



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

Soft Tissue Sarcoma Advisory Group (SAG)

Constitution

2025



VERSION CONTROL

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1.0	30 th June 2015	Finalised	P Wilson
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1.3	23 rd June 2017	Updated membership list	H Dunderdale
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1.5	June 2019	Reconfiguration of group membership list. Update of links to Clinical and TYA Guidelines. Finalised	G Ayre / H Dunderdale
1.6	May 2021	Biennial update	H Dunderdale
1.7	June 2023	Biennial update and removal of signature table in line with sign off by the SWAG Cancer Alliance Lead	H Dunderdale
1.8	September 2025	Biennial update / change of SAG Chair	H Dunderdale



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1. Statement of Purpose

The Somerset, Wiltshire, Avon and Gloucestershire Cancer Network Soft Tissue Sarcoma Advisory Group (SAG) endeavours to deliver equity of access to the best medical practice for our patient population. The essential priorities of SAG 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, Sarcoma Measures¹
- A SAG 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 Multi-Disciplinary Teams (MDTs)
- A process for ensuring that SAG 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 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 of Cancer Services

³ Improving Outcomes – A Strategy for Cancer (2011)

³ NICE guidelines



- SAG 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 SAG 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.

1. STRUCTURE AND FUNCTION

2.1 Network Configuration (measure 14-1C-101I)

The Bristol Sarcoma Service Multi-Disciplinary Team (MDT) consists of consultant plastic surgeons, urologists, clinical and medical oncologists, pathologists, musculoskeletal radiologists and other health care professionals. They meet regularly to discuss and manage each patient's care individually.

The Bristol Sarcoma Advisory Group (SAG) complies with Peer Review ground rules for networking by meeting the following criteria:

- SAG serves a catchment population of approximately 2 million and covers soft tissue sarcomas only
- It is the only Multi-Disciplinary Team (MDT) within the SWAG region that provides a service for curative resection for sarcoma of the limb, head and neck and trunk
- It is hosted by North Bristol NHS Foundation Trust (NBT), with the diagnostic clinics, new and follow-up clinics and surgery occurring at Southmead Hospital, Bristol
- All suspected bone sarcoma diagnoses are referred to the Oxford Sarcoma MDT
- The MDT receives approximately 1500 cases per year for discussion. These include tertiary referrals for advice
- The MDT receives at least 100 newly diagnosed cases for discussion per year
- Retroperitoneal sarcomas are discussed within the sarcoma MDT by the urologists
- The principal site for delivery of radiotherapy and systemic treatment is the Bristol Haematology and Oncology Centre base at University Hospitals Bristol NHS Foundation Trust (UH Bristol).



The SAG catchment population:

Trusts	Referring Clinical Commissioning Group	SWAG Catchment Population
Royal United Hospitals Bath NHS Foundation Trust (RUH)	Bath and North East Somerset, Wiltshire, Somerset	347135
Taunton and Somerset NHS Foundation Trust (TST)	Somerset	287673
Yeovil District Hospital NHS Foundation Trust (YDH)	Somerset	139777
University Hospitals Bristol and Weston NHS Foundation Trust (UHBW)	Bristol, Bath and North East Somerset, North Somerset, South Gloucester	791550
North Bristol NHS Trust (NBT)	South Gloucestershire, Bristol	473263

Primary Care referrals are received from South Gloucestershire, but Gloucestershire Royal Hospitals NHS Foundation Trust (GRH) is not included in the SWAG SAG network as patients referred to GRH with Soft Tissue Sarcoma are managed by the Midlands Network SAG.



2.2 Sarcoma Advisory Group Membership (measure 14-1C-104I / B12/S/a/g-16-001)

SAG consists of the following members:

MDT Lead clinician		
Thomas Chapman	Consultant Plastic Surgeon	NBT
Core Nurse Members from associated MDTs		
Anna Clancy	Clinical Nurse Specialist	UHBW
Becky Peach	Clinical Nurse Specialist	NBT
Christine Millman	Clinical Nurse Specialist	NBT
Sally Lovell	Clinical Nurse Specialist	NBT
Liz Allison	Clinical Nurse Specialist	UHBW
SAG Chair		
Thomas Chapman	Consultant Plastic Surgeon	UHBW
User Representatives		
Michael Fowle	Patient Representative	User Representative
Nominated members responsible for users' issues and information for patients and carers		
Becky Peach	Clinical Nurse Specialist	NBT
Christine Millman	Clinical Nurse Specialist	NBT
Nominated members responsible for ensuring that recruitment into clinical trials is integrated into the function of the SAG		
Adam Dangoor	Consultant Medical Oncologist	UHBW
Administrative Support		
Anna Curry	Cancer SAG Administrator	UHBW / SWAG
Helen Dunderdale	Cancer SAG Manager	UHBW / SWAG
Jan Williams	Secretary to Mr Bragg	Swansea
Lisa Groves	Secretary – Plastics	NBT
Maddie Champion	Secretary - Plastics	NBT
Additional Clinical members:		
Giulia Colavitti	Consultant Plastic Surgeon	NBT
Rachel Clancy	Consultant Plastic Surgeon	NBT
Gareth Ayre	Consultant Clinical Oncologist	UHBW
Thomas Wright	Consultant Plastic Surgeon	NBT
Tim Spencer	Consultant Oncologist	UHBW
Brathaban Rajayogeswaran	Consultant Radiologist	NBT
Ed Walton	Consultant Radiologist	NBT
Carol Phillips	Consultant Radiologist	UHBW



Guru Karnati	Consultant Radiologist	Somerset NHS FT
Gavin Stoddart	Consultant Radiologist	Weston UHBW
Richard Clarkson	Consultant Radiologist	YDH
Tim Whittlestone	Consultant Urologist	NBT
Salah Albuheissi	Consultant Urologist	NBT
Ahmed Mahrous	Consultant Retroperitoneal Surgeon	NBT
Francesca Maggiani	Consultant Histopathologist	NBT
Zsombor Meleg	Consultant Histopathologist	NBT
Demetris Poyiatzis	Consultant Histopathologist	NBT
Michael Thomas	Consultant Histopathologist	Gloucestershire Hospitals NHS FT
Naomi Carson	Consultant Histopathologist	NBT
Sarah Levy	Sarcoma Clinical Nurse Specialist	YDH
Christopher Flower	Physiotherapist	NBT
Kirsty Derrick Russell	Senior Physiotherapist	NBT
Joanne Porter	Dietician	UHBW
Suriya Kirkpatrick	Senior Research Nurse	NBT
Shared Care Members from extended MDTs		
Ather Siddiqi	Consultant Orthopaedic Oncology Surgeon	Oxford
Thomas Coska	Consultant Orthopaedic Oncology Surgeon	Oxford
Hattie Branford White	Senior Sarcoma Fellow	Oxford
Richard Baker	Consultant Orthopaedic Oncology Surgeon	NBT
Mark Price	Consultant Orthopaedic Oncology Surgeon	Weston UHBW



Graham Collin	Vascular Interventional Radiologist	NBT
Rachel Ainsworth	Consultant Breast Surgeon	NBT
Rachel Clancy	Consultant Plastic Surgeon	NBT
Thomas Bragg	Consultant Plastic Surgeon	Swansea
Helen Rees	Consultant Paediatric Oncologist	UHBW
Timothy Rogers	Consultant Paediatric Surgeon	UHBW
Doug West	Consultant Thoracic Surgeon	UHBW
Eveline Internullo	Consultant Thoracic Surgeon	UHBW
Paul Barham	Consultant Upper GI Surgeon	UHBW
Jonathon Rees	Consultant Hepatobiliary Surgeon	UHBW
Steve Falk	Consultant Clinical Oncologist	UHBW
Thomas Bird	Consultant Clinical Oncologist	UHBW
Helen Winter	Consultant Medical Oncologist	UHBW
Jo Bailey	Consultant Gynaecologist	UHBW
Hoda Booz	Consultant Clinical Oncologist	UHBW
Ceri Hughes	Consultant Maxillofacial Surgeon	UHBW
Paul Tierney	Consultant ENT Surgeon	UHBW
Matthew Beasley	Consultant Clinical Oncologist	UHBW
Charles Candish	Consultant Clinical Oncologist	Gloucestershire Hospitals NHS FT
Daniel Nelmes	Consultant Clinical Oncologist	Gloucestershire Hospitals NHS FT
Sharath Gangadhara	Consultant Medical Oncologist	Royal United Hospitals Bath NHS FT
Tania Tillett	Consultant Medical Oncologist	Royal United Hospitals Bath NHS FT



Emma De Winton	Consultant Clinical Oncologist	Royal United Hospitals Bath NHS FT
Ashley Cox	Consultant Clinical Oncologist	Royal United Hospitals Bath NHS FT
Emma Cattell	Consultant Medical Oncologist	Somerset NHS FT
Julie Walther	Consultant Clinical Oncologist	Somerset NHS FT
Saiqa Spensley	Consultant Clinical Oncologist	Somerset NHS FT
Management Support		
Anna Rossiter	Cancer Manager	NBT
Shabba Vaithianathan	Assistant General Manager for Plastics, Burns and Dermatology	NBT
Ruth Hendy	Lead Cancer Nurse	UHBW
Wendy Scadding	Performance and Operations Manager	NBT

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 SAG meetings are also conducted in line with the Manual for Cancer Services, [Sarcoma Measures](#) (Version1.0).

2.3 SAG Meetings, Work Programme and Annual Report (measures 14-1C-105I / 14-1C-106I)

SAG meets twice a year. Agendas, notes and actions, and attendance records will be uploaded on to the SWAG website [here](#).

Appendix 1 is the Template Agenda for SAG 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 SWAG SAG will produce a Work Programme and Annual Report in discussion with the SWAG Cancer Alliance.



2.4 Designated Chemotherapy Services and Radiotherapy Departments and Practitioners (measures B12/S/a/g-16-005 / 14-1C-102I / 14-1C-107I)

The following Trusts are authorised to deliver chemotherapy and radiotherapy services for the treatment of soft tissue sarcoma:

- Royal United Hospitals Bath NHS Foundation Trust
- Taunton and Somerset NHS Foundation Trust
- Gloucestershire Hospitals NHS Foundation Trust.

SAG has named the oncologists (who are included as extended members of SAG) who are responsible for the delivery of chemotherapy or radiotherapy to soft tissue sarcoma patients.

Chemotherapy and radiotherapy treatments have been agreed by the Network Chemotherapy and Radiotherapy Groups and the host hospitals / Trusts and are conducted in accordance with the SWAG STS Clinical Guidelines.

2.5 Molecular Biology / Cytogenetic Facilities (measure 14-1C-103I)

Severn Pathology within North Bristol NHS Trust is the nominated laboratory that SAG uses for cytogenetic and molecular biology investigations on sarcoma cases. The main contact is Christopher Wragg, Head of the Oncology Genetics Service.

2.6 Designated Gastrointestinal stromal tumours (GIST) Histopathologists (measure 14-1C-108I)

The following Consultant Histopathologist is responsible for the final reporting and reviewing of the histological diagnosis of GIST in the SAG catchment area:

- Newton Wong, Consultant Histopathologist, University Hospitals Bristol NHS Foundation Trust.

Dr Wong is a core member of the Upper GI MDT and SAG in the SWAG area, and is named in the network shared care pathway for Upper GI STS as dealing with the confirmation of diagnosis and the treatment planning decisions on these patients. He has taken part in the National GI histopathology External Quality Assessment.



2. COORDINATION OF CARE / PATIENT PATHWAYS

3.1 Clinical Guidelines for Soft Tissue Sarcoma – Limb and Trunk (B12/S/a/g-16-004)

SAG follows the [UK Guidelines for the Management of Soft Tissue Sarcoma](#) (2016) and the National Institute for Health and Care Excellence (NICE) [Sarcoma clinical guidelines](#) (August 2017). Further details of the local provision of the guidelines are within the STS SAG 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.

3.2 Clinical Guidelines for Bone Sarcoma (B12/S/a/g-16-004)

Not applicable to the SWAG SAG. The nearest designated bone sarcoma service is Oxford. Referrals are accepted by email at: sarcoma.referrals@nhs.net

A bone sarcoma consultant from Oxford runs a parallel clinic in conjunction with the soft tissue sarcoma service once a month.

3.3 Clinical Guidelines for Soft Tissue Sarcomas Presenting to Site Specialised MDTs (B12/S/a/g-16-004 / 14-1C-111I)

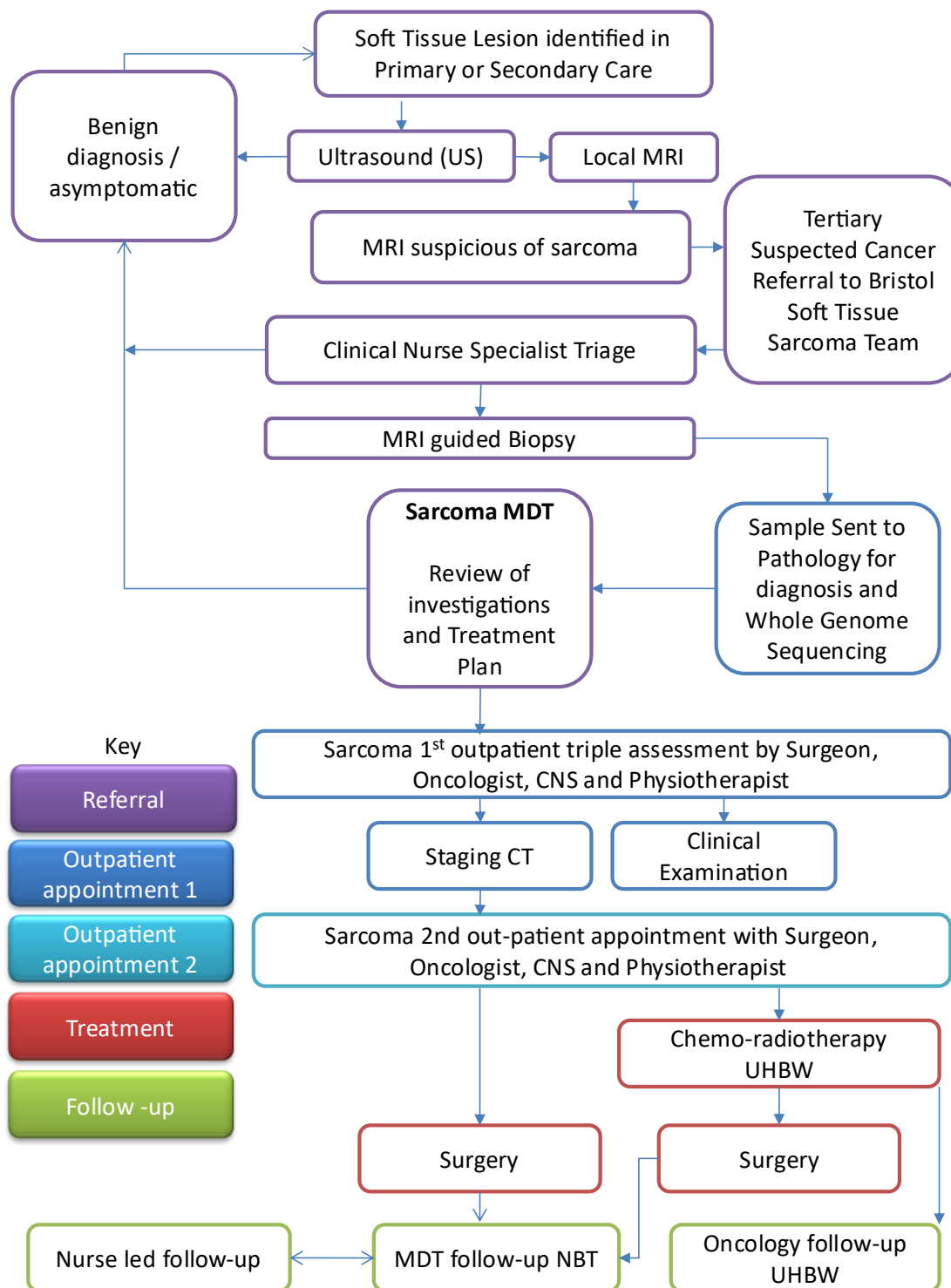
SAG follows the relevant site-specific clinical guidelines as documented in the [UK Guidelines for the Management of Soft Tissue Sarcoma](#)

3.4 Chemotherapy Treatment Algorithms (measure 14-1C-112I)

An agreed list of acceptable chemotherapy treatment algorithms is available to view on the SWAG [website](#).



3.5 Patient Pathways for Initial Referral and Diagnosis for Soft Tissue Sarcoma – Limb and Trunk (B12/S/a/g-16-006 / B12/5/a/g-17-001)





Note 1: NICE guidelines recommend General Practitioners (GPs) to consider an urgent direct access ultrasound scan (to be performed within 2 weeks) to assess for soft tissue sarcoma in adults with an unexplained lump that is increasing in size. If ultrasound scan findings are suggestive of soft tissue sarcoma or if ultrasound findings are uncertain and clinical concern persists, GPs should consider referring for an MRI and, if there is still suspicion of a malignancy reported, onward for a suspected cancer pathway referral (for an appointment within 2 weeks).

Details on how to refer can be found [here](#).

Patients newly presenting with symptoms suspicious of soft tissue sarcomas of the limbs and trunk wall, will be referred to the Bristol Sarcoma Service diagnostic clinic prior to referral to the STS MDT.

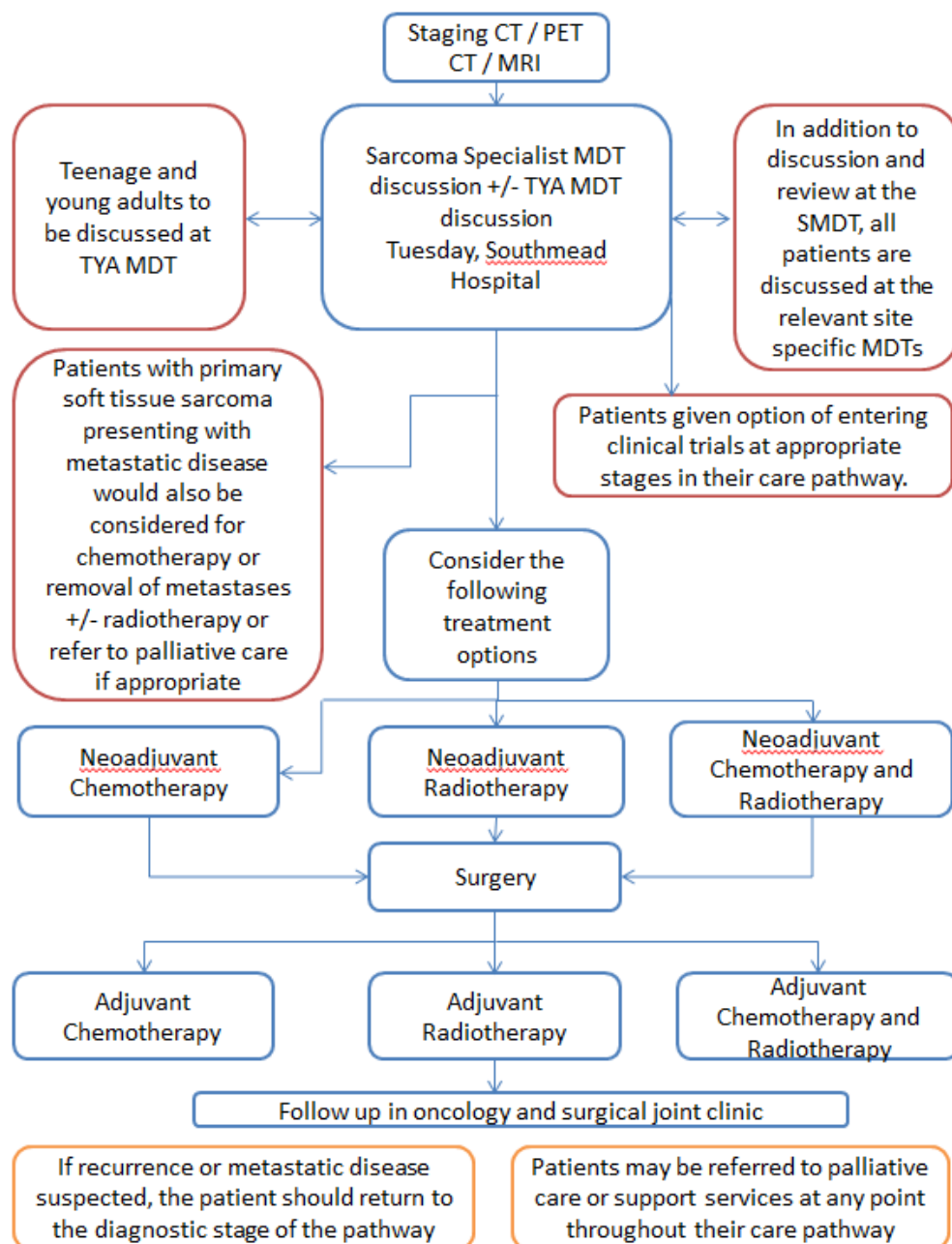
Contact Points for Sarcoma Services		
Trusts and Hospitals	MDT Contact Details	Clinical Nurse Specialists
North Bristol Trust, Bristol Sarcoma Service, Brunel Building, Southmead Hospital Southmead Road Westbury-on-Trym Bristol BS10 5NB	cancerservices@nhs.net	Christine Millman christine.millman@UHBristol.nhs.uk Rebecca Peach Rebecca.Peach@nbt.nhs.uk Sally Lovell Sally.Lovell@nbt.nhs.uk <u>Sarcoma Secretary</u> 0117 4147608
Bristol Haematology Oncology Centre Horfield Road Bristol BS2 8ED		Anna Clancy Anna.Clancy@UHBristol.nhs.uk Liz Allison elizabeth.allison@uhbristol.nhs.uk Lisa Linsfield Lisa.Lindfield@UHBristol.nhs.uk



3.6 Patient Pathways for Initial Referral and Diagnosis for Bone Sarcoma (B12/S/a/g-16-006 / B12/S/a/g-17-001)

Not applicable to the SWAG SAG.

3.7 Patient Pathways for Assessment, Treatment and Follow Up for Soft Tissue Sarcoma – Limb and Trunk (measure 14-1C-115I / B12/S/a/g-17-001)



The treatment planning decision for any active treatment of at least any local recurrence, and first distant recurrence, should be made only after discussion at the sarcoma MDT.



Peripheral sarcoma clinics may be established in other hospitals if there is a clinical need, for example in Gloucester or Taunton.

Psychological and social support and advice about rehabilitation is provided by Sarcoma Clinical Nurse Specialists (CNSs). They are available at each stage in the patient's pathway, being based at both the Bristol STS Sarcoma Service in Southmead Hospital, and the Bristol Haematology Oncology Centre.

3.8 Patient Pathways for Teenagers and Young Adults (TYA)

Details of TYA patient pathways for the SWAG SAGs can be found on the SWAG [website](#). A shared care pathway, specific to the arrangements between SAG and the Paediatric Oncology team at Bristol Royal Hospital for Children, is available [here](#).

3.9 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](#)

3.10 Patient Shared Care Pathways for Soft Tissue Sarcomas Presenting to Site Specialised MDTs (measure 14-1C-117I)

The following shared care pathways are available on the SWAG website [here](#), and indicate the stages in the pathway when patients should be referred between teams.

- Upper GI
- Gynaecology
- Head and Neck
- Skin
- Breast
- Lung
- Urology.

It is a requirement that all non-musculoskeletal (MSK) sarcomas must be referred and discussed by the Sarcoma MDT to provide oversight of their treatment pathways. A mechanism for capturing data on these patients will be established to ensure compliance with shared care pathways. Data on shared pathway activity and designated practitioners will be incorporated in the SAG Annual Report.



3. PATIENT AND PUBLIC INVOLVEMENT

4.1 User Involvement

SAG has a user representative member who contributes opinions about the sarcoma service at the SAG meetings. The NHS employed member of SAG that is nominated as having specific responsibility for users' issues, and information for patients and carers, is the Cancer Clinical Advisory Group Manager. SAG 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 (measure 14-1C-118I)

The results and actions generated from the National Patient Experience Survey within each Trust in SAG will be reviewed in every SAG 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

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

SAG 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. 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. SAG 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. SAG will also develop risk stratified pathways of post treatment management, promote physical activity and seek to improve management of the consequences of treatment.



5. CLINICAL GOVERNANCE

6.1 Clinical Outcomes, Indicators and Audits (measure 14-1C-119I)

SAG regularly reviews 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 SAG meetings and distributed electronically to the group.

6.2 Data Collection

The SAG area-wide agreed minimum data set for soft tissue sarcoma is comprised of the most recent version of the National Cancer Waiting Times monitoring dataset:

<https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/>, and Cancer Outcomes and Services Dataset (COSD):

http://www.ncin.org.uk/collecting_and_using_data/data_collection/cosd

Data items are uploaded to the Somerset Cancer Registry by the MDT Coordinator and Cancer Management Team in each provider Trust, and submitted to the National Cancer Registration and Analysis Team on a monthly basis. Data completeness is assessed by accessing the Cancer Stats website: <https://cancerstats.ndrs.nhs.uk/cosd13/alliance>.

6. CLINICAL RESEARCH

7.1 Discussion of Clinical Research Trials (measure 14-1C-120I)

SAG routinely discusses each MDTs report on clinical research trials within every SAG meeting. A list of all of the open trials on the STS NIHR portfolio, and potential new trials, is brought to each SAG 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 SAG with the data for these Trusts. Information on clinical trial recruitment will be published in the SAG Annual Report. Potential new trials to open, and actions to improve recruitment, will be documented in the SAG 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 SAG members can ensure, wherever possible, that clinical research trials are accessible to all eligible STS patients. The NHS staff member nominated as the Research Lead for SAG is Adam Dangoor.



7. SERVICE DEVELOPMENT

8.1 The Enhanced Recovery Programme (ERP)

SAG 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 Educational Opportunities

SAG meetings will have an educational function. Continual 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. SAG members will be required to complete a Royal College of Physician's CPD evaluation form. Certificates of the CPD points allocated to the meetings will be distributed to the SAG members.

All SAG members are expected to attend regional, national or international conferences on soft tissue sarcoma.

8.3 Sharing Best Practice

Where best practice in sarcoma services outside SAG has been identified, information on the function of these services will be gathered to provide a comparison and to inform service improvements. Guest speakers from the identified services will then be invited to make presentations to SAG meetings.

Where best practice in the STS services within SAG has been identified, information on the function of the STS services will be disseminated to the other cancer networks.

8.4 Innovation

Bristol has been at the forefront of the use of pre-operative radiotherapy for many years. This is at the expense of an increase in wound healing complications as evidenced in the literature. The Bristol sarcoma service is run by four Plastic surgeons who provide a reconstructive service following excision of soft tissue sarcomas. This is particularly the case for patients who have received pre-operative radiotherapy, when free tissue transfer is often employed to ensure wound healing, and is currently the subject of a long term audit on wound complications in relation to different methods of wound closure.



8.5 Awareness Campaigns

Not applicable to the STS Service.

8. FUNDING

9.1 Clinical Commissioning Groups / Integrated Care Boards

In the event that an insufficiency in the sarcoma services relating to funding is identified, SAG 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 undertaken, 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'. SAG will forge relationships with pharmaceutical companies to seek commercial sponsorship for meetings in order to make savings that can be fed back into the SAG 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 SAG 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 meeting
- 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.

9. APPENDICES

10.1 Appendix 1

Template Agenda

Network group membership to attend:

Chair, MDT Core Members: Clinical Nurse Specialists, Sarcoma Surgeons, Clinical Oncologists, Medical Oncologists, Imaging Specialists, Histopathologist, Palliative Medicine Representative, User representatives, Managerial and Administrative support. Any other relevant Allied Healthcare Professionals are 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 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
- Training opportunities available
- Sharing best practice
- Innovation
- Awareness campaigns.

10. Any other business / date and content of next meeting:



10.2 Appendix 2

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

10.3 Appendix 3

[SWAG SAG Charity Involvement Brief](#)

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