerset, Wiltshire, Somerset	320,967
Somerset NHS Foundation Trust: Musgrove site	Local - frequency - weekly – stand-alone centre for radical prostatectomies	Fast Track Office - F: 01823 343417	Somerset	287,185
Somerset NHS Foundation Trust: Yeovil site	Local - frequency - weekly	Cancer referrals: F: 01935 384640	Somerset	119,243
University Hospitals Bristol and Weston NHS Foundation Trust: Weston General site	Local - frequency - weekly	Fast Track Office - T: 01934 881117 F: 01934 647129	North Somerset	79,495

North Bristol NHS Trust	Local - frequency - weekly Specialist MDT - frequency - weekly	Fast Track Office T: 0117 4140536 / 0538 / 0544 F: 0117 4140540	Bristol, South Gloucestershire All of the above	482,291
Gloucestershire Hospitals NHS Foundation Trust – Cheltenham General	Local – frequency – weekly Specialist MDT	Fast Track Cancer Office: T: 03004223785. F: 01242 697702	Gloucestershire, Herefordshire, Worcestershire, Powys	>1.6 million
Germ Cell MDT - University Hospitals Bristol NHS Foundation Trust	Supranetwork	Fast Track Office - T: 0117 3420621 / 0663 / 0032 F: 0117 3423266	All of the above plus 3CCN and PCN	5.1 million
Penile MDT - North Bristol NHS Trust	Supranetwork	Fast Track Office T: 0117 4140536 / 0538 / 0544 F: 0117 4140540	All of the above plus 3CCN and PCN	5.1 million

Local urological teams provide local care for their own catchment population, refer patients to specialist urology teams for specialist care, and to supranetwork teams for certain aspects of care for testicular and penile cancer. Some treatments for penile cancer and testicular cancer may be given by specialist teams with no supranetwork responsibility, but all patients with these cancers should be discussed with the supranetwork team.

The specialist team that provides radiotherapy for seminoma patients according to specific categories, and chemotherapy for Stage 1 and good prognosis metastatic germ cell carcinomas, is the Germ Cell Cancer team at University Hospitals Bristol NHS Foundation Trust and Cheltenham Cancer Centre at Gloucestershire Hospitals NHS Foundation Trust.

The specialist teams, who may treat penile cancer with surgery without penile reconstruction or lymph node resection, are named in the SWAG Urology Clinical Guidelines.

The specialist teams, and the sites at which radiotherapy and chemotherapy for penile cancer may be delivered, are named in the SWAG Urology Clinical Guidelines.

The SWAG network group is the only such network group for the MDTs which are associated with it.

2.2 Network Group Membership (measure 14-1C-102g)

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

The SWAG Urology CAG consists of the following core members:

Trust	Name	Title
RUH	Abi Gee	Consultant Medical Oncologist
NBT	Aditya Manjunath	Consultant Urologist
RUH	Adrian Andreou	Consultant Radiologist
NBT	Ahmed Mahrous	Consultant Urologist
NBT	Alireza Vosough	Consultant Radiologist
GRH	Aloysius Okeke	Consultant Urologist
Somerset FT	Amanda (Milly) Canton	Clinical Nurse Specialist
GRH	Amanda Morss	Clinical Nurse Specialist
UHBW	Amar Challapalli	Consultant Clinical Oncologist
RUH	Amethyst-Marie Louhlin	Navigator
Somerset FT	Amie Perry	Clinical Nurse Specialist
UHBW	Amit Bahl	Consultant Clinical Oncologist
NBT	Amy Hadley	Clinical Nurse Specialist
NBT	Anastasios Chatzitolios	Consultant in Cellular Pathology
Somerset FT	Andrea Cannon	Consultant Urologist
NBT	Andrew Harris	Consultant Urologist
NBT	Anthony Koupparis	Consultant Urologist
NBT	Anthony Timoney	Consultant Urologist
YDH	Asif Zafar	Locum Consultant
GRH	Biral Patel	Consultant Urologist
GRH	Caitlin Bowden	Consultant Oncologist
RUH	Caroline Kelly	Clinical Nurse Specialist
YDH	Cenydd Thomas	Consultant Radiologist
UHBW	Charlotte Ames	Clinical Nurse Specialist
RUH	Chelsea Morales	Clinical Nurse Specialist
RUH	Chris Gallegos	Consultant Urologist
YDH	Christopher Beechey	Cancer Support Worker
NBT	Constance Shiridzinomwa	Uro-Oncology Research Nurse
NBT	David Dickerson	Consultant Urologist

GRH	David Farrugia	Consultant Medical Oncologist
Somerset FT	David Patterson	Consultant Pathologist
YDH	Debi Cole	Clinical Nurse Specialist
NBT	Denise McWilliams	Medical Secretary to David Dickerson
RUH	Dominic Fay	Consultant Radiologist
UHBW	Dorothy Griffiths	Therapy Radiographer
RUH	Ed Jefferies	Consultant Urologist
NBT	Edward Rowe	Consultant Urologist
GRH	Ed Tudor	Consultant Urologist
GRH	Ella-Louise Saunders	Clinical Nurse Specialist
NBT	Elizabeth Ainslie	Clinical Nurse Specialist
UHBW	Elizabeth Allison	Clinical Nurse Specialist
RUH	Elizabeth Hancock	Clinical Nurse Specialist
Somerset FT	Emma Gray	Consultant Clinical Oncologist
RUH	Emma Hardisty	Clinical Nurse Specialist
RUH	Emma Marsdin	Consultant Urologist
GRH	Faith McMeekin	Consultant Urologist
NBT	Farukh Qureshi	Consultant Urologist
NBT	Faye Taylor	Clinical Nurse Specialist
NBT	Francis Keeley	Consultant Urologist
Somerset FT	Gihan Ratnayake	Consultant Oncologist
NBT	Gillian Smith	Clinical Nurse Specialist
GRH	Hannah Hamblin	Clinical Nurse Specialist
NBT	Hashim Hashim	Consultant Urologist
RUH	Hector Barba	Consultant Urologist
NBT	Helen Chillcott	Clinical Nurse Specialist
SWAG	Helen Dunderdale	Cancer Network CAG Manager
GRH	Helen Dutton	MDT Coordinator
RUH	Helen Hazell	Clinical Nurse Specialist
NBT	Helena Burden	Consultant Urologist
NBT	Hugh Gilbert	Consultant Urologist
YDH	Jane Mckenna	Clinical Nurse Specialist
NBT	Janice Ash-Miles	Consultant Radiologist
YDH	Janine Stoodley	Clinical Nurse Specialist
UHBW	Jeremy Braybrooke	Consultant Medical Oncologist
GRH	Jeremy Nettleton	Consultant Urologist
GRH	Jes Green	Consultant Radiologist
GRH	Jo Bowen	Consultant Clinical Oncologist
GRH	Jo Shaw	Clinical Nurse Specialist
Somerset FT	Joanna Brown	Consultant Radiologist
NBT	Joe Phillip	Consultant Urologist

RUH	John Hardman	Consultant Radiologist
GRH	John Henderson	Consultant Urologist
GWH	John Iacovou	Consultant Anaesthetist
RD&E	John McGrath	Consultant Urologist
RUH	John Mitchard	Consultant Histopathologist
Weston UHBW	John Probert	Consultant Urologist
RUH	Jon McFarlane	Consultant Urologist
NBT	Jon Oxley	Consultant Pathologist
NBT	Jonathan Aning	Consultant Urologist
GRH	Jonathan Eaton	Consultant Urologist
GRH	Jonathan Ord	Consultant Urologist
GRH	Joseph Jelski	Consultant Urologist
Weston UHBW	Judith Harvey	MDT Coordinator
GRH	Karen Edwards	Clinical Nurse Specialist
Weston UHBW	Karen-Anne Shelley	Clinical Nurse Specialist
NBT	Kate Warren	Consultant Urologist
UHBW	Katherine Rea	Clinical Nurse Specialist
UHBW	Kathryn Falconer	Consultant Clinical Oncologist
GRH	Kim Davenport	Consultant Urologist
GRH	Kim Wilcox	Lymphoedema Clinical Nurse Specialist
YDH	Kirsten Abery	Clinical Nurse Specialist
UHBW	Laura Anstee	Clinical Nurse Specialist
RUH	Laura Felton	Urology MDT Coordinator
NBT	Lauren Shorter	Clinical Nurse Specialist
GRH	Linmarie Ludeman	Consultant Pathologist
GRH	Louise Jelly	Consultant Radiologist
RUH	Louise Wade	Consultant Clinical Oncologist
GRH	Lucinda Poulton	Clinical Nurse Specialist
UHBW	Lucy Hamblyn	Clinical Nurse Specialist
RUH	Lucy Simmons	Consultant Urologist
GRH	Marios Decatris	Consultant Medical Oncologist
NBT	Marcus Drake	Professor of Physiological Urology
Somerset FT	Marc Williams	Consultant Urologist
RUH	Mark Beresford	Consultant Clinical Oncologist
GWH	Mark Hawkins	Consultant Radiologist
Somerset FT	Mark Speakman	Consultant Urologist
NBT	Mark Thornton	Consultant Interventional Radiologist
RUH	Matt Laugharne	Consultant Radiologist
Somerset FT	Matt Sephton	Consultant Medical Oncologist
GRH	Matthew Shaw	Consultant Pathologist
YDH	MDT Coordinator	Generic MDT Coordinator / MDT inbox

YDH	Mohammed Khawaja	Consultant Urologist
GRH	Muhammad Shafiq	Consultant Urologist
NBT	Nahida Banu	Consultant Cellular Pathologist
NBT	Naomi Rowswell	Clinical Nurse Specialist
GRH	Nassim Parvizi	Consultant Radiologist
Somerset FT	Neil Trent	Consultant Urologist
Somerset FT	Nick Burns-Cox	Consultant Urologist
Somerset FT	Nick Luscombe	Consultant Urologist
RUH	Olivera Frim	Consultant Clinical Oncologist
Somerset FT	Paul Burn	Consultant Radiologist
YDH	Paul Foster	Consultant Urologist
NBT	Paul McCoubrie	Consultant Radiologist
GRH	Peter Jenkins	Consultant Oncologist
Somerset FT	Pushpangathan Sankaran	Consultant Urologist
GRH	Rahul Fulmali	Consultant Pathologist
NBT	Raj Pal	Consultant Urologist
NBT	Raj Persad	Consultant Urologist
GRH	Raymond Ramnarine	Consultant Radiologist
UHBW	Rebecca Huckett	Specialty doctor in Urology and Breast cancer
UoB	Richard Martin	Professor of Clinical Epidemiology
RUH	Rob Colliver	Consultant Radiologist
GRH	Robert Lavis	Consultant Radiologist
Somerset FT	Ru Macdonagh	Consultant Urologist
NBT	Sadie Cleghorn-Lupton	
NBT	Salah Albuheissi	Consultant Urologist
NBT	Samantha Clarke	Lead Research Nurse in Urology
GWH	Samantha Richards	Clinical Nurse Specialist
YDH	Samantha Swatridge	Urology Staff Nurse
Somerset FT	Sarabi Agurall	Consultant Pathologist
NBT	Sarah Fletcher	Clinical Nurse Specialist
GRH	Sarah Simmons	ANP Metastatic Advanced Prostate Cancer
Somerset FT	Sekar Kittappa	Consultant Oncologist
Weston UHBW	Serena Hilman	Consultant Medical Oncologist
Weston UHBW	Sharon Tonkin	Clinical Nurse Specialist
YDH	Shiyam Kumar	Consultant Medical Oncologist
RUH	Simon Evans	Consultant Urologist
NBT	Sohail Mohammed	Consultant Histopathologist
GRH	Sophiee Davies	Clinical Nurse Specialist
NBT	Stefanos Bolomytis	Consultant Urologist
GWH	Sunil Mathur	Consultant Urologist
NBT	Suriya Kirkpatrick	Senior Research Nurse

YDH	Susan Adams	Consultant Histopathologist
NBT	Talal Jabbar	Consultant Urologist
YDH	Tibor Pinczes	Consultant Urologist
RUH	Tim Bates	Consultant Urologist
YDH	Tim Porter	Consultant Urologist
NBT	Tim Whittlestone	Consultant Urologist
UHBW	Thomas Bird	Consultant Clinical Oncologist
Weston UHBW	Tonya Russell	Clinical Nurse Specialist
GRH	Warren Grant	Consultant Clinical Oncologist
Weston UHBW	Wendy Floyd	MDT Coordinator
Weston UHBW	William Hicks	Consultant Radiologist
GRH	Zoe Eastman	Clinical Nurse Specialist

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.

2.3 SWAG Cancer Services Alliance Group Meetings (measure 14-1C-103g)

The SWAG CAG will meet 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 Urology 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, Urology Measures (Version 1.1).

2.4 Work Programme and Annual Report (measure 14-1C-104g)

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

3. COORDINATION OF CARE / PATIENT PATHWAYS

The CAG refers to NICE guidelines for the clinical management of Urology cancer. Further details of the local provision of the guidelines are within the Urology CAG Clinical Guidelines on the SWAG website here. This is reviewed annually to ensure that any amendments to imaging, surgery, pathology, chemotherapy and radiotherapy practices are up to date. These include the following:

3.1 Clinical Guidelines for Kidney Cancer (B14/S/ks-16-005)

3.2 Clinical Guidelines for Bladder Cancer (B14/S/gu-16-006)

3.3 Clinical Guidelines for Prostate Cancer (B14/S/gu-16-006)

3.4 The CAG Clinical Guidelines for Testicular Cancer are in a separate document for Germ Cell Carcinomas which is available on the SWAG website here.

3.5 Clinical Guidelines for Penile Cancer (B14/S/b-16-006)

3.6 Chemotherapy Treatment Algorithms (measure 14-1C-110g)

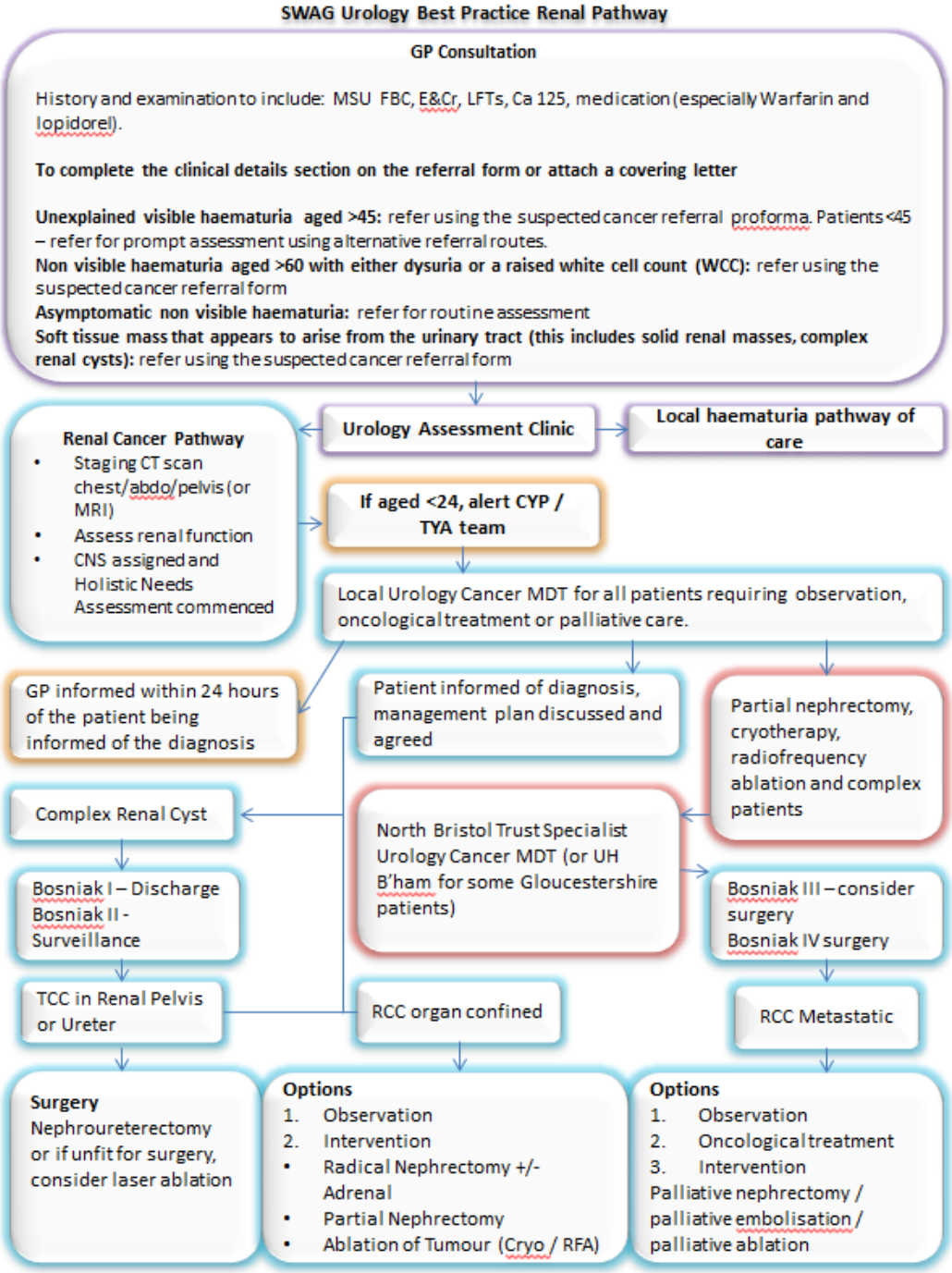
An agreed list of acceptable chemotherapy treatment algorithms is reviewed bi-annually and available to view in the Annual Report and on the SWAG website.

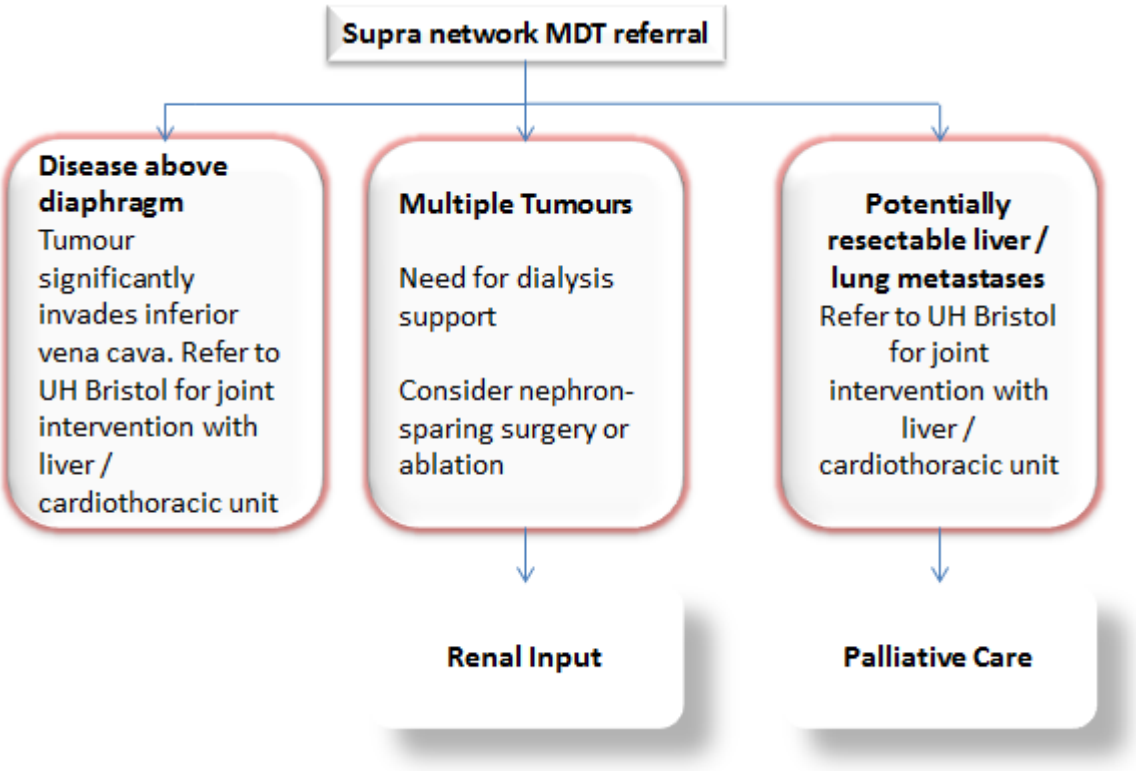
Any treatment algorithms that require updating are listed in the CAG Work Programme.

3.7 Patient Pathways

The SWAG Urology CAG aspires to follow the patient pathways detailed below.

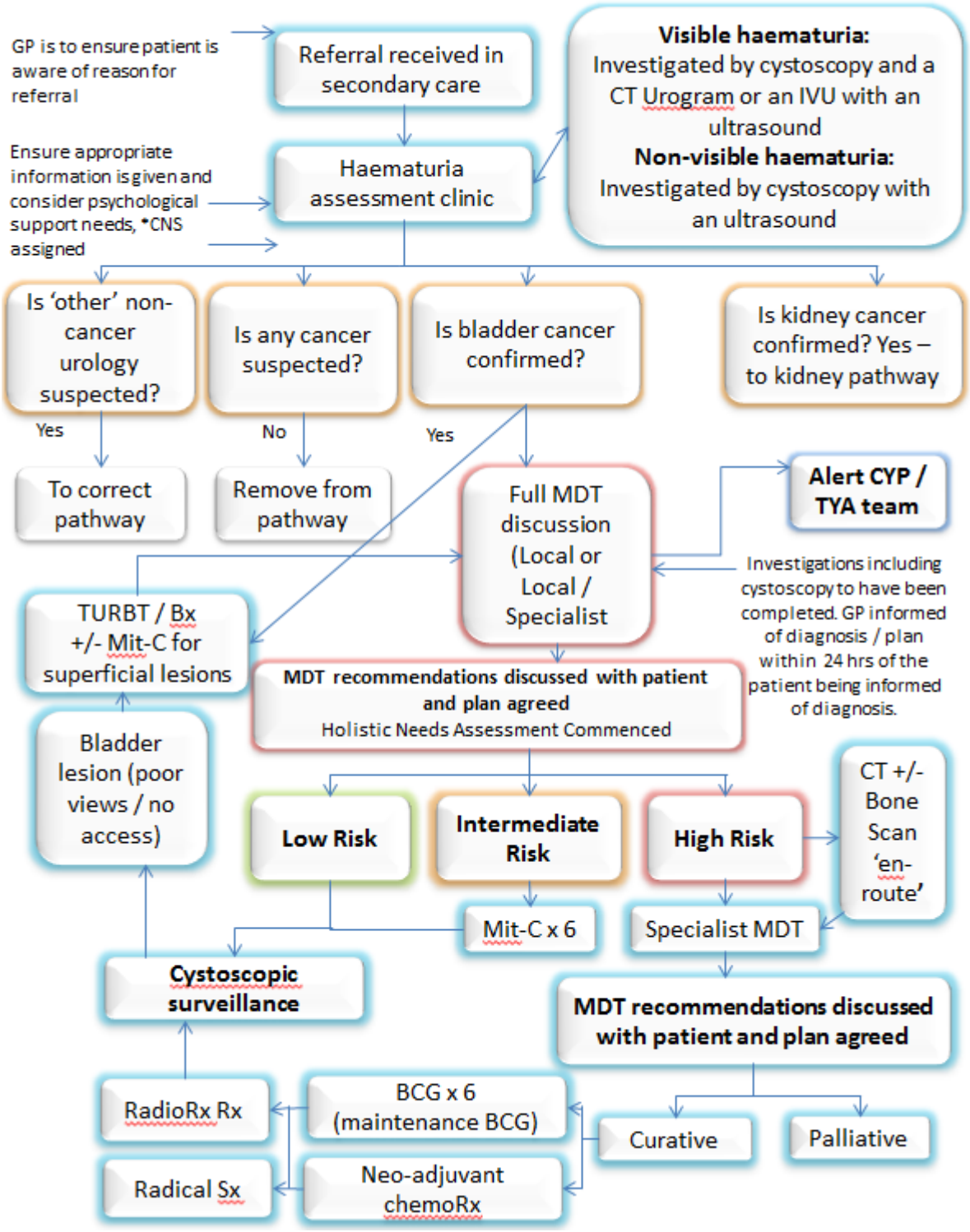
3.7.1 Patient Pathways for Kidney Cancer (B14/S/ks-16-006)




Supra network MDT referral
Disease above diaphragm
Tumour significantly invades inferior vena cava. Refer to UH Bristol for joint intervention with liver / cardiothoracic unit
Multiple Tumours
Need for dialysis support
Consider nephron-sparing surgery or ablation
Potentially resectable liver / lung metastases
Refer to UH Bristol for joint intervention with liver / cardiothoracic unit
Renal Input
Palliative Care

3.7.2 Patient Pathways for Bladder Cancer (B14/S/gu-16-006)

SWAG Urology Best Practice Bladder Pathway Flow Diagram



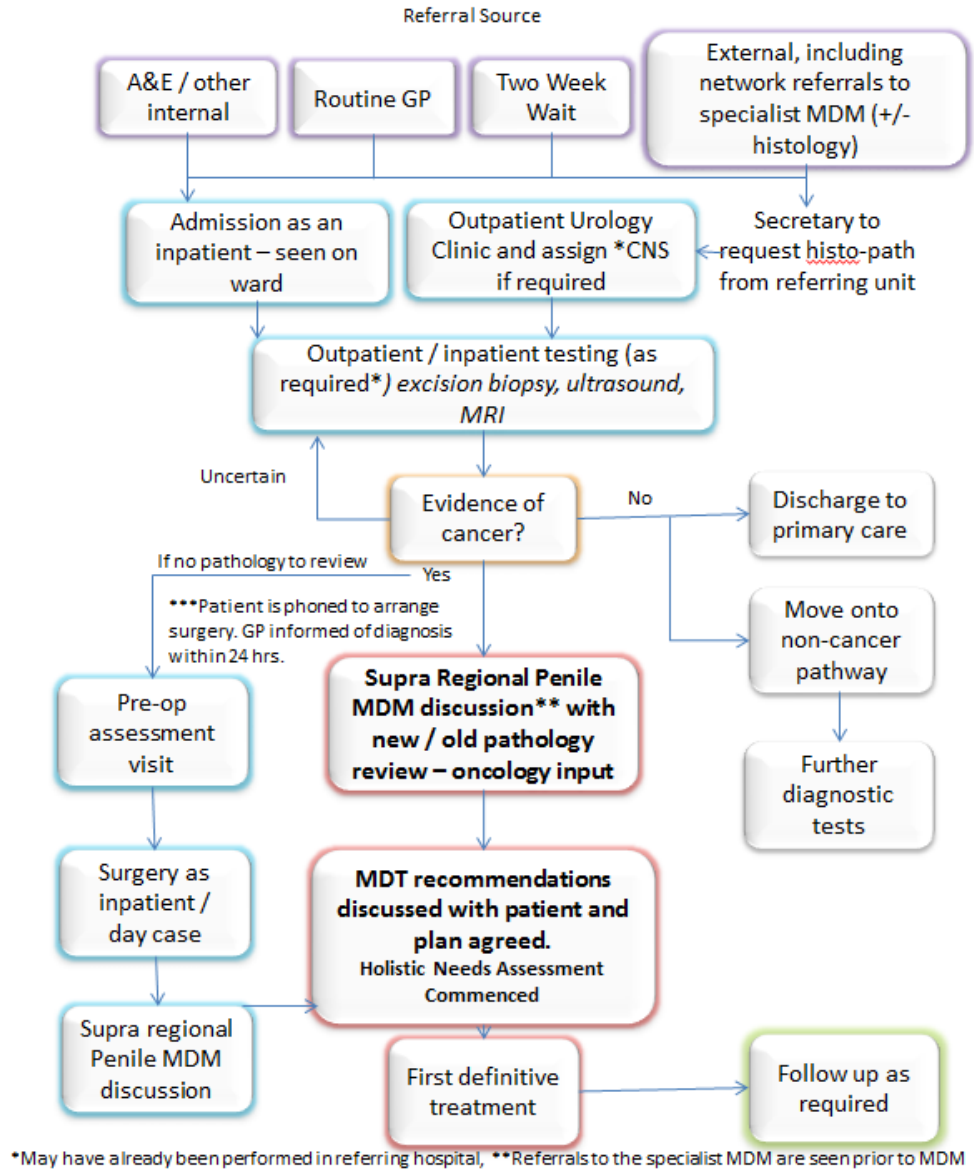
3.7.3 Patient Pathways for Prostate Cancer (B14/S/gu-16-006)

SWAG Urology CAG aspire to implement the following National guidance for prostate cancer:

Implementation of a Timed Prostate Cancer Diagnostic Pathway

3.7.4 Patient Pathways for Penile Cancer (B14/S/b-16-007)

SWAG Urology Local / Specialist / Supra Regional Best Practice Penile Cancer Flow Diagram



*May have already been performed in referring hospital, **Referrals to the specialist MDM are seen prior to MDM discussion, even if diagnostic testing has been done in other units, ***Penile cancer is often diagnosed on clinical Examination - the patient may already be aware that they are likely to have cancer and surgery will be expected.

*Patients may be appointed to the Clinical Nurse Specialist (CNS) team at any stage in the pathway.

Follow up schedules for each urology cancer site are documented in the SWAG Urology Clinical Guidelines.

3.7.5 Patient Pathways for Testicular Cancer (B14/S/c-16-005)

Pathways for Testicular Cancer can be found within the Germ Cell Carcinoma Guidelines uploaded onto the SWAG website.

3.7.6 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

3.7.7 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 alliance. Details of the CUP referral processes can be found on the SWAG website:

CUP

Further details on the services available within the CAG are documented in the Urology Clinical Guidelines.

4. Patient and Public Involvement

4.1 User involvement

The CAG has user representative members who contribute opinions about the Urology 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-116g)**

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 will be monitored. Progress will 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 Urology 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 Urology 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 Urology 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-117g)

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 are 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-118g)

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 Urology 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 SWAG website at regular intervals so that the CAG members can ensure, wherever possible, that clinical research trials are accessible to all eligible Urology oncology patients. The NHS staff member nominated as the Research Lead for the CAG is Amit Bahl.

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 (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 Urology 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 Urology oncology services within the SWAG CAG has been identified, information on the function of SWAG services will be disseminated to the other Cancer Alliances

8.4 Awareness Campaigns

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

9. Funding

9.1 Integrated Care Boards (formerly Clinical Commissioning Groups)

In the event that an insufficiency in the Urology 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 what action 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, 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
- 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: Urology nurse specialist, Germ cell nurse specialist, Urology surgeon, Medical oncologist, Clinical oncologist, Imaging specialist, Histopathologist, 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.

1. **Review of last meeting minutes:**

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 time of next meeting:

10.2 Appendix 2

SWAG CAG Patient/User Involvement Brief

10.3 Appendix 3

SWAG CAG Charity Involvement Brief

-END-