

Meeting of the *London Cancer* Urology Pathway Board

Date: **May 11th, 16:30 – 18:00**

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

Chair: **John Hines**

1. Welcome and introductions and Minutes from last meeting

- John Hines welcomed members of the board, introductions were made and apologies heard. Minutes of the last meeting were accepted as an accurate record with minor amendments made.

2. Gateway 5 – Bladder/Prostate

Discussion points:

- Currently the Gateway 5 assurance document for the reconfiguration of Prostate and Bladder cancer surgery is being completed. This will be presented to the Cancer Vanguard Board 16th May 2017 and is due to be finalised and sent to NHSE.
- This document will be circulated to the board once completed.

ACTION: Jacob Goodman to circulate Gateway 5 Assurance document to board once finalised.

3. Stratified Follow-Up

Discussion points:

- Sharon Cavanagh was not present so there was a limited discussion.
- John Hines, who also works on the project informed the Board that the intended implementation date in NCL (where Primary Care had decided to provide the service) of 01.04.2017 had been moved to 01.06.2017 because not all CCGs were ready. The implementation date 06.06.2017 has not, however, been confirmed and it is likely more time will be required.
- Trusts in NEL are working towards providing this service.
- A decision from PAH/West Essex is awaited.

4. Prostate and Bladder Timed Pathways

Discussion points:

- Bladder timed pathway was presented to the board, this is due to be circulated, and the board to send changes back to Jacob Goodman to be ratified at the next pathway board meeting.
- Luis Beltran, pathologist felt that Cytology should not be included in the Bladder pathway as it not sensitive enough as a diagnostic test.
- IVU will be replaced by CTIVU or CT Urogram.

- Currently, UCLH Cancer Collaborative is working with their Vanguard partners on creating and implementing a new optimal timed pathway for Prostate patients. The task group have already met and the second meeting is due on 25th May 2017. This will be tightening the pathway and once completed will be shared with the board
- Ashoke Roy, explained that RFH have tightened their pathway by implementing a structured one stop clinic for Prostate patients. This has enabled them to refer patients for specialist treatment by day 30 on the pathway. One major factor in this is that they are able to turn pathology round in 72 hours.
- Anand Kelkar highlighted issues at BHRUT in meeting the day 38 target for referral to specialist centre – major factors in this is due to capacity.
- RFH use the MRI protocols established by PROMIS, the radiologists who report these images are the same who attend the MDT – therefore they are specialist enough to trust the report. RFH offer TRUS and fusion biopsies on the same day – template biopsies can be offered within a week.

ACTION: Jacob Goodman to distribute Bladder timed pathway for comment.

5. Brachytherapy Sub Group

Discussion points:

- John Hines highlighted that, as a network each trust should continue to refer patients to Bart's Health, on a patient basis, or to other providers such as Southend, Mount Vernon or the Marsden
- Bart's Health is not currently able to take on the role of the Low-dose Brachytherapy Centre for London Cancer, and can choose to turn down referrals if they wish.

6. Research Sub Group

Discussion points:

- Greg Shaw, Research lead for the board asked for open studies to be sent to him, he has had a couple of emails from RFH with this information.
- As a network we are research active and are performing well as a network.
- Asif Muneer highlighted that UCLH have recently opened a Penile cancer study – he will send the details to Greg Shaw.
- Once all active treatments in our network have been populated this will be maintained and the aim is to have this visible to patients.
- This will be visible on the UCLH Cancer Collaborative website.
- Greg Shaw asked the board to continue to send a list of active treatments to him.

ACTION: Asif Muneer to send details of Penile trial at UCLH to Greg Shaw

7. Treatment Summaries

- Treatment summaries are currently not being captured by the COSD national data set, as a network we seem as though we are not offering patients treatment summaries.
- Every patient is meant to have a treatment summary, however in the first 3 months of 2017 as a network over 600 patients were treated and only 1 treatment summary was recorded.
- Treatment summaries need to be recorded on Infoflex/Somerset in order for them to be visible to the national team.
- Helen Saunders mentioned that the breast team have drafted 'what a good treatment summary looks like' – this could be developed for Urology

- Hilary Baker and James Green are currently leading on a piece of work focussing on treatment summaries.

ACTION: John Hines to approach Hilary Baker and James Green regarding their work on treatment summaries.

8. Patient Information Leaflet

- Helen Saunders presented the patient information leaflet.
- Veronica Brinton highlighted that patients need to understand the urgency of their referral Jane Smith agreed with this and suggested adding a column stating that the patient must attend at each point in the pathway where they would need to come to the hospital.
- John Hines, highlighted that ideally this leaflet would be handed out at the GP practice before the patient attended and that initially it was Claire Stevens idea to present patients with the 62 day timeline.
- Zereen Rahman-Jennings agreed that the leaflet should be distributed by the GP.
- Board agreed that more patient feedback was needed, to continue to survey with patients coming in for their first OPA.
- Helen Saunders and John Hines asked if board members would be able to survey with patients they see in their local hospital. The leaflet will be distributed and have asked for comments to be sent to Jacob Goodman.
- Helen Saunders, will present this leaflet to APPLE.

ACTION: Jacob Goodman to distribute patient information leaflet to board.
Board members to arrange patient information leaflet surveys to be carried out in local trusts
Helen Saunders to arrange visit to APPLE to present patient information leaflet.

9. AOB

- John Hines highlighted the lack of GP representation on the board and felt this should be addressed
- Greg Shaw, who has written Active Surveillance guidelines has asked for this to be discussed in the next pathway board – these have already been distributed to the board.

Next meeting date: 16:30-18:00, 17th August 2017, Boardroom, UCLH @ Westmoreland Street, London, W1G 8PH

ACTION LOG

Date Agreed	Action	Owner	Date Due	Status
02/02/2017	Sharon Cavanagh to revise stratified follow up guidelines and distribute to board.	SC	01/03/2017	Not complete
02/02/2017	Rebecca Sumner to investigate financial implications of stratified follow up to trusts and feedback to board. – Awaiting confirmation from finance team – to	RS	17/08/2017	Not complete

	feedback to board.			
02/02/2017	John Hines and Heather Payne to write to Barts Health CEO to ask if they are willing to provide low dose Brachytherapy for the London Cancer network.	JH/HP	01/03/2017	On hold, pending a decision about Radiotherapy provision in the system
02/02/2017	Each trust to send list of open trials to Greg Shaw and Jacob Goodman	ALL	On going	Not complete
11/05/2017	Jacob Goodman to circulate Gateway 5 Assurance document to board once finalised.	JG	01/06/2017	
11/05/2017	Jacob Goodman to distribute Bladder timed pathway for comment.	JG	01/06/2017	COMPLETE
11/05/2017	Asif Muneer to send details of Penile trial at UCLH to Greg Shaw	AM	01/06/2017	
11/05/2017	John Hines to approach Hilary Baker and James Green regarding their work on treatment summaries.	JH	01/06/2017	
11/05/2017	Jacob Goodman to distribute patient information leaflet to board.	JG	01/06/2017	
11/05/2017	Board members to arrange patient information leaflet surveys to be carried out in local trusts	ALL	17/08/2017	
11/05/2017	Helen Saunders to arrange visit to APPLE to present patient information leaflet	HS	17/08/2017	Complete

Attendees

Name	Role	Trust/Organisation
Jacob Goodman	Project Manager	UCLH CC
John Hines	Chair	<i>UCLH CC</i>
Ashoke Roy	Urologist	RFH
Helen Saunders	Programme Lead	UCLH CC
Victoria Wood	Respect -21	UCL
Veronica Brinton	Patient Representative	
Anand Kelkar	Urologist	BHRUT
Hiten Patel	Urologist	PAH
Rebecca Sumner	Service Manager	UCLH
Asif Muneer	Urologist – Penile Lead	UCLH
Fiona Bremmer	Project coordinator	UCLH CC
Zereen Rahman-Jennings	Macmillan Patient Experience and User Involvement Lead	UCLH CC
Kia Marie- Luke	MDT Co-ordinator	NMUH
Jane Smith	Patient Representative	APPLE
Jeevan Kumaradevan	Radiologist	Whittington
Greg Shaw	Urologist – Research Lead	UCLH
Luis Beltran	Pathologist	Barts Health

Apologies

Name	Role	Trust/Organisation
Gillian Smith	Urologist	RFH Trust Representative
Michael Aitchison	Urologist	RFH Renal Lead
Hilary Baker	CNS	UCLH
Christine Moss	GP	West Essex CCG
Lois Roberts	Divisional Manager	UCLH
Ceit Scott	General Manager	UCLH
Susan Donnelley	Manager	BHRUT
Sharon Cavanagh	Programme Lead	UCLH CC
John Sandell	Patient Representative	