Kent and Medway Cancer Collaborative

Urology Tumour Site Specific Group meeting
Thursday 12th October 2023
Orida Hotel, Maidstone
09:00 – 12:30
Final Meeting Notes

Present	Initials	Title	Organisation
Sanjeev Madaan **(Chair)**	**SM**	Consultant Urological Surgeon	DVH
Elaine Ritchie	**ER**	Uro-oncology CNS	DVH
Fay Fawke	**FF**	Deputy Lead Cancer Nurse / Lead Macmillan Uro-oncology CNS	DVH
Adeyinka Pratt	**AP**	MDM Streamlining Project Manager	DVH
Shelley Arter	**SA**	Uro-oncology Support Worker	DVH
Jennie Keys	**JK**	Urology Prostate MDT Coordinator	DVH
Sashi Kommu	**SK**	Consultant Urological Surgeon & Cancer Lead	EKHUFT
Carys Thomas	**CT**	Consultant Clinical Oncologist	EKHUFT
Edward Streeter	**ES**	Consultant Urologist	EKHUFT
Jemma Hale	**JH**	Consultant Urologist	EKHUFT
Elizabeth Batt	**EB**	Operations Manager	EKHUFT
Thomas Cowin	**TC**	Deputy General Manager	EKHUFT
Ritchie Chalmers	**RC**	Medical Director	KMCA
Jonathan Bryant	**JB**	Primary Care Clinical Lead	KMCA / NHS Kent & Medway ICB
Claire Mallett	**CM**	Programme Lead – Personalised Care & Support	KMCA
Karen Glass **(Minutes)**	**KG**	Administration & Support Officer	KMCA & KMCC
Annette Wiltshire	**AWilt**	Service Improvement Lead	KMCC
Colin Chamberlain	**CC**	Administration & Support Officer	KMCC
Matt Hine	**MH**	KMCC InfoFlex Manager	KMCC
Roberto Laza-Cagigas	**RLC**	Senior Exercise Physiologist / Operations Lead	MFT
Tahir Bhat	**TB**	Consultant Urologist	MFT
Faisal Ghumman	**FG**	Consultant Urological Surgeon	MFT / MTW
Diletta Bianchini	**DB**	Consultant Medical Oncologist	MTW
Alastair Henderson	**AH**	Consultant Urologist	MTW
Kathryn Lees	**KL**	Clinical Oncologist	MTW / KOC

Patryk Brulinski	**PB**	Consultant Clinical Oncologist	MTW / KOC
Alison Richards	**AR**	Uro-oncology CNS	MTW
Claudia Simon	**CS**	Uro-oncology CNS	MTW
Adele Cooper	**AC**	Uro-oncology CNS	MTW
Min Zhang	**MZ**	Uro-oncology CNS	MTW
Albert Edwards	**AE**	Consultant Clinical Oncologist & Joint radiotherapy lead	MTW
Helen Morgan	**HM**	ePROMS Project Manager KOC Radiotherapy	MTW
Perpetual Palmer	**PP**	Research Practitioner	MTW
Jeanette Smith	**JS**	Uro-oncology CNS	MTW
Debbie Webber	**DW**	Clinical Trials Coordinator	MTW
Iveta Los	**IL**	Clinical Trials Coordinator	MTW
Jodie Hotine	**JH**	Lead Research Radiographer	MTW
Beth Carr	**BC**	Research Radiographer	MTW
Samantha Austin	**SA**	Cancer Support Worker – pelvic late effects	MTW
Alison Watkins	**AW**	Team Leader Faster Diagnosis	MTW
Jasper Dimairho	**JD**	Team Lead MDT Office	MTW
Amit Goel	**AG**	Consultant Histopathologist	MTW
Joanna Meredith	**JM**	Cancer Care Coordinator	West Kent Primary Care
Apologies			
Srijit Banerjee	**SB**	Consultant Urologist	DVH
David Stafford	**DS**	Macmillan Lead Nurse in Urology Cancer Services	EKHUFT
Iain Morrison	**IM**	Consultant Radiologist	EKHUFT
Jane Blofield	**JB**	Macmillan Urology Oncology Clinical Nurse Specialist	EKHUFT
Milan Thomas	**MT**	Consultant Urological Surgeon	EKHUFT
Shikohe Masood	**SMas**	Consultant Urological Surgeon	MFT
Angela Williams	**AWill**	STT Urology CNS	MFT
Claire Blackman	**CB**	Macmillan Urology CNS	MFT
Hazel Samson	**HS**	Cancer Support Worker	MFT
Suzanne Bodkin	**SB**	Cancer Service Manager	MFT
Denise Thompson	**DT**	Assistant Project Manager	MFT
Hide Yamamoto	**HY**	Consultant Urological Surgeon	MTW
Steph McKinley	**SMK**	Matron- Faster Diagnosis	MTW
Emma Forster	**EF**	Head of Service Improvement	NHS England– South East / KMCA

Brian Murphy	**BM**	Patient Partner	

Item		Discussion	Agreed	Action
1.	**TSSG Meeting**	**Apologies** • The formal apologies are listed above. **Introductions** • SM welcomed the members to the meeting and asked the group to introduce themselves. • If you attended the meeting and have not been captured within the attendance log above please contact **karen.glass3@nhs.net** directly. **Review Action log** • The action log was reviewed, updated and will be circulated to the members with the final minutes from today's meeting. **Review previous minutes** • The minutes from the previous meeting, which took place on Tuesday 25th April 2023 were reviewed and accepted as a true and accurate record. **Introduce new Cancer Alliance Medical Director** • SM introduced RC as the new Kent & Medway Cancer Alliance Medical Director. RC explained her role has changed since Henry (Taylor) was in post as the Clinical Lead for K&M CA. RC has been allocated more PA time to be able to support the TSSG's moving forward.		
2.	**Urology TSSG's**	**Update provided by Ritchie Chalmers**		

		• RC explained her plan is to attend as many of the upcoming TSSG meetings and to be a familiar face moving forwards. RC will be working closely with JB the Primary Care Clinical Lead. • RC thanked the TSSG Chairs for their support and their strong clinical leadership in driving forward their respective TSSG's. • RC mentioned the K&M CA will soon be embedded within the K&M Integrated Care Board (ICB) and as such will function as a bridge between the CA and the TSSG's. The aim will be to develop an ICB clinical strategy by utilising the data, CA funding and to be clinically led by the TSSG's. The TSSG's are key to driving forward the clinical strategy and shaping their service for the next year, 5-years and 10-years. • RC suggested they focus on what is pertinent to K&M particularly within the areas of deprivation and inequality. • RC is keen for each of the TSSG's to create lead specialist clinical roles within pathology, radiology, oncology, surgical & nursing and also to encourage their attendance at the TSSG meetings. • RC asked the group what data would be useful for them moving forwards in order to make decisions and agree pathways. The K&M CA data analyst – David Osborne is able to access good quality data from both InfoFlex and the ICB Data Warehouse. • SM suggested setting up a separate K&M wide Diagnostic TSSG meeting and referred to the historic issues of Radiology and Pathology attending TSSG meetings. • RC emphasised the importance of the Radiology and Pathology Networks linking in with the Cancer Alliance in order that they are an integral part of the horizon planning for the next 5-10 years.		
3.	**Performance**	• SM mentioned K&M Cancer Alliance FDS performance has improved over the last 12 months from 51.9% to 60.7%. They are currently the 6th highest performing alliance for FDS and 3rd for		**Performance slides were**

		62-day performance. The FDS performance target has replaced the 2ww target to confirm if a patient has a cancer diagnosis or not within 28-days. • In terms of the Urgent Suspected Cancer (USC) backlog for K&M patients waiting over 62-days they are the second lowest CA nationally at 7.7%. • SM suggested having a standard letter and fixed results clinic in place which would help them achieve their 28-day FDS performance standard. **DVH – update provided by Fay Fawke** • **Please refer to the circulated performance slide pack for a complete overview of the Trust's data.** • FF outlined some of the challenges and delays at DVH: i) Patients DNA – Outpatient Appointments ii) Histology delays • SM mentioned additional biopsy clinics have been set up to improve the delays. • RC emphasised the importance of having an improved clinical presence at the PTL's so they are able to see where the issues are and to help rectify them. **EKHUFT – update provided by Thomas Cowin** • **Please refer to the circulated performance slide pack for a complete overview of the Trust's data.** • DS outlined some of the challenges and delays at EKHUFT: i) 2ww capacity – challenge to date within 7-10 days ii) F2F OPA capacity delays following MDM iii) Radiology vetting and reporting delays		**circulated to the group on the 12th October 2023**

		iv) Patient choice v) Impact from industrial action vi) Surgical capacity is limited. MFT have offered surgical support but as yet no patients have accepted the offer. • SM highlighted the huge volume of patients at EKHUFT which is making it difficult for them to meet their targets. SM added this is nothing new as there are not enough resources to cope with the demand coming through. • Reference was made to the changing structure of the Care Groups at EKHUFT which is currently having a big impact on all costings and financial decisions. • There was a detailed discussion regarding using SFA's (Surgical First Assistant - nurses) not currently being used at EKHUFT but ongoing at MFT. There is clearly inequity across the patch which needs to be addressed by the TSSG. **Action – ES agreed to email RC separately. RC suggested this needs to be escalated through the CA to the ICB and onto the Royal College of Surgeons with comprehensive data supporting the use of SFA's rather than Junior Registrars when performing prostate surgery.** • **<u>MFT – update provided by Sanjeev Madaan</u>** • **Please refer to the circulated performance slide pack for a complete overview of the Trust's data.** • Consistently meeting all of the performance targets with no specific issues. • TB referred to a letter from NHSE confirming they are the highest performing trust nationally for 28-day FDS for Urology. They have a very good radiology department, MRI's are completed within 2 days and biopsies within 2 weeks. **<u>MTW – update provided by Jasper Dimairho</u>** • **Please refer to the circulated performance slide pack for a complete overview of the Trust's**		**ES / RC**

		data. • JD outlined some of the challenges and delays at MTW: i) Increased volume of referrals ii) Diagnostic delays iii) Industrial action and the summer holiday period iv) Delays for surgery and brachytherapy. • AH referred to the spikes in capacity and that it is harder to run the bigger volume clinics. They are looking into this issue. • KL highlighted that oncology capacity is hugely stretched and they will struggle over the next 6 months. This is due an increase in referral numbers and not discharging back to the GP due to patients having multiple lines of treatment.		
4.	**Clinical Pathway Discussion**	• **Prostate PoC – ongoing amendments by Sashi Kommu – to update at the next meeting.** • **Bladder PoC – ongoing amendments by Tahir Bhat – to update at the next meeting.**		
5.	**Kent & Medway Cystectomy Service**	**<u>Update provided by Ritchie Chalmers</u>** • RC referred to the InfoFlex data which highlights that 30 K&M patients in total require a Cystectomy. This number was disputed by the group and was suggested it was probably more like 70 patients. RC suggested if this was the case then the patients are not being coded accurately and this will have financial implications for the trusts. • EKHUFT are not currently offering a Cystectomy Service. ES was unable to continue this service on his own. Cases are being referred to West Kent. Referrals to GSTT and UCLH are not an option. SM is keen that the service is kept within the region. • TB confirmed that open cystectomies are performed at MFT. He has limited days to perform		

		robotic surgery. MFT are due to procure a second robot in the next few months. **Action – SM asked if AH would conduct an audit of 6-months' worth of data on TURBT's which would help inform future discussions. They agreed to speak separately offline.** **Action - SM stated the importance of the Cystectomy Service being integrated within the Bladder PoC document.**		**SM / AH** **AW**
6.	**Research update & involvement**	**<u>Update provided by Diletta Bianchini</u>** • DB highlighted the importance of the teams working collaboratively together to increase the uptake of clinical trials for their patients. • Each trust outlined the trials which were open to recruitment or in the set-up phase. **<u>DVH</u>** i) IP2-ATLANTA, BARCODE 2, EASE, and UKGPCS - open to recruitment. ii) IP7-PACIFIC and TAPS02 - in set up. **<u>EKHUFT</u>** i) TRANSLATE, PART and PARTIAL are open. **<u>MFT</u>** i) PARADIGM-E is open to recruitment. **<u>MTW</u>** i) TRANSLATE and PACE-C - open but not recruiting. ii) PACE NODES and PIVOTAL BOOST - open and in active recruitment. iii) TALAPRO-3 - open and completed the accrual phase.		**Presentation circulated to the group on the 12th October 2023**

		iv) STAMPEDE-2 - in set up. v) POINTER - SABR vs EBRT in Recurrent Pelvic Prostate cancer post radical treatment vi) EQUATOR - SABR for oligometastatic kidney cancer. • DB highlighted the issues in terms of the shortage of staff which includes – data managers, research nurses, operational staff, research pharmacists and radiologists. • MTW struggle to recruit research staff – however, they have recently appointed a band 7 research nurse. It was agreed that clinical research should be embedded within their job plans and to also have improved infrastructure in place. SM stated K&M were historically very good at recruiting their patients onto clinical trials. • RC suggested using their MDT's to actively recruit patients to the different clinical trials. There is variability across the trusts in terms of a Single Point of Access which needs addressing.		
7.	**PSFU SOP**	• David Stafford sent his apologies as he was unable to attend today's meeting and provide an update. • The group discussed the updated Personalised Stratified Follow-Up (PSFU) document which was discussed in detail at the last TSSG meeting. • Patients should be followed up for 2 years and then discharged as per NICE guidance. • GP's to be commissioned at a PCN level to monitor PSA levels within Primary Care – this is currently at an early stage. • KL mentioned that Oncology discharge after 1-year post radiotherapy. They do not have PSA nurse led clinics in place. • MH confirmed InfoFlex is ready to go, however there is a pathology IT issue in terms of receiving automated results. Additionally, there is a risk associated with manually entering PSA results in to InfoFlex.		**Slide circulated to the group on the 12th October 2023**

		• RC referred to the single LIMS (Laboratory Information System) system which is due to be launched in April 2024 which will manage all pathology testing and reporting. • PIFU/PSFU programmes are in place at all of the trusts and continue to evolve at different rates. • FF explained the Stratified Self-Management Portal at DVH called True North is well received by patients and has shown to improve their experience and outcomes. • MH and the Cancer Alliance are working closely with the trusts to get the wider Prostate Patient Portal up and running.		
8.	**HDR Prostate Brachytherapy Boosts**	**<u>Update provided by Kathryn Lees</u>** • KL provided a detailed update on High Dose Rate (HDR) Prostate Brachytherapy using transperineal US guided needles - inserted under General Anaesthetic. The aim is to deliver a high radiotherapy dose to the prostate whilst minimising the risk to the surrounding organs. • In line with NICE guidelines – Prostate Cancer: diagnosis and management – consider high dose rate of brachytherapy in combination with external beam radiotherapy (EBRT) for men with intermediate and high-risk localised prostate cancer. • KL outlined the following details within her presentation including: i) Indications ii) Adverse events iii) Eligible and exclusion criteria • KL confirmed their initial capacity will be limited but they hope to be able to start their first patient in November (2023).		**Presentation circulated to the group on 12th October 2023**

9.	**EPROMS tool KOC radiotherapy side effect data**	**<u>Update provided by Helen Morgan</u>** • HM provided the group with a presentation on the Noona Electronic Patient Reported Outcomes Measures (EPROMS) tool the bulk of which is used for Prostate and Breast radiotherapy patients (excluding brachytherapy). • Noona® is a patient outcomes management solution tool designed to engage patients in their care with: i) real-time symptom reporting & monitoring ii) streamlined clinical workflows to promote evidence-based care iii) access to rich data insights for better management iv) ongoing assessment over the course of care. • Patients can report symptoms, respond to questionnaires and communicate with their care team as often as they like. • Care teams are able to collect highly specific, detailed information tailored to a patient's diagnosis and treatment type for more informed decision making. • A scoping exercise was carried out to see what products were available and compared in order to fit in with other MTW systems. There was senior management agreement and a DPIA was submitted in November 2022. The DPIA included Cyber security documentation and this was approved in June 2023. Funding was then secured for the first year's evaluation period. • The Noona app has been implemented into the radiotherapy pathways to capture radiotherapy side-effects. • The Consultant will identify who will be suitable to use the app and no patient is forced into using it. The patient will receive information leaflets including: i) Bladder and Bowel prep details ii) Patient questionnaires prior to clinic appointments		**Presentation circulated to the group on 12th October 2023**

		iii) Patient self-management feed back iv) Links to other recourses and health care teams v) Patient satisfaction surveys vi) End of treatment information • Noona will have pre-set advise triggers for the patient including urgent, semi urgent and routine. Patients can access the app daily and will be able to send details to the team if they require assistance / phone call. When the patient accesses the app, a PDF will be generated which will be sent to KOMS. • The patient will be triaged to which ever follow up protocol is in place after being discharged from their radiotherapy follow up. The long-term goal will be for the patient to use the Noona app. This will release the non-urgent patients seen by the clinicians and they will receive more appropriate care. This allows the clinicians to concentrate on those patients with more complex requirements. This supports the ethos of the ICB in which the patient is the centre of the care provision. • Noona supports those patients who are not able to communicate for whatever reason and be able to manage their radiotherapy side effects. • ProKnow is a web tool that records the radiation dose prescribed to target areas and organs which have been put at risk. Noona is able to provide quantifiable standardised auditable data. If any correlations or patterns are found, then further investigation and research can be proposed. • KOC will be in the first wave of Noona users in radiotherapy in the UK. The cost for the 1-year evaluation period is £4,999.99 + VAT with the cost rising considerably after this.		
10.	**Prehabilitation**	**<u>Update provided by Roberto Laza Cagigas</u>** • RLC provided the group with an update on the importance of prehabilitation for their K&M cancer patients. It enables people with cancer to make the most of their lives by maximizing the outcomes of their treatment whilst minimizing the consequences of treatment such as fatigue,		**Presentation circulated to the group on 12th October 2023**

		breathlessness and lymphoedema. • QuestPrehab is a free mixed-model multimodal prehabilitation programme for patients diagnosed with cancer in K&M. They provide them with the tools to improve their lifestyle and get healthier before, during and after cancer treatment. They work virtually with the patient to advise on the following: i) Nutritional guidance ii) Clinically led support iii) Physical activity iv) Peer support v) Supporting self-management vi) Healthy lifestyle vii) Sleep and recovery viii) Psychological support • The Craetus app helps patients log their progress and structure their weekly activities. There are regular live streaming exercise sessions during the week which cover all modalities. • RLC provided outcomes from the programme with 2 case studies who have shown remarkable results and overall improved health. • RLC highlighted that the prehabilitation programme has been funded by the K&M CA and is a free service for all cancer patients. • The methods received for referral include: i) Online form – https://www.questprehab.com ii) InfoFlex iii) Patient self-referral iv) Primary Care referral • RLC encouraged the attendees to take a leaflet outlining the referral method. There are currently no capacity issues. They do generally receive both good and bad feedback for those		

		patients utilising the programme. • If there are any further questions please email - roberto.lazacagigas@questprehab.com.		
11.	**Prostate SABR**	**Update provided by Patryk Brulinski** • PB provided an update on the 5-fraction Prostate SABR outcome from Kent Oncology Centre. Having fewer radiotherapy sessions can improve the patient's quality of life and the unpleasant side effects. • Various published articles stated that higher doses of radiotherapy can cut treatment time by up to 75% for localised prostate cancer patients, whilst also maintaining high cure rates. • 5-year outcomes from PACE-B which offer just 5 sessions of radiotherapy reduced from 39 sessions and this showed no difference in outcomes. • PB mentioned the PACE-A trial comparing SBRT to surgery to remove the prostate gland which was under recruited too due to the pandemic. • It was concluded they were not able to currently offer this trial locally to those eligible patients due to current workload pressures but PB would follow this up with the Oncology Manager to progress at a later date.		**Presentation circulated to the group on 12th October 2023**
12.	**Prostate FU** **Cancer Alliance update**	**Update by Claire Mallett** • Prostate FU – discussed earlier in the agenda under PSFU SOP **Due to time constraints please refer to the circulated presentation for the complete CA update.** • CM tailored the CA update to the following: • To deliver Best Practice Timed Pathways (BPTP) milestones for suspected prostate cancer.		**Presentation circulated to the group on 12th October 2023**

		• Deliver 100% population coverage to K&M for the Non-Specific Symptoms (NSS) pathways. • In terms of the early diagnosis cancer programme to support the prostate cancer case finding project. • Improve the uptake of HNA's and Treatment Summaries. • There is an opportunity for CNS's and CSW's to take advantage of enhanced communication training and a motivational interviewing course (planned for November). These are funded by the K&M CA.		
13.	**CNS Update all Trusts**	• CNS's at DVH are participating in an acupuncture course – which they agreed to feedback at the next TSSG meeting. • DB asked if there were any genomic prostate cases and if so to contact her directly.		
14.	**Clinical Audit updates**	**<u>Robot Assisted Radical Prostatectomy (RARP) update by Sashi Kommu</u>** • SK provided the group with an update of the 266 independent RARP cases he has now carried out. SK highlighted the background, technique, results and outcomes carried out at EKHUFT. • SK referred to Professor Patel - robotic surgeon who has carried out 18,000 robotic prostatectomies. 85.2% of robotic surgery is able to pick up T2 disease compared to T3. In comparison SK has 40% pick up of T2 (115 / 266 cases) compared to 60% T3 disease (10% cases being T3b). • SK explained he follows up his RARP patients 2 - 6 months after surgery. 96% of his patients were discharged after 1 day. • SK thanked his Registrar colleagues and Uro-Oncology team for reviewing the independent data produced.		**Slides were not consented to be circulated.**

		• SK concluded that patient choice is key and the importance of what matters to them individually and this guides the decisions made.		
15.	**Patient Partners Engagement** **AOB**	• SM - a plea from Tracey Ryan asking the group for their assistance in finding patient partners for this TSSG meeting. If they have any suitable patients please could they contact TR directly – tracey.ryan1@nhs.net. • The group discussed implied consent - proposal to GP's to pause the pathway until the 2nd PSA result is back for 50 – 70-year olds. An MRI should only be carried out if the PSA level has increased. It was agreed to work together with Primary Care to create alternative cancer pathways for patients as this is in the best interests of the patients and also NHS recovery. **Pathology Update – provided by Amit Goel** • The Pathology workload has increased by 20% with a shortage in workforce numbers both locally and nationally – they have had two resignations. There has been no recruitment interest for prostate / urology. They have employed locums to cover in the meantime. • They are outsourcing prostate TURPs and foreskin cases with everything else being done in-house. • The long-term solution of using Artificial Intelligence for prostate pathology would definitely help but would be a cost of £6-7 million. • SM apologised for the over running of today's meeting but felt it had been a very productive meeting. He thanked the group for their attendance and contribution.		**PPE slide circulated to the group on the 12th October 2023.**
16.	**Next Meeting Date**	• **Tuesday 23rd April 2024 – 09:00 – 12:30 – venue TBC.** • **Thursday 10th October 2024 – 09:00 – 12:30 – venue TBC.**		**KG to circulate meeting invites.**