My Cancer Treatment
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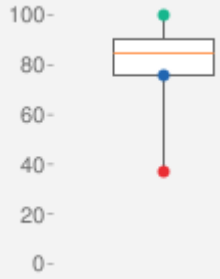
ROYAL SURREY COUNTY HOSPITAL

Guide

Report Type	Self Assessment
Trust	ROYAL SURREY COUNTY HOSPITAL NHS FOUNDATION TRUST
Service	Urology Specialist Team Measures
Publication Date	16th July 2015

National Benchmark Position: Overall Compliance (% score)



Key

- This service
- Highest Performing Team
- Lowest Performing Team

Performance range for the majority urology specialist cancer services

National middle score

This benchmark is based on the 48 urology specialist cancer services who have completed their assessment in 2015-2016

Quality and Performance Summary

Overall Compliance

76%
Self Assessment

Up from 57.1% Peer Review in 2014-15 cycle

Serious Concerns and Immediate Risks

No serious concern or immediate risk was identified when the service was last assessed

2014 Patient Experience Survey National Tumour Results

Patient understood what was wrong	76%
Easy to contact CNS	72%
Patient had confidence in doctors	86%
Patient contact post discharge	89%
Patient given enough care	51%

The Service has a complete team

Members cover all relevant disciplines.

Trust Results

2014 Patient Experience Survey Trust Tumour Results

Given complete explanation	-
Patient told sensitively	-
Patient's views taken into account	-
Patient involved in decisions	-
Taking part in research discussed	-

Waiting Times for Trust - All Cancer Services April - June 2016

Treated in targeted time

2 Weeks	98%
31 Days	94%
62 Days	78%

Structure and function of the service

Measure	Met
There is a lead clinician and the core team includes all relevant members	Y
Each role needs to attend 95% of the MDT meetings	N
MDT will discuss the treatment plan of all patients	Y
All MDT core members attend two thirds of the meetings	N
There are additional members who don't need to attend as part of the core team	Y
Operations and post operative care take place on a single hospital site	Y
Surgeons meet the required minimum workload	Y
The MDT discusses the reuired number of patients a year	Y

The Royal Surrey provides a urological cancer service for the local population of Guildford and surrounding areas, in addition to an increasing tertiary referral cancer centre service for the St Luke's Cancer Alliance for specialist prostate and bladder treatments.

Good progress has been made in the centralisation of pelvic urological cancer services to the Royal Surrey over the past 12 months.

Robotic prostatectomy is now performed weekly in conjunction with laparoscopic prostatectomy and a business plan is being developed to purchase a second robot for the Trust that should allow all radical prostatectomies to be performed via the robotic route in keeping with NICE guidelines. We currently perform over 150 minimally invasive radical prostatectomies each year.

The centralisation of bladder cancer has progressed rapidly and the Royal Surrey now hosts the Specialist Bladder Cancer MDT each Thursday morning which is followed by a Specialist Bladder Cancer clinic. An additional Consultant Urological Surgeon, Mr Pravin Menezes, has been appointed who has a specialist interest in robotic cystectomy. Additionally, robotic cystectomies are now performed weekly

The Specialist Prostate MDT meets each Tuesday morning ahead of a joint prostate specialist clinic, and the Specialist Bladder MDT meets each Thursday morning followed by a clinic so that all cases are discussed.

The Local Urology MDT meetings are held weekly.

All core members attended two thirds of the Specialist MDT meetings, but not the Local Urology meeting. The MDT meetings have not been quorate for 95% of the total due to lack of cover for histopathology and radiology. A business case has been developed for the histopathology resource which has been approved and 2 consultant posts were advertised in March, but no successful applicants identified. Interviews are to be held again on 1st July 2015. There has been inadequate cover for the Consultant Oncologist at the Bladder MDT meeting during 2014/2015. The solution has now been implemented and satisfactory cover will be provided at future meetings.

The Urology MDT continues to work closely with Renal MDT under Mr Neil Barber's leadership, together

with the specialist penile cancer work linking through Mr Nigam with the Group at UCLH. Testicular cancer is discussed with The Royal Marsden Specialist MDT, through the direction of Dr Julian Money-Kyrle.

During the year April 2014 to March 2015 there were 842 new cancer cases discussed at the Specialist Prostate MDT meetings and 279 new patients (including pTa) discussed at the Specialist Bladder MDT meetings.

An increase in referrals of patients presenting with haematuria has led to increased provision of flexible cystoscopy throughout the week and most Saturdays. A second specialist nurse has also been appointed who can also perform flexible cystoscopy to help manage our wait times.

The Clinical Nurse Specialists (CNS) have all undertaken their specialist training, and three of the CNSs have completed the training to practice at level 2 for the psychological support for Urology cancer patients and carers. Five CNSs are non-medical prescribers. All core members have attended the Advanced Communications Skills Training.

There were four Urology Network Tumour Group meetings held in 2014/2015, with good representation from the multidisciplinary team.

The team is in the advanced stages of planning a new £4m Urology Centre to house the department, as well as engaging with neighbouring networks about expanding our urological cancer alliance that should provide further opportunities for us to grow our expertise infrastructure during the next 12 months.

Coordination of care/patient pathway

Measure	Met
Network agreed clinical guidelines are in place	N
There is a regular clinic for patients for prostate	Y
There is a regular clinic for patients with blood in their urine	Y
Patients are encouraged to discuss their treatment options with the MDT	N
Network-agreed patient pathways are specified	N
MDT agrees an individual patient's treatment plans	Y
Lead clinician attends at least two thirds of the network group meetings	Y

The Urology MDT manages patients in accordance with the St Luke’s Cancer Alliance Clinical Guidelines. The MDT has well-defined patient-centred pathways as demonstrated in the Constitution.

The Urology MDT has re-designed the prostate cancer pathway in an effort to try and reduce waits for patients. It is anticipated that the re-designed pathway will be implemented during the next six months which will involve patients undergoing a telephone consultation and multiparametric MRI, before being seen in clinic to discuss their results and the appropriate biopsy strategy if required. Increasingly, patients are being offered a transperineal template biopsy as a primary diagnostic procedure which provides greater accuracy in diagnosing cancer with a reduced risk of infection for the patient. A nurse has been

trained to perform this procedure as well as managing the service to ensure patients receive their results in a timely fashion. We currently provide targeted template biopsies for patients in both the Network and further afield.

Patients are referred to the MDT for the management of all new cases of proven or suspected urological malignancy and recurrences. Prostate patients are discussed who are suitable for radical treatment or active surveillance, have undergone radical treatment and continue to have rising PSA, and/or are suitable for research trials. Bladder patients with high risk non-muscle invasive bladder cancer (G3 Ta T1, CIS) and all muscle invasive disease (T2 and above) are discussed at the Bladder Specialist MDT. Local MDTs can refer any patients where a Specialist MDT opinion is sought. Patients will be re-presented at the MDT after surgery, chemotherapy and/or radiotherapy.

The Royal Surrey has a range of diagnostic equipment including ultrasound, two MRI scanners, four CT scanners, PET CT, interventional radiology equipment and two gamma cameras. Pathology and cyto-pathology facilities are available on site. Prostate multiparametric MRIs are also now available at the Royal Surrey: the installation of a new 3T MRI machine provided an opportunity of pre-diagnosis MRI scans that allow better targeting at template biopsy to optimise cancer detection. This service is offered to the Network, having developed specialist reporting software to provide accurate information allowing improved targeting of the gland at biopsy.

The role of the Clinical Nurse Specialist is central to the patient pathway. The pathway for local patients includes nurse led diagnostic services, results and breaking significant news clinics. The co-ordination of patient journey is undertaken by the clinical nurse specialists who ensure co-ordinated care, and are the nominated key workers for the patients. The CNSs follow the St Luke's Cancer Alliance Care co-ordination and Key Worker Guidelines. The early involvement of the CNSs provides the patient with time to reflect on the possible treatment options before they meet the consultants to discuss and agree treatment.

A new hospital based Community Specialist Nurse has been appointed to assess prostate cancer patients in the community, both in helping to allow their follow up to occur closer to home as well as disseminating best practice amongst GP surgeries where her clinics will be based.

There is a Trust policy for the management and joint treatment planning for Teenagers and Young Adults. The Trust is a Teenage and Young Adult Designated Hospital providing treatment for patients aged 19 to 24 and shared care for patients 16 to 18 years as a Teenage Oncology Shared Care Unit (TOSCU) with the Royal Marsden, University College London Hospitals Principle treatment Centres

Patient Experience

Measure	Met
A key worker is in place	Y
MDT provides written material for patients and carers	Y
The patient is offered a record of the consultation	Y
MDT looks at patient feedback in the last two years and act on at least one point	Y

The Trust took part in the National Cancer Patient Experience Survey 2014. The survey results indicate improved performance from the previous year in four areas: patient given written information about the type of cancer they had, Hospital Staff gave information on getting financial help, Hospital staff told patient they could get free prescriptions and Patients always given enough privacy when discussing condition/treatment.

In order to obtain additional tumour site specific information, a local survey was developed which focussed on the 11 questions where the Trust was in the bottom 20% of trusts. The information obtained has been used to inform discussions on the development of the overall Royal Surrey Action plan.

The St Luke's Cancer Alliance has successfully bid for 2 Macmillan Project Managers who will work with the MDTs across all four trusts to develop consistent approaches to address issues raised in the national survey. The roles will be advertised in July 2015.

The MDT discussed the survey results and identified actions which have been incorporated into an action plan.

The Guildford Prostate Support Group was established in April 2008. All patients are given information about the support group. MDT Clinicians and Clinical Nurse Specialists attend the support group by invitation. Patients also access information and support at the Fountain Centre (sited at Royal Surrey)

Clinical Outcomes

Measure	Met
MDT reviews clinical indicators and/or audit data each year and discuss at the network meeting	Y
MDT produces an annual report on clinical trials and discuss with the network group	Y

Laparoscopic radical prostatectomies and robotically assisted radical prostatectomies are undertaken at RSCH. During the period 2014/2015, there were 154 radical prostatectomies undertaken (73 laparoscopic and 81 robotically assisted procedures). There were 27 robotic cystectomies undertaken by the cystectomy team.

The Urology MDT collects the data items in the Cancer Outcomes and Services and Cancer Waiting Times datasets. Data are collected in the Somerset Database and submitted to Open Exeter and the National Cancer Registration Service (London) on a monthly basis as specified in the National Contract for Acute Services.

Extensive auditable data has been collected for all prostate cancer treatment modalities, including the robotic service. A similar comprehensive data collection is being undertaken on bladder cancers following centralisation of the service. There is ongoing prospective audit of all patients; the audit results are presented regionally to the Cancer Network and further data will be presented at the South Thames Urology meeting.

A programme of Enhanced Recovery has been implemented for cystectomy patients and with the

integration of enhanced recovery the median stays for patients has fallen to just four days.

Recruitment to clinical trials is a priority for the Urology MDT and the eligibility of patients for trials is part of the MDT meeting discussion. The team discussed that one of the main reasons for reduced recruitment was the lack of research staff to facilitate access into trials. They discussed that the Biomarker study required dedicated staff in all trusts. The group agreed that the ideal solution would be to have support in clinic to identify suitable candidates by reviewing the casenotes, and agreed that this solution should be raised at the next department meeting.

Good Practice

Extensive work and good collaboration to implement the centralisation of bladder services at the

Royal Surrey.

CNS service provision and support, facilitation of patient discussion of the range of treatment modalities for prostate cancer.

MDT Leadership.

Range of treatment modalities for prostate cancer.

Immediate Risks

No Immediate Risk was identified

Serious Concerns

No Serious Concern was identified

Other Concerns

General Comments

No general comments given.