

# Prostate pathway

# South West

# 8 November Peninsular SSG

Nick Burns-Cox

Consultant Urologist

- Represents a real opportunity
- Support of both alliances, cancer SSIs , specialist commissioners and NHS England.
- Real support in terms of Resources both financial, administrative and expertise
- A genuine wish for the pathway to be redesigned and implemented by clinicians

# Key aims

- Introduction of MP MRI across all providers. Access for all appropriate patients
- Standardisation of the radiology reporting etc, biopsy techniques, histological examinations and Tariffs.
- Patient selection guidance
- Key targets must be reached ie 31 and 62 day
- In the longer term reduced number of prostate biopsies due to MP MRI
- Standardisation of staging tests such as Bone scan, Pet (choline , Psma etc)

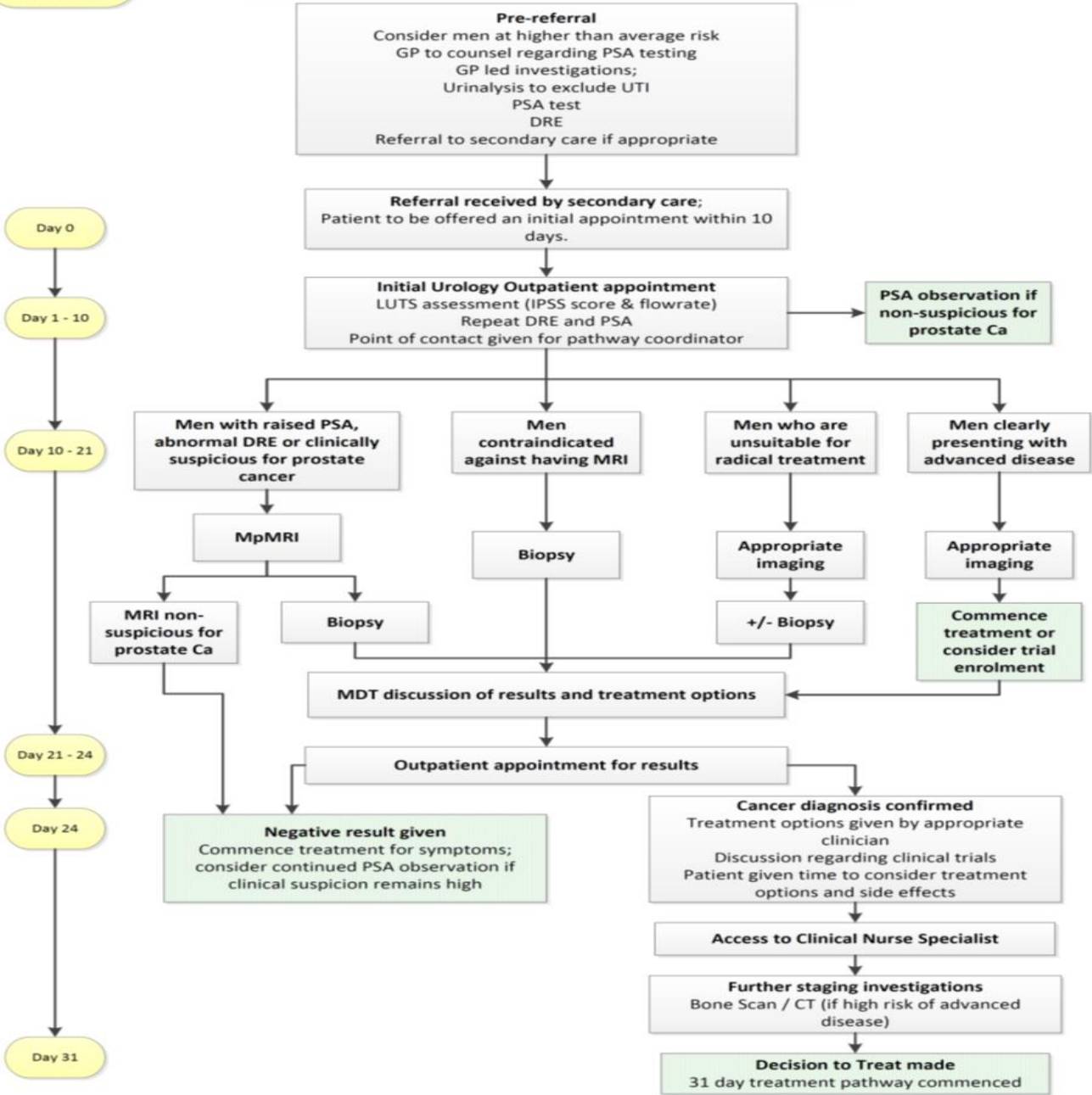
- Standardised principles and agreed timelines
- But
- **Different units may achieve these in different ways**

# November 2017

- To propose and achievable prostate pathway to Alliance, commissioners and NHS England
- For example

Recommended timeframes

### Prostate Cancer UK's Best Practice Diagnostic Pathway



# Methods

- 2 teams Raj SWAG and NBC Peninsular (and Taunton)
- Each team to have a radiologist with proven track record and training etc in MPMRI
- And Histological input
- Cancer alliance to provide admin support and project management etc

# Data collection and implemmentation

To identify a central person in each hospital probably a urologist (?mdt lead)

That person to identify a radiologist and histopathologist (local pathway team)

Send a pre visit questionnaire

We would then arrange to visit each hospital and meet with manager, specialist nurses radiologist , urologists etc (feb march)

Gather data , discuss proposed pathway, determine 'needs '



# Needs

- Staffing - Radiologists to determine training needs etc
- Facilities – Mri scanner and soft ware ?  
adequate
- Capacity- number of scanners
- Regional Data collection- Really important to determine accuracy of diagnostics only then can we propose non biopsy of patients based on MP MRI

# Achievable

- Will need considerable financial support for training and equipment. This is currently available (Alliance, NHS England)

- BUT

Radiology and Histology ? Will need to share expertise ie form clinical networks for timely reporting and training

We must meet the timing targets

Where appropriate standardisation - patient selection, Mri protocol and reporting, biopsy technique etc

- Questions
- Can we please identify a local prostate pathway lead in each hospital