

Meeting	Peninsula Cancer Alliance Board 8 th July 2021
Title	Prostate Cancer Project End of Year Summary Report
Author	Sarah-Jane Davies – Manager, Peninsula Cancer Alliance
Agenda Item	8
Summary	
<p>The SW Prostate Cancer Pathway Transformation Steering Group continue to drive forward improvements in the pathway. This year the focus has been on embedding the new biopsy procedure taking this out of theatres and into an outpatient setting, releasing valuable resources during a challenging period. . Taunton have stopped using antibiotics with only 1 case of sepsis in 450 procedures. A virtual training academy was established to ensure the continuation of the programme through COVID with a further 17 staff trained across the South West.</p> <p>Data has been assessed to determine the negative predictive value of the mpMRI / Biopsy. This has been shared with clinical teams and managers and is supporting further improvements to the pathway such as virtual clinical triage and driving forward regional standardisation particularly in histology and radiology reporting.</p> <p>The pathway remains challenged particularly due to a lack of space due to social distancing restrictions and site works. This has been compounded by reduced staffing as we move out of lockdown and our exhausted teams take leave.</p> <p>However, the creation of Urology investigation Units (UIU) at Bodmin, Tiverton and Ottery St Mary will help to address some capacity issues. The UIU at Ottery is now up and running and Mike Richards plans to visit as this is considered an exemplar. In addition to further reduce pressure in the system a mobile unit is being rented to undertake TP biopsies and Cystoscopies.</p> <p>In this financial year the focus for prostate is on becoming a rapid diagnostic service working with teams to ensure clinical triage, mprmi and biopsy happen in the first two weeks following referral which will drastically improve our faster diagnosis position.</p>	
Recommendation	
<p>To note</p> <ul style="list-style-type: none"> • Progress made in 2020/21 despite extremely challenging circumstances • Next steps for 2021/22 	

Peninsula Cancer Alliance
Prostate Cancer Project End of Year Summary Report
8th July 2021

1.0 Progress against Prostate 2020/2021 Objectives

		NDHNT	RD+ENFT	UHPNT	TSDNFT	RCHNT
Ref	Standards Actions	Status 2020/2021				
1	Data submitted monthly	Completed	Not Started	Completed	Completed	Completed
2	Local pathway action plan signed off	In Progress	Not Started	Not Started	In Progress	Not Started
3	Meet Faster Diagnosis Standard (28 days)	In Progress	In Progress	Not Started	In Progress	In Progress
4	Virtual Telephone triage system in place - Straight to mpMRI without F2F/OPA within 3 days	In Progress	Completed	Completed	Completed	Not Started
5	Image scanning in line with SW policy	In Progress	Not Started	Not Started	Completed	Completed
6	Multiparametric MRI should be performed before biopsy	Not Started	Not Started	Completed	Completed	Completed
7	mpMRI should be reported using the PIRADS or LIKERT score	Completed	Completed	Completed	Completed	Completed
8	Trial same day mpMRI and Biopsy for a defined cohort of patients	Not Started	Not Started	Not Started	Not Started	Not Started
9	Max. of 18 cores taken at biopsy	Completed	Completed	Completed	Completed	Completed
10	Providers create and deliver a workforce plan to reduce the proportion of biopsies performed by consultant surgeons	In Progress	In Progress	Not Started	Not Started	In Progress
11	Biopsies should not be carried out on men whose mpMRI score (PIRADS or LIKERT) is 1 or 2 where mpMRI NPV is greater than 75%	In Progress	Completed	Completed	Completed	Completed
12	mpMRI signed off as providing good NPV	Not Started	Not Started	In Progress	Not Started	Completed
13	Local anaesthetic transperineal biopsies should replace all Transrectal Ultrasound Guided Biopsies	Completed	Completed	Completed	In Progress	In Progress
14	Template Biopsies are carried out under local anaesthetic - general anaesthetic template biopsies should cease (unless contra-indicated)	Completed	In Progress	Completed	In Progress	In Progress
15	The decision to aggressively treat a patient with Gleason Grade Group 1 cancer should be fully justified to the MDM	Completed	Completed	Not Started	Completed	Completed

2.0 Key Activities and Deliverables

We have actioned a large number of projects and deliverables over the past 12 months and have seen a marked improvement in the dashboard data collection, with all but three Trusts providing regular data exports.

2.1 Networking, sharing good practice and reduction of variation:

- Discussion and sharing of good practice (Oct-Dec) between sites and also improved the communication and understanding between urologists, pathologists, radiologists, cancer managers and CNS colleagues.
- Establishment of clinical networks as never before working to a common goal for quality assurance and equity of access and outcomes for patients across the South West.
- Driving local practice based on best practices rather than local preconceptions and supporting providers as the evidence has evolved rapidly since the publication of the PROMIS study in 2017.
- The Programme has run two regional study days with national input.

2.2 Dashboard

- The SW Prostate Dashboard provides a consistent clinical audit of pathways and outcome across the South West and meets the national requirement from the NICE Guidance for Prostate Cancer.
- The dashboard clearly shows by Trust; Demand, diagnostic timelines, diagnostic pathways (use of MRI etc.), diagnostic yield and quality of diagnostics. This information has allowed the South West to drive the changes to clinical practice set out below.
- The dashboard has also highlighted where the main causes of delay are in each provider - to provide patients with a diagnosis within 28 days.

2.3 Pathway development

- MRI before biopsies (Over 90% except Barnstable at over 80%).
- Standardisation of pathway criteria (continuing).
- Straight to Test for mpMRI at the majority of providers and supporting last few providers to follow suit.
- Development of local MRI and biopsies services. For example, patients in North Devon can now have a local anaesthetics template biopsy at NDH rather than having to travel to RDE for a general anaesthetic template biopsy.

2.4 MRI images

Audit of all SW MRI scanners image quality and examination protocols for mpMRI.

- Setting recommendations for scan protocols and parameters and physics support to optimise the images on local equipment.
- Identification of MRI scanners that are not able to provide images of sufficient quality for new pathway. This has directed capital investment in MRI replacement.
- Conversion of almost all trusts in SW to multiparametric MRI (mpMRI) as opposed to biparametric MRI. This is the additional of a view with contrast, in line with national guidance.

2.5 MRI Reporting

- Standardisation agreed for reporting prostate mpMRI.
- Conversion of reporting from PIRADS to Likert reporting system.
- Training of radiologists in reporting mpMRI.
- Through the SW Prostate Dashboard, establishing the negative predictive value and positive predictive value of mpMRI at individual trusts. This is compared with the benchmark from the PROMIS study and demonstrates that it is safe to not biopsy. (Exeter, Plymouth, Truro and Torbay NPV signed off).
- Allows patients to be properly informed on the risks and benefits of biopsy and to avoid biopsy in low risk patients. Reducing biopsies has significant savings.

2.6 Biopsy

- Move from Trans-rectal to trans-perineal biopsy, thus avoiding the infection risk of a biopsy through faeces – three trusts are now using this procedure and plans to increase LATP are ongoing.
- Move from general anaesthetic template biopsy to local anaesthetic template biopsy, which has a much lower cost.
- These changes have been especially helpful during COVID, to reduce theatre use, inpatients beds and infection risk.
- Alliance supported training, with North Bristol established as a regional training hub.
- Purchase of biopsy couches.
- Standardisation of reports with biopsy info in clinical history.

2.7 Histopathology

- Discussions around histology - length versus percentage involvement, nomenclature.
- Agreement on maximum number of cores routinely taken at biopsy, thus reducing histopathology workload.

3.0 Our Achievements

- Dashboard review meetings – all Trusts (September-November 2020). To discuss the data already collected and presented on the new Dashboard.
- LATP Theory online training run by local team in Bristol (October 2020). Report standardisation helps with data collection for both biopsy and histopathology.
- Regular monthly meetings with Data Inputters and/or Cancer Managers since July 2020. To discuss any changes that might affect future data collection, along with any current problems.
- Developing Prostate Capacity + Demand tool (in line with potential consolidation of PSA referral levels in the South West) – ongoing.
- Development and completion of Trust Action Plan reports on a quarterly basis.
- Development of Prostate Cancer Risk Calculator to aid patients' decision-making regarding biopsy.
- Creation and integration of improved data input tool – currently being used by all contributing Trusts.
- Development of online Dashboard - ongoing.
- Bi-annual Prostate Steering Group meetings.
- Networking, sharing good practice between sites
- Action Plans - 'Not Started' is the default entry on the chart and likely indicates that the Action Plan hasn't been fully completed in some cases. Virtual telephone triage systems, mpMRI before biopsy, maximum 18 cores, mpMRI reported using PIRADS/LIKERT and LATP biopsies replace TRUS standards are mostly achieved. Percentage TP biopsies is really good. More training is required there and we are working with them to reduce the timeline for those patients who have both MRI and biopsy.
- All Trusts have over 90% of MRIs before biopsy. Pathway criteria mostly standardised with histology and radiology reporting following suit. The majority of providers now have mpMRI straight to test.
- Standardisation of MRI reporting, conversion to Likert reporting and training of radiologist in mpMRI reporting is ongoing. Four centres are in the process of having the NPV signed off as well above the PROMIS study benchmark.
- A publication is available online in the Journal of Clinical Urology, contributed to by Stephanos Bolymitis, Raj Persad and Angus Maccormick regarding patient experience of the procedure. Taunton have stopped using antibiotics with only 1 case of sepsis in 450 procedures. Apparently, London are waiting for audit data for this before they stop giving antibiotics as NICE recommendation won't be given until an audit has been published.

4.0 LATP Training Requirements

For more information about LATP theory training, to request a place for a theory training webinar and how to arrange supervised lists once theory training has been completed please contact Karen Evely at Bristol Urological Institute, Karen.Evely@nbt.nhs.uk.

To date, eight clinicians are booked to attend the next theory training webinar in July.

Alliance	Fully Trained	Theory Training Required	Supervised List Required
PCA	9 x Consultant 3 x Specialist Nurse	6 x Consultant 2 x Specialist Nurse	1 x Consultant 2 x Specialist Nurse

5.0 COVID Recovery and Performance

Overall the Urology April FDS data shows a small improvement on Feb and March for Peninsula and heading in the right direction although not yet meeting the FDS. Reasons for current performance are multifactorial.

Space is an issue particularly with the ongoing pressures of infection control as we return to near normal or above normal referral numbers. For example at RCHT lists have reduced from 7 to 4 so extra lists are being undertaken. However, the creation of Urology investigation Units (UIU) at Bodmin, Tiverton and Ottery St Mary will relieve this. The UIU at Ottery is now up and running and Mike Richards plans to visit as this is considered an exemplar. In addition to further reduce pressure in the system a mobile unit is being rented to undertake TP biopsies and Cystoscopies. Lastly performance is further compounded by reduced staffing as we move out of lockdown and our exhausted teams take leave.

6.0 Next Steps and Plan for 2021/2022

During 2021/22 the Prostate programme will work through the SSG and be focused on delivery of the following:

- MDT Standards of Care in place
- Use standardised reporting forms for radiology, biopsy and histopathology
- Single point of access - (referred once) for patients
- Single point of contact
- Optimal pathway embedded
- Co-ordination of care between Trust and GP
- Excellent patient support and co-ordination (national quality markers met)
- Making Every Contact Count (MECC) embedded
- 28 day standard achieved
- RDS Evaluation data reported
- Ongoing development of Patient Experience Survey – ongoing
- Standardisation of 2WW referral criteria