

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

Date: **Thursday 16th May 2019, 16:00-18:00**

Venue: **East Meeting Room, 6th Floor, 250 Euston Road, WC1E 6AG**

Chair: **John Hines**

1. Welcome and introductions and Minutes from last meeting

- John Hines welcomed the group.
- The minutes of the last meeting were accepted as an accurate record of proceedings.
- Actions:
 - The chemotherapy guidelines have not been finalised due to the recent AUA meeting and upcoming ASCO meeting (31st May). They will be circulated following this.

2. Prostate Update

PSMA

- This facility is available at UCLH through a trial, and at the Royal Free for private patients.
- It is a more expensive test and not included in national guidelines so it is not available as standard.
- It is a sensitive staging test for metastatic disease and helps to ensure that patients receive the most appropriate treatment as it can detect smaller metastases.
- UCLH are close to finishing recruitment to the trial however there will likely need to be more research before this test eventually replaces a bone scan.

Post RALP pathway

- Hilary Baker raised this issue. The current pathway is that patients are offered the following post RALP (robotic prostatectomy):
 - Appointment at 2 weeks to remove catheter
 - Invitation to post-surgical seminar
 - Appointment at 4-6 weeks to discuss histology with surgeon
 - Appointment at 3 months with CNS to assess functional outcomes and complete the recovery package. If all is well at this point the patient will be referred to their local Trust for follow up appointments and PSA testing at 6, 9 and 12 months.
 - Patients are informed of this pathway before treatment to help manage expectations.
- The initial commissioned pathway was that patients would have all of their follow up locally, however the pathway has evolved into the above due to clinical reasons. This is consistent with the renal pathway follow up arrangements at the Royal Free.
- The Whittington have questioned whether the whole first year of follow up should be at UCLH.

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

- Referring Trusts fed back that the timeliness of communication back from UCLH needs to improve. EPIC should help to support this.
- The board discussed whether it would be possible to proactively book the appointments for patients at their referring Trusts prior to discharge from UCLH. This is currently an approach that the Homerton take. There are some cases where a patient needs to see an oncologist after the histology is available which could change the timing of appointments but it was felt that it would be easier to move this for some patients rather than booking appointments at relatively short notice for all patients.
- It is important that the patient has been told of their histology at UCLH before an oncology appointment is made so the communication needs to be timely. Further oncology input would not be given until after the first PSA at three months.
- John Sandell questioned whether the catheter could be removed locally in order to reduce travelling. The positives and negatives of this were discussed.
- It was felt by the board as a whole that this would introduce too much risk into the current system and that it would be very challenging for referring Trusts to reliably arrange catheter removal and relevant associated tests two weeks following surgery. This is partly because there is more CNS staff with appropriate skills based at UCLH due to centralisation.
- It was agreed that the pathway should be re-written clearly, including the necessary communication points to referring Trusts and GPs.

ACTION: JH/HB to write up the post-RALP pathway including necessary communication points

Prostate biopsy meeting

- This meeting will be held on the 5th June. All Trusts from the network have been invited to attend.
- NICE guidelines
- John Hines presented a summary of the changes. Karen Tipples noted that low dose brachytherapy is not included as an option and it was agreed that the board should write to NICE about this.
- There was a question about active surveillance patients being discharged and the guidance for this however this is not clear in the guidance.
- Regarding changes in diagnostics it was felt that as a network we are ahead of the guidance.

ACTION: JH to write to NICE regarding guidelines and low dose brachytherapy

Prostate pathway review

- A review led by Prof Muntzer Mughal has been underway. Representatives from all Trusts have been interviewed. The report is due to be published at the end of May.

3. Update on Cancer Alliance Governance and Cancer Waiting Times

- Helen Saunders gave an update on the changes in the cancer alliance. From April 2020 there will be two Alliances, North Central London and North East London. The two alliances will continue to work jointly on pan-NCEL pathways. All of the pathway boards will be reviewed to ensure that they are well linked into the new governance structures.
- Helen Saunders gave an update on the new faster diagnosis standard and important aspects to consider for urology pathways.
- It was felt that teams should wait for histology before confirming a diagnosis of bladder cancer. There were concerns about achieving the standard for upper urinary tract and bladder cancer pathways.
- In March 2019, NHS England published the Interim Report for the Clinically-led Review of NHS Access Standards. The document puts forward proposals to reduce the number of cancer standards from the current nine (10 with the introduction of the Faster Diagnosis Standard) down to three, to ensure focus on diagnosis and treatment. The report also states an ambition to reflect modern clinical practice and

increasing personalisation of treatment in the remaining standards. The specific reference to prostate cancer 'which is often slow-growing, and can be subject to over-treatment' was noted.

4. Stratified Follow Up

- Sharon Cavanagh gave an update. The stratified follow up group for NCL has been disbanded. Sharon Cavanagh asked the board to send data regarding patients that have been discharged. Sarita Yaganti has been appointed as the new stratified follow up lead.
- BHRUT are looking at an options appraisal for implementation. Barts is acute led. Homerton is looking to re-start their primary care model.
- Ashoke Roy fed back challenges had at the Royal Free. Ashoke Roy reflected differences in expectations between Trusts and CCGs. Patients get to the end of treatment and then have a period of follow up before being discharged to GP with information which has always been the pathway, however the new requirements of the discharge information is making this a challenge. CCGs are likely not logging these patients as stratified follow up patients as all of the required information is not included. This has been escalated within Trusts.
- Hilary Baker reflected on the importance of preparing patients in advance. The discussion about follow up arrangements should be had when treatment is being planned and should be included in patient information. Some patients may not have good relationships with GP if there has been a difficult diagnosis process. Hence importance of welcome appointment.
- Nikita Silhi fed back from the GP perspective. There have been occasions where GPs have written back asking for a HNA from the surgeon but have had no response. There is a need for more information in letters to GPs. It was recognised that information may have been provided in the past (e.g. during treatment) but GPs will still need it in the treatment summary.
- Sharon Cavanagh recommended conversations with commissioners regarding tariff for treatment summaries.
- Around 40% patients are suitable for stratified follow up – Ashoke Roy fed back that the Royal Free are considering investing in system for follow up for the other 60%.

7. Renal Cancer Update

- Axel Bex presented the gateway six review of renal cancer services reconfiguration.
- This included:
 - Progress made towards a more rapid pathway including specific imaging and AML pathways.
 - Development of follow up protocols and trialling of an app
 - Increasing number of patients (more than 2000 patients a year discussed at the MDT)
 - Good surgical outcomes and offering partial nephrectomy for more complex patients
 - Developing biopsy strategy - exploring how to avoid a biopsy for small tumours and keeping patients under observation however doing more biopsies in larger tumours and avoid unnecessary surgery
 - Cancer patient experience results are encouraging for information provision but there is room for improvement in terms of a clear point of contact

- The board discussed which patients should be referred to the Royal Free as the specialist centre. The importance of a 'go to' person was highlighted. KT questioned whether biopsies can be done locally for less complex cases. Axel Bex confirmed support of this.
- The board confirmed their support for this to be taken forward for gateway 6 approval.

ACTION: Gateway 6 for renal cancer to be taken to the appropriate governance forum for approval.

7. Testicular Cancer Service Provision

- There is a possible move towards doing RPLNDs and oncology at UCLH. There are 20-30 cases per year so important to be centralised.

8. AOB

- Veronica Brinton raised a question from a lead GP regarding referrals for other conditions following a PSA. JH to write to Kate Rees regarding this.
- John Hines asked whether the board would support an annual review meeting again this year. There was support to have it again with a provisional date of 12th Sept.

ACTION: JH to write to Kate Rees regarding referrals for other conditions following a PSA.

Next meeting date: 12th September, 16:30-18:00

ACTION LOG

Date Agreed	Action	Owner	Date Due	Status
17/05/2018	Prostate chemotherapy guidelines to be established	Costi Alifrangis/John Hines	16/05/2019	
28/02/2019	Quality of life to be included on next meeting's agenda.	Jacob Goodman	12/09/2019	
16/05/2019	JH/HB to write up the post-RALP pathway including necessary communication points	John Hines/Hilary Baker	30/06/2019	
16/05/2019	JH to write to NICE regarding guidelines and low dose brachytherapy	John Hines	30/06/2019	
16/05/2019	Gateway 6 for renal cancer to be taken to the appropriate governance forum for approval.	Axel Bex	12/09/2019	
16/05/2019	JH to write to Kate Rees regarding referrals for other conditions following a PSA.	John Hines	30/06/2019	

Attendees

Name	Role	Trust/Organization
John Hines	Chair	Barts Health/UCLH
Karen Tipples	Consultant Oncologist	Barts Health
Ashoke Roy	Consultant Urologist	Royal Free
Jane Smith	Patient Representative	APPLE
John Sandell	Patient Representative	
Veronica Brinton	Patient Representative	
Anne Carey	Deputy Chief Operating Officer	PAH
Nikita Silhi	GP	Enfield CCG
Axel Bex	Clinical lead for renal	Royal Free
Hilary Baker	Lead CNS	UCLH
Waseem Akhter	Consultant Urologist	PAH
Frank Chinegwundoh	Consultant Urologist	Barts Health
Helen Saunders	Programme Lead	UCLH CC
Sharon Cavanagh	Programme Lead	UCLH CC

Apologies

Name	Role	Trust/Organization
Rosie Batty	General Manager	UCLH
Gillian Smith	Clinical Director	Royal Free
Jacob Goodman	Project manager	UCLH CC
Victoria Wood	Respect-21	UCL