West of Scotland Cancer Network Urological Cancers MCN Work Plan 2023/2024

	Actions Required	Lead	Due Date
1.	Continue to engage with the Regional MDT Improvement Programme to optimise operational efficiency and effective	reness of the MDT	
1.1	Work with MDT programme Board and eHealth colleagues to progress development of the MDT system utilising the agreed core dataset for renal, bladder, testicular, penile and prostate cancers.	MCN Clinical Lead MCN Manager	Ongoing In line with regional
1.2	Agree actions arising from the MDT FIT QA process and engage with local MDTs to deliver against these.	MDT-FIT Project Facilitator Local MDT Leads / members	programme.
2.	Support after Treatment: Risk Stratified Follow Up		
2.1	Facilitate ongoing regional roll out of the remote digital platform [Connect Me] for follow up of radically treated prostate cancer patients (post-radical prostatectomy or radical radiotherapy) • Expand Go live in NHSAA and share learning • Roll out to NHSGGC, NHS Lanarkshire, NHS Forth Valley	LWC Clinical Lead MCN Manager NSS Team	April 23 In line with national/local ehealth teams
2.2	Participate in National Single Point of Contact (SPoC) Forum to share learning from the 12 funded pilot projects • Collate data to enable evaluation of service and patient experience of new method of follow up	Local e health Teams	Ongoing
2.3	Scope areas for future expansion, notably in Germ Cell Tumours. • Work with NHSNSS and key stakeholders to define the IT specification.		December 23
3.	Patient Reported Outcome Measures (PROMs)		
3.1	Support delivery of the regional PROMs workplan as required as outlined in the overarching regional workplan actions aligned under Patient Centred Care for All.	MCN Clinical Lead MCN Manager MCN Advisory Board Regional Prostate Service BWoSCC Radiotherapy and Brachytherapy Services	Ongoing
3.2	For prostate cancer patients, support implementation of PROMs collection for radical radiotherapy and radical brachytherapy based on the system currently in place for radical prostatectomy patients and which is reported via the National QPIs (QPI 8).		July 23
3.3	Support development and regional implementation of a new system for electronic collection and reporting of PROMs in the three identified cohorts of radically treated prostate cancer patients.	- brachytherapy services	July 23 onwards

4.	Develop and maintain regional /national guidelines to optimise patient care		
4.1	Co-ordinate the review of clinical management guidelines (CMGs) and clinical guidance documents (CGDs) in line with	MCN Clinical Lead	December 23
	WoSCAN SOPs.	0	July 23
	CMGs	Oncology Lead	June 23
	Prostate Cancer Advantage Bank Cancer	MCN Manager	August 23 June 23
	Metastatic Renal Cancer Man graduatide Renal cancer	IVICIN IVIAIIAGEI	June 23
	Non metastatic Renal cancer Diadday Career		
	Bladder Cancer Heath clied Cancer		
	Urothelial Cancer		
	CGDs		On publication of
	Bladder Cancer Follow up		National Bladder
	bladder cancer rollow up		Cancer surveillance
			pathways.
	Renal Cancer Follow Up		December 23
5.	Maintain tumour specific regional service configuration maps		
5.1	Update audit data annually in line with QPI report publication schedule.	MCN Manager	On publication of QPI
			reports:
			Renal
			Bladder
			Testes
			Prostate
6.	Deliver regional education event which facilitates review of clinical audit data as required, and promotes shared lea	rning of current best praction	e and innovation.
6.1	Development of a focused programme for the event, addressing relevant key issues.	MCN Clinical Lead/	Q2 24
		MCN Manager	
6.2	Establish data requirements for the event, and any arising as a result of the event.	MCN Manager	
	Liaise with information team regards audit presentation requirements		
	Liaise with information team if any further audit opportunities identified		
	Ensure appropriate data sharing agreements issued, completed, agreed and passed to information team		
6.3	Develop action plans arising from event. Monitor progress of agreed actions.	MCN Manager	
	Record actions arising from discussion at event		
	Develop action plans of same		
	Issue action plans as appropriate		
	Monitor progress of actions recorded		

Use of clinical data to drive improvement in quality of care and outcomes		
Review individual tumour specific QPI audit findings to identify variation in practice and highlight exceptions.	MCN Clinical Lead Information Manager	April 23
Performance Summary Returns Assessed		
RCOG exception reports produced		
Governance review and Interrogation of QPI exceptions		
Agreement of actions for inclusion in annual audit reports		
Input to the production of individual urological cancers tumour specific Annual Clinical Audit Reports		
Identify requirements for further data analysis to aid understanding of variance, and develop actions/ improvement	MCN Clinical Lead	As per reporting
plans or focussed audit.	MCN Manager	schedule above
Monitor and ensure progress with regional and local board action/improvement plans.	MCN Clinical Lead	Action plans to be
	MCN Manager	returned within 2
Conclusion of actions from QPI Exception Reports for bladder, prostate, renal and testicular cancer	Board Clinical Effectiveness	months of
	Leads	publication.
	RCOG	
Re-audit and report outcomes of 2021 upper tract TCC audit data to ensure equity of care in the region. Comparison with 2019 data Action any variance as required	MCN Manager/ Renal MDT members/MCN Clinical Lead	March 24
Expand on regional analysis and comparison of treatment types in prostate cancer patients.	MCN Advisory Board	March 24
Review and report national comparison supplementing prostate QPI data	,	
Audit of Renal Follow up diagnostics to inform regional follow up guidance.	MCN Advisory Board	March 24
	Review individual tumour specific QPI audit findings to identify variation in practice and highlight exceptions. Performance Summary Returns Assessed RCOG exception reports produced Governance review and Interrogation of QPI exceptions Input to the production of individual urological cancers tumour specific Annual Clinical Audit Reports Identify requirements for further data analysis to aid understanding of variance, and develop actions/ improvement plans or focussed audit. Monitor and ensure progress with regional and local board action/improvement plans. Conclusion of actions from QPI Exception Reports for bladder, prostate, renal and testicular cancer Re-audit and report outcomes of 2021 upper tract TCC audit data to ensure equity of care in the region. Comparison with 2019 data Action any variance as required. Expand on regional analysis and comparison of treatment types in prostate cancer patients. Review and report national comparison supplementing prostate QPI data	Review individual tumour specific QPI audit findings to identify variation in practice and highlight exceptions. Performance Summary Returns Assessed RCOG exception reports produced Governance review and Interrogation of QPI exceptions Agreement of actions for inclusion in annual audit reports Input to the production of individual urological cancers tumour specific Annual Clinical Audit Reports Identify requirements for further data analysis to aid understanding of variance, and develop actions/ improvement plans or focussed audit. MCN Clinical Lead MCN Manager MCN Clinical Lead MCN Manager Conclusion of actions from QPI Exception Reports for bladder, prostate, renal and testicular cancer Re-audit and report outcomes of 2021 upper tract TCC audit data to ensure equity of care in the region. Comparison with 2019 data Action any variance as required. Expand on regional analysis and comparison of treatment types in prostate cancer patients. Review and report national comparison supplementing prostate QPI data MCN Advisory Board

Maintain watching brief on development of a national digital solution for Treatment Summaries

Continue to work with Regional Planning colleagues to deliver the actions identified as part of the ongoing WoS Urology Services Review.