Peninsula Cancer Alliance

Meeting of the PCA Urology Site Specific Group

8th November 2017; 14:00-16:30

Lifton Farm Shop (Strawberry Fields Conference Room), Lifton, PL16 0DE

FREEDOM OF INFORMATION

This group will observe the requirements of the Freedom of Information Act (2000) which allows a general right of access to recorded information including minutes of meetings, subject to specific exemptions. No one present today had any objections to their names being distributed in the minutes.

Draft Minutes (To be agreed at the next SSG Meeting)

Chair: Rob Mason

Reference	
1.0	**Welcome and Introductions**: RM Please refer to separate attendance record via this link.
2.0	**Review of the previous meeting notes** (dated 19th April 2017)**;**
2.1	(2.2) CIS recording and tracking: RM wrote to Chris Harrison and is awaiting a response. It was agreed that CIS is clinically important and that robust MDT process must be in place to ensure that patients are followed up appropriately.
2.2	(3.)/3.1) Clinical Guidelines: refer to section 4.0 for an update.
2.3	The minutes were agreed and accepted as accurate.
3.0	**An update on the Prostate Cancer Pathway** (Presented by Nick Burns-Cox-NBC); 1. Refer to the presentation slides here.
3.1	For the Peninsula, the Cancer Alliance is supporting NBC to lead on the prostate pathway work alongside a project manager (to be announced shortly) and Paul Burns (radiologist). A histopathologist may also be appointed as the work progresses.
3.2	Standardisation of the prostate pathway does not mean that every Trust has to follow an identical patient pathway; the work will draw on the strengths of the services at local level and help providers to identify how they can maximise the effectiveness of their existing services and provide the identified steps within a specified and agreed timeframe.

3.3 John Renninson (JR) confirmed that he has written to the Medical Directors for Devon STP to request permission to develop a framework for MRI reporting. As the pathway develops, there will be an expectation of the reporting time frame and a need to look at the possibility of "pooling" scans across the Peninsula/having designated reporting sites/radiologists to report mpMRIs as a way to minimise reporting delays and maximise quality and consistency of reporting across the region.

3.4 It was acknowledged that Histopathology presents a greater challenge and there needs to be clarity of reporting at a local level to ensure that reporting errors are minimised and duplication of work is avoided.

3.5 NBC asked that one person from each Trust is identified as the direct link for the prostate pathway work and this was agreed as follows:

(i) Rob Mason (Torbay)
(ii) Liz Waine (Exeter)
(iii) Martin Moody (MM-North Devon)
(iv) Paul Hunter-Campbell (Plymouth)
(v) Cornwall (RCH) TBC.

3.6 **Action**: NBC to confirm a representative from RCH.

3.7 It was agreed that there also needs to be an agreed criteria for which patients are referred for a bone scan (ideally a South West wide Bone Scanning Policy).

3.8 **Action**: NK to liaise with NBC/ Urology MDT Leads regarding bone scan criteria.

4.0 **Clinical Guidelines**

MM recently undertook a peer review in the West Midlands and noted the clinical guidelines produced by the West Midlands Urological Cancer Expert Advisory Group were of a very good standard.

4.1 In the absence of any up-to-date shared clinical guidelines for the Peninsula, MM has confirmed that the West Midlands Group is happy for the PCA Urology SSG to replicate their guidelines.

4.2 **Action**: NK to edit the existing West Midland guidelines and circulate to all Urology MDT Leads for comment prior to the next SSG.

5.0 **Service Development**

The supportive self-management/watchful waiting work undertaken at the

Royal Cornwall Hospital was shared with the group. The hospital currently has approximately 1,000 men registered to the scheme which enables patients to look up their own PSA results via a web-based tracker, as well access online resources, including electronic health needs assessments (eHNAs) and workshops.

5.1 Funding for the scheme (for 2 years) was provided by the Movember Foundation and Prostate Cancer UK. The scheme was rolled out across 5/6 sites in the UK. The funding covered the costs of web hosting as well as a band 4 support worker and 0.2 WTE CNS to support the project.

5.2 Although the funding has recently come to an end, RCH has now made the band 4 post substantive and the costs required to continue the web based scheme is under discussion with commissioners.

5.3 Southampton University undertook an evaluation of the scheme (entitled the "True North" programme); results are pending publication.

5.4 It is estimated that the costs for supported self-management as an alternative to traditional outpatient follow up pathways are around 50% less and result in increased patient satisfaction.

5.5 Cornwall reported that the workshops and support worker role had had the most impact on their patients and that concerns about older patients not engaging with a web-based portal were unfounded.

5.6 JR explained that in the future, CCGs will look at best value/evidence based follow ups and if patients are being followed up by clinicians where there is no justification for doing so, funding will be reduced accordingly.

5.7 It was suggested that Trusts start to develop a discharge criteria for patients on PSA tracking.

5.8 Discussion also arose about the challenges arising from Trusts across the Peninsula using different IT systems for tracking (such as Infoflex/iQudos/SCR).

6.0 **Muscle Invasive Bladder Cancer** (presented by Liz Waine)

(i) Refer to presentation slides available here.

7.0 **Living With and Beyond Cancer**-presented by Moira Anderson

(i) Refer to presentation slides available here.

8.0 **Urology Research Update** (presented by Rob Mason on behalf of Mohini

Varughese).

(i) Refer to presentation slides available here.

9.0 **AOB**

JR reminded the group that one of the priorities for the Cancer Alliance is the importance of health care professionals in secondary care engaging with patients on disease prevention /health promotion at every available opportunity. Patients who are seen in clinic for suspected cancer are likely to be very receptive to life style advice/guidance/signposting.

9.2 (For further information on the "*Making Every Contact Count*" initiative, please follow this link.).

9.3 Dave Rundle (Patient Representative) thanked the group for an informative meeting.

9.4 **Action**: NK to add MECC to the agenda for the next SSG meeting.

10.0 **Date of next SSG Meeting**

Wednesday 16th May 2018 (Details TBC).

Urology SSG Summary of Actions Arising

Reference	Subject matter	Action
3.9	Prostate Cancer Pathway Work	NBC to confirm a representative from Royal Cornwall Hospital to act as the main contact for the Prostate Pathway work.
3.8	Access to Diagnostics	NK to liaise with NBC/ Urology MDT Leads re: formulating an agreed bone scanning criteria.
4.2	Clinical Guidelines	NK to edit the existing West Midlands Clinical Guidelines and circulate to all Urology MDT Leads for comment prior to the next SSG.
9.3	Prevention/Early Diagnosis	NK to add MECC to the agenda for the next SSG meeting.