Kent and Medway Cancer Collaborative

Urological Cancer

A High Level Operational Policy

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Table of Contents

1.0 Introduction and background

The purpose of this document is to provide the Kent & Medway Cancer Trusts, Clinical Commissioning Groups (CCGs)) and all clinicians engaged in the management of Urological Cancers with an overview of the minimum requirements to be addressed in order to achieve Improving Outcomes Guidance (IOG) compliance.

The KMCC Urology Tumour Site Specific Group (TSSG) will be the KMCC's source of guidance on both the implementation of the Urological Cancer IOG as well as Clinical Protocols and Polices.

An important aim of this document is to provide an overview of the recommendations of the KMCC Urological TSSG on processes to ensure the delivery of clinically safe, evidenced based, clinically effective and IOG compliant Urological Cancer Services.

This document does NOT aim to provide guidance on the clinical aspects of patient management. The clinical guidance recommendations of the KMCC Urology TSSG will be found in the following documents:

- A Pathway of Care for the Management of Bladder Cancers http://kmcc.nhs.uk/tumour-sites/tumour-site-specific-information/urology-tssg/
- A Pathway of Care for the Management of Kidney Cancers http://kmcc.nhs.uk/tumour-sites/tumour-site-specific-information/urology-tssg/
- A Pathway of Care for the Management of Penile Cancers http://kmcc.nhs.uk/tumour-sites/tumour-site-specific-information/urology-tssg/
- A Pathway of Care for the Management of Prostate Cancers http://kmcc.nhs.uk/tumour-sites/tumour-site-specific-information/urology-tssg/
- A Pathway of Care for the Management of Testicular Cancers http://kmcc.nhs.uk/tumour-sites/tumour-site-specific-information/urology-tssg/
- Imaging for Cancer in Kent & Medway http://kmcc.nhs.uk/tumour-sites/tumour-site-specific-information/urology-tssg/

2.0 Kent & Medway Cancer Collaborative

Kent & Medway has a resident population of about 2 million. Some residents from Sussex flow into Kent for oncological treatments expanding the population to approximately 2.1 million.

Total locality population	**781,376**			**717,470**		**647,444**	
Trusts	**EKHUFT** East Kent Hospitals University NHS Foundation Trust			**MTW** Maidstone & Tunbridge Wells NHS Trust		**DVH** **Darent Valley Hospital** (Dartford, Gravesham & Swanley)	**MFT** Medway NHS Foundation Trust (Medway & Swale)
Hospitals	**K&C** Kent & Canterbury	**QEQM** Queen Elizabeth the Queen Mother	**WHH** William Harvey	**TW** Tunbridge Wells	**MS** Maidstone	**DVH** Darent Valley Hospital	**MMH** Medway Maritime Hospital
Note	Whilst geographically outside K&M, for the purposes of cancer the Queen Victoria Foundation Trust (QVH) at East Grinstead fall under the umbrella of K&M						

3.0 The Urology TSSG

The KMCC Urology Cancer TSSG was established by the Kent & Medway Cancer Network in 2000.

- The TSSG remains IOG compliant
- The TSSG has multidisciplinary / multi-professional membership which is drawn from:
  - Each of the Acute Trusts providing Local / Specialist level service
  - Primary Care
  - Patient / Users
- The TSSG has a multidisciplinary/multiprofessional membership which is drawn from:
  - Each of the Acute Trusts providing Urology MDT services
  - Primary Care
  - Patient/Users

Named Leads for the Urology TSSG are:

Chair	:	Prof Sanjeev Madaan, Consultant Urologist
KMCC Lead	:	Annette Wiltshire, KMCC
Non-Surgical Oncology Group (NOG) Lead	:	Dr Carys Thomas, Consultant Oncologist
Research and Trials Lead	:	Dr Sanjeev Madaan, Consultant Urologist
Users Issues Lead	:	
Named Admin Support	:	Karen Glass & Colin Chamberlain, KMCC

A full list of current membership is available from the Urology TSSG attendance record – a copy of which is located on the KMCC website:

http://kmcc.nhs.uk/tumour-sites/tumour-site-specific-information/urology-tssg/

4.0 Catchments & Populations

It is agreed that configuration of urology services should reflect the description set out in the table below.

As a general principle patients referred under the 2WW rule should be seen as close to home as possible. However, if the demand at the nearest hospital is such that patients may potentially exceed the limits of the rule they should be offered an urgent appointment at one of the other hospitals operated by the same team the patient was originally referred to.

Similarly, if diagnostic facilities (e.g. for TRUS) are overwhelmed (at a given moment in time) at the patients "nearest to home hospital" they should be offered an urgent appointment for diagnostic tests at one of the other diagnostic facilities supported by members of the team to which the patient is originally referred.

Catchment Populations, Trusts & Joint Local / Specialist Teams

<table>
<tr><th></th><th>Trust</th><th>Key Hospitals providing diagnostic services</th><th>Local MDTs</th><th>Specialist MDTs</th></tr>
<tr><td rowspan="4">Eastern & Coastal Kent
Population
781,376
(Patients flows from Swale are mainly into Medway Maritime)</td><td rowspan="4">East Kent Hospitals University NHS Foundation Trust</td><td>K&C (Canterbury)</td><td colspan="2" rowspan="4">Joint Local & Specialist Team
K&C</td></tr>
<tr><td>Dover</td></tr>
<tr><td>QEQM (Thanet)</td></tr>
<tr><td>WHH (Ashford)</td></tr>
<tr><td rowspan="2">Medway & Swale
Dartford, Gravesham & Swanley
Population
647,444</td><td rowspan="2">Medway Foundation Trust Hospital</td><td rowspan="2">MFT
(Medway & Swale)</td><td>Local MFT MDT</td><td rowspan="4">Joint
MFT
&
DVH
&
MTW
Specialist Team</td></tr>
<tr><td rowspan="3">West Kent
Population
717,470</td></tr>
<tr><td>Dartford, Gravesham &
Swanley NHS Trust</td><td>Darent Valley</td><td>Local DVH MDT</td></tr>
<tr><td rowspan="2">Maidstone & Tunbridge Wells NHS Trust</td><td>Maidstone</td><td rowspan="2">Local
MTW
MDT</td></tr>
<tr><td>Tunbridge-Wells (Pembury)</td></tr>
</table>

Due to the geography of Kent and Medway, and in line with the Cancer Action Team already approved scheme for the provision of Head & Neck and Thyroid Cancer Services, the Cancer Commissioning Board supported a two specialist surgical centre model of care; on the basis of patient accessibility this continues to provide the best patient focussed approach:-

<u>East Kent:</u>

- There is a single joint Local and Specialist MDT which is based at Canterbury
- All Specialist surgical urology procedures are undertaken at Canterbury

<u>West Kent and Medway:</u>

- There is a Local Urology MDT based at Maidstone, Dartford and Medway
- There is a joint Maidstone, Dartford and Medway Specialist MDT
- All specialist surgical urology procedures for West Kent and Medway are undertaken at Medway

4.1 Supranetwork Teams for Penile and Testicular Cancers

It is agreed that:

- St Georges will provide Supranetwork Level care for KMCC patients diagnosed with penile cancers
- The Royal Marsden will provide Supranetwork Level care for KMCC patients diagnosed with testicular cancers

<table>
<tr><th></th><th>Trust</th><th colspan="2">Joint Local/Specialist Teams</th><th>Supranetwork Teams</th></tr>
<tr><td rowspan="2">East Kent CCG
Population
781,376
(Patients flows from Swale CCG are mainly into Medway Maritime)</td><td rowspan="2">East Kent Hospitals University NHS Foundation Trust</td><td colspan="2" rowspan="2">East Kent
Joint Local & Specialist MDT</td><td>MTW
(Testicular Cancers)</td></tr>
<tr><td>St Georges
(Penile Cancers)</td></tr>
<tr><td rowspan="2">North Kent CCGs
Medway & Swale, Dartford, Gravesham & Swanley (DGS)
Population
647,444</td><td>Medway NHS Foundation Trust</td><td>Local
MFT</td><td rowspan="3">Joint West Kent & Medway Specialist MDT</td><td>RMH
(Testicular Cancers)</td></tr>
<tr><td>Darent Valley Hospital</td><td>Local
DVH</td><td rowspan="2">St Georges
(Penile Cancers)</td></tr>
<tr><td>West Kent CCG
Population
717,470</td><td>Maidstone & Tunbridge Wells NHS Trust</td><td>Local
MTW</td></tr>
</table>

It is agreed with RMH that:

- Dr Bianchini (Mid Kent Oncology at Maidstone) will liaise with the RMH Testicular MDT on the management of patients from KMCC with testicular cancer
- Chemotherapy, radiotherapy and surveillance may be carried out locally under the care of Dr Bianchini
- Dr Bianchini core member of the West Kent Local/Specialist Urology Team

It is noted that Dr Bianchini have been engaged in making sure that the KMCC Testicular Cancer Pathway of Care is consistent with RMH clinical guidance.

5.0 Responsibilities of the Urology TSSG

5.1 Function of the TSSG – Terms of Reference

- A copy of the full Terms of Reference for all Tumour Site Specific Groups (TSSGs) is located on the KMCC website: http://kmcc.nhs.uk/tumour-sites/terms-of-reference/

- A copy of the TSSG Chair Job Description is located on the KMCC website: http://kmcc.nhs.uk/tumour-sites/terms-of-reference/

5.2 Research & Trials

The TSSG has established a formal Research & Trials Group. It is the responsibility of the TSSG Chair to ensure that the Clinical Trials Report is discussed at the two TSSG meetings held within the 12 month period.

The national initiative to restructure the Research Networks to 15 Local Research Networks has resulted in a reconfigured structure for delivering clinical research across England:-

- The three local Cancer Research Networks are now part of the NIHR Clinical Research Network: Kent, Surrey and Sussex
- The new organisation coordinates clinical research and facilitates study set up and delivery, through 30 disease specialties, of which Cancer is one
- The transition to the new organisational structure is ongoing and when the Research work plan is formalised, it will be included in the TSSG work plan
- The Research and Trials groups provide the platform for discussion of cancer clinical studies and act as a resource for information pertaining to those studies

5.3 Non-Surgical Oncology Group (NOG)

The Urology NOG was formally established in 2008.

A copy of the NOG full Terms of Reference is available on the KMCC website:
http://kmcc.nhs.uk/tumour-sites/terms-of-reference/

A copy of the Oncological Treatment of Urology Cancer is located on the KMCC website:
http://kmcc.nhs.uk/tumour-sites/tumour-site-specific-information/urology-tssg/

6.0 Children & Young People (CYP) / Teenage & Young Adult (TYA)

6.1 Children & Young People (CYP)

Children and Young People with Urological Cancers will be treated in accordance with principles set out in the CYP IOG.

All Children and Young People up to the age of 18 must be referred to the CYP Principal Treatment Centre which for KMCC is based at the Royal Marsden.

All Young People between 16 and 24 years of age must be offered a referral to the CYP Treatment Centre.

Referral to a CYP Principal Treatment Centre does not necessarily mean that treatment will be undertaken at that centre; shared care management protocols may allow some treatments to be undertaken locally.

6.2 Teenage & Young Adult (TYA)

The main principles in the Teenage & Young Adult guidance are as follows:

- The 16-18 age group should be seen and treated at the TYA Principal Treatment Centre (PTC) and have their management plans discussed by the TYA PTC although shared care can be arranged as part of the pathway
- Young Adults aged 19-24 years must be given choice where they would like to be treated either:
  - In the TYA Principal Treatment Centre.
  Or
  - An adult service designated by commissioners to treat young adults 19 to 24 years.
- In both cases all young people must be given access to the services and resources offered by the TYA MDT at the PTC, this may be remotely or through specified clinical services or supportive activities, and each trust will need a mechanism to identify all new TYA patients regardless of which MDT they initially present to.

7.0 Data, Data Collection

Collection of data at each stage of the pathway is the responsibility of the team looking after the patient at that time. The minimum dataset agreed by the TSSG will be a combination of those data items that meet national requirements, and additional items as agreed by the TSSG.

National data requirements will include:

- Cancer Waiting Times monitoring, including Going Further on Cancer Waits. The data items required will be as defined in ISB0147 at the time of referral and/or treatment.

  Cancer Waiting Times data will be submitted according to the timetable set out in the National Contract for Acute Services.

- The Cancer Outcomes and Services Dataset. The data items will be as defined in ISB1521, and any subsequent versions, at the time of diagnosis and/or treatment. The requirement will include

those fields listed in the “Core” section of the dataset, and any additional tumour site specific sections, as applicable.

Details of the COSD are available from:
http://www.ncin.org.uk/collecting_and_using_data/data_collection/cosd.aspx

Cancer Registration and Cancer Outcomes and Services (COSD) data will be submitted according to the timetable set out by the National Cancer Registration Service (NCRS).

Where applicable, teams will also collect additional data items as defined in any corresponding National Clinical Audit Support Programme (NCASP) audit dataset.

Data for NCASP audits will be submitted, where applicable, according to timetables as agreed by the TSSG, and within the overall submission deadlines for each audit.

Submission of data to meet these national requirements will be the responsibility of each individual Trust.

Note that these standards are subject to variation from time to time, and where these requirements change, the data items required to be collected by the team will also change in line with national requirements.

Local data requirements will include any additional data items as agreed by the TSSG. These must be selected to avoid overlap with any existing data items, and where possible must use standard coding as defined in the NHS Data Dictionary.

Where possible and applicable, InfoFlex will be used for the collection and storage of data.

Additional areas of the COSD, relating to pathology, radiotherapy, Systemic Anti-Cancer Therapy (SACT), diagnostic imaging and basic procedure details will feed into the dataset from other nationally mandated sources. It is the responsibility of each team to ensure that the whole of the relevant dataset is collected, and it is acknowledged that this may come from a variety of sources.

8.0 Pathology

All KMCC reporting pathologists follow The Royal College of Pathologists Histopathology Reporting on Cancers guidelines – a copy of which is available through the KMCC website:- http://kmcc.nhs.uk/tumour-sites/sub-groups-or-cross-cutting-groups/pathology-group/

Core Cell Path members of the MDT should be taking part in a general (but recognised) EQA scheme. It is expected that the Trusts will monitor this and inform the KMCC in the event of any deviation from this. The Trusts should also take responsibility for agreeing and implementing any remedial actions arising from either [a] any non-compliance with thismeasures and / or [b] matters identified through the EQA process.

Core Cell Path members of the KMCC Urology Teams (and any other Cellular Pathologist providing a Urology service) will participate in any Urology TSSG agreed cell path related audits.

9.0 Imaging

Imaging guidelines for urology cancer can be located in the KMCC agreed document located on the KMCC website on the following link: http://kmcc.nhs.uk/tumour-sites/sub-groups-or-cross-cutting-groups/diagnostics-group/

11.0 Glossary

Acronyms in common usage throughout KMCC documentation:

CNB	Cancer Network Board
CYP	Children & Young People (in relation to the IOG)
DCCAG	Diagnostic Cross Cutting Advisory Group
DVH	Darent Valley Hospital
EK	East Kent
EKHUFT	East Kent Hospitals University Foundation Trust
HoP	High Level Operational Policy
IOSC	Improving Outcomes: A Strategy for Cancer
K&C	Kent & Canterbury Hospital, Canterbury, (EKHUFT)
KMCA	Kent & Medway Cancer Alliance
KMCC	Kent & Medway Cancer Collaborative
KMCRN	Kent & Medway Cancer Research Network
LSESN	London & South East Sarcoma Network
MFT	Medway Foundation Trust
MTW	Maidstone & Tunbridge Wells NHS Trust
NOG	Non-Surgical Oncology Group *(Permanent oncologist sub group of the TSSGs with a specific responsibility for chemo/rad pathways and advice to the TSSG, KMCC and geographical locations on new drugs)*
PoC	Pathway of Care *(KMCC agreed disease site specific clinical guidelines)*
QEQM	Queen Elizabeth the Queen Mother Hospital, Margate (EKHUFT)
QoL	Quality of Life
QVH	Queen Victoria Foundation Trust Hospital East Grinstead
RMH	Royal Marsden Hospital
RNOH	Royal National Orthopaedic Hospital
SACT	Systemic Anti-Cancer Therapy
TSSG	Tumour Site Specific Group
TYA	Teenage & Young Adult
UCLH	University College Hospital London
WHH	William Harvey Hospital, Ashford (EKHUFT)
WK	West Kent

12.0 Revision History

Document Title	Urology – A High Level Operational Policy
Principle author (s)	S. Madaan
Co-author(s)	KMCC Team/ Urology TSSG
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Revision History			
Date of revision	New Version Number	Nature of Revision	Confirmation of Accuracy by
Jan 2009	0.1	Draft - Development of Draft OP	A.Jackson
Jan 2009 Feb 2009 Feb 2009	0.2 0.3 1.0	Draft - User involvement section included Draft - MDT membership updated Final - Agreed at KMCN CAT 10/02/2009	A.Jackson A.Jackson A.Jackson
April 2009	2.0	Final - Added MDT Co-ordinator details	A.Jackson
June 2010	2.1	Draft - Links and contacts updated	C.Tsatsaklas
July 2010	2.2	Draft: Update to accommodate new local MDTs / Update to accommodate new Board / Update to accommodation new National Must-Dos	A.Jackson
July 2010	3.0	Final - Final links, membership and grammatical changes	C.Tsatsaklas
June 2011	3.1	Draft - Updates added	I.Vousden
Sept 2011	3.2	Draft - Updates to measure numbers and contact lists	I.Vousden/ C.Peters
Sept 2011	4.0	Published	I.Vousden
June 2012	4.1	Draft - Update to new template (no content change)	S.Stanley/C.Tsatsaklas
Sept 2012	4.2	Draft – Updates to contents and format	C.Tsatsaklas/S.Dicker/ C.Waters/ A.Brittle/ B.Mercier/ I.Vousden
Nov 2012	5.0	Published – final agreed by 06/11/2012 Urology DOG	Urology DOG
August 2014	5.1	Draft - Removed text relating to DOGs, PCTs, KMCN – replaced with TSSGs, CCGs, Cancer Team, updated weblinks etc	C.Tsatsaklas
November 2014	5.2	Draft – Added NA as Interim Lead for KMCC	N.Aluwalia
Feb 2015	5.3	Draft – Added separate local MDM's for Dartford and Medway	H.Taylor/N.Aluwalia
June 2015	6.0	Published – changes ratified by O&Q Group	N.Aluwalia
Dec 2016	6.1	Weblinks, populations and admin updates completed. To be sent on to HE for	N.Aluwalia

		Clinical Changes	
May 2017	6.2	Further admin changes to weblinks, ratified by TSSG – this now requires O&Q ratification.	N.Aluwalia
July 2017	7.0	Final ratified document, added changes identified by O&Q Group	N.Aluwalia
August 2019	7.1	Draft – amendments to new TSSG Chair, KMCC Lead & admin support. Research & Trials	A.Wiltshire
June 2021	7.1	Draft – amendments from chair	S. Madaan
June 2021	8.0	Final – ratified document added changes from the chair. Searching for updated population numbers.	S. Madaan / A. Wiltshire