Meeting of the *London Cancer* Urology Pathway Board

Date: **February 2nd, 16:30 – 18:00**

Venue: Boardroom, UCLH @ Westmoreland Street, London, W1G 8PH

Chair: **John Hines**

1. Welcome and introductions and Minutes from last meeting

JH welcomed members of the board, introductions were made and apologies heard. The minutes of the last Pathway Board were accepted as an accurate record with minor amendments made.

2. Stratified Follow Up

Discussion points:

- Sarita Yaganit presented the stratified follow up model for NCL to the board.
- Karen Sennett introduced the model which is based on the Croydon model and plan to go live within NCL on 1st April 2017.
- John Hines and Sharon Cavanagh are currently visiting each trust within NCL before the deadline to ensure the model is fully understood.
- Jane Smith asked when patients will be told they are on the stratified follow up model? Karen Sennett explained that they will have a final OPA with their consultant and then they will be contacted by the GP. It is the GPs responsibility to ensure that patients are followed up
- Veronica Brinton questioned if patients will feel confident in this new system, Karen Sennett explained that evidence from Croydon shows that they will be.
- GPs are paid for half hour appointments as well as the PSA follow up so that they have someone to speak to regarding their health.
- The hope is that this model will relieve capacity on specialists so that they have more time to deal with specialist issues.
- GPs will formally welcome patients into the follow up plan after their final OPA with the specialist. It was agreed by the board that it is important, at the final OPA that patients understand they will be followed up within the community.
- John Sandell asked if any research has been done to see if GP practices have the capacity to take on this extra work load, Karen Sennett explained that the Croydon evaluation showed that all practices would be able to handle this.
- A clear letter will be sent from the specialist stating how often blood tests will be needed and this will be sent to the HP. There have also been guidelines written, with collaboration from specialists on how to follow up Prostate cancer patients. John Hines was keen that these guidelines would be ratified by the board.
- John Hines asked what would happen to patients living in West Essex who have treatment in London. Karen Sennett explained that entry into the model depends on the patients GP address and West Essex is using a different model so this will not apply to them.
- John Sandell asked if patients will have a choice about this? Karen Sennett explained that it is common practice around other diseases within the NHS that you are discharged back to primary care once

deemed safe by specialists. This already happens in Breast cancer. Surveys have shown that patients would prefer to be followed up closer to home.

- Specialists can decide to keep patients within secondary care.
- The board felt that patients would need to be reassured and this model will need to be explained to them at the start of their pathway, this can be explained by GPs when patients are referred on a 2ww pathway.
- Jane Smith asked what checks and balances were in place to ensure GPs will get in touch with patients and patients are not lost. Karen Sennet stated that GP practices will have to audit work before being paid for this service. John Hines felt it important that this should also be audited by trusts as well.
- It was agreed by the board that the GP should write back to the specialist confirming acceptance of referral back to primary care – this is not currently in guidelines.
- Guidelines for discharge and referral back to secondary care was discussed with the board and ratified, this will be circulated by Sharon Cavanagh.
- Karen Sennett asked all trusts to provide a clinicans email that GPs can get in touch with for patient queries.
- There is still an issue about how these patients are referred back into hospital, GPs have been asked to send a 2ww form unless the trust has developed another referral system for these patients.
- Contacts for GPs should be provided by each trust and it is the hospitals responsibility to allow a smooth referral system for patients being followed up in the community – this will be addressed by London Cancer visits to each trust.
- Karen Sennett also mentioned that there will be regular GP educational events as well as educational programmes online.
- Greg Shaw asked what mechanisms were in place for governance and specialist oversight of the project. Karen Sennett stated that specialist oversight is within the model and the system is set up in a structured way. Governance lies within the practice and the CCG who is contracting GPs to provide this service.
- Each GP practice will have a named clinician responsible for the registry of patients
- John Hines asked about the financial impact on trusts and if they will be losing revenue Rebecca Summer will look into this and feed back to the board**.**

ACTION: Sharon Cavanagh to revise guidelines and distribute to board.
Rebecca Sumner to investigate financial implications of stratified follow up to trusts and feedback to board.

3. Guidelines (Bladder and Prostate)

Discussion points:

- **Bladder** - Mark Feneley has not received any comments regarding the updated Bladder guidelines so these have been finalised and signed off by the board.
- **Prostate –** John Hines stated that the prostate guidelines are ever changing and there are a few developments that need to be confirmed before creating the new up to date Prostate guidelines. Stratified follow up needs to be confirmed by the board. UCLH are also leading a pan Vanguard piece of work to develop one set of prostate guidelines that will be used across the three vanguard sites. A meeting will be had in March, where the three pathway director will be getting together to develop these. The ultimate aim is that these will develop into the national Prostate guidelines.

ACTION: Jacob Goodman and John Hines to feed back to board following Vanguard meeting in

March.

4. Brachytherapy Sub Group

Discussion points:

- Heather Payne, lead for the brachytherapy sub group introduced the two types of Brachytherapy. High dose Brachytherapy, for more aggressive prostate cancer is currently offered at UCLH and has been for 18 years. This is an established service and has been agreed by the network.
- Low dose brachytherapy is offered to patients with early prostate cancer. Historically this was offered at RFH and Barts Health. The sub group met 18 months ago and decided that to meet national guidelines, where sites offereing low dose brachytherapy should treat more than 50 patients a year it was decided that treatment should be centred at one site. RFH decided they would stop offering the service and it would be centralised at Barts Health. This was a decision made jointly by clinicians from across the network and Barts Health has shown to provide a good pathway and outcomes for low dose brachytherapy. Clinicians at Barts are very willing to continue offering this service but the trust has blocked referrals from other trusts due to financial constraints.
- No other centre has the ability to take on this service.
- It was agreed that the board should appeal to Barts Health to ensure the network can offer this treatment and reassure them that, as a network, we would be able to provide 50 patients a year.
- Gillian Smith felt that the same standard should be applied to this treatment as any other and that we should aim for the highest quality of care even if this means sending patients outside of the network. Heather Payne reassured the board of the high standard of treatment at Barts Health.
- It was agreed that John Hines and Heather Payne would write to the CEO at Barts Health to ask if they are willing to provide this service to the network. If not, we will need to send these patients outside of the network.
- John Sandell raised the fact that the current situation creates a postcode lottery and this is something that should be considered when appealing to Barts Health.

ACTION: John Hines and Heather Payne to write to Barts Health CEO to ask if they are willing to provide low doe Brachytherapy for the London Cancer network.

5. Research Sub Group

Discussion points:

- Greg Shaw, lead for the research sub group introduced the research sub group and explained that he has begun to get an idea of what trials are available within our network.
- The issue we are facing is that within NIHR, Urology is represented across three separate areas of research, Cancer, Surgery and Renal. This is an issue nationwide and makes it hard to identify coordinators of trials across the three areas.
- Greg has identified three studies and found PIs, however there is an issue with identifying appropriate research nurses as they sit across these three areas.
- Heather Payne thinks that research nurses are specific to hospitals, and the board needs to know exactly what trials are happening in each hospital so that patients can move freely between them.
- Greg Shaw and Jacob Goodman are already collating a list of trails open in each trust across the network but have so far only received an update from BHRUT.

- Reena Davda who works across two sites, UCLH and PAH explains that each site has a different interpretation of the NIHR guidance regarding referrals to different sites for clinical trials. PAH believe that it is not within their remit to refer patients to a different trust for clinical trials.
- The board do not agree with PAH governance which states that oncology patients can only be referred to a different trust for a clinical trial if the trial is a phase 1 trial.
- Board to not agree with PAH governance that clinicians can only refer oncology patients to other trusts if it is a phase 1 trial. This has been escalated internally to the oncology lead at PAH who has agreed to escalate further.

ACTION: Each trust to send list of open trials to Greg Shaw and Jacob Goodman
John Hines to write to Andy Morris regarding referral of oncology patients to other trusts for clinical trials.

6. Renal CWT Performance

Discussion points:

- John Hines presented the Renal CWT performance to the board. Michael Aitchison stated that the rules have now changed and now all referrals must be sent to treating trusts by day 38. Michael Aitchison believes that the new breach reallocation rules will improve Royal Free performance but may have a negative impact on referring trusts.
- John Hines asked Michael Aitchison what he felt would improve the network wide performance, Michael felt that RFH were getting a lot of incorrect referrals that had to be sent back to the referring trust as they had not had complete investigations – this was causing delays within the pathway.
- Agreed pathway includes a triple phase CT and CT chest before referral to the SMDT clinic. Michael Aitchison stated that 50% of referrals into the SMDT had not had these investigations completed. However there is now a weekly management teleconference between RFH and referring trusts which should help to improve performance.
- Gillian Smith stated that attention for all 62 day pathways needs to be at the front of the pathway, and felt that the renal pathway could adopt some aspects of the Prostate pathway that could smooth out the pathway.

ACTION: Jacob Goodman to send Renal pathway and protocols to the network along with renal CWT data

7. AOB

8. Next Meeting

16:30-18:00, 11th May 2017, Boardroom, UCLH @ Westmoreland Street, London, W1G 8PH

ACTION LOG

Action reference	Action	Owner	Date Due	Status
	Sharon Cavanagh to revise stratified follow up guidelines and distribute to board.	SC		
	Rebecca Sumner to investigate financial implications of stratified follow up to trusts	RS		

	and feedback to board.			
	Jacob Goodman and John Hines to feed back to board following timed pathway Vanguard meeting in March	JG/JH		
	John Hines and Heather Payne to write to Barts Health CEO to ask if they are willing to provide low doe Brachytherapy for the London Cancer network.	JH/HP		
	Each trust to send list of open trials to Greg Shaw and Jacob Goodman	ALL		
	John Hines to write to Andy Morris regarding referral of oncology patients to other trusts for clinical trials.	JH		
	Jacob Goodman to send Renal pathway and protocols to the network along with renal CWT data	JG		

Attendees

Name	Role	Trust/Organisation
Jacob Goodman	Project Manager	UCLH CC
John Hines	Chair	*UCLH CC*
Greg Shaw	Urologist	UCLH
Reena Davda	Oncologist	UCLH/PAH
John Sandell	Patient Representative	
Veronica Brinton	Patient Representative	
Victoria Wood		Respect 21
Heather Payne	Oncologist	*UCLH*
Rebecca Sumner	Manager	UCLH
Jane Smith	Patient Representative	
Michael Aitchison	Urologist	RFH
Gillian Smith	Urologist	RFH
Luis Beltran	Histopathologist	*Barts Health*
Sharon Cavanagh	Programme lead	London Cancer
Karen Sennett	GP	
Martin Shelly	GP	
Sarita Yaganti	Project Manager	

Apologies

Name	Role	Trust/Organisation
Hilary Baker	CNS	UCLH
Jeevan Kumaradevan	Radiologist	Whittington
Christine Moss	GP	GP - West Essex CCG