Peninsula Cancer Alliance Update Nov 2018

UROLGY SSG

National Support Funding

NHS England has allocated National Support Funding (NSF) to the Peninsula Cancer Alliance (PCA) for 2018/19 a proportion of which (343k) will be used to develop the Prostate Cancer Pathway

The criteria for the use of this money is:

* Committed Meeting the 62 day standard and sustaining it;
* 100% implementation of the rapid prostate pathway in 100% trusts across the Alliance geography by March 2019;
* 100% implementation of clinical protocols and a system for remote monitoring to support stratification of breast cancer patients across the Alliance geography by March 2019.

NSF Delivery Plan

* Extend Prostate Pathway Steering Group to cover whole of timed pathway
* Extend Prostate clinical lead MOU
* Appoint additional Alliance Project Management
* CTF during 2018 has already mobilised the implementation of the diagnostic phase of the timed pathways
* Empower Clinical Lead with Steering Group to allocate activity fund in line with Indicative Pathway Activity Fund
* Funds to be released to providers to support explicit pathway changes (such as re-ordering, skill mix, one-stop clinics or bundled diagnostics)
* Additional short/medium term operational capacity initiatives‘
* Demand modelling for diagnostics and MDT streamlining work.

Fry and Turnbull Fund

* NHS England is injecting £10 million to deal with some of the most urgent capacity issues around prostate cancer diagnosis.
* NHSE have been identifying and consolidating potential bids to for the SW Region's £1.113M 62/7 Urology Cancer improvement funding.
* NHSE received bids totalling £2.222M and undertook a detailed review to produce a list of potential bids to fund
* Unfortunately, these bids still total some £1.527M.
* Whilst overcommitted NHSE will seek to ensure the final list of bids is supported through other potential funding sources.

Update from Steering Group: Referral Guidance

From Referral and Discharge Guidance meeting – 17th October 2018

* Ambition to standardise the referral guidelines across the SW.
* Change to CK175 - PSA age specific range reference:
  40-49 >2.5, 50-69 >3 and >70 >5
* CCG's consider cost implications / Providers prepare
* Guidance for asymptomatic men to be disseminated to GP's
* If a patient decides to have a PSA test, his GP should offer a digital rectal examination as well, even if he has no symptoms of a prostate problem.

Discharge Guidance

* Initial thoughts:
  Where clinicians have sufficient local confidence (through the database) that PIRADS 1 or 2 do not need a biopsy it is recommended that the patient is discharged if low risk but if high risk then they should be managed via the local tracker with instructions to the GP to refer if there is a % rise / MRI in a year's time and repeat biopsy (for those who had template)
* PIRADS 4 / 5 stay in the secondary care system.
* Detailed paper to be drawn up for next SSG

Benefits of the database

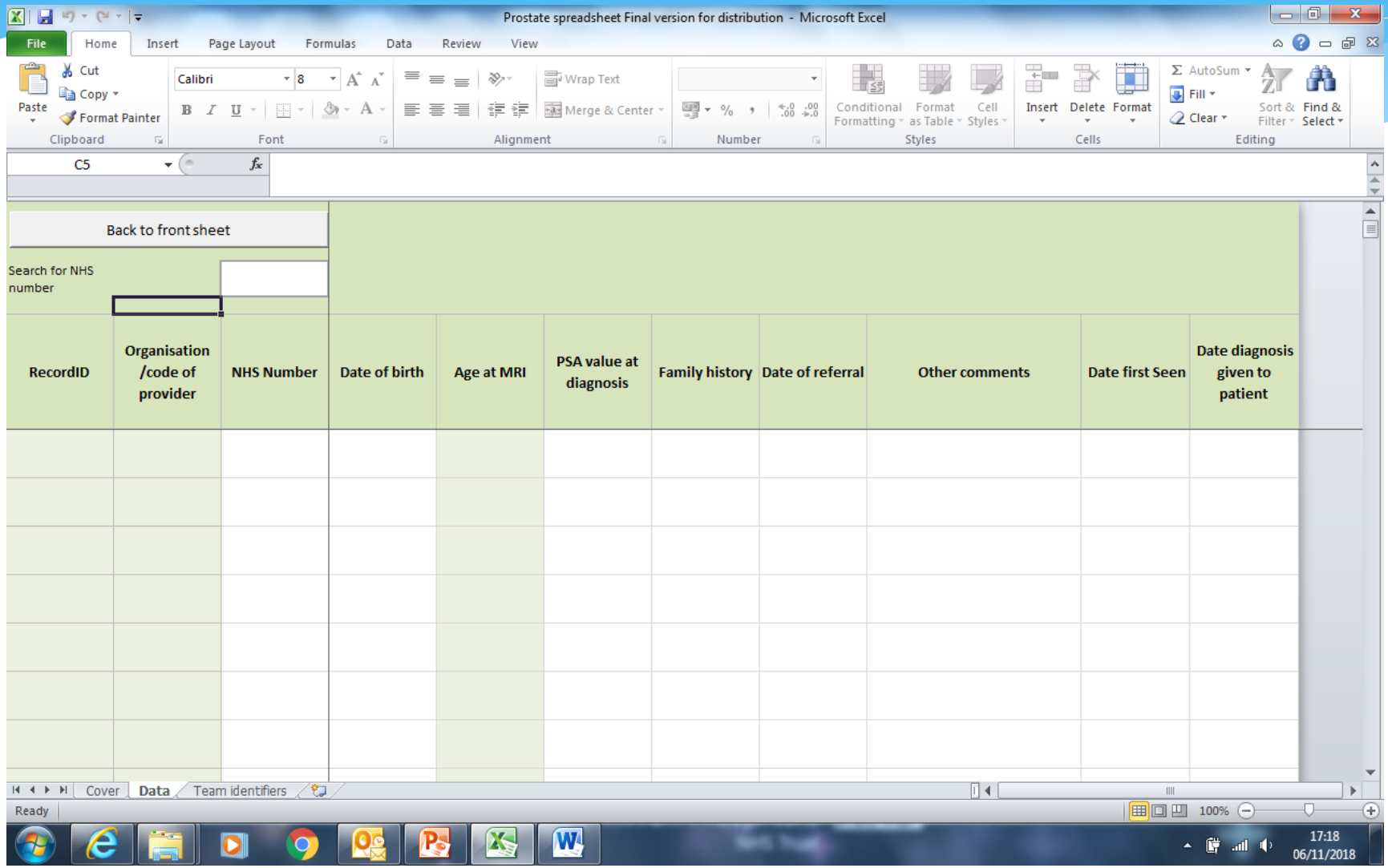
Currently from our visits to all the hospitals in the South West

* No widely available reliable data on the pathway (even number of 2ww suspected prostate cancer)
* No standard management pathway -
* triage- how (by whom) and who should be investigated
* MP Mri – technique , standards, quality
* If a PIRAD score given what does that mean - ? safe not to biopsy
* Prostate biopsy technique - TRUS, Transperineal , targeted +systematic, systematic alone, fusion or cognitive targeting.
* Histological analysis. Standardised reporting what do we need(urologists) . Optimal number of biopsies and how many 'pots' (Histologists essential)

Benefits of the database (cont)

* Without local good quality data that we believe we cannot have a conversation about any of the above.
* There is great variety in all parts of the pathway and we must try and determine / agree some core principles/techniques/ guidance.
* This will give us the best chance of equity for patients, optimise the effectiveness of our colleagues and hence a timely and high quality pathway for men with suspected prostate cancer.

Database contents



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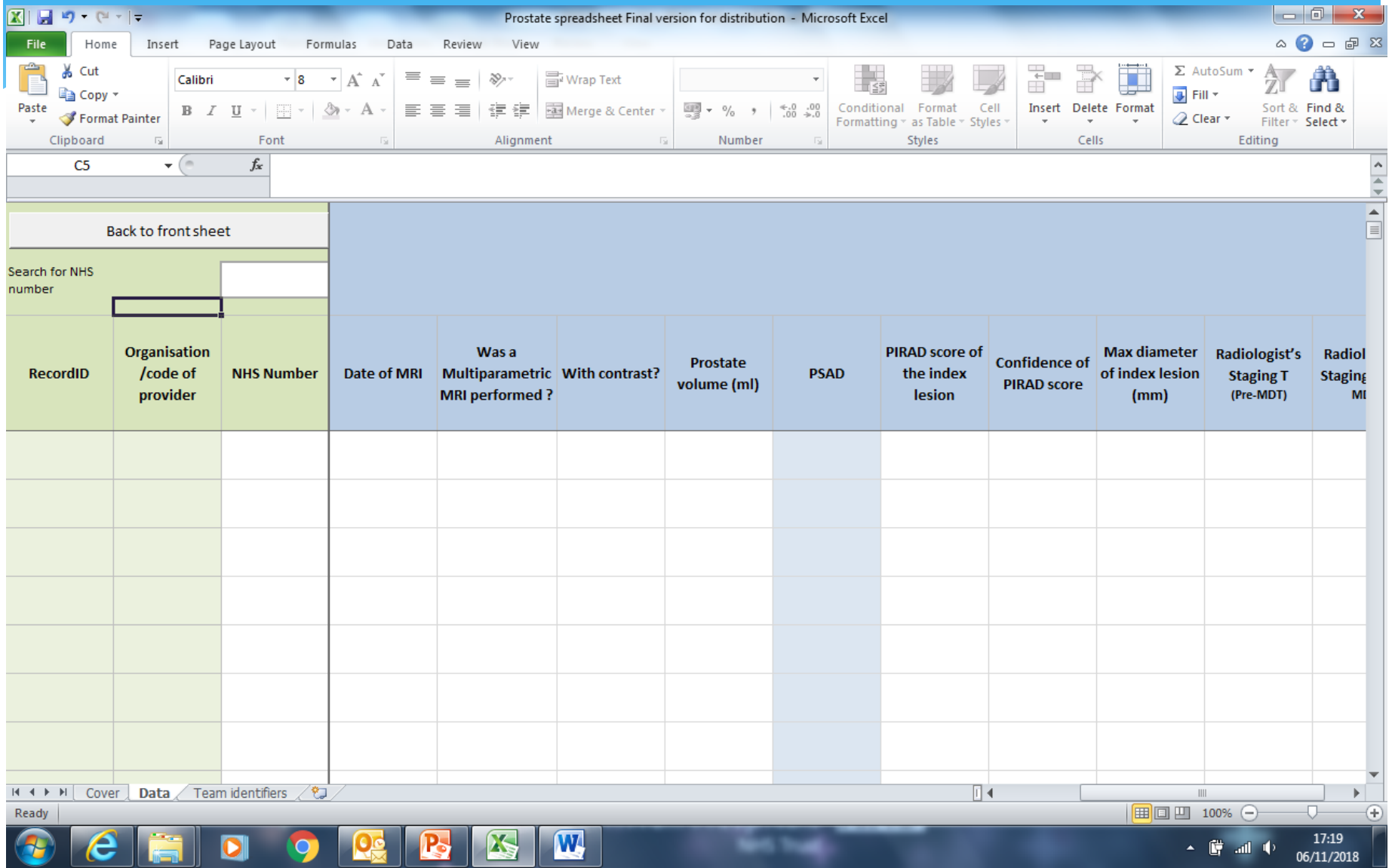

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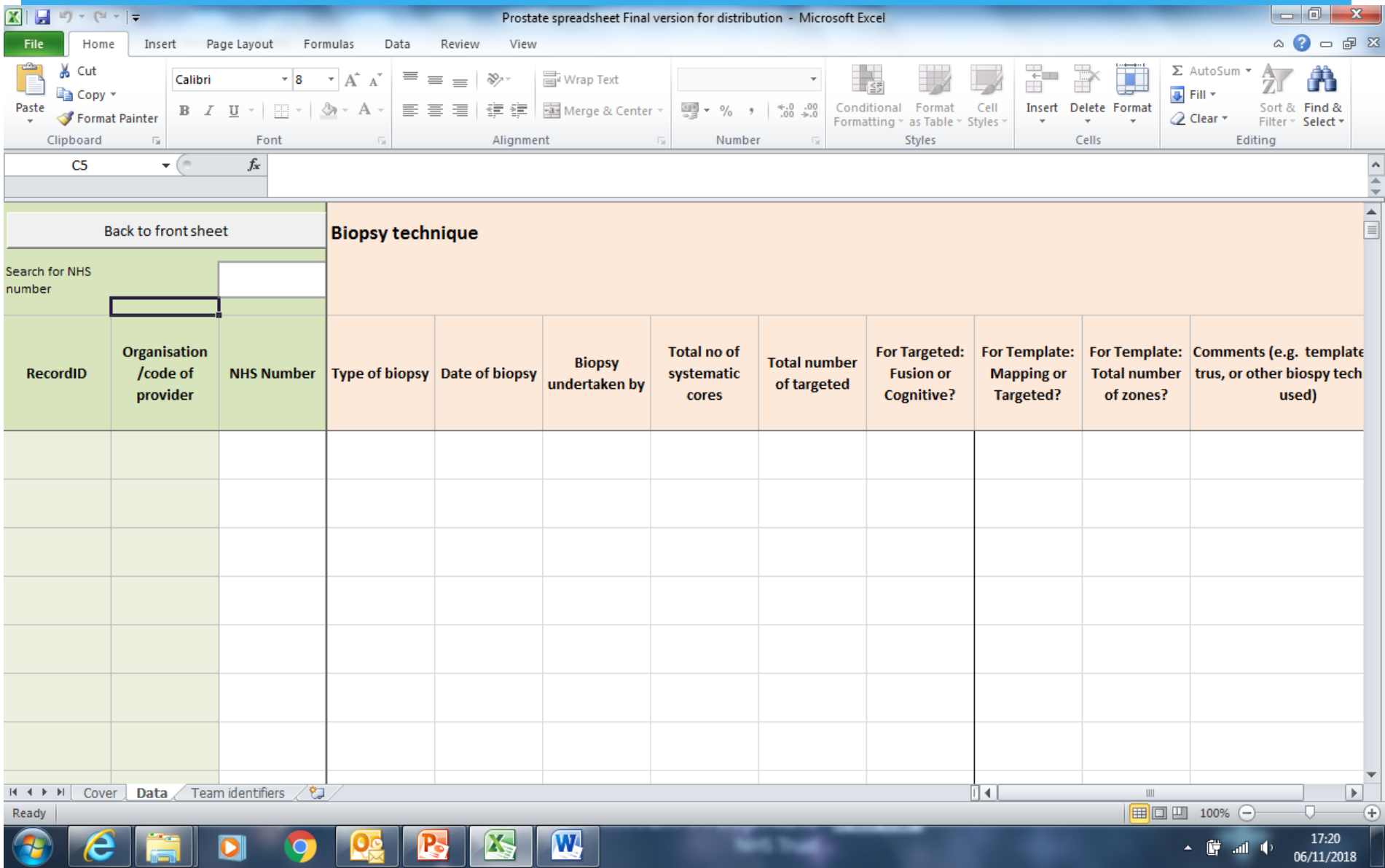

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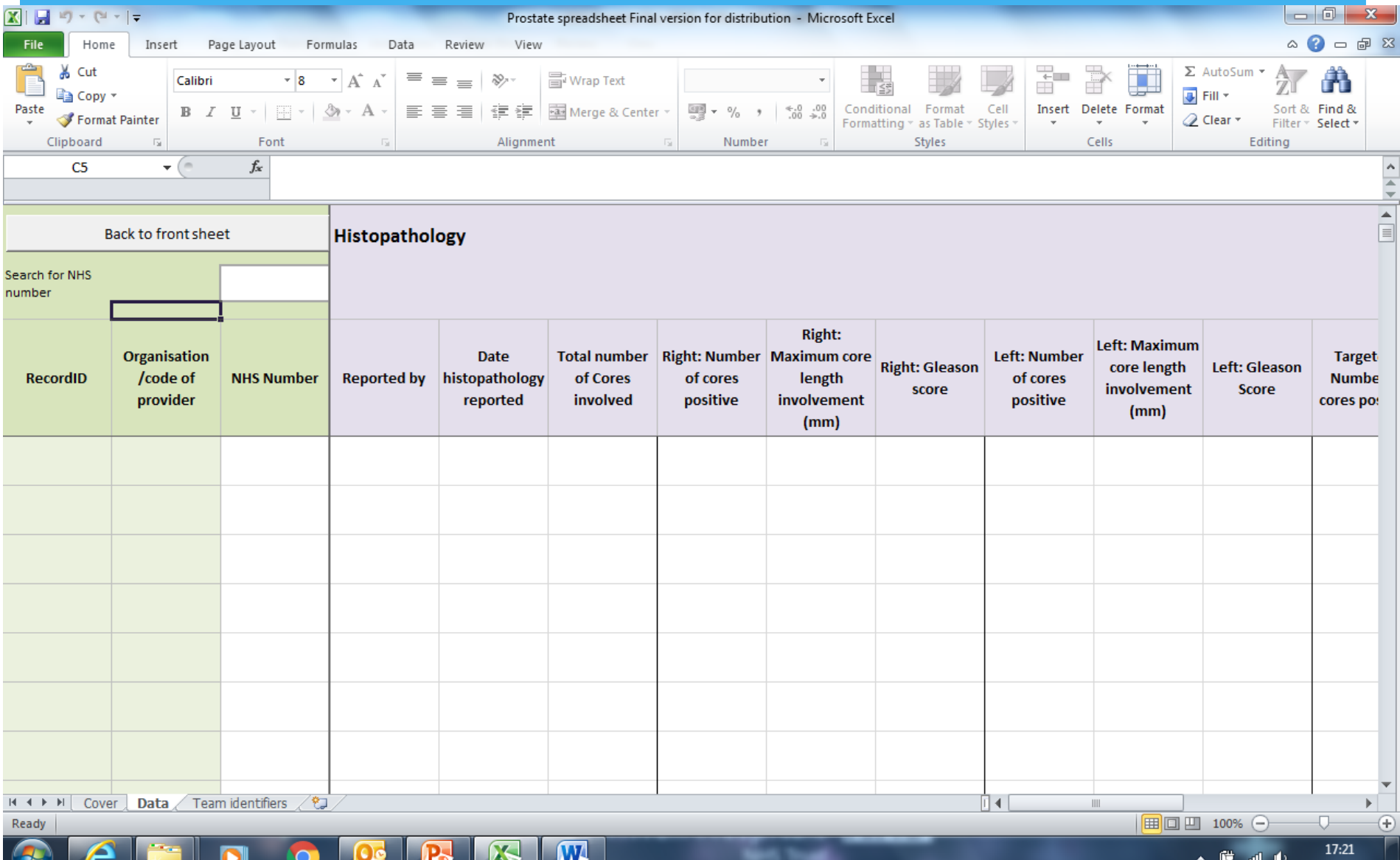

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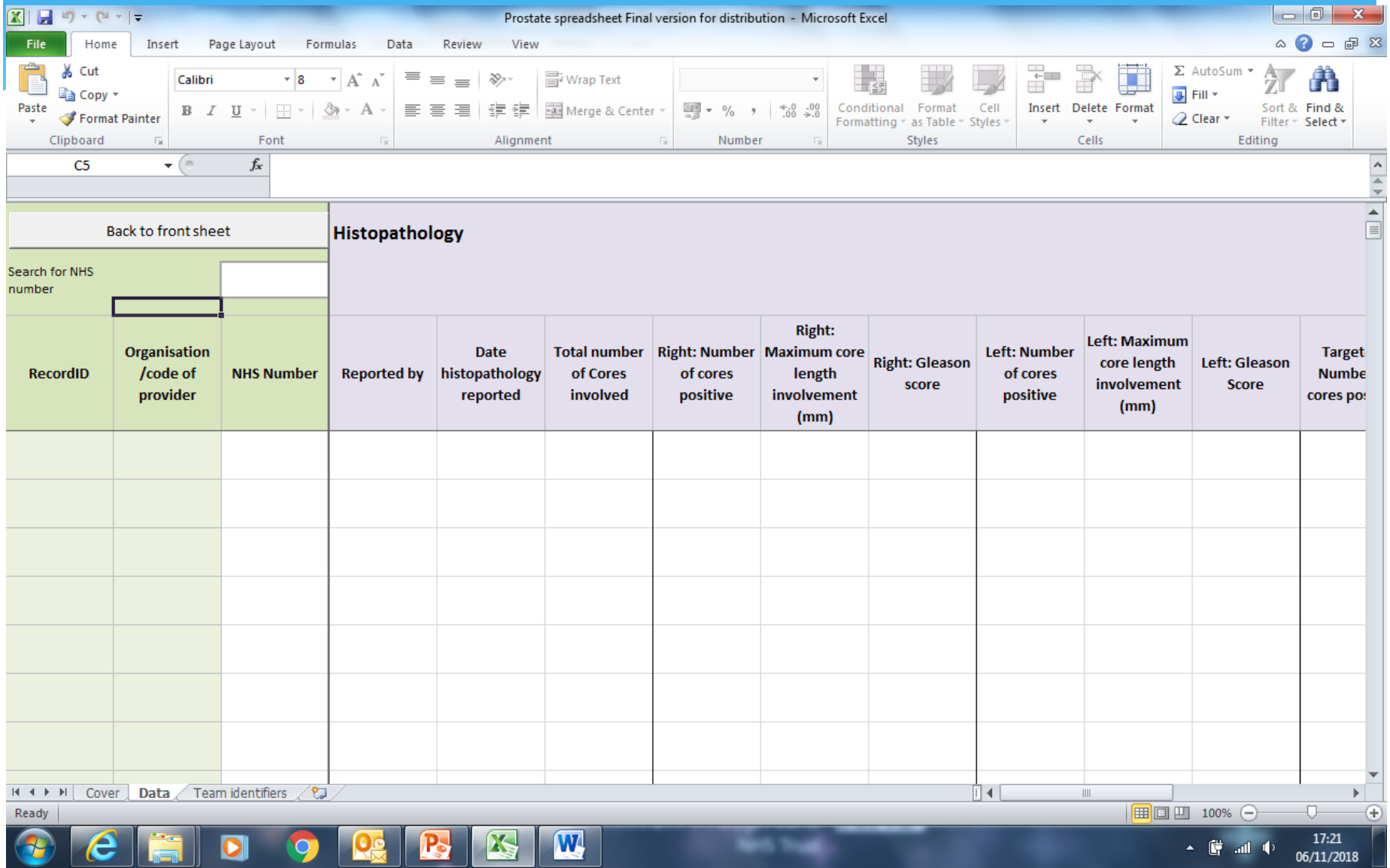

Metrics we will report:

Regional / local reports detailing variation in:

* Performance against timed pathways
* Activity by imaging / biopsy technique
* Clinically significant / insignificant cancers detected by imaging/ biopsy technique
* Biopsies in non suspicious mp-MRI, biopsies avoided.
* Low risk cancers diagnosed and treated, and not treated.
* Histopathology - optimising biopsy technique
* Enable regional modelling to understand how pathway changes could impact on capacity.

Early insights from database

Hospital	Number	PSA	Biopsy done	Biopsy by whom	Biopsy number of cores	Biopsy type (1-7 types)	radiologist	MPMri PIRAD	Histology
North	28	26		0	0	23	0	0	17 + 4 incomplete
Plym	57	57	57 (no biopsy 36)	0	0	0	some	25 all with Pirad (recorded as pre)	8 But no Gleason score
Torbay	34	3	9	9	7	9 (all trus)	19 (16 pre bx)	12 (psad etc all given)	4
Taunton	41	41	22 All trus	15	16 Between 10 and 14 cores	All trus	26 Total number of premri 33	29 (4 not given)	15 (9 cancer)

28 day timed pathway variation

Pathway Step	Target of timed Milestone	Torbay	RCHT	Plymouth	North Devon	RDE
GP referral -	Day -3 to 0	Day -3 to 0	Day -3 to 0	Day -3 to 0	Day -3 to 0	Day -3 to 0
Clinical triage following GP referral	Day 0 to 3	Day <14	Day 0-3	Day 0 to 2	<Day 10	Day 10
Straigh to test mpMRI for appropriate patients	Day 3-9		Day 16	Day 3-12	<Day 24	
Clinic review with mpMRI result		Day <20	Day 19	Day 13-16	<Day 45	Day 12
Prostate biopsy after mpMRI		Trus <21 Template <41	Trus Day 27 Template Day 49	Day 14-17	Trus <52 Template <63	Trus <19 Template < 33
Outpatient clinic review for review of biopsy results and further investigative planning (if required).	Day 14	Trus <28 Template <49	Trus Day 34 Template Day 57	Day 18-27	Trus <62 Template <93	Trus <33 Template < 47
sMDT for review and planning.	Day 21	Trus <35 Template <57	Trus Day 41 Template Day 65	Day 25-32	<74 <105	Trus <36 Template < 51
Cancer confirmed and treatment options discussed	Day 28			Day 20-27		