Urological Cancers Peer Review 2014

Cardiff and Vale University Health Board

MEETING ATTENDANCE

Peer Review Team

Name	Job Title	Organisation
Dr Tom Crosby	Network Medical Director	South Wales Cancer Network
Mr Vaikuntum Srinivasan	Consultant Urology Surgeon	Betsi Cadwaladr UHB
Mr John Featherstone	Consultant Urology Surgeon	Abertawe Bro Morgannwg UHB
Dr Mau-Don Phan	Consultant Oncologist	Singleton Cancer Centre Abertawe Bro Morgannwg UHB
Janet Marty	Urology Clinical Nurse Specialist	Aneurin Bevan UHB
Melanie Simmons	Performance Manager	Abertawe Bro Morgannwg UHB
Mansel Thomas	Lay Reviewer	Healthcare Inspectorate Wales
Dinene Rixon	Observer	Healthcare Inspectorate Wales
Sue Davies	Review Co-ordinator	South Wales Cancer Network

Network Title	South Wales Cancer Network	
Organisation Title	Cardiff and Vale University Health Board	
Team title	University Hospital of Wales	
Review Date Title	30 January 2014	
Name	**Job Title**	**Organisation**
Sarah Bennett	Uro-oncology CNS	Cardiff and Vale UHB
Colette Clements	Lead Urology Research Nurse	Cardiff and Vale UHB
Shibs Datta	Clinical Director Urology	Cardiff and Vale UHB
Rhian Davies	Assistant Directorate Manager	Cardiff and Vale UHB
David Griffiths	Consultant Pathologist	Cardiff and Vale UHB

Anne Hiscocks	**Lead Nurse for General Surgery, Urology and Head and Neck**	**Cardiff and Vale UHB**
Sam Holliday	**Uro-oncology CNS**	**Cardiff and Vale UHB**
Owen Hughes	**Consultant Surgeon**	**Cardiff and Vale UHB**
Meriel Jenney	**AMD Cancer Services**	**Cardiff and Vale UHB**
Ceri Jones	**Cancer Services**	**Cardiff and Vale UHB**
Clare Jones	**Urology Research Nurse**	**Cardiff and Vale UHB**
Hrishi Joshi	**Consultant Surgeon**	**Cardiff and Vale UHB**
Mel Lewis	**Lead Nurse Palliative Care**	**Cardiff and Vale UHB**
Maggie Lucas	**Lead Cancer Manager**	**Cardiff and Vale UHB**
Anne Marie Morgan	**Interim Directorate Manager for General Surgery and Urology**	**Cardiff and Vale UHB**
Spiro Pezaros	**Urology Pathway Co-ordinator**	**Cardiff and Vale UHB**
John Rees	**Consultant Radiologist**	**Cardiff and Vale UHB**
Murali Varma	**Consultant Pathologist**	**Cardiff and Vale UHB**
Luke Wheeler	**Consultant Radiologist**	**Cardiff and Vale UHB**

Key Themes

1 Structure and Function of the Service

The peer review team met with representatives Cardiff and Vale University Health Board Urology multidisciplinary team (MDT) to review their urological cancer services. The review team asked for clarification on the data submitted as part of the self assessment process as to whether the submitted data reflected the entire service delivered at University Hospital of Wales. The MDT Lead confirmed that the data collection process had been challenging and whilst there was a lot of data available it had been difficult to collate it from the many different sources. It was recognised that data from the Early Prostate Cancer (EPC) MDT meeting in particular had not been originally submitted in its entirety as part of the self assessment process and further information regarding this and other aspects of the service was submitted at a later date to support the discussion at the peer review meeting. The peer review team had attempted to review most of this data but acknowledged this had been challenging due to the timelines of this submission.

The urology service hosts two multidisciplinary meetings, an Early Prostate Cancer (EPC) MDT meeting held on a Tuesday with the Urology MDT meeting held on a Friday; both MDT's are well attended by representatives from Radiology, Pathology, Oncology and Palliative Care supported by the team of urology nurse specialists.

The Early Prostate Cancer MDT is facilitated by the Urology Pathway Co-ordinator in partnership with Cancer Services. Patients for discussion at the EPC MDT are listed via the MDM module however no clinical information is added to the Cancer Management Plan within Canisc. The MDT clinical decisions are recorded on the EPC pro forma/ clinical case note. Whilst the EPC MDT collects excellent information it is not available in an electronic format and therefore oncology and presumably primary care, colleagues are unable to view the MDT decision and agreed management plan.

The Urology MDT meeting is co-ordinated by the MDT Co-ordinator, information is captured 'live' during the multidisciplinary team meeting and entered within the Cancer Management Plan section of Canisc.

Referrals are received either electronically or via fax and are co-ordinated by the Urology Pathway Co-ordinator; USC referrals usually receive their first appointment within 10 days. The team aim to provide a 'one stop' clinic however due to high patient volumes this can be compromised by access to radiology slots. The team are currently involved in a process mapping exercise in collaboration with the Service Improvement Department and NLIAH.

The team raised their concern regarding the safety and dignity of transfer of patients from the radiology department to Suite 18 outpatient suite to recover following their TRUS biopsy. Suite 18 has recently been refurbished yet not fully commissioned, and a long term aim is to provide a full urological service within Suite 18 recognising that the service currently relies heavily on radiology to support the service. It was acknowledged that there would be an ever increasing demand on this service due to an ageing population and as a consequence increase in disease, alternative resources would need to be considered to deliver a safe, timely and high quality service. It was acknowledged that there was a need to explore a greater role of surgery in the interventional investigation of prostate cancer patients.

Referral for raised PSA and Rapid Access Haematuria Clinic are seen initially by the urology nurse specialists, the diagnostic process is explained to the patients supported by written

information. The nursing team have undertaken an audit of this service the findings of which have been very positive.

Patients are pro-actively managed through the pathway and appointments are booked in advance before results of the previous tests are received. Both the Urology Pathway Co-ordinator and Urology Nurse Specialists track the patients along the pathway to ensure they receive a co-ordinated and timely service. Waiting time targets for urological cancer services have been missed for prostate and renal USC referrals and prostate and bladder nUSC referrals.

The data return misrepresented the actual surgical activity for the team; the peer review team were reassured that the surgical activity was far greater than that reported. The team also provide a regional service for radical prostatectomies and radical cystectomies for the Cwm Taf health community; however failure to achieve waiting time targets has impacted on tertiary referrals to the service.

Currently all prostatectomy operations are performed as an open procedure; outcomes are excellent when compared with the best in the UK. The service has successfully secured funding to provide robotic surgery; the robot is due to be installed into a designated theatre suite in April/May 2014. The MDT acknowledged there has been excellent support from Cardiff and Vale management in collaboration with Welsh Government in an attempt to make this initiative work. It was recognised that the team would undertake a period of training to gain the skills to support the delivery of this service.

A health board initiative is to scope which services could provide day of surgery admissions, urology services are being considered as part of this project and it is hoped that urological cancer services will be able to offer day of surgery admission to patients. There were regular managerial performance meetings where such initiatives are discussed though it was less clear how the urological cancer lead and team fed into these meetings.

An enhanced recovery programme has been implemented for cystectomy patients it is hoped this initiative will improve the length of stay for this cohort of patients.

Oncology services are provided by Velindre Cancer Centre, a recent Annual Service Review for Urological Cancer Services noted a variation in prostate fractionation delivery. It was confirmed that both programmes are offered to patients and they can choose either the 4 week or 7 week programme.

A priority for the Health Board is to explore different options to deliver an acute oncology service. The urology team confirmed that they have a system in place to ensure patients presenting with cancer of unknown primary are referred to the appropriate MDT for discussion.

It was highlighted that the National Institute for Clinical Excellence has updated their guidance on Improving Outcomes in Urological Cancers and how these recommendations will impact on current service delivery. The team stated that they were working through the implications for the service; namely capacity for radiology to provide multiparametric MRI, increase in activity for uropathology and the current limited resources for TRUS biopsy to support active surveillance protocols.

The team of research nurses ensures excellent clinical trial recruitment and submission of specimens to the Cancer Bank.

2 Patient Centred Care and Experience

There are a team of Clinical Nurse Specialists (CNS's) who provide nursing and key worker support for patients. The nurse specialists run a number of nurse-led clinics; 2 telephone clinics; 2 face to face clinics and a review clinic in collaboration with the consultant. The tools are in place to provide patients with a holistic needs assessment, these are carried out on an individual basis and patients are signposted to appropriate supportive services. Currently patients are unable to access psychological services; however the review team were reassured that this issue will be resolved as the health board has secured funding to provide 2WTE clinical psychologists.

A number of patient support groups have been set up by the team for prostate, kidney and bladder cancer. Representatives from the urology consultant team attend the patient group meetings to support patients with their understanding the different urological cancers and their treatments.

The nursing team have undertaken a number of local patient satisfaction surveys to gain the patients' view of their service. It was noted that the recent Macmillan patient survey supported the findings of the local surveys.

a. Evidence of Key worker

The clinical nurse specialists confirmed that they provide the key worker role for patients; all patients are given a key worker card with the telephone numbers for the team. Evidence of key worker was recorded in all the sample cases notes provided by the health board.

3 Service Quality and Delivery

a. MDT Service Support

The urology service hosts two multidisciplinary meetings, an Early Prostate Cancer (EPC) MDT meeting held on a Tuesday with the Urology MDT meeting held on a Friday; both MDT's are well attended by representatives from Radiology, Pathology, Oncology, Clinical Nurse Specialist and Palliative Care.

It was recognised that the Urology Pathway Co-ordinator plays a vital role in supporting the EPC MDT ensuring all patients are discussed at the MDT meeting, and in partnership with the clinical nurse specialists co-ordinates the diagnostic patient pathway.

It was noted that a consultant radiologist who undertakes TRUS biopsies is due to retire in the next 12 months which will have an impact on the service. The reliance on radiology and the lack of clarity about who would take on this TRUS role (the need for which is expected to rise with recent NICE Guidance) was acknowledged to be a risk for the sustainability of the service in the future.

Cwm Taf University Health Board present patients for radical surgery at the EPC MDT however on occasions images have not been transferred to the Cardiff and Vale PACS system in a timely manner to support the discussion at the multidisciplinary team meeting.

b. Service Outcome Data

		Target
Number/% of USC referrals treated within 62 days	Prostate – 124/141 (87.9%) Bladder – 29/30 (96.7%) Renal – 23/26 (88.5%)	95%
Number/% of non –USC referrals treated within 32 days	Prostate – 57/59 (96.6%) Bladder – 12/13 (92.3%) Renal – 21/21 (100%)	98%
Number/% of patients with Pre-treatment stage recorded	Prostate – 210/289 (73%) Bladder – 10/62 (16%) Renal – 7/65 (11%)	70%
Number of patients entered into clinical trials	33	10%
Number of patients donating to Wales Cancer Bank	165	
Number/% of patients discussed at MDT	Prostate - 227/289 (78%) Bladder – 48/62 (77%) Renal – 57/65 (87%)	100%
Median time for patients with muscle invasive TCC Bladder start of definitive curative treatment	Not available	93 Days
Median time to TURBT	42 days	

c. Key audits projects and outcomes

The team have undertaken a number of local audits however they do not have a forum for the team to discuss their audit findings.

d. General Observations

The review team noted that overall Cardiff and Vale University Health Board provides excellent urology cancer services however due to poor data submission it was difficult to critically review the service. A significant attempt to engage with clinical leads had been made and despite 'last minute' submission of a great deal of audit data, it was noted that despite a lot of data being available, this was not communicated to the peer review process in a timely way.

The MDT has excellent support from surgery, radiology, pathology and oncology and patients are supported by a team of clinical nurse specialists. The EPC MDT function well and collects good data; however the multidisciplinary team discussion and outcome is not recorded in an electronic format and therefore not available to clinicians managing patients outside of Cardiff and Vale, notably primary care, oncology and palliative care.

The team supports research and has excellent clinical trial recruitment and submission of specimens to the Cancer Bank.

There was no formal business meeting owned by the MDT to reflect on service quality and discuss service performance issues raised through audit and consider subsequent service improvement.

The health board management team facilitates a number of meetings to discuss cancer

performance and waiting times however the clinical input at these meetings was not clear, such as representation from site specific medical and nursing leads. It was highlighted that clinical engagement at the performance meetings would support the pro-active management of patients by the MDT.

4 Review of Clinical Information in the Clinical Notes and Canisc

The peer review team reviewed a sample of case notes for 5 patients; 4 of the 5 case notes reviewed had evidence that GP's were sent notification of a diagnosis of within 24 hours. There was evidence in all 5 case notes of the MDT discussion and agreed management plan. The key worker evidence has been referenced in section 2a.

5 Engagement with Management

There are a number of meetings to discuss cancer performance and waiting times however there is no clinical input at these meetings. Recently the Health Board Chief Operating Officer has facilitated a number of meetings with MDT lead clinicians to discuss their performance and identify areas for improvement.

The MDT does not hold a formal business meeting at which they have the opportunity to discuss the performance of their service to inform any service improvement initiatives.

6 Culture of the Teams

The team deliver a good patient centred service and are able to offer new technologies due to their active role in research. However it was evident from the poor data submitted in support of the self assessment of a disconnection with the cancer services and Health Board management teams, as not all members of the urology multidisciplinary team engaged with the peer review process.

GOOD PRACTICE/SIGNIFICANT ACHIEVEMENTS:

- The MDT has excellent support from surgery, radiology, pathology and oncology and patients are supported by a team of clinical nurse specialists.
- Development of Robotic Surgery
- The development of Nurse-led Clinics
- The Urology Pathway Co-ordinator makes an excellent contribution to the service.
- Very high levels of participation in research, tissue donation and internal audit

IMMEDIATE RISKS

NONE

SERIOUS CONCERNS

NONE

CONCERNS

- There is a need to recognise the importance of data to assure the Board and the public that a quality service is being delivered and identify any areas of weaknesses.
- Although there is very good Early Prostate Cancer MDT outcome information collected, it is not available in an electronic format for all clinicians to access.
- There are no formal MDT business meetings to plan service and address issues.
- There are patient dignity/safety issues in the transfer of patients to Suite 18 following TRUS biopsy
- Lack of cover for the Urology Pathway Co-ordinator.
- Lack of clinical input at cancer performance meetings
- Long waiting times for patients referred from other health boards for tertiary surgery.
- Lack of an organised Acute Oncology Service within the Health Board.