

Meeting of the *London Cancer* Urology Pathway Board

Meeting to be held between 16:30 – 18:00 on Thursday 16th November 2017 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 with minor amendments made.
- The board agreed that pathway board membership should be reviewed and members who have not attended the past few meetings should be emailed to see if they would like to continue being part of the board.
- ACTION LOG:

Date Agreed	Action	Owner	Date Due	Status
02/02/2017	Each trust to send list of open trials to Greg Shaw and Jacob Goodman	ALL	On going	GS was not in attendance at meeting
11/05/2017	Asif Muneer to send details of Penile trial at UCLH to Greg Shaw	AM	01/11/2017	GS was not in attendance at meeting
17/08/2017	NCL board members to relay financial implications of stratified follow up back to trust.	ALL	01/10/2017	JH asked board members to feedback any financial implications raised by NCL trusts.
17/08/2017	JG to distribute gateway 5 presentation.	JG	15/10/2017	Board agreed that Gateway 6 should be distributed to the board in December once presented to the Cancer Vanguard Board.
17/08/2017	MDT scorecard to be an Agenda item for November meeting	JG/JH	01/11/2017	Defer to next meeting
17/08/2017	Sharon Cavanagh to send lymphoedema audit to Urology leads across London Cancer.	SC	01//11/2017	Completed

1. Prostate Pathway Improvement

Discussion points:

- Veronica Brinton raised a concern regarding a patient who had recently been diagnosed and treated for Prostate cancer in London Cancer. Raised concerns about the communication with the patient. John Hines stated that he would investigate the patient's pathway to ensure that as a network we learn from this case.
- John Hines presented a brief overview of the Prostate pathway improvement programme that is currently being carried out by London Cancer. This includes: establishing a pan vanguard prostate timed pathway; supporting the roll out of prostate diagnostic one-stop services and the MRI optimisation project.
- The board reviewed the recently proposed pan vanguard timed pathway. This work is being led by Manchester with collaboration from London Cancer and RMPartners. The proposed pathway shown to the board was branded as the proposed GM pathway – the board felt that the branding of the pathway should be the national cancer vanguard.
- The MRI optimisation project, being led by Dr Shonit Punwani is in the process of recruiting a 3 year medical physicist post to support the improvement of MRI quality across London Cancer. The sub team have already visited BHRUT and Whipps Cross hospitals. The modifications to the protocols used have already shown improvements to the quality of scans at both of these trusts. This means that these scans are now close to being of 'diagnostic' quality.
- Running alongside this project, Dr Shonit Punwani has led a national consensus meeting aiming to define the use of MRI in diagnosing prostate cancer. The outcome of this consensus meeting will be published soon.
- London Cancer, alongside colleagues from UCL is funding another MRI masterclass which will be held in early 2018, details of the course will be sent to the board once confirmed.
- The One –Stop 'how to' guide established to support trusts in implementing one stop diagnostic services has been distributed to the board. John Hines urged board members to review with their local teams and email Jacob Goodman for support in the setting up of these clinics. This guide was based on the successful implementation of one stop services at Royal Free. Royal Free are now treating 90% of their patients within 62 days of GP referral. If all trusts across London Cancer were to reach this standard it would save 100 breaches a quarter across the network. John Hines highlighted the importance of this in relation to receiving transformation funding from NHSE to support innovation across the network.
- Jeevan Kumaradevan highlighted that he would be keen to invite the MRI optimisation team to Whittington.
- Luis Beltran suggested that pathology turnaround times are an obstacle to trusts in meeting the 62 day cancer target for Prostate patients. The board felt that a letter of concern should be sent to the executive leads at both Barts Health and UCLH regarding pathology waiting times which have got worse in recent years. This letter will be co-written by the patient representatives.
- Jacob Goodman suggested organising a pathology network meeting to discuss pathology concerns across the network. Luis Beltran agreed this would be a good idea

ACTION: MRI Optimisation team to visit Whittington Hospital

Patient representatives to write to pathology executive leads voicing their concerns regarding prostate biopsy turnaround times at Barts Health and UCLH
LB and JG to organise pathology network meeting.

2. Updated Renal Pathways

Discussion points:

- Prasad Patki, Consultant renal surgeon at Royal Free could not attend the board meeting today to present the updated renal pathways. These will be sent to the board for comment once completed.
- NHSE have raised concerns about the renal pathway within London Cancer. In response to this two diagnostic pathways are being established at Royal Free to outline clearly what they pathway should look like.

ACTION: JG to circulate renal pathways to board members for comment once received from RFH

3. Bladder Cancer Pathway Improvement Meeting

Discussion points:

- London Cancer will be holding a bladder cancer pathway improvement meeting on the 8th December 2017. Invitations have been sent out to the pathway board.
- John Hines stated that currently bladder cancer patients with aggressive tumours who need to be referred to UCLH for treatment are seen in the 1 of the 3 SMDT clinics across the network. One proposal that will be made at this meeting is to suggest that these patients get referred directly to UCLH following SMDT discussion to take a step out of the pathway. If chemotherapy is required before surgery this will be completed locally. The board agreed with this suggestion.
- The board also felt it would be useful to discuss potential protocolised pathways for bladder cancer MDT decisions.

4. MDT Improvement

Discussion points:

- London Cancer published an MDT Improvement report in May 2017 that has previously been discussed at the pathway board. One recommendation made in this report is to develop a set of protocolised pathway guidelines so that not all decisions on patient pathways are made at the MDT meeting. This will shorten the patient pathway and reduce the number of cases discussed at MDT leaving more time to discuss 'complex patients'
- The board agreed with the development of these guidelines and suggested forming a sub group. It was also suggested that MDT members should be asked how they feel the MDT meetings could be improved.

ACTION: JG to email board members asking if anyone would be interested in joining the MDT Improvement sub group

5. Prostate SMDT Clinics

Discussion points:

- Part of the reconfiguration process was that three parallel running SMDT clinics would be established across the network. NHSE felt it was important that these clinics run in the same way.
- UCLH SMDT clinic will soon have oncological support meaning all patients will be able to see a surgeon and oncologist on the same day.
- BHRUT SMDT clinic has now been established and patients will no longer be required to be seen at UCLH before surgery.
- The board agree that the 3 parallel running SMDT model should continue.

6. AOB

Discussion points:

- Jane Smith provided feedback from APPLE who was recently invited to libraries in Redbridge to discuss prostate cancer with the local population. The main feedback from these sessions was that men still do not attend the GP if they have symptoms.
- It was also highlighted that men who have had radical prostatectomies 10-15 years ago are still have issues such as incontinence. It was highlighted that GPs do not have the specialist knowledge to address these issues and patients need to be referred back to specialists.

7. Next Meeting

Thursday 15th February 2018; 16:30-18:00; Boardroom, UCLH @ Westmoreland Street, 16-18 Westmoreland Street, London, W1G 8

ACTION LOG

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02/02/2017	Each trust to send list of open trials to Greg Shaw and Jacob Goodman	ALL	On going	
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17/08/2017	NCL board members to relay financial implications of stratified follow up back to trust.	ALL	ON GOING	
17/08/2017	JG to distribute gateway 6 presentation.	JG	20/12/2017	
17/08/2017	MDT scorecard to be an Agenda item for November meeting	JG/JH	15/02/2017	
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	

Attendees

Name	Role	Trust/Organisation
John Hines	Chair	<i>London Cancer</i>
Jacob Goodman	Project Manager	<i>London Cancer</i>
Victoria Wood	Respect 21	UCL
Bethan O'Donnell	Project Manager	<i>London Cancer</i>
Jeevan Kumaradevan	Consultant- Radiologist	North Middlesex
John Sandell	Patient Representative	
Veronica Brinton	Patient Representative	
Jane Smith	Patient Representative	
Luis Beltran	Consultant-Pathologist	Barts Health

Apologies

Name	Role	Trust/Organisation
Rebecca Sumner	Service Manager	UCLH
Frank Chinegwundoh	Consultant-Urologist	Barts Health
Gillian Smith	Consultant-Urologist	Royal Free
Anand Kelkar	Consultant-Urologist	BHRUT
Christine Moss	GP	The River Surgery
Shonit Punwani	Consultant Radiologist	UCLH