

PROSTATE CANCER PATHWAY STEERING GROUP

Wednesday 23rd January 2020

Programme Update

Urology Area Network

In Peninsula the Urology Area Network has been established with TSD, RDE, NDDH and Taunton. Discussions to be progressed with Plymouth and RCHT.

Workforce development

The Cancer Alliances is supporting the development of a surgical care practitioner role to deliver LATP biopsies in future. The aim of this is to release consultant and CNS capacity. The role profile is currently under development and it is anticipated that further HEE funding will be required to progress this through the financial year 2020 / 2021. Radiographer training in MPMRI continues to be offered.

The Cancer Alliance have established a faculty at NBT to support ongoing training needs in LATP Biopsy. All Trusts have been asked to produce workforce plans in order to ensure sustainability of the Service which will replace TRUS biopsies by 2021.

RCHT are implementing LATP this month. RDE have implemented and UHP pending. NDDH have training in the procedure and TSD have identified staff for training. Peninsula will still be offering TRUS next year but will (incrementally) reduce the service, with the ambition to cease provision by March 2021.

Prostate Diagnostics and 28 day Standard

A dashboard has been developed showing information on all Prostate 2ww referrals. The dashboard gives information on activity levels per pathway / biopsy types, timelines against each pathway step and how this varies according to biopsy type, cancers identified, etc. The information in the report can be used to assess whether it is safe to not biopsy patients with a PIRADs 1 or 2 and to inform targeted interventions.

A project support officer is being recruited to support the final quality assurance of the data so clinical decisions can be drawn from it. Data will continue to be collected until the NPV of the pathway is shown to be at PROMIS standards thereafter Trusts should deploy a local biopsy protocol a draft of which has been created by the Steering Group.

Data has been received from all providers in the Peninsula.

Non biopsy protocol

A protocol has been developed for trusts to demonstrate that the service may safely stop biopsying PIRAD/Likert 1 and 2 (as per the PROMIS trial). This is because the SW Prostate Working Group have demonstrated that there is a great variety in the quality of MPMRI in the region and therefore cannot go and recommend that all centres stop biopsying without clear evidence. Even with PROMIS (ie cutting edge MPMRI and clinicians) there was a 10% to 25% miss of clinically significant Cap depending on definition. Each service must demonstrate complete and comparable data to PROMIS. A protocol for adoption by trusts has been drafted to support this and will be shared across the region in February for implementation.

SW Innovation Update

- Taunton: Pathology seeking to trial an artificially-engineered tissue array that holds up to 6 needle-core biopsies to be processed in a single block to understand if benefits outweigh costs. Innovation fund being accessed with the support of the SWAHSN.
- Taunton: Diagnostic Path Solutions Ltd. Diagnostic Path Solutions is part owned by Taunton and Somerset NHS Foundation Trust and is working on this technology with a London based AI consultancy. Histopathologist with considerable experience with working in AI for bowel histology but 'easily transferable' to prostate.
- Taunton: Karolinska Institute trial to provide faster, better and cheaper image analysis of prostate biopsies.
- The AI and digital innovations event in Exeter on February 27th will include a number of presentations relating to the prostate pathway.

MRI Optimisation Programme

The two lead sites (Bristol and Plymouth) have received the diffusion phantom. Project completion is on track for the end of January 2020. There are 28 systems that are scanning prostate that have been identified including 4 private providers. All will be assessed even those due to be replaced, as replacement may take 6 months.

Access to robotic surgery

Access to robotic surgery has been raised by providers as a barrier to achieving 62d performance. The SWAG Clinical Cabinet asked the SW Cancer Alliances to consider the provision of robotic surgery as a system across the region in such a way as to maximise productivity and reduce variation. The alliance held an initial introductory teleconference on Wednesday 13th November and a further meeting in December to agree principles for provision of access across the geography.

On-going prostate programme

Progress against plan is detailed below.

NHSE Priorities	National recommendations	Objective	Deliverable	Action	Completion by	Who is accountable for overseeing action completion	Progress at 6/11/19	
Sustainable operational performance (time to diagnosis)	Introduce MPMRI pre-biopsy	To ensure that MRI's are of a diagnostic quality.	MRI image audit	Organise a London physicist visit / Manufacturers visit Sign off by radiologists / physicists	Dec-19	Radiology QJ team / Physicists	Physicist programme completes in December	
			Training of Radiologists / Radiographers in mpMRI	On line e-learning Attendance at Study day Attendance at PC-UK / SoR course	Sep-19	Radiology QJ team	Completed	
			Radiology standards are embedded.	Self Audit again regional standards	Dec-19	PCA and SWAG Cancer alliance Project Managers	Self audit of every x scans will commence following Physicist programme protocols	
			Use of contrast	Identify following audit where this should be targeted.	Mar-20	Radiology QJ team / Physicists	No trusts have made changes - pending results from audit.	
			AI	Explore and pilot options	Mar-20	Working group	Event to be held at end of February	
	Meet the timeline of the national pathway specifically 28 day but also 62	Meet the 28 / 62 day target	implementation of template under LA	Book consultants / nurses onto Guys course and set up visit with Raj	Jun-20	Raj Persad	Ongoing - on track	
			Changes to clinical order of the pathway.	Monitor provider action plans Clinical Triage - nurse led telephone assessment- Ask Plymouth if they have any data on attrition rate and share telephone assessment form	Jan-20	PCA and SWAG Cancer alliance Project Managers PCA Project Manager	Pending confirmation - still some trusts non compliant (RCHT)	
			Bone scanning policy	Contact SSG and see if audit is complete / findings and share pathway with steering group for agreement and launch at May event	Mar-20	SWAG Cancer Alliance Project Manager	In development	
			Stream lining MDT	Establish standards of care using task and finish group to map. Pilot, share and embed in three stage approach.	Mar-20	Raj Persad and Nick Burns Cox	SOC being trialled and results shared back to SSG's.	
			Provide standardised generic patient pathway information - Support patients to move rapidly through the pathway and support self management	Conduct audit of patient info. Identify benchmark patient satisfaction info. Work with patient groups, PC-UK and CR-UK to provide generic patient info.	Nov-20	PCA Project Manager	Commencing programme of work with PCA PPE lead.	
			One stop shop using LAMP	Identify Trusts willing to participate to trial and test pathway and then share learning.	Sep-20	Raj Persad / PCA Project Manager	To be trialed next year.	
			Histopathology standardisation (no of cores).	Create histo guidance	Dec-19	Jon Oxley and Manish Powell	As per recommendations	
			Drive targeted interventions at a provider level	Analyse results of Database and agree interventions at steering group meeting.	Mar-20	PCA and SWAG Cancer Alliance Project Manager	Dashboard now being sent to providers. Providers asked to consider with MDT leads, Visits to each Trust to review data planned.	
	Cancer alliance and local PED objectives	Reduce variation / inequality	Standardise referral criteria across SW so that it is Promis standard	Understand additional capacity to meet additional demand. Liaise with commissioners. Host discussions. Agree timeline for implementation alongside longer term mpMRI plans. Monitor database	Mar-20	CSU and PCA Project Manager	Not started	
			Biopsy standardisation – LAMP, Fusion, GATP, and phasing out of TRUS	Biopsy guidance shared at September study day and rolled out. Timeline agreed with providers. Monitor database.	Mar-20	Raj Persad and Nick Burns Cox	As per recommendations	
		Working more efficiently	Finalise urology networks	Map out arrangements / MOU	Mar-20	CCG	Carla Griffiths leading for SWAG and Bev Parker leading for PCA	
			Regional access to PSMA PET	PB to write paper setting out demand required for SW	Mar-20	Paul Burns	Not started	
			Reporting passports	Imaging network programme	Mar-20	John Rennison	In development	
			Image sharing capabilities	Imaging network programme	Mar-20	John Rennison	In development via image sharing group	
			GP education and support (asymptomatic / symptomatic)	Cascade events (CR-UK) LMC events Locality events Targetted Communications Locum support	Mar-20	Joe Mays	Ongoing - on track	
	Treatment	Robotics	Clinical input into regional specialist commissioners plan	Robotics Paper to specialist commissioners	Mar-20	Amelia Randle	Ongoing - on track	
	Personalised care	LWBC	Personalised care	Protocols for the stratifying an systems to monitor	SSG	Mar-20	Nina	To be discussed - 6/11/2019
				Personalised support	SSG	Mar-20	Nina	To be discussed - 6/11/2019