

Meeting of the *London Cancer* Urology Pathway Board

Meeting to be held between 16:30 – 18:00 on Thursday 1st March 2018 Boardroom, UCLH @ Westmoreland Street, London, W1G 8PH

Chair: John Hines

Welcome and introductions and Minutes from last meeting

- John Hines welcomed members of the board, introductions were made and apologies heard. The minutes of the last Pathway Board were accepted as an accurate record.

ACTION LOG:

Action reference	Action	Owner	Date Due	Status
02/02/2017	Each trust to send list of open trials to Greg Shaw and Jacob Goodman	ALL	complete	
17/08/2017	JG to distribute gateway 6 presentation.	JG	complete	
17/08/2017	Board members to email Jacob Goodman to organize MRI optimization team to visit trust.	ALL	On Going	
17/08/2017	John Hines to write to each Trust Cancer Lead Clinician on how they complete Recovery Package Summary	JH	01/12/2017	
17/08/2017	Board members to discuss Prostate one stop 'how to' guide with trust and email Jacob Goodman if would like support in setting up service from London Cancer	ALL	On Going	

1. Renal Guidelines

Discussion points:

- Ravi Barod, renal cancer lead at Royal Free Hospital presented the updated renal cancer and upper tract TCC guidelines.
- The initial pathways were agreed by the urology pathway board (UPB) three years ago and there have been some updates since then ratified by the UPB.

- John Hines highlighted that the newly presented pathway does not have a timeline, and has asked Ravi Barod to add the timeline.
- Meeting the 62-day cancer waiting times targets for renal cancer/upper tract TCC across the network remains an issue.
- For Upper Tract TCC, the new pathway states that a tissue diagnosis or two out of three of cytological confirmation, radiological confirmation, or endoscopic visual confirmation are needed before patients are referred to the specialist centre. Getting to this point before day 38 of the pathway would be required. The new timed pathway will also have to incorporate the new 28-day target from April 2020.
- One issue that needs resolution is whether upper tract biopsy should be undertaken locally by referring trusts or centrally by the Royal Free surgical centre. Upper tract biopsy is a complex procedure requiring specialist surgical skills and specialist equipment that may not be available at all trusts with a local (renal) urology MDT. However, these biopsies are part of the diagnostic pathway which would usually be undertaken locally. Additionally, treatment is sometimes possible at the time of biopsy. Clearly this is a complex clinical situation, and may involve many steps.
- The Renal Cancer Surgical Centre was commissioned to perform radical nephrectomies, partial nephrectomies and complex nephron-sparing cancer surgery and radical nephro-ureterectomies. It was not commissioned to perform diagnostic ureteroscopic surgery or local treatment of upper tract TCC for the LC system. However, the Centre may extend its role in this area if that is of patient and pathway benefit, within a newly agreed pathway.
- A list of trusts which can offer TCC diagnostic ureteroscopies needs to be established. It is apparent that few trusts can deliver this service in a timely fashion.
- Ravi Barod also commented that most urologists currently performing ureteroscopies are stone surgeons, not job-planned to participate in cancer mdt/smdts.
- Overall, the board agree that the new renal guidelines are suitable once the timelines have been added to the pathway. John Hines suggested that the Royal Free specialist centre arrange an Upper Tract TCC pathway improvement meeting to discuss the above issues.
- Ravi Barod highlighted that RMPartners have agreed to share the *London Cancer* Renal guidelines once they are finalised.

ACTION: Ravi Barod to include a timeline on the new renal cancer pathway
Develop a list of trusts who can offer ureteroscopies as part of the Upper Tract TCC timed pathway within the timeframes agreed
Royal Free sMDT team to visit trusts within London Cancer to discuss the new Upper Tract TCC timed pathway.
Royal Free sMDT team to organise an Upper Tract TCC pathway improvement meeting at the end of April

2. Pan Vanguard Prostate Pathway

Discussion points:

- John Hines presented the new pan vanguard prostate timed pathway which is currently being finalised and will be distributed to all cancer alliances across England in April.
- Alex Freeman, Pathologist at UCLH stated that locally they are agreeing new timeframes for prostate biopsy histology. At UCLH a 5 working day turnaround would be possible.
- John Hines introduced two proposed guidelines for taking patients off the target prostate pathway:

1. If a patient is referred with a proven urinary tract infection or an infection is diagnosed before biopsy, they should be taken off the 2WW pathway. This must be communicated to the GP immediately. The patient must not be discharged but investigated urgently. The infection should be treated. After treatment of the infection if the PSA remains high or there are any other reasons to suspect a diagnosis of prostate cancer, investigation following the pathway must proceed. Prostate biopsies must not be undertaken if there is evidence of infection. Implementation of this pathway will need agreement by the MDT on an individual patient basis.
2. If prostate biopsies are discordant with imaging, a diagnosis of cancer has not been made and the patient should be taken off the 2WW pathway. The patient must not be discharged and must be investigated further. This will most commonly involve further biopsies, possibly after imaging, 6 – 12 weeks later. Implementation of this pathway will need agreement by the MDT on an individual patient basis.

It was agreed by the board that these are clinically appropriate. These will be included into the new prostate diagnostic guidelines currently being developed.

3. Bladder Cancer Guidelines

Discussion points:

- The updated Bladder cancer guidelines have now been finalised and signed off by the pathway board.
- These will be updated onto the London Cancer website.

4. Stratified Follow Up

Discussion points:

- Stratified follow up in NCL went 'live' in October 2017 which means that patients will soon start to have their 6 months PSA follow up under the new system.
- Currently there is a safety net audit being kept within secondary care to ensure these patients are not lost.
- Sharon Cavanagh will be presenting an update to the NCL cancer commissioning board on 12th March, currently they are not aware of any patients who have been discharged into primary care. Sharon will be liaising with trusts to find out how many patients have been put on stratified follow up.
- Gillian Smith suggested updating communication to providers regarding stratified follow up reminding them that the system is now live. Sharon Cavanagh stated that she will be communicating with all trusts in NCL.
- North Middlesex have been referring patients to stratified follow up and asked Sharon to liaise with the trust.
- Sharon Cavanagh explained that the patient experience and user involvement team will be reviewing the information provided to patients along the current timed pathway. Hilary Baker will be leading on this and will present back to the pathway board.
- IG issues have delayed the implementation of the 'safety-net audit'.

5. AOB

Discussion points:

- MDT Improvement – UCLH sMDT will be trialling a period of protocolisation looking at decision making for post RALP patients. If this trial period is successful then these patients will not be discussed at the

SMDT meeting but will remain on the agenda and audited. Patient representatives are happy with this approach.

6. Next Meeting

16:30 – 18:00 on Thursday 17th May 2018 Boardroom, UCLH @ Westmoreland Street, London, W1G 8PH

7. ACTION LOG

Action reference	Action	Owner	Date Due	Status
17/08/2017	Board members to email Jacob Goodman to organize MRI optimization team to visit trust.	ALL	On Going	
17/08/2017	Board members to discuss Prostate one stop 'how to' guide with trust and email Jacob Goodman if would like support in setting up service from London Cancer	ALL	On Going	
01/03/2018	Timeline to be added to the new renal timed pathway	RB	01/04/2018	
01/03/2018	Develop a list of trusts who can offer ureteroscopies as part of the Upper Tract TCC timed pathway within the timeframes agreed	RB	15/04/2018	
01/03/2018	Royal Free sMDT team to visit trusts within London Cancer to discuss the new Upper Tract TCC timed pathway.	RB/GS	01/06/2018	
01/03/2018	Royal Free sMDT team to organise an Upper Tract TCC pathway improvement meeting at the end of April	RB/GS	30/04/2018	

Attendees

Name	Role	Trust/Organisation
John Hines	Chair	London Cancer
Jacob Goodman	Project Manager	London Cancer
Sharon Cavanagh	Programme Lead – MICA	UCLH CC
Rosie Batty	General Manager	UCLH
Gillian Smith	Urologist	Royal Free
Veronica Brinton	Patient Representative	
John Sandell	Patient Representative	
Alex Freeman	Pathologist	UCLH
Harshawardhan	Urologist	North Middlesex

Name	Role	Trust/Organisation
Godbole		
Ravi Barod	Urologist – Renal Lead	Royal Free

Apologies

Name	Role	Trust/Organisation
Luis Beltran	Pathologist	Barts Health
Asif Muneer	Urologist – Penile Cancer Lead	UCLH
Caroline Moore	Urologist – MRI sub group Lead	UCLH
Jeevan Kumaradevan	Radiologist	Whittington
Hilary Baker	CNS	UCLH
Reena Davda	Oncologist	UCLH
Christine Moss	GP	The River Surgery
Greg Shaw	Urologist	UCLH
Jane Smith	Patient Representative	