Urological Cancers Peer Review 2014

Aneurin Bevan University Health Board

Royal Gwent Hospital

MEETING ATTENDANCE

Peer Review Team

Name	Job Title	Organisation
Tom Crosby	Medical Director	South Wales Cancer Network
Andrew Thomas	Consultant Urologist	Abertawe Bro Morgannwg University Health Board
Yvonne Lush	Development Manager	MacMillan Cancer Support
Damian Heron	Network Director	North Wales Cancer Network
Mansel Thomas	Lay Reviewer	Healthcare Inspectorate Wales
Nick Stuart	Consultant Oncologist	Betsi Cadwaladr University Health Board
Einir Price	Review Manager	Healthcare Inspectorate Wales
Debra Bennett	Programme Lead Cancer Peer Review	South Wales Cancer Network

Network Title	South Wales Cancer Network	
Organisation Title	Aneurin Bevan University Health Board	
Team title	Urology MDT	
Review Date Title	Tuesday 28th January 2014	
Name	**Job Title**	**Organisation**
Adam Carter	Consultant Urologist (MDT Lead)	Aneurin Bevan University Health Board
Jane Hart	Lead Cancer Nurse	Aneurin Bevan University Health Board
Duncan Ingrams	Lead Cancer Clinician	Aneurin Bevan University Health Board
David Fleming	Consultant Radiologist	Aneurin Bevan University Health

		Board
Jim Wilson	**Consultant Urologist**	**Aneurin Bevan University Health Board**
Danny Painter	**Consultant Urologist**	**Aneurin Bevan University Health Board**
Sarah Flowers	**Psychology**	**Aneurin Bevan University Health Board**
Mike Hague	**Lead Cancer Manager**	**Aneurin Bevan University Health Board**
Janet Marty	**Uro-oncology CNS**	**Aneurin Bevan University Health Board**
Stef Young	**Urology Nurse Practitioner**	**Aneurin Bevan University Health Board**
Julie Simpson	**Uro –Oncology CNS**	**Aneurin Bevan University Health Board**
Jason Lester	**Consultant Clinical Oncologist**	**Velindre NHS Trust**
Maureen Hunter	**Urology Nurse Practitioner**	**Aneurin Bevan University Health Board**
Doug Hymers	**Cancer Services Manager**	**Aneurin Bevan University Health Board**
Jackie Sliczny	**Deputy Support Manager Cancer Services**	**Aneurin Bevan University Health Board**
Andrea Cameron	**MDT Co-ordinator**	**Aneurin Bevan University Health Board**

Key Themes

1 Structure and Function of the Service

The team is a very well established team with a very good work ethos. They are clearly very busy and are very focused on providing the best service possible for their patients. There is good attendance at the MDT meeting, except for Palliative Care input (57%), There is very good CNS, oncology, radiology, pathology and psychology support, with excellent pathways in place, but it was noted that there was no Pathologist present at the review meeting.

It was noted that the MDT Lead Clinician had undertaken the majority of the completion the Self Assessment documentation and that the other members of the team had had little input to the information and evidence supplied. The documentation had been signed off by the MDT Lead with the support of the MDT.

There was an issue with regards to the provision of data for the Self Assessment document, resulting in this team submitting the least data than any other Urology MDT across Wales. It was felt that the data that was received centrally from Canisc wasn't reliable, but no other routes were undertaken to obtain this data. Data isn't validated routinely when entered into Canisc, and there was a lack of clinical ownership of the data. The MDT felt that there were issues retrieving data from Canisc which needs to be raised centrally. The Oncologist stated that oncology data was easily accessible although he was unaware that inadequate data had been submitted as part of this process.

All referrals are received by E-referral and can be viewed via the Clinical work station. PSA clinics are generally held at the Royal Gwent Hospital, but there are facilities to accommodate those patients who are unable to travel at Nevill Hall Hospital. A CNS is present at clinic in both hospitals. Clinics are also held in the Brecon area. For those patients having biopsies, there is a screening process in place in relation to co-morbidities. Patients are discussed at MDT following biopsy. All TRUS biopsies are carried out at the Royal Gwent Hospital. It is then patient's choice as to which hospital they attend for their results and any further investigations.

The MDT is held at the Royal Gwent Hospital in Newport on a Wednesday morning. The MDT discuss a large number of patients in a short space of time; this wasn't felt to be a sustainable process for the future, and there was no evidence of a strategy to address this. The team did stress that they would like a whole session for their MDT, but unfortunately this would require a lot of reorganisation, as the visiting Oncologist holds a clinic directly after the MDT. This would need to be looked at by the Health Board.

Currently, all newly diagnosed patients are discussed. It was reported that some patients were not discussed and patient pathways were affected due to capacity issues. The team rarely discuss post operative histology results and acknowledged that capacity issues may have contributed to a lower use of brachytherapy treatment.

The MDM Module is used administratively by the MDT Co-ordinator but not live at the MDT Meeting. The Co-ordinator enters the data retrospectively and the information checked by the team. The module is not used live due to the large number of patients discussed each week

A Pathway Co-ordinator has recently been appointed for a 6 month secondment who tracks

the patients along their pathway, booking appointments, chasing results etc. This post frees up the time of the Urology CNS's who previously carried out this role. This post is funded from the Urology Charitable Funds.

The team hold Business meetings outside of the MDT meeting twice a year. The next meeting is due to take place in April 2014. Any issues in relation to the service are discussed at these meetings.

The Health Board provides the only Radio Frequency Ablation service available in Wales. Unfortunately, this service is funded out of the Health Board Radiology budget and not on a South Wales basis. It isn't clear as to how long the Health Board will be able to sustain this service without extra funding. One of the Urology CNS's is part of this service.

The Health Board have relatively good performance results with regards to the 62 day cancer waiting times target, with Prostate 90%, Bladder 97% and Renal 92%, though at the time period reviewed were not compliant with waiting time targets.

Recruitment for the Wales Cancer Bank is around 5%. This rate is lower than the CDP Performance measure of 20%. Currently there are 2 members of Cancer Bank staff employed by the Health Board recruiting patients. There are currently no plans for this to be rolled out to other members of the Urology team. Recruitment to clinical trials was low (7/year) but the oncologist thought numbers were much higher and attributed the low figure to miscommunication with Velindre Hospital who hold this data.

There are some links with primary care in place. Previously the team has set up Men's health awareness sessions but there was poor attendance. GP's sit on the Health Boards Cancer Service committee meetings. The team has also established a dedicated E-mail service for GP's, where GP's email any queries or issues through to the team, with a turnaround for replies of 12 hours. The set up of this system was requested by the GP's. This process has been audited and has received very positive outcomes.

Currently there is a Macmillan funded 1-2-1 pilot project taking place in Primary Care in Aneurin Bevan Health Board This project is looking at the survival and rehabilitation of prostate and breast cancer patients, but they are looking to roll this out to other specialities. One of the MDT CNS's is part of the scoping group for this project. Macmillan has funded 2 GP's to lead the project. It is hoped that this project will lead to a decrease in the number of patient being reviewed at hospital clinics, freeing up clinic slots.

Currently there is no Minimal invasive prostate surgery carried out within the team on the basis of a fundamental clinical view that this approach has in general no additional benefit. Those patients requiring Laparoscopic prostatic surgery are sent to either Bristol or Swansea. One Consultant Urologist has undergone the specialist training required but will require refresher training as the last period of training took place 3 years ago. The team felt there were issues with transparency in the plans that are being developed for Robotic surgery in Cardiff, and felt that they would like to be involved more, but their patients will be given the option of Robotic surgery when the service is up and running.

2 Patient Centred Care and Experience

The team have seen the results of the Recent Macmillan survey and identified some of the key issues. The team felt It was disappointing that Only 19 Gwent prostate patients had participated in the survey, and that the results were based on 47 non-prostate patients. The outcomes for the team showed they did quite well.

There is ongoing work to make written care plans more user friendly.

The team previously took part in a Uro-Oncology Specialist Nurse Patient Satisfaction survey in 2012. The team are looking to carry out further patient surveys.

a. Evidence of Key worker

The CNS's take on the role of Key Worker. They are present at all specialist clinics where contact details are given. They see patients across all sub specialities, and there are nurse led follow up clinics for prostate and renal patients. The CNS's cross cover each other.

Key Worker was recorded in 4 of the 5 case notes looked at, and in all 5 of the Canisc case note

3 Service Quality and Delivery

a. MDT Service Support

The MDT was well supported by wider services.

There is excellent support from Radiology services, with 3 or 4 Radiologists attend the MDT Meeting. There were no issues with regards to the insertion of Nephrostomies or and therapeutic radiology. An audit has been carried out with regards to MRI capacity over the next 2 years, where it is predicted that there will be an increase of 200 MRI scans. The department are looking for funding to recruit a Consultant Radiologist with an interest in prostate MRI.

There is also good Oncology support and input at the MDT, with an oncology clinic held directly after the MDT on a Wednesday morning. There is a good proactive programme in place at Velindre hospital for Brachytherapy, but due to the limited capacity of the clinic, low risk patients are not seen by the oncologist. This is a low number of patients. It was felt that there were probably more patients who would benefit from this service.

There is a good Acute Oncology Service in place, along with an excellent Psychology support, and a process in place for Metastatic Spinal Cord Compression.

b. Service Outcome Data

	Aneurin Bevan UHB	Target
Number of USC referrals treated within 62	Prostate 90% Bladder 97% Renal 92%	95%
days Number of non–USC referrals treated within 32 days	Prostate 100% Bladder 100% Renal 100%	98%
Number of patients with Pre-treatment stage recorded	Prostate 47% Bladder X Renal X	70%
Number of patients entered into clinical trials	7	10%
Number of patients donating to Wales Cancer Bank	52	
Number of patients discussed at MDT	Prostate **X** Bladder **X** Renal **X**	100%
Median time for patients with muscle invasive TCC Bladder start of definitive curative treatment	Median 97 days	93 Days
Median time to TURBT	34 Days	

c. Key audits projects and outcomes

There have been a number of audits carried out, and the outcomes of those audits were provided. Many of the audits had been carried out by the CNS's.

Uro-oncology audits are regularly undertaken and presented at the Urology Department audit days. MDT specific audits are presented at MDT audit/business meetings which are held twice a year.

d. General Observations

Due to the lack of clinical data, the team were unable to assess where the team sat in comparison to other Urology MDT's across Wales.

There was a strong CNS input to the service, and it was stated that the CNS's held the service together. They had an outward looking focus with a willingness to learn and to ensure a patient centred high quality of care.

Good working relationships within the team with excellent support from the wider service. There were no great deficiencies within the MDT.

4 Review of Clinical Information in the Clinical Notes and Canisc

Review of 5 case notes using the peer review check list showed 4 of the 5 case notes had the Key Worker, care plans and Cancer Management plans at MDT recorded, notification to GP's within 24 hours of diagnosis recorded in 3 of the 5 case notes, but seen by the CNS

was recorded in all 5 case notes..

On checking the same case notes in Canisc, all 5 had Key Worker recorded, Care plans and Cancer Management plans agreed at MDT in 3 of the 5 case notes, Seen by CNS in 2 of the 5 case note, but notification to GP within 24 hours of diagnosis wasn't recorded in any of the Canisc case notes.

5 Engagement with Management

The Cancer Services committee discusses and approves the approach adopted/ developed by the organisation to the management of cancer across all tumour sites. 2 members of the MDT are members of this committee and provide advice on the delivery of cancer services.

6 Culture of the Teams

The panel noted that there was an excellent working relationship within the team and with the wider services and in many areas show excellent examples of care that should be aspired to by all MDTs in Wales. It felt as if the team took ownership of the service quality which should be highly commended. The team is a very busy and focussed group.

There was good attendance at the Peer Review Meeting, and although the team hadn't had the opportunity to engage in the Self Assessment part of the process there was a clear willingness to learn from any issues that were raised during the process.

The team managed their workload in a focused, concentrated and controlling manner which to date has ensured efficient management of a large number of patients. However it was noted that the MDT numbers were significant and the current approach may not be sustainable. The team demonstrated some realisation of these issues but had not at this time considered any actions that might adapt to the increase in workload.

GOOD PRACTICE / SIGNIFICANT ACHIEVEMENTS

- The MDT had good clinical pathways in place
- The MDT exhibited very good teamwork
- There was excellent clinical ownership of service quality
- The MDT was providing the only Radio-Frequency Ablation (RFA) service in South Wales
- Good performance results
- Strong links had been developed with primary care including the 1:2:1 Project
- The MDT has established regular business meetings

IMMEDIATE RISKS

None

SERIOUS CONCERNS

None

CONCERNS

- There had been no team input to the documentation for the Peer Review Process (accepted as being as a result of an over protective clinical lead)
- Lack of robust quantitative data regarding the quality of the service.
- Capacity at the MDT Meeting was potentially impacting on patient pathways and cases discussed