

London Cancer Urology Tumour Pathway Board Annual Report 2016-17

Introduction

London Cancer incorporates the geographical areas of North Central and East London and West Essex with a population of 3.7 million.

London Cancer became part of the newly formed UCLH Cancer Collaborative in September 2016.

The Urology Tumour Pathway Board is a cancer care specific board led by a Tumour Pathway Director. Its membership includes representation from cancer professionals across the region and active participation from primary care and from patients.



The role of these pathway boards is to improve cancer care for patients, delivering an integrated care pathway that extends from presentation and diagnosis through to palliative care and living with and beyond cancer.

This year saw the pelvic cancer centre at UCLH pass through gateway 5 of the assurance process for the reconfiguration of radical pelvic cancer surgery.

Working collaboratively with our vanguard partners has proven to be highly valuable in developing a new timed pathway for prostate cancer patients that will benefit the NHS on a national scale.

Achievements this year

2016/17 has seen the Urology Tumour Pathway Board become part of the newly formed UCLH Cancer Collaborative, part of the national Cancer Vanguard as part of the New Care Models programme of NHS England. This has allowed the board to work collaboratively with our Vanguard partners in Manchester and London on developing a new best practice timed pathway for Prostate patients.

This year we have had a focus on streamlining the cancer pathways within our network and reducing the variation of care given across the UCLH Cancer Collaborative trusts. There has also been a focus on improving the 62 day performance for Prostate patients across the network.

Our key achievements have been:

- Improved understanding of the main 'pain points' within the Urology pathways. This included:
 - 'Deep dive' into Urology RCA/breach reports highlighting the pressure points within the Urology pathway.
 - Demand and capacity analysis for Prostate diagnostic services in each of the *London Cancer* providers.

- Improving and reducing the variation of MRI services across *London Cancer* including:
 - MRI sub group providing support to each trust on how to improve MRI standards. This involved a whole day visit to external trusts.
- Began working with our Vanguard partners on establishing a new optimal timed pathway for Prostate patients. This is due to be completed by September 2017 and implemented across the three regions by December 2017.
- Created a patient information leaflet which provides patients who have been referred on a suspected cancer referral more information about the pathway/timelines and diagnostic tests they should expect. This leaflet is currently being evaluated by patients and has shown positive feedback.

Patient representation

Our patient representatives have continued to be a vital part of each pathway board meeting. This year we have worked with our patient representatives to establish a new patient information leaflet which we are aiming to implement by Dec 2017.

Future plans

In 2017/18 we will build on our work through [insert main areas or themes]. Our work plan is outlined below.

No	Objective	Owner	By
1	Continue the initiatives set out in 16/17 to improve 62 day performance across the network.	JG/JH	On Going
2	Establish and roll out pan vanguard optimal pathway for prostate patients	JG/JH	Dec 2017
3	Continue to reduce variation and improve MRI standards across the network. <ul style="list-style-type: none"> ○ MRI master class training course Sept 2017 ○ Establish physicist support for network to reconfigure MRI scanners to ensure high imaging quality 	JH/CM/SP	On Going
4	Run education and awareness initiatives for local population.	JH/JG	Mar 18
5	Implement patient information leaflet in each urological services across London cancer	HS/JH	Dec 17

Acknowledgements

We would like to thank all the members of the Urology Tumour Pathway Board for contributing their time to Tumour Pathway Board meetings and projects outside the meeting.

Particular thanks to our patient representative(s) Veronica Brinton, John Sandell and Jane Smith who have generously given up their time to contribute.