Activity Report
July 2014 – June 2015

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CONTENTS

EXECUTIVE SUMMARY 3

1. INTRODUCTION 5

2. MCN WORKPLAN AND ACTIVITIES (REPORTING PERIOD 07/2014 TO 06/2015) 6
   2.1 CORE OBJECTIVES 6
   2.2 INDIVIDUAL MCN OBJECTIVES 6
   2.3 OTHER MCN ACTIVITIES 7

3. QUALITY ASSURANCE / SERVICE DEVELOPMENT AND IMPROVEMENT 7

4. KEY PRIORITY AREAS FOR THE MCN IN THE NEXT 12 MONTHS 10

5. CONCLUSION 11

ACKNOWLEDGEMENT 12
Executive Summary

Introduction
The purpose of this document is to report the Urological Cancers Managed Clinical Network (MCN) activities in respect of:

- Performance against agreed objectives;
- Outcomes achieved; and
- Challenges encountered and actions taken to remedy defined issues.

This activity report covers July 2014 to June 2015. It also reports on key audit findings and resultant actions from the 2013 clinical audit. It notes that an additional audit report was published in June 2015 for the time frame July 2013 to June 2014 specifically for prostate cancer following the implementation of national Quality Performance Indicators (QPIs). This activity report looks forward from July 2015 to June 2016.

MCN Objectives
The Urological Cancers MCN has made progress and delivered a number of core and MCN specific objectives.

- **Enhanced Recovery After Surgery (ERAS)**
  ERAS is an evidence-based model of care which has the potential to transform elective cancer pathways by delivering a better patient experience and improved clinical outcomes. The MCN via a short life working group (SLWG) comprising a range of specialties has developed and published an ERAS exemplar pathway for patients undergoing major surgery for urological cancers.

- **Regional Service Map**
  The high-level regional service map was reviewed during 2014, the updated baseline position identifies the points at which services are delivered, the service components available at each and the connections between these points which represent the referral pathways for access to specialist services.

- **Transforming Care After Treatment (TCAT)**
  In support of the national TCAT programme, a prostate cancer project application from NHS Forth Valley has been successfully approved on behalf of the West of Scotland Cancer Network. This 1 year project in NHS Forth Valley is now underway and aims to support patients with prostate cancer to live as normal a life as possible with optimum quality.

- **Quality Performance Indicator Development for Testes**
  Testicular QPI development has been completed and the QPIs were implemented in October 2014. There has been good representation from MCN members in this national programme.

- **Guideline and Protocol Development and Review**
  Development and updating of Clinical Management Guidelines (CMGs) and Clinical Guidance documents (CGDs) remains a core component of MCN activity with significant progress made throughout the year. The MCN is nearing completion of the review of three existing CMGs, has completed one new CMG with a further new CMG in development. One Clinical Guidance CGD was reviewed.

- **Radical Prostatectomy Services**
  MCN members took part in a Regional SLWG that was tasked by the West of Scotland (WoS) Regional Cancer Advisory Group (RCAG) and Regional Planning Group (RPG) to review the current position with radical prostatectomy services in the WoS, set out the case for change
and develop a quality framework for any unit undertaking radical prostatectomy. The RPG has considered the business case for robotic surgery and has agreed to proceed with implementing a robotic surgery service. This work will continue into the 2015/16 workplan.

- **Regional Clinical Audit**
  The [2013 clinical audit data report](#) was published in March 2015 and is available on the West of Scotland Cancer Network (WoSCAN) internet site. Action plans are being monitored through the Steering Group. The report of the [prostate QPI clinical audit data covering July 2013 to June 2014](#) was published in June 2015 and is also available on the WoSCAN internet site. Action plans will be returned for this report in September 2014 and will also be monitored through the MCN Steering Group.

**Key Priority Areas for the MCN in the next 12 months**
A number of objectives will be carried over from this year as guideline development and review, regional service map, education, QPI reporting, transforming care after treatment, enhanced recovery after surgery, radical prostatectomy services and clinical audit continue as priorities in the work plan. New objectives to be progressed in the coming year include:

- Developing a proposal to establish a regional Small Renal Mass multi-disciplinary team; and
- Identifying primary prevention advice, signposting and referral activity provided across prostate services; the timing of advice giving and referrals and any knowledge gaps and/or service pressures which are currently limiting capability to meet patients’ needs.
1. Introduction

The Urological Cancers Managed Clinical Network (MCN) was established in 2003 as a means of delivering equitable high quality clinical care to all urological cancer patients across four NHS Boards: Ayrshire & Arran (AA), Forth Valley (FV), Greater Glasgow and Clyde (GGC) and Lanarkshire (LAN) covering a population of approximately 2.46 million.

The Urological Cancers MCN continues to support and develop the clinical service for approximately 2600 urological cancer patients per annum. The effective management of these patients throughout the region relies on co-ordinated delivery of treatment and care that requires close collaboration of professionals from a range of specialties. There are five Multi-disciplinary Team (MDTs) meetings held across the West of Scotland (WoS).

The 2013 West of Scotland Cancer Network (WoSCAN) audit data showed the following distribution of cancers:

- Bladder cancer patients (403)
- Renal cancer patients (650)
- Renal/Pelvis/Ureter patients (81)
- Testicular cancer patients (83)
- Penile cancer patients (41)

A total of 1258 cases of urological cancer (Excluding prostate) were recorded through audit as diagnosed in the West of Scotland (WoS) in 2013.

Following implementation of the prostate Quality Performance Indicators (QPIs), prostate QPIs were reported for the period July 2013 – June 2014. A total of 1419 prostate cancer patients were recorded in that time.

The purpose of this document is to report the Urological Cancers MCN activities in respect of:

- Performance against agreed objectives;
- Outcomes achieved;
- Challenges encountered and actions taken to remedy defined issues; and
- Update on progress of actions identified from the Audit Report.

MCN Governance

The Steering Group meets three times per annum with representation from each of the partner NHS Boards and all relevant specialties involved in the management of urological cancers. The Steering Group also benefits from active lay representation. The Steering Group is consulted between meetings as required by the clinical lead and manager. Mr Gren Oades, Consultant Urologist, NHSGGC, is the clinical lead. Dr Rob Jones, Senior Lecturer and Honorary Consultant Medical Oncologist at the Beatson West of Scotland Cancer Centre (BWoSCC) is the deputy lead. The input of all members of the MCN has been invaluable in supporting the delivery of the MCN work plan during 2014/15.
2. MCN Workplan and Activities (reporting period 07/2014 to 06/2015)

2.1 Core Objectives

Enhanced Recovery After Surgery (ERAS)
ERAS is an evidence-based model of care which has the potential to transform elective cancer pathways by delivering a better patient experience and improved clinical outcomes. The MCN via a short life working group (SLWG) comprising a range of specialties has developed and published an ERAS exemplar pathway for patients undergoing major surgery for urological cancers. The MCN will maintain a focus in the 2015/16 workplan on ERAS to support regional implementation.

Regional Service Map
Work was undertaken to review the high-level map of urological cancer services in the West of Scotland. The updated baseline position describes the points of delivery, the service components available at each point and the interconnections between these in regard to access to tertiary services. The mapped information was included in a consolidated regional report which was presented to the Regional Cancer Clinical Leads Group in October 2014 and shared with Board Cancer Managers.

Transforming Care After Treatment (TCAT)
Building on the successful follow-up work undertaken in recent years by the MCN, the national TCAT programme provided the opportunity to test out proposed future models of care. The expression of interest submitted by a team from NHS Forth Valley, on behalf of the West of Scotland Cancer Network was successful and this 1 year project has now commenced. A TCAT Project Nurse has been appointed and is working with the Urology team. The aim of the project in NHSFV is to support patients to live as normal a life as possible with optimum quality, following a diagnosis of prostate cancer. This will be achieved by developing a follow-up service for patients with prostate cancer that is person centred and meets individual needs. A treatment summary and a holistic needs assessment will enable individual care plans to be developed. A draft of the electronic treatment summary will be available in June/July 2015 and be finalised in September 2015. It is anticipated the project would support and deliver an improved pathway for follow-up and support for patients with prostate cancer at the end of their treatment and improve the flow/communication between primary/secondary and social care to deliver improved outcomes for people living with prostate cancer. The MCN is participating in the local meetings and will ensure that the Steering Group members and the wider membership is kept up to date with progress, ensuring that the learning and benefits to patients accrued from this project will be shared across the other NHS Boards. This work continues in 2015/16.

2.2 Individual MCN Objectives

National Cancer QPI Development Programme
The National Cancer Quality Steering Group under the auspices of the Scottish Cancer Taskforce has completed the development of national QPIs for all cancers. The testicular QPIs were implemented in October 2014. This programme will enable future national comparative reporting and will help to drive continuous improvement for patients.

Guideline Development and Review
Development and updating of Clinical Management Guidelines (CMGs) remains a core component of MCN activity. The following CMGs have been in the review process since the publication of the last Activity Report issued in July 2014:

- Prostate Castration Resistant;
- Prostate which is Not Castration Resistant (Formally titled Androgen Deprivation Therapy);
- Penile Cancer;
- Prostate Bone Health; and
- Non Metastatic Renal Cancer.

Clinical Guidance Document (CGD) review is also a core component of MCN activity. A review of the renal cancer regional follow-up guidelines was led by Mr Ross Clark, Consultant Urologist NHS Ayrshire & Arran. The guidelines were updated to reflect contemporary practice. Guidance pertaining to cystic renal lesions has been included for the first time. The updated guidelines were published in April 2015.

**Radical Prostatectomy Services**
MCN members took part in a Regional SLWG that was tasked by the WoS Regional Cancer Advisory Group (RCAG) and Regional Planning Group (RPG) to review the current position with radical prostatectomy services in the WoS, set out the case for change and develop a quality framework for any unit undertaking radical prostatectomy. The RPG has considered the business case for robotic surgery and has agreed to proceed with implementing a robotic surgery service. This work will continue into the 2015/16 workplan. Plans are being put in place which would enable the WoS to procure a robot in 2015/16 and to commence robotic assisted treatment by March 2016.

**2.3 Other MCN Activities**

**Shortage of Intravesical Bacillus Calmette–Guérin (BCG)**
BCG is a standard part of the treatment for patients with bladder cancer. There has been an international shortage of BCG since the latter part of 2014. MCN members have been working with a range of colleagues in both secondary and primary care to ensure that steps have been taken to utilise current supplies adequately. The MCN has endorsed the British Association of Urological Surgeons recommendations to conserve stocks and has been working with pharmacy colleagues to prepare to utilise alternative preparations in the event of BCG no longer being available.

**Education**
A successful half day education event was held at Glasgow Royal Infirmary in June 2015. The meeting was well attended with representation from all disciplines and MDTs in the WoS. The meeting benefited from a presentation from the Director of Renal Cancer Services, Royal Free, London, NHS England. Presentations included:
- Robotics is coming to the WoS.
- Lessons learned from the Centralisation of Renal Services: Implications for the WoS.
- Renal QPI Audit Data.
- Prostate QPI audit Data.
- Bladder and Testicular Audit Data.
- Prostate Cancer: American Society of Clinical Oncology Update.

**3. Quality Assurance / Service Improvement**
The primary function of the MCN is to facilitate continuous service improvement, supporting delivery of high-quality, equitable treatment and care to patients with urological cancers in the WoS.

The MCN prospective clinical audit programme underpins much of the regional service improvement work of the MCN. It supports quality assurance by providing the means for regular assessment, and reporting, against recognised and agreed measures of service performance and quality. The National Cancer Quality Programme requires comparative assessment of performance to be published annually by Regional Cancer Networks and every 3 years a national comparative report will be produced by Information Services Division (ISD) containing trend and survival analysis.
**Audit and Governance Process**

The clinical audit process captured 1258 new cases of urological cancers (Excluding prostate) for 2013. These data have been used to measure quality of clinical care provided; utilising eight nationally agreed QPIs for renal cancer and eight regionally agreed Key Outcome Measures (KOMs) for bladder cancer. In the next report, the newly published QPIs for bladder and testicular cancers will be used.

The prostate QPIs are now in their second year of being reported. The clinical audit process captured 1419 prostate cancer patients for the period July 2013 – June 2014.

Following analyses of the regional data by the WoSCAN Information Team and reporting of provisional results, local multi-disciplinary teams are required to critically review and verify their own results before these are collated to provide a regional comparative report of performance.

The report of the [2013 clinical audit data](Excluding protonate) was published in March 2015 and can be found on the WoSCAN internet website. The report of the prostate QPI clinical audit data covering July 2013 to June 2014 was published in June 2015. Both reports are available on the WoSCAN internet site.

Following publication of the reports and in accordance with agreed governance procedure, Boards were asked to produce an Action/Improvement Plan in response to the key findings and actions identified in the report. Initial responses are required to be submitted to the Regional Information Manager within two months of publication of the audit report. All actions should be progressed and monitored via local Board governance structures.

Progress against these specific Board actions and any regional actions identified as a priority by the MCN Clinical Lead and Manager, are monitored throughout the year by the Steering Group.

**Action/Improvement Plan Progression: 2012 Audit Report (Excluding prostate)**

All Boards returned local action/improvement plans in response to the audit report. Submitted action improvement plans from NHS Ayrshire & Arran, NHS Forth Valley and NHS Lanarkshire confirm that all identified actions have now been fully implemented. NHS Greater Glasgow and Clyde has completed the majority of the actions identified and progress has been made to complete the remaining action;

- A referral form will be introduced to coincide with an update to the MDT system which will ensure that all testicular cancer patients undergoing orchidectomy are offered prosthesis and the patient response is documented.

NHSGGC indicate that they will make use of radiological information to be further utilised to improve recording of clinical staging. Staging data will be recorded at the MDT meeting.

**Action/Improvement Plan Progression: July 2012 to June 2013 Prostate QPI Audit Report**

All Boards returned local action/improvement plans in response to the audit report. Recently submitted action improvement plans from NHS Ayrshire & Arran and NHS Forth Valley confirm that all identified actions have now been fully implemented.

NHS Lanarkshire has completed the majority of the actions identified. Progress has been made to complete the remaining two actions:

- The Clinical Nurse Specialists are working to ensure that all patients with prostate cancer are added to the MDT list.
- The QPI measurability document has been circulated to the urological cancer team to ensure that they are aware of time scales with regards hormone therapy commencing.
NHS Greater Glasgow and Clyde has completed the majority of the actions identified and progress has been made to complete the remaining action;

- The majority of prostate cancer patients are discussed at the MDT. A referral form will be introduced to coincide with an update to the MDT system which will ensure that stage based on digital rectal examination is recorded as a distinct item.

**Action/Improvement Plan Progression: 2013 Audit Report (Excluding prostate)**

Three of the four NHS Boards have returned local action/improvement plans in response to the audit report. Outlined below is a high level summary of progress on actions.

**Renal Cancer:**
- The MCN has highlighted the importance of data recording with regard to performance status in order to enable accurate measurement against QPI 8 (Systemic therapy for advanced/metastatic disease) at steering group meetings.
- NHS FV has reviewed radiological staging, noting that all patients had a computerised tomography abdomen and thorax performed. Those patients with apparent localised disease and small renal lesions were not referred for an additional scan as discussed at MDT.
- NHS FV advised that they are reviewing the MDT outcome form to include the performance status for patients with renal cancer.
- NHSGGC should ensure all patients diagnosed with renal cancer are radiologically staged in line with current CMG guidelines published January 2015; NHSGGC have not confirmed what actions have been planned to resolve this.
- NHSGGC should ensure that all patients have performance status recorded to determine inclusion in the denominator for QPI 8; NHSGGC have not confirmed what actions have been planned to resolve this.
- NHS Lanarkshire advised that 10% of renal patients did not have complete pre treatment radiological scanning. NHS Lanarkshire has circulated the measurability document of this QPI to their radiologists to ensure that complete pre treatment imaging is performed.
- NHS Lanarkshire have discussed with the relevant surgeons as to why QPI6 (Nephron sparing surgery) was not met. Discussion is underway with GGC NHS Board regarding referral of patients where there is uncertainty surrounding partial surgery.
- NHS Lanarkshire has reiterated the importance of recording performance status for renal cancer patients to determine inclusion in the denominator for QPI 8. NHS Lanarkshire noted that there has been an improvement in the recording of performance status reflected in the 2014 figures to date. NHS Lanarkshire is considering involvement of cancer nurse specialists at early stage of patient pathway prior to treatment, where performance status can be recorded.

**Bladder Cancer:**
- The MCN has highlighted the importance of monitoring the proportion of patients diagnosed with Stage 0a (Ta, N0, M0) bladder cancer discussed at MDT following initial transurethral resection of bladder tumour (TURBT) to ensure compliance with upcoming QPIs at the steering group.
- NHS FV have reviewed local processes to ensure all patients diagnosed with Stage 0a bladder cancer benefit from discussion at MDT following initial TURBT
- NHSGGC should review local processes to ensure all patients diagnosed with Stage 0a bladder cancer benefit from discussion at MDT following initial TURBT, thus ensuring compliance with upcoming QPIs. NHSGGC have not confirmed what actions have been planned to resolve this.
- NHSGGC must continue to ensure local processes support the necessary improvement in the capture of clinical staging information for all patients with bladder cancer. NHSGGC have not confirmed what actions have been planned to resolve this.
• NHSGGC should feedback results to MCN once review of cases that did not undergo radical cystectomy has been completed. NHSGGC have not confirmed what actions have been planned to resolve this.

Testicular Cancer:
• NHS AA has reviewed the patients who were deemed not suitable for chemotherapy. A number of patients opted for surveillance following discussion with the clinician.
• NHSGGC should continue to monitor local processes to ensure that all patients diagnosed with testicular cancer undergoing orchidectomy are offered prosthesis and the patient response is documented. NHSGGC have not confirmed what actions have been planned to resolve this.

Escalation Process

Any service or clinical issue which the Steering Group considers not to have been adequately addressed will be escalated to the Regional Lead Cancer Clinician and relevant Territorial NHS Board Cancer Clinical Lead by the MCN Clinical Lead.

4. Key Priority Areas for the MCN in the next 12 months

The MCN work plan was published in early May 2015 and has an emphasis on identifying outcomes that improve the quality of patient care and overall efficiency. Below are the objectives to be progressed in the coming year:

Core Objectives:
• Continue to support the regional clinical audit programme and effectively utilise audit findings to inform and drive service improvement;
• Support delivery of the national cancer QPI development programme;
• Manage the development/review of Urological Cancers MCN CMGs and CGDs;
• Participate in the WoS rolling programme of regional education events;
• Maintain an MCN focus on Enhanced Recovery After Surgery (ERAS) to support regional implementation; and
• Continue to work on the TCAT project, to ensure that the learning and patient benefits are shared across each of the NHS Boards in the WoS.

Individual MCN Objectives:
A number of objectives will be carried over from this year’s work plan, including participating in the radical prostatectomy services review. New objectives to be progressed in the coming year include:

• Developing a proposal to establish a regional Small Renal Mass multi-disciplinary team; and
• The MCN will also take forward a health promoting health service objective which is common to Breast and Colorectal Cancers; to identify primary prevention advice, signposting and referral activity provided across urological cancer services; the timing of advice giving and referrals and any knowledge gaps and/or service pressures which are currently limiting capability to meet patients’ needs.
5. Conclusion

This has been a productive year and the MCN, with the support of the Steering Group, has continued to work closely with local and regional clinical and management teams across the WoS to progress the work plan objectives. Ongoing development and update of CMGs and other regional guidance continue to drive consistency of practice and provide improved care for patients with urological cancers in the WoS. Recognising the pressures on clinical time, the MCN is looking at the most time efficient and effective way to engage and involve members in MCN activities to ensure essential clinical input to the ongoing improvement and development of urological cancer services in the WoS.

Looking ahead the MCN welcomes the opportunity to develop a regional radical prostatectomy service and to developing a proposal to establish a regional Small Renal Mass multi-disciplinary team. The MCN also welcomes the opportunity to improve the quality of care for patients with prostate cancer who have successfully completed their acute treatment and to making best use of the opportunity that TCAT funding will provide to ensure that patients can be supported to return to as normal a lifestyle as possible.
Acknowledgement

This report represents the achievements and challenges progressed across the NHS Boards of the West of Scotland Cancer Network:

NHS Ayrshire & Arran
NHS Forth Valley
NHS Greater Glasgow and Clyde
NHS Lanarkshire

We would like to thank all members and active participants in the cancer network for their continued support of the Managed Clinical Network, without their efforts this level of progress would not be possible.