

Meeting of the *London Cancer* Urology Cancer Pathway Board meeting

Date: Thursday 17th May 2018, 16:30-18:00

Venue: Boardroom, UCLH @ Westmorland 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.

Action Log:

Action reference	Action	Owner	Date Due	Status
01/03/2018	Timeline to be added to the new renal timed pathway	Ravi Barod	01/04/2018	COMPLETE
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 in the new timed pathway	Ravi Barod	15/04/2018	To be completed during trust visits.
01/03/2018	Royal Free sMDT team to visit trusts within London Cancer to discuss the new Upper Tract TCC timed pathway.	Ravi Barod/ Gillian Smith	01/06/2018	First trust visit with BHRUT has been organised for 18 th June
01/03/2018	Royal Free sMDT team to organise an Upper Tract TCC pathway improvement meeting at the end of April	Ravi Barod/ Gillian Smith	30/04/2018	COMPLETE

UCLH Cancer Collaborative brings together hospital trusts, GPs, health service commissioners, local authorities and patients across north and east London and west Essex.

Prof Kathy Pritchard-Jones – Chief Medical Officer
Naser Turabi – Programme Director

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Read our blog at www.uclh.nhs.uk/cancerblog

2. Quality Improvement Collaborative Proposal

Discussion points:

- Donna Chung presented the quality improvement collaborative proposal and the new public health England (PHE) prostate visualisation tool.
- The pathway visualisation tool has been developed by PHE and aims to show patient level data of the whole pathway for patients with cancer. We are the first alliance in the country that has been able to use this. The data currently looks at patients in 2013/14 but, once fully developed should be able to show 'real time' data.
- Donna Chung asked the board how they felt this tool could be best utilised to support quality improvement projects. Donna suggested holding a workshop to bring all relevant stakeholders together to discuss this.
- John Hines has been in discussion with colleagues across the network who feels a funded PHE fellow could be best placed to use this data and support improvement projects across the network.
- Donna Chung asked board members to feedback ideas on how this tool can be best utilised to support quality improvement projects and to highlight any registrars who may be interested in using this tool.

**ACTION: Pathway Board members to feedback ideas on how the prostate visualisation tool can be used to support pathway improvement projects to Donna Chung
Pathway Board members to feedback any registrars within their own trust who may be interested in having a log in for the pathway visualisation tool**

3. Chemotherapy in Prostate Cancer

Discussion points:

- John Hines highlighted to the board that the Prostate chemotherapy guidelines are currently being updated. Due to the increase in chemotherapy treatment for prostate patients these have developed over the past couple of years.
- Most significantly, guidelines will be established over the use of Degarelix which is a hormone drug. Once patients are treated with Degarelix and referred back to their GP to continue treatment, GPs are changing the drug used. This is currently being discussed at both the NCL and NEL primary care boards.
- Hilary Baker highlighted that this is a difficult injection which may be why GP practices are not using the drug however John Hines pointed out that it is important that patients have access to this treatment as some studies have shown that it improves survival by 10 months.

ACTION: Prostate chemotherapy guidelines to be completed and presented at the next pathway board meeting

4. National Prostate Faster Diagnostic Standard Timed Pathway

Discussion points:

- John Hines presented the new national prostate faster diagnostic pathway to the board. UCLH Cancer Collaborative, through its position within the vanguard helped NHS England to establish this new diagnostic pathway. The new faster diagnostic standard target will mean that patients will have to be informed of their diagnosis by day 28 in their pathway.

- One aspect of the pathway to highlight is that patients who present at their first OPA with a UTI can now be taken off the target pathway and followed up routinely.
- These pathways represent a lot of the developments around the use of MRI within the pathway that has been led by UCLH Cancer Collaborative. The 14 day diagnostic pathway included in the document is an example from Royal Free Hospital.
- Pathology turnaround times for Prostate biopsies have been highlighted as a particular issue for meeting this new pathway. Currently the turnaround times for biopsies at UCLH are 5 working days. Royal Free has a turnaround time of 2 working days.
- Luis Beltran highlighted that; currently at Barts Health this would not be possible.
- Rosie Batty highlighted that the reduction in waiting times at UCLH is because the service has taken responsibility of delivering the biopsy to the lab which is not sustainable in the long term.
- Kathy Pritchard-Jones is currently in discussions across the alliance in regards to establishing a new Pathology ERG. John Hines to feedback these concerns about waiting times to Kathy.
- John Hines and Jacob Goodman will be meeting with trusts over the coming months to discuss how each trust plans to implement this new pathway.

ACTION: Jacob Goodman and John Hines to meet with trusts to discuss the implementation of the new prostate timed pathway
John Hines to feedback concerns around pathology waiting times to Kathy Pritchard-Jones

6. MRI Sub Group Update

Discussion points:

- Louise Dickinson provided an update on the work being carried out by the MRI sub group.
- This work, primarily being led by Dr Shonit Punwani aims to standardise MRI quality and reporting across the network.
- Currently we are seeing a variance in the quality of MRI scans across the network. UCLH, as the tertiary centre often reviews scans from across the network. An audit of a months' worth of referrals showed that 80% of MRI scans were not of sufficient quality and needed re-imaging.
- It is important that the quality of MRIs is optimised as the new national timed pathway expects patients with a negative MRI to be removed from the target pathway.
- A new MRI Physicist has just been recruited to who will be leading a project on optimising MRI scanners protocols for prostate imaging across the network. Visits have already been carried out at BHRUT, Whipps Cross and Newham.
- BHRUT are keen to improve the quality of their scans, however, they currently have two MRI scanners both of which produce a different quality of scan. Whipps Cross have recently procured a new MRI scanner, once this is 'live' MRI quality should improve as this will provide the time and capacity for the radiological team to implement the new protocols.
- Alongside this a meeting has been arranged by Dr Clare Allen, where all radiologists working within Urology MDTs have been invited to discuss the improvement and standardisation of MRI reporting. This meeting will be held on 20th June.
- A national consensus report, supported by *London Cancer* has also recently been published; this provides a new national consensus on how to deliver prostate MRI to the best quality.

- John Hines highlighted the importance of this work and that Radiologists across the network should be working more collaboratively with each other which has shown benefits for surgeons.
- Louise Dickinson stated that a long term aim for the sub group is to establish a network of radiologists who are able to report scans from across the network remotely. This could be done using MIMS software.

7. Stratified Follow Up

Discussion points:

- Sharon Cavanagh provided an update on the stratified follow up of prostate patients. The primary care delivered model started in NCL in October 2017. This is an ongoing process to get this system established and set up; unfortunately however the NCL steering group has been lost that was beneficial at driving this new service through.
- Feedback received from CCGs is that patients are not being referred back to primary care.
- A safety-net audit has been put in place within secondary care. When GPs confirmed that they had received a referral back to primary care for stratified follow up – patients would be added to this audit. These patients will also be discussed at MDT to provide a further safety net.
- Another comms push within NCL will be had to inform clinicians that this service is now up and running.
- Jane Smith highlighted that at a recent APPLE meeting patients stated that they were unable to get their PSA outcomes from GP practices. GP receptionists refuse to provide this information to patients who are unable to know the outcomes from their PSA tests.
- John Sandell highlighted that the new data protection laws may mean that you will need to arrange an OPA with your GP to be told your PSA score.

8. Renal Guidelines

Discussion points:

- Ravi Barod presented the new renal guidelines and timed pathways. These guidelines were originally developed in 2013, when the service at Royal Free was established.
- The guidelines were originally presented at the last pathway board meeting, these have now been updated to include timelines on the timed pathways for upper tract TCC and renal cancers.
- New guidelines state that for patients with a small renal mass, all patients should be referred to Royal Free for biopsy.
- The Royal Free will be organising bi-lateral meetings with all trusts to discuss the new timed pathways in detail.
- John Hines concluded that the board were happy to sign off the renal timed pathway.
- Ravi Barod introduced the Upper Tract TCC timed pathway; these patients require a complex diagnostic test called a ureteroscopy. Royal Free does not currently have the capacity to offer this service for the whole network.
- As part of the bi-lateral meetings an agreement on if a service can provide ureteroscopies locally or need to be referred to Royal Free will be made.
- Pathway board are happy with the Upper Tract TCC timed pathway.
- Royal Free are continuing to collaborate with the other renal centres across London. Both Royal Marsden and Guys have stated they are happy to share the guidelines and pathways developed at Royal Free.
- Ravi Barod introduced the new renal cancer follow up guidelines – these were signed off by the pathway board.

9. Pathway Board Structure

- John Hines explained to the board that the UCLH Cancer Collaborative team are currently reviewing the existing process for pathway boards and board meetings.
- It was proposed to the board that, in the future, the pathway board may move towards having targeted meetings, aligning to specific projects. The board were happy with these proposed changes.
- John Hines asked the board to email Jacob Goodman with any other ideas on how the pathway board could be improved

ACTION: Board members to email Jacob Goodman with ideas on how the pathway board could be improved.

Next meeting date: TBC

ACTION LOG

Date Agreed	Action	Owner	Date Due	Status
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 in the new timed pathway	Ravi Barod	01/09/2018	To be completed during trust visits.
01/03/2018	Royal Free sMDT team to visit trusts within London Cancer to discuss the new Upper Tract TCC timed pathway.	Ravi Barod/ Gillian Smith	01/09/2018	First trust visit with BHRUT has been organised for 18 th June
17/05/2018	feedback ideas on how the prostate visualisation tool can be used to support pathway improvement projects to Donna Chung	All	01/08/2018	
17/05/2018	feedback any registrars within their own trust who may be interested in having a log in for the pathway visualisation tool	All	01/08/2018	
17/05/2018	Prostate chemotherapy guidelines to be completed and presented at the next pathway board meeting	John Hines	16/08/2018	
17/05/2018	Jacob Goodman and John Hines to meet with trusts to discuss the implementation of the new prostate timed pathway	Jacob Goodman/ John Hines	01/09/2018	
17/05/2018	feedback concerns around pathology waiting times to Kathy Pritchard-Jones	John Hines	01/06/2018	Completed

Attendees

Name	Role	Trust/Organization
John Hines	Chair	UCLH Cancer Collaborative
Jacob Goodman	Project Manager – <i>London Cancer</i>	UCLH Cancer Collaborative
John Sandell	Patient Representative	
Louise Dickinson	Radiologist	UCLH
Veronica Brinton	Patient Representative	
Rosie Batty	General Manager	UCLH
Luis Beltran	Pathologist	Barts Health
Jane Smith	Patient Representative	APPLE
Donna Chung	Head of Centre for Cancer Outcomes	UCLH Cancer Collaborative
Ashoke Roy	Urologist	Royal Free
Ravi Barod	Urologist – Renal Lead	Royal Free
Sharon Cavanagh	Programme Lead - MICA	UCLH Cancer Collaborative
Hilary Baker	CNS	UCLH

Apologies

Name	Role	Trust/Organization
Gillian Smith	Urologist	Royal Free