Peninsula Cancer Alliance

Meeting of the Peninsula Cancer Alliance Urology Site Specific Group (SSG)

Wednesday 19 April 2017 (2pm-4pm) Burrator Room, Roadford Lake, Lifton, Devon, PL160RL

Attendees

Torbay and South Devon NHS Foundation Trust

Rob Mason (RM) Chair
Emma Wheatfill (EW)
Gillian Dell (GD)
Linda Welsh (LW)
Anna Lydon (AL)

Royal Devon and Exeter NHS Foundation Trust

Jane Billing (JB)
Claire Turner (CT)
Moira Anderson (MA)

Northern Devon Healthcare NHS Trust

Martin Moody (MM)
Catherine Dring (CD)

Plymouth Hospitals NHS Trust

Paul Hunter-Campbell (PHC)

Patient Representative

Dave Rundle (DR)

NHS England

Jonathan Miller (JM)
Lynne Kilner (LK)

Peninsula Cancer Alliance

Nina Kamalarajan (NK)

Draft Notes (to be agreed at next SSG meeting)

Item		Action
1.	**Welcome/Apologies** RM welcomed all to the meeting and introductions were made. Apologies from: Denise Sheenan, Seamus MacDermot, Jane Ripley and Jamie Dunn.	
2.	**Matters Arising and Actions from Previous Meeting** The minutes of the Urology NSSG held on 12 May 2016 were considered and there were no comments arising from these.	
2.1	RM confirmed that he has emailed Chris Harrison (National Clinical Director for Cancer Services NHS) regarding the tracking and reporting CIS against cancer waiting time targets. Currently awaiting a response, which he will forward in due course.	RM

2.2 **CIS recording**

EW noted that the majority are recording CIS as cancer but not reporting as a cancer for CWT purposes. It was discussed however that such patients will not therefore be tracked and escalated to treatment through the "31 day" target.

JM suggested a proposal to record CIS as cancer and asked the group to capture would they would like to do going forward.

It was discussed that tracking these patients provided a "safety net".

3. **Clinical Pathways**

It was agreed that the "old guidelines" for clinical pathways were being used, but that over time they will become unfit for purpose. It was discussed that guidelines undertaken by SWAG and at Oxford had been looked at and were well done.

RM asked if time and infrastructure could be given to enable the production of quality guidelines that could be shared on the network intranet.

3.1 Prostate Pathway – Pre-biospy MRI recommendations following PROMIS Trial. It was suggested that guidance regarding a prostate pathway for the Peninsula (to include possibly SWAG also) would be helpful and that it would be good to have as many trusts on board in this respect.

Clarity with regards to the aims of the pathway (i.e. "gold standard" or a financially achievable pathway) would need to be established; however it was commented that there may be some Trusts that are unable to follow the guidelines due to funding issues.

JM commented that there would be a commitment from the South West Alliances, including possible resources from Southampton to assist in developing the Prostate Pathway. It was acknowledged that there may be a gap in what the pathway says and what is achievable and this is something that the commissioners realise.

4. **Pre-Biopsy MRI**

Concern was raised as to the quality of MRI scanners and a lack of clarity as to the standards that are being achieved across the Peninsula.

There was a discussion regarding differing tariffs and it was suggested that this information should be captured in order to establish the current picture across the South West.

4.1 Concerns were raised as to the availability of additional funding for diagnostics; JM acknowledged that cost implications would be highlighted by providers. Torbay has anticipated that pre-biopsy MRIs would increase demand by 50%.

4.2 It was noted that there appeared to be differing utilisation of PI-RAD scores and what PI-RAD score triggers a biopsy.

Discussions also considered increases in cost and morbidity in relation to biopsies, as well as the potential adverse effects of general anaesthesia amongst the elderly population.

4.3 It was proposed that the quality of MRI reporting needs to be addressed and that proposed standards and guidelines could be discussed by the Radiologists with the purpose of adopting a consistent approach.

4.4 RM proposed that it would be helpful to gather information from Urologists across the network to create pre-biopsy MRI guidelines for the South West and to this end, SWAG have devised a pathway flow diagram which may be of assistance. ALL

4.5 Discussions arose regarding the percentage of patients with a negative MRI result, followed by a positive histology. It was proposed that it may be helpful to corroborate MV's data (CT did not add anything that pelvic MRI did not pick up) with Exeter's findings and present this to the commissioners.

4.6 PHT highlighted that PHT do not currently offer a pre-biopsy MRI pathway due to financial restraints and that they had been referring patients who have been requesting this pathway, elsewhere. Consensus at the regional meeting was that we need to be working towards pre-biopsy MRI.

JM highlighted that capacity has been raised as an issue and that there are considerable variations across the country.

5 **Peer Review (QST)**

EW confirmed that the next round of self-declaration needs to be completed (April-June) and uploaded to QSIS. The regional team will review by September and request any further information or evidence. We will then know if there will be any visits to the Trusts by December ALL

It was suggested that each MDT continues to produce their;

(i) Operational Policy
(ii) Work Programme
(iii) Annual Report

6 **Recovery Package**

To be implemented by 2020. The key areas are stratified care pathways, holistic needs assessment (implementation of electronic HNA), end of treatment summaries and health and wellbeing clinics/events.

6.1 The prostate stratified pathways are to be implemented by April 2018-this is on the work programme.

6.2 Discussions arose regarding standardised end of treatment summaries; who

will be responsible for these and what format they might take; barriers to this were identified predominantly as IT system difficulties and a current lack of infrastructure.

JM explained that we could bid for IT funding and also support for band 4 workers. Evidence from Bristol suggests that this can enable patients to be discharged earlier from follow up; however local data is needed to see if this matches national evidence.

7 **Clinical Trials**

Presentation by MV.

7.1 **Recruitment**: There has been a steady increase in recruitment to all Urology trials; we are currently the highest recruiting sub-speciality in the Network. However, it was noted that not all Trusts are necessarily aware of particular trials.

MV noted that if surgeons' mention a study to a patient they are much more likely to enter the study.

There are also online portfolio maps available on the South West Peninsula Research Network to see what trials are available to patients.

7.2 **Trials**: MV confirms that recruitment to the Add-Aspirin trial should be easier; this is open to anyone who has had radical treatment and should be discussed at MDTs.

RADAR trial open to recruitment (patients will need cystoscopy at Taunton). We are currently the second only to the Marsden in respect of recruitment numbers.

STAMPEDE: with the exception of Yeovil, every centre is over-recruited.

STAR TRIAL-MV asks all to think about recruitment.

DECTECT study now closed. Many teams were not aware of this study, which is a single urine sample for haematuria. DETECT 2 may be open to recruit to, MV to share information.

8. **AOB**

Concern was raised regarding a shortage of physics staff in Exeter-there may be a temporary hold on prostate brachytherapy until this is resolved.

8.1 PHT struggling with low dose brachytherapy-Bristol have some capacity.

8.2 Treatment for metastatic prostate ca: Radium 223-Some patients cannot travel to PHT-Exeter and Torbay would like to be able to offer in house. JM confirmed that he will follow this up with John Renninson. JM

8.3 Clarification required regarding the term of the Urology NSSG chair and

whether this is 2 or 3 years. There was general consensus that all were happy for RM to continue.

9 **Next Meeting**

The next meeting will take place in November 2017-details TBC. NK