Trust Name:	Date of Review
Western Health & Social Care Trust	Thursday 18th October 2018

Structure and Process				
Number	**Indicator**	**SA**	**PR**	**Comments**
NS/LU/14SA-16-001	There is a named lead clinician	N	N	There is no named Urology Lead.
NS/LU/14SA-16-002	There is an MDT	Y	N	Clinical oncologist for the local team is not a core member of the specialist urology team.
NS/LU/14SA-16-003	There is a weekly MDT meeting for treatment planning	Y	Y	Whilst there is no clinical lead named there is excellent MDT attendance from all core members
NS/LU/14SA-16-004	There are clinical guidelines in place	Y	Y	There are agreed NICaN guidelines
NS/LU/14SA-16-005	There are patient pathways in place	Y	N	There are agreed pathways in place including a cystectomy pathway in to Cambridge however they do not contain contact details for key local personnel.

NS/LU/14SA-17-004	There are regular haematuria and prostate assessment clinics in place	Y	Y	There are Integrated into existing clinic sessions.
NS/LU/14SA-17-002	Patients are offered a joint meeting to discuss treatments options.	N	N	There are no joint surgical and oncology meetings as patients requiring cystectomy are treated in Belfast/Radical Prostatectomies are treated in Cambridge

Comments

The Western Health and Social care Trust (WHSCT) was established in April 2007 under the review of Public Administration and is one of five health and social care Trusts across the region. The Trust provides health and social care across the council areas of Derry City and Strabane District Councils, Fermanagh and Omagh District Council and Limavady in the causeway and Glens Borough Council.

The Trust catchment area extends over 4842km2 and services a population of approximately 300,000 which represents 16% of the overall population of Northern Ireland (NI). The Trust incorporates three hospital sites to include Altnagelvin Area Hospital, Omagh Hospital and South West Acute Hospital.

The Trust offers local cancer services providing all treatment modalities of care including diagnostics, surgery, medicine, radiotherapy, systemic anti-cancer therapy, specialist palliative care and supportive care via the Macmillan Information and Support Centre.

The Northwest Urology Service established April 2016 has continued to evolve post implementation to ensure it delivers on the commitments set out in the Consultation Process completed in November 2015. Team Northwest remains committed to the principles promoted in “Closer to Home” which has resulted in an outpatient service expansion to Ballymena PCC and the Mid Ulster Hospital 2018/2019 as well as delivering clinics in Roe Valley and Omagh Hospital.

Cancer services are provided in a new purpose built facility within the North West Cancer Centre which opened in 2017. The facilities include inpatient haematology and oncology care, ambulatory care for patients receiving systemic anti-cancer therapy, radiotherapy and outpatient care.

The reviewers were pleased to meet with the urology CNS, consultants within surgery, clinical and medical oncology, histopathology, radiology, together with members of the Trust cancer and senior management teams. This allowed for an in depth, honest discussion regarding the

urology service delivered locally. The team came across as a dynamic, highly committed and cohesive.

The Multi-Disciplinary Team (MDT) currently has responsibility for patients from the Northern 2/3rds of the Western Trust area and responsibility for all post codes from BT42 upwards in the 'Mid Ulster Region' of the Northern Trust area apart from Cookstown. Team Northwest currently provide urological care to a population of approximately 480,000 across a mixed urban and rural area with significant issues of geographical access and social deprivation. The local urology MDT has access to co-dependent services of emergency medicine, critical care and acute oncology.

The North West Urology Cancer MDT is a component of the Northern Ireland Cancer Network and its members contribute effectively to the Northern Ireland Cancer Network Clinical Reference Group.

The role of the urology MDT clinical lead is currently vacant. At the time of the review the role was being covered by a number of consultant surgeons including the previous MDT lead who still takes an active role. The Trust is in process of recruiting to the role of clinical lead and has issued an outline of the associated responsibilities asking for expressions of interest. The Trust recognises the role doesn't necessarily need to be filled by a surgeon but a consultant in a core MDT role. The declaration / expressions of interest process is due to close on Monday 29 October 2018. The reviewers considered the process was supported by the excellent proforma available. It is clear from the discussions that a number of the roles of the lead have been taken forward by other core member's such as the clinical trials portfolio being managed by the oncologist. The team has access to medical and clinical oncologists, radiology and histopathology with the appropriate EQA accreditation. The named lead for clinical trials was the medical oncologist; accepting that the small number of surgical clinical trials open are only available in the specialist urology MDT cancer centres in Belfast or Cambridge.

Despite the lack of a named lead, there have been no problems with weekly MDT attendance and evidence within the annual report showed that from the 5 January to 28 December 2017 quoracy was calculated to be 98%; which is a significant achievement. One of the surgeons is contracted to work an eight weeks on and two weeks off rota, therefore their attendance should be calculated reflecting his working practice.

The MDT were pleased that patients have been able to access radiotherapy locally since the opening of the North West Cancer Centre in 2017.

There have been six core members of the MDT who have attended the Advance Communication Skills Course as highlighted in the annual report; however those who still need to attend do not yet have future course dates planned.

There is a team of four Uro-oncology CNSs (2 x Band 7 who both work 32.5hrs and 2 x Band 6 who both work full time). The CNS team was expanded by the two band 6 CNS posts in 2017. The CNSs provide named cover in their absence. The Uro specialist nurses act as keyworkers, undertake the holistic needs assessments, and providing patients with information and support. The Uro CNSs manage their own nurse lead clinics including pre-operative assessment clinics and the administration of intravesical chemotherapy. The surgical team highlighted the

significant role the CNSs played in the patient pathway and highlighted the lack of secretarial support to the CNS team especially in relation to the production of clinic letters to GPs. The Uro specialist Nurses have access to bi- annual clinical supervision and peer support, including networking via the Northern Ireland Macmillan Community of Practice Programme.

The team has access to extended team members including stoma nurse, lower lymphoedema management, counselling and psychology; psychosexual counselling isn't available in NI.

There is a named pharmacist who runs oral chemotherapy clinic; the reviewers encourage the pharmacist should be given the opportunity to become a core member of the MDT. There is also a Teenager and Young Adults Pathway within the operational policy, patients are supported by a designated Clinical Nurse Specialist 0.2 wte for Teenagers and Young Adults, who facilitates care locally and into the centre in Belfast.

The team has access to Specialist Palliative Care medical and nursing support and specialist palliative care beds in the local hospice.

The MDT has the support of two named MDT coordinators/trackers that were considered to be proactive in the management of the pathway to meet access targets.

There is no named local MDT link into the specialist weekly SMDTs in Belfast and or Cambridge, however one of the surgeons and the Uro Oncology CNS will video link into the SMDT when patients present who need onward referral and treatment. The named clinical oncologist for the local MDT is not a member of the specialist uro-oncology MDT as required by the quality indicators.

The reviewers were impressed by the patient's informatics systems which are available across all Trusts within NI; the IT systems allow teams to access oncology patient records and provide continuity of patient care across different Trusts.

The MDT highlighted they were collecting a range of patient related data using a number of electronic systems, however they recognised the need for data management support to ensure accurate analysis to audit the service and undertake further service improvement.

The WHSCT Urology MDT is linked to the regional NICaN Urology Clinical Reference Group. As such the MDT follows the Clinical Management Guidelines specified by the Network Groups. These guidelines can be found at www.cancerni.net. These include all aspects of urology cancer. The comprehensive guidelines, in line with international standards are currently being updated and in draft form and will include updated practice from expert reference sources such as NICE, European and American Uro Oncology guidance. The core MDT members have been proactive in updating the clinical guidelines.

There are clear pathways from diagnosis through to local and specialist treatment, the reviewers felt these could be enhanced by adding contact name/role, telephone and email addresses, this would facilitate communication especially for new MDT members.

Red flag appointments are available in all clinics; this offers flexibility in choice and in the capacity available. Prostate cancer red flag referrals are given priority slots at outpatient clinics and can also when appropriate be booked directly for additional imaging to allow further risk stratification. Uro-Oncology Clinical Nurse Specialists arrange a telephone call for all negative biopsy patients. The MDT discusses all patients with a positive biopsy prior to their clinic appointment. Uro-Oncology Clinical Nurse Specialists are available to support patients at TRUS Biopsy Clinics. Haematuria Patients are sent straight to test and receive a flexible cystoscopy and ultrasound. Onward referral for further tests is then made after risk stratification. These patients are then seen in an outpatient clinic for results and treatment discussion. Uro-Oncology CNS is available to support patients attending haematuria clinics if needed. All cystoscopies and biopsies are performed by the medical team, it was considered this practice could be devolved to the Uro Oncology Specialist Nurses so as to increase capacity and potentially improve patient experience.

The diagnostic pathway from PSA Referral (suspicion) to Prostate Cancer Diagnosis (confirmed) encompassing all disciplines and providing an aspirational service. It was evident from the discussions that the MDT has worked well together to ensure timely access to radiology and histopathology. The diagnostic prostatic pathway is exemplary and is aspirational for most centres in Europe.

During the review meeting the team reported that all template histopathology samples are currently being taken at clinics within the Altnagevin site. This was due to a number of concerns regarding the small number of samples being taken and reported on within the clinic sites which are part of the Northern Trust; there was also a reported lack of engagement at MDT meetings by the Northern Health and Social Care Trust employed pathologist. The number of pathology samples have been reduced further following the introduction of MRI scans prior to biopsies being taken. To ensure that all pathology samples are reported on by consultants who have sufficient numbers to ensure they maintain their clinical expertise, the MDT has agreed to arrange clinic appointments at the Altnagelvin site for all patients requiring biopsies. While the MDT would like to offer all tissue sampling services closer to the patients' home, it was reported that this has been hampered by concerns regarding clinical governance. The reviewers were informed that an independent review had been undertaken and results of this highlighted the need for all pathology samples to be reported by pathologists at the WHSCT. The reviewers encourage both Trusts participating in the North West Urology MDT to come to an agreement whereby patients can have samples taken at a hospital closer to home and reported on by pathologists with the appropriate experience and expertise within urological cancers who can input to the multi-disciplinary discussions regarding potential treatment options.

The team highlighted capacity issues in the radiology service provided by the NHSCT, in terms of MRI, CT and reporting which were causing delays in diagnostics but not currently leading to breaches.

There are pathways for patients requiring Radical Cystectomy into the SMDT in Belfast and for patients requiring radical prostatectomy, these patients are currently treated in Cambridge with the aim to repatriate this patient population in to a NI service based in Belfast from November 2018.

There are currently no joint surgical and oncology clinics for patients locally due in part to the logistics of surgeon being in specialist centre and the oncologist being in Londonderry. The team reported that joint clinics are also not available in Belfast or Cambridge in part due to the complexity of the pathway and again logistical arrangements. Penile cancers are referred to the SMDT in Belfast and if appropriate are operated on locally or transferred to Belfast for surgery.

Patient Experience

Number	Indicator			Comments
NS/LU/14SA-17-201	There is patient information for patients and carers	Y	Y	

Comments

The urology cancer CNS leads on communication for this cohort of patients within the Trust. All new patients are given bespoke information about the MDT. This information explains who the members of the MDT are, how the team works, responsibilities of the different members, access to them via the Key Worker/CNS and information on how the appointment systems work. It also explains how the CNS can be contacted for further information or clarification, or if the patient has concerns about any aspect of their disease or treatment. Patients will be provided with appropriate diagnostic and treatment modality information leaflets, including those in routine use in the urology MDT. These leaflets are circulated and agreed across the MDT. Patients and their carer's are offered as much information about their disease, investigations or treatment that they wish to have. The NICaN patient information checklist is utilised to ensure that patients receive appropriate information at the right point in pathways and avoid any duplication. If the CNS has been informed that the patient or their family member has additional needs, for example if they are partially sighted, hard of hearing, or English is not their first language, the CNS can access appropriate audio tapes, literature and translation facilities to assist the consultation. Patients are given hand held records and the uro -oncology CNS undertakes holistic needs assessment. The uro-oncology CNS acts as a key worker and involved in all aspects in the patients care pathway. There is a Macmillan Cancer Information Centre and pod available to patients on site. The CNS runs a number of support groups for patients with prostate cancers.

The MDT members have all participated in the annual health and wellbeing events. The Trust participated in the National Cancer Patient Experience in 2015 and again in 2018, although the results of the latest survey have not yet been shared.

The team arrange an annual survivorship day which is well evaluated. The event for this year is planned for Friday 9 November 2018. There is representation from teams within the Trust including oncology and physiotherapy together with a number of charitable organisations. A number of patients were recruited in to exercise programmes following last year's event.

The NICaN website has links to support agencies for cancer patients. Patients are referred directly to the Benefits Advise Team on diagnosis

Clinical Outcomes

Number	Indicator	Descriptor	Comments

There have been in total 1031 downgrades following review by the MDT in 2017: 393 following triage and 636 following first review, the reviewers felt this significant additional workload in an already busy team. Education and training was on going with GPs to remedy this but there was an acknowledgment the team this was down to how primary and secondary care functioned and is commissioned in NI. The MDT should be encouraged to also include 30 day mortality rates and readmission data within their annual report.

The MDT highlighted the need for data management support as this is something they lack.

Good Practice / Significant Achievements

- The MDT attendance is excellent with quoracy of 98%
- Cohesive MDT and evidence of mutual respect by MDT members
- Participation in the NICaN regional guidance development
- Prostate diagnostic pathway is exemplary
- The expanded specialist nursing team in 2017 has reflected in greater input into all stages of the patient pathway especially the use of holistic needs assessment and living well programmes
- Process for recruiting clinical lead for MDT- declaration of Interest proforma is excellent
- The Macmillan Cancer Information and Support Centre and Pod and access to financial support
- Support Groups and living well events for this patient group
- Multi professional involvement by the MDT in the annual living well events in 2017
- Pharmacy led chemotherapy clinics
- The dedicated MDT coordinators and trackers

Specify Immediate Risks **Refer to the guidance on identifying concerns. Any immediate risks or serious concerns must be brought directly to the attention of the zonal team.** **An "Immediate Risk" is an issue that is likely to result in harm to patients or staff or have a direct impact on clinical outcomes and therefore requires immediate action.**
No immediate risks identified
Specify Serious Concerns ***A "Serious Concern" is an issue that, whilst not presenting an immediate risk to patient or staff safety, could seriously compromise the quality or clinical outcomes of patient care, and therefore requires urgent action to resolve.***
No serious concerns identified
Areas for Improvement / General concerns
• Inclusion of contact names/job titles, telephone and email addresses in the clinical guidelines/pathways. • Expanding the supportive care section of the operational policy to describe the portfolio of supportive care services available to patients. • The outstanding issues associated with the transfer to the Team North West to include the provision of Uro-Pathology and funding transfer: • Review the Radiology capacity in the Northern Trust to ensure it does not lead to breaches. • Access to clinical trials remains a challenge for Urology cancer patient; however given the transition from unit to centre and the identification of a clinical trials lead this may improve local access and recruitment. • Capacity at MDT increased number of discussions. • Data management support. • Monitor cancer access target due to regional changes of clinical pathways for cystectomy patients