

London Cancer Urology Cancer Tumour Pathway Board Annual Report 2018-19

Introduction

The Urology Cancer Tumour Pathway Board is a cancer specific board which includes bladder, testicular, penile, renal and prostate cancer. The board is led by Mr John Hines, Tumour Pathway Director, with project management support from Jacob Goodman. Its membership includes representation from cancer professionals across the region and active participation from primary care and from patients.



Mr John Hines,
Pathway Board Director,
Consultant Urologist, Barts Health/UCLH

Achievements this year

2018/19 has seen the Urology Tumour pathway board hold an annual review event with over 70 attendees across the network. We have also continued to focus on supporting trusts to implement the new national prostate diagnostic timed pathway that we helped develop with NHSE in the last financial year. This year we have had a particular focus on improving the MRI image quality across the alliance, recruiting an MRI physicist to support trusts in using multi-parametric MRI effectively as a diagnostic test.

Our key achievements have been:

Urology Annual Review Event

On the 26th September 2018 we held our urology pathway board Annual Event. The event had over 70 attendees from a broad range of professionals from across the network. The event was also attended by several patient representatives. The event provided an opportunity for wider stakeholders to learn about recent updates in the 5 urological tumour sites and received extremely positive feedback.

Prostate Pathway Improvement

- Recruited an MRI physicist who has been supporting all trusts within the alliance to improve the quality of prostate MRI scans. Improving the quality of MRI scans enables more effective stratification of patient pathways and helps urologists to confidently remove patients from the diagnostic pathway without the need for a biopsy. Following this project, every trust now has an MRI scanner capable of offering high quality multi-parametric MRI scans. We plan to audit this improvements made through this project next year.
- Establishing the prostate imaging network meeting that brings together radiologists from all trusts within the alliance to work collaboratively to improve MRI reporting.
- Sponsored the national prostate MRI consensus paper that outlines how to use of MRI as a diagnostic test within the prostate pathway
- Updated the prostate diagnostic clinical guidelines as well as creating specific prostate biopsy guidance.
- Continuing to support trusts to improve their 62 day cancer performance through monthly inter-trust referral data analysis and working with trusts to provide in depth analysis of prostate diagnostic pathways. This has included working with the NCEL performance task and finish group

to undertake a review of the prostate diagnostic services across all trusts. This review has provided key actions that are required to improve 62 day performance and patient pathways.

Renal Guidelines and trust meetings

- This year the specialist renal team based at Royal Free Hospital updated the renal cancer guidelines and patient pathways. These were agreed and signed off by the pathway board.
- Following this we have arranged meetings with trusts across our alliance to discuss the new guidelines and agree the most effective pathway for patients.

sMDT Coaching

A number of Urology MDTs within NCEL have signed up to the Cancer Academy's MDT coaching programme. Where MDTs will develop initiatives to improve the functioning and user experience of their MDTs under the guidance of an MDT coach. The MDT coach is an impartial clinician, who has undergone specific training to help MDTs identify where improvements could be made and guide them through the process of developing and implementing solutions to realise these improvements. An evaluation of the impact of the programme is due to be published in July 2019.

Penile Cancer Centre

The supraregional penile cancer service continues to see an increasing number of referrals each year. We have appointed a further specialist Mr Hussain Alnajjar who was previously a fellow at UCLH. He now also runs a Wednesday morning penile cancer clinic and an operating list both on Monday and Friday which has allowed patients to undergo diagnostic work ups and surgery within 2 weeks.

We also have Mr Rowland Rees as a further in reach surgeon who oversees cases from the Wessex area. This has now allowed patients closer to Southampton to be seen locally for diagnostics and follow up after undergoing complex surgery at UCLH.

As a penile cancer unit we have published a further 10 publications and presented our work internationally as well as delivering national and international lectures on the benefits of centralisation.

We hope to continue our collaboration with eUROGEN centres and start new trials once the MRI-PET trial for penile cancer is concluded.

Quality of Life Project

UCLH Cancer Collaborative is one of five pilot sites that has been selected by NHSE to evaluate data collection methods and gather data to develop a national Quality of Life metric(s). Locally our aim is to recruit a minimum of 200 patients to the pilot. Individuals with breast, colorectal or prostate cancer who have received treatment with curative intent (over the previous 23 months) at Barts Health or UCLH will be invited to participate. Data collection commenced in December 2018 and (as at 31st March 2019), the pilot team has exceeded this figure by receiving responses from 290 individuals.

Patient representation

"The Urology board continues to be well led, well supported and effective. It's good to see issues being discussed, worked through and improvements made"

Jane Smith, Patient Representative

Future plans

In 2019/20 the urology pathway board will continue to have a focus on improving 62 day cancer waiting times performance. The board will be leading on a prostate diagnostic improvement project that will support trusts to fully utilise the benefits of mpMRI. This project will help to prepare trusts for the new 28 day faster diagnostic standard.

Prostate Diagnostic Improvement Project

Following on from the improvements to mpMRI quality made by the MRI optimisation project; this year we will be running a project that aims to support trusts to improve the reporting of mpMRI scans and to utilise these scans to target lesions during the prostate biopsy. This project aims to use a software platform, designed and dedicated for prostate mpMRI that will be implemented at each trust within the cancer alliance. This system allows:

- Radiologists to contour the prostate and lesions at the time of reporting.
- Allows for the contoured image to be easily visualised by urologists at the time of biopsy
- Uploads scans into a cloud to allow for cross trust reporting, double reporting and training.

Alongside the implementation of this software this project will develop onsite training for urologists and radiologists. The clinical leads based at UCLH will be able to develop tailored training schedules based on the review of MRI reporting and biopsy outcomes. Three fellows have been identified to provide on-site training across the cancer alliance.

No	Objective	Owner	By
1.	Complete the Prostate Diagnostic Improvement Project	CO/CA/JG	March 20
2	Implement the findings from the urology external review which is due to be completed in March 2019	Task and Finish Group	December 19
3	Quality of Life Project- <i>Data collection will conclude in June 2019 and we will continue to work with the national team to revise and establish the methodology for national roll out by 2020/2021.</i>	BZ	March 20
4	Continue to meet with trusts within our region to support the implementation of the new renal cancer timed pathway.	AB/JG	October 19
5	Host a prostate biopsy consensus meeting, bringing clinicians from across the network together to agree on new prostate biopsy guidelines.	JG/JH	June 19
6	Hold clinical audit meetings for the 5 urology tumour sites.	JG/JH	March 20

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 representatives Veronica Brinton, John Sandell and Jane Smith who have generously given up their time to contribute.