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

Haematological Cancer Clinical Advisory Group

Constitution

2025

VERSION CONTROL

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VERSION	DATE ISSUED	SUMMARY OF CHANGE	OWNER'S NAME
Draft 0.1	March 2015	First draft	SWAG Haematology SSG
1.0	30th June 2015	Finalised	S Otton
1.1	April 2017	Biennial review	SWAG Haematology MDT Leads / H Dunderdale
1.2	30th June 2017	Finalised	H Dunderdale
1.3	30th May 2019	Biennial review and rebranding from Site Specific Group to Clinical Advisory Group	H Dunderdale
1.4	28th June 2019	Finalised	H Dunderdale
1.5	June 2022	Biennial update. Delayed due to the COVID-19 pandemic	H Dunderdale
1.6	June 2023	Removal of signature table in line with removal of sign off by the SWAG Cancer Alliance Lead	H Dunderdale
1.7	April 2025	Biennial update	A Curry

This constitution was edited by:

Richard Lush, Chair of the SWAG Haematological Cancer CAG, Consultant Haematologist, Gloucestershire Hospitals NHS Foundation Trust

Deepak Mannari, previous Chair of the SWAG Haematology CAG, Consultant Haematologist, Somerset NHS Foundation Trust & Yeovil Hospitals NHS Foundation Trust

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Helen Dunderdale, SWAG Cancer Clinical Advisory Group Manager

Anna Curry, SWAG Cancer Clinical Advisory Group Administrator

Haematology CAG Constitution Contents

1. Statement of Purpose

The Somerset, Wiltshire, Avon and Gloucestershire Cancer Network Haematology 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, Haematology 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 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

[1] Manual for Cancer Services

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

- 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.

2. STRUCTURE AND FUNCTION

2.1 Network Configuration (measure 13-1C-101h)

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

Table 1 shows the CAG agreed list of MDTs, the Trusts that host them, which MDTs discuss specific disease types and the named populations they serve:

Table 1.

Trust	Haematology diagnostic service	Acute leukaemia and other myeloid disorders MDT	Lymphoid and plasma cell malignancies MDT	Catchment Population
Royal United Hospital Bath NHS Foundation Trust (RUH)	Yes	Yes	Yes	320,967
Somerset NHS Foundation Trust (SFT)	Yes	Yes	Yes	287,185
Yeovil District Hospital NHS Foundation Trust (YDH)	Part of SFT	Part of SFT	Part of SFT	119,243
University Hospitals Bristol and Weston NHS Foundation Trust (UHBW): Weston Site	No	Attend UHBW	Attend UHBW	79,495
North Bristol NHS Trust (NBT)	Yes	Yes, and also link with UHBW	Yes	482,291
University Hospital Bristol and Weston NHS Foundation Trust (UHBW)	Yes	Yes	Yes	546,160
Gloucestershire Hospitals NHS Trust (Glos)	Yes	Yes	Yes	566,268

The MDTs are the only MDT for a given disease type, for its catchment population and its host hospital.

2.2 Higher Intensity Treatment Facilities

Table 2 shows the CAG agreed location of the named higher intensity treatment facilities for the network and the named MDTs which refer patients to each facility.

Table 2.

Trust	Higher intensity treatment facilities	Referring MDTs
Royal United Hospital Bath NHS Foundation Trust (RUH)	William Budd Ward, RUH Bath for level II and IV care	RUH
Somerset NHS Foundation Trust (SFT)	Ward 9, Musgrove Park Hospital for Level III care. Refer to UHBW for Level IV care	YDH
Yeovil District Hospital NHS Foundation Trust (YDH)	Refer to SFT	N/A
University Hospitals Bristol and Weston NHS Foundation Trust (UHBW): Weston Site	Refer to UHBW: Bristol Site for level III and IV care	N/A
North Bristol NHS Trust	Refer to UHBW: Bristol Site for level III and IV care	NBT
University Hospital Bristol and Weston NHS Foundation Trust (UHBW)	Level 7, Ward 703, Bristol Haematology Oncology Centre	Weston, NBT, UHBW
Gloucestershire Hospitals NHS Trust (Glos)	Lilleybrook and Rendcomb wards, Cancer Centre, Cheltenham General Hospital	Glos

3. THE NETWORK GROUP

3.1 Network Group Membership (measure 13-1C-102h)

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

The SWAG Haematology CAG consists of the following core members:

Table 3.

Trust	Name	Title
GRH	Adam Bond	Consultant Haematologist
GRH	Adam Rye	Consultant Haematologist
NBT	Alastair Whiteway	Consultant Haematologist
NBT	Alessandra Bartlett	Clinical Nurse Specialist
Weston UHBW	Alex Dela Cruz	Clinical Nurse Specialist
RUH	Alice Ryan	Clinical Nurse Specialist
Somerset FT	Alison Timmins	Clinical Nurse Specialist (Lead)
Weston UHBW	Amanda Pike	Clinical Nurse Specialist
Weston UHBW	Anna Strods	Clinical Nurse Specialist
NBT	Andrew Swann	Clinical Nurse Specialist
UHBW	Aniruddha Dayama	Consultant Haematologist
SWAG	Anna Curry	Cancer Clinical Advisory Group Administrator
Weston UHBW	Anna Murawska	Clinical Nurse Specialist
GRH	Asha Johny	Consultant Haematologist
NBT	Becky Bagnall	Consultant Pharmacist
UHBW	Becky Hallam	Clinical Nurse Specialist
Somerset FT	Belinda Austen	Consultant Haematologist
UHBW	Brijesh Gautama	Consultant Pharmacist
UHBW	Caroline Besley	TYA Haematology Consultant
RUH	Christopher Knechtli	Consultant Haematologist
NBT	Christopher Wragg	Consultant Geneticist
GRH	Claire Harvey	Clinical Nurse Specialist
UHBW	Claire Burney	Consultant Haematologist
YDH	Claire Smith	Clinical Nurse Specialist
UHBW	Claire Stokes	Clinical Nurse Specialist
UHBW	Debra Murphy	MDT Co-ordinator
Somerset FT	Deepak Mannari	Consultant Haematologist
UHBW	Elja Cocco	Clinical Nurse Specialist
Somerset FT	Emma Storey	Stem cell transplant Clinical Nurse Specialist

NBT	Graeme Butters	Clinical Nurse Specialist
SWAG	Helen Dunderdale	Cancer Clinical Advisory Group Manager
Weston UHBW	Hilary Fouracres	Clinical Nurse Specialist
UHBW	Iara-Maria Sequeriros	Consultant Radiologist
NBT	Isabel Laurence	Consultant Radiologist
Somerset FT	Jackie Ruell	Consultant Haematologist
UHBW	James Griffin	Consultant Haematologist
RUH	James (Jim) Murray	Consultant Haematologist
NBT	Jaroslaw Sokolowski	Consultant Haematologist
UHBW	Jenny Bird	Consultant Haematologist
RUH	Jennifer Page	Consultant Haematologist
	Jo Moore	Clinical Nurse Specialist
GRH	Joanne Stokes	Clinical Nurse Specialist
UHBW	Johanna Calabrese	Clinical Nurse Specialist
RUH	Josephine Crowe	Consultant Haematologist
GRH	Josh Peett	General Manager
NBT	Joya Pawade	Consultant Pathologist
UHBW	Julian Kabala	Consultant Radiologist
UHBW	Kate Gregory	Network Pharmacist
NBT	Kiri Dixon	Consultant Haematologist
RUH	Laura Beacham	Clinical Nurse Specialist
UHBW	Laura Percy	Consultant Haematologist
GRH	Linda Barlow	Consultant Haematologist
NBT	Liliana Fernandes-Oliveira	Clinical Nurse Specialist
UHBW	Lisa Castellaro	Clinical Nurse Specialist
GRH	Lisa Daniels	Clinical Nurse Specialist
Somerset FT	Lisa Lowry	Consultant Haematologist
GRH	Lisa Robinson	Consultant Haematologist
UHBW	Lisa Wolger	Consultant Haematologist
Somerset FT	Loredana Mihailescu	Consultant Haematologist
UHBW	Lorna Hawley	Consultant Clinical Oncologist
NBT	Lucy Wheeler	SIHMDS Service and Trial Lead
UHBW	Mandy Williams	Consultant Radiologist
UHBW	Mary Collins	Clinical Nurse Specialist
UHBW	Matthew Beasley	Consultant Clinical Oncologist
GRH	Michele Wheeler	Clinical Nurse Specialist
GRH	Michelle Gibson	Clinical Nurse Specialist
NBT	Michelle Melly	Consultant Haematologist
Somerset FT	Mili (Urmila) Barthakur	Consultant Medical Oncology
NBT	Miloslave Kmonicek	Consultant Haematologist

UHBW	Muhamed K Hussein	Consultant Radiologist
Somerset FT	Natasha Bysouth	Clinical Nurse Specialist
UHBW	Nicole Morrow	Haematology Pharmacist
UHBW	Nikesh Chavda	Lymphoma Fellow
NBT	Noor Ali	Consultant Radiologist
Somerset FT	Oliver Miles	Consultant Haematologist
RUH	Phil Robson	Consultant Haematologist
UHBW	Priyanka Mehta	Consultant Haematologist
NBT	Priyanka Singhal	Consultant Haematologist
UHBW	Rachel Protheroe	Consultant Haematologist
RUH	Randal Stronge	Consultant Haematologist
UHBW	Rajesh Alajangi	Consultant Haematologist
Somerset FT	Rebecca Frewin	Consultant Haematologist
UHBW	Rebecca Hallam	Clinical Nurse Specialist
NBT	Rebecca Toghill	Chemotherapy Clinical Nurse Specialist
GRH	Richard Lush	Consultant Haematologist
GRH	Rory McCulloch	Consultant Haematologist
YDH	Ruth Coles	Clinical Nurse Specialist
UHBW	Sally Moore	Consultant Haematologist
Somerset FT	Samantha Ellison-Nash	Clinical Nurse Specialist
NBT	Samreen Siddiq	Consultant Haematologist
UHBW	Sanne Lugthart	Consultant Haematologist
NBT	Sanjay Gandhi	Consultant Radiologist
RUH	Sarah Collins	Clinical Nurse Specialist
RUH	Sarah Wexler	Consultant Haematologist
NBT	Sophie Otton	Consultant Haematologist
UHBW	Stephen Robinson	Consultant Clinical Oncologist
NBT	Surenthini Salmon	Consultant Haematologist
NBT	Suriya Kirkpatrick	Senior Research Nurse
UHBW	Teresa Veale	Clinical Nurse Specialist
RUH	Theresa Peters	Clinical Nurse Specialist
UHBW	Vicki Kitchker	Clinical Nurse Specialist
Weston UHBW	Weston	Clinical Nurse Specialist
NBT	Yvie Zhang	Consultant Pathologist
User Representative	Victor Barley	User Representative

3.2 SWAG Cancer Services Network Group Meetings (measure 13-1C-103h)

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

Appendix 1 is the Template Agenda for the Haematology 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.

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.

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

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

3.3 Work Programme and Annual Report (measure 13-1C-104h)

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

4. COORDINATION OF CARE / PATIENT PATHWAYS

4.1 Investigational Guidelines (NS/Haem/g-17-102)

The agreed investigational guidelines for the CAG are within the separate version controlled document SWAG Haematology Investigational and Clinical Guidelines. This is reviewed annually to ensure that any amendments to the processes are updated.

4.2 Clinical Guidelines (NS/Haem/g-17-101)

The CAG refers to the British Committee for Standards in Haematology Guidelines for clinical management of haematology cancer. Further details of the local provision of the guidelines are within the separate document as above. This is reviewed every other year to ensure that any amendments to imaging, surgery, pathology, chemotherapy and radiotherapy practices are up to date.

4.3 Chemotherapy Treatment Algorithms (measure 13-1C-108h)

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.

4.4 Clinical Diagnostic Pathways (NS/Haem/g-17-103)

The network group, in consultation with the Haemato-oncology MDTs and the relevant pathology laboratories have agreed the following clinical diagnostic pathways in Table 4. Where there is a clinical suspicion of a previously undiagnosed haematological malignancy, diagnostic tissue and blood specimens are sent for diagnosis to the following pathology services.

Table 4.

Trust	Pathology services to which diagnostic tissue and blood specimens are sent
Royal United Hospital Bath NHS Foundation Trust (RUH)	RUH Bath Haematology Diagnostic Service
Somerset NHS Foundation Trust (SFT)	Musgrove Park Hospital (MPH), some work (cytogenetics, molecular and flow)is sent to BHDOS
Yeovil District Hospital NHS Foundation Trust (YDH)	Part of MPH pathology
University Hospitals Bristol and Weston Area NHS Foundation Trust (UHBW): Weston Site	Bristol Haematology Diagnostic Service (BHODS) for UHBW
North Bristol NHS Trust	Bristol Haematology Diagnostic Service (BHODS) for NBT
University Hospital Bristol and Weston NHS Foundation Trust (UHBW): Bristol Site	Bristol Haematology Diagnostic Service (BHODS) for UHBW
Gloucestershire Hospitals NHS Trust (Glos)	Gloucestershire Cellular Pathology Laboratory

4.5 Patient Pathways (NS/Haem/g-17-103)

The network group patient pathways that detail the named services, hospitals and MDTs to which a patient should be referred are detailed in each individual Trust's operational policy.

Information on the haematology oncology services can be found via the following links:

Royal United Hospitals Bath (RUH)

Somerset NHS Foundation Trust (SFT) and Yeovil District Hospital NHS Foundation Trust (YDH)

North Bristol NHS Trust

University Hospital Bristol and Weston NHS Foundation Trust (UHBW)

Gloucestershire Hospitals NHS Trust (Glos)

4.6 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

4.7 Cancer of Unknown Primary (CUP) Referrals

All patients with a metastatic carcinoma of unknown origins 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

4.8 Referral to Clinical Diagnostic Services

The guidelines are currently documented on separate primary care proformas. A standardised network agreed referral pro forma will be developed and distributed to all primary care practices in the network.

The proforma will specify the following:

- The requirement to refer to a network agreed haematology oncology diagnostic service
- which type of presentation (in terms of specific symptoms and patient characteristics) should be referred with which level of priority (with regard to how quickly they should be dealt with)
- a single referral contact point for each Trust hosting a haematology oncology diagnostic service in the network

Each Trust in the network has an operational policy detailing the route of referral to the multi-disciplinary team.

5. PATIENT AND PUBLIC INVOLVEMENT

5.1 User involvement

The CAG has a user representative member who contributes opinions about the haematology 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 user involvement brief that is circulated for this purpose.

5.2 Patient Experience 13-1C-111h

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 published in the annual report.

5.3 Charity involvement

See Appendix 4

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

The Haematology CAG has agreed to conduct a review of patient follow up systems in line with the practices recommended by the 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 Haematology 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 Haematology CAG will also develop risk stratified pathways of post treatment management, promote physical activity and seek to improve management of the consequences of treatment.

7. CLINICAL GOVERNANCE

7.1 Clinical Outcomes, Indicators and Audits 13-1C- 112h

The CAG regularly review the data from each MDTs 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.

7.2 Data Collection

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

8. CLINICAL RESEARCH

8.1 Discussion of Clinical Trials (measure 13-1C-104h)

Members of CAG discuss each MDT's report on clinical research trials within every CAG meeting. A list of all of the open trials on the haematology 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.

[4] http://www.ncsi.org.uk/

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 haematology oncology patients. The NHS staff members nominated as the research leads for the CAG are Lisa Lowry and Sally Moore.

9. 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.

9.1 The Enhanced Recovery Programme (ERP)

Engagement in the enhanced recovery programme is not applicable to the haematology patient population

9.2 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.

9.3 Sharing Best Practice

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

9.4 Awareness Campaigns

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

10. FUNDING

10.1 Clinical Commissioning Groups / Integrated Health Boards

In the event that an insufficiency in the haematology 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.

10.2 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 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.

11. APPENDICES

11.1 Appendix 1

TEMPLATE AGENDA

Network group membership to attend:

Chair, MDT Core Members: Clinical Nurse Specialists, Haematologists, Clinical Oncologists, Imaging Specialists, Palliative Medicine Representative, User Representatives, Administrative Support. Any other relevant Allied Health Professional is welcome.

- 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, systemic anti-cancer therapy, 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 (formerly LWBC):**

- Holistic needs assessments
    - To define when these should be performed

- Next steps (Health and Wellbeing events)
- Treatment summaries
- Risk stratified follow up.

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

11.2 Appendix 2

SWAG CAG Patient/User Involvement Brief

11.3 Appendix 3

SWAG CAG Charity Involvement Brief

-END-