

Urological Cancer Peer Review

Betsi Cadwaladr University Health Board

Ysbyty Glan Clwyd, Ysbyty Wrexham Maelor and Ysbyty Gwynedd

MEETING ATTENDANCE

Peer Review Team

Name	Job Title	Organisation
Dr Tom Crosby	Network Medical Director	South Wales Cancer Network
Mr Pradeep Bose	Consultant Urologist	Abertawe Bro Morgannwg UHB
Dr Mark Robinson	Consultant Radiologist	Aneurin Bevan UHB
Mr Hywel Morgan	Network Director	South Wales Cancer Network
Mr Bill Brereton	Lay Reviewer	Healthcare Inspectorate Wales
Mrs Einir Price	Observer	Healthcare Inspectorate Wales
Sue Davies	Review Co-ordinator	South Wales Cancer Network

Network Title	North Wales Cancer Network	
Organisation Title	Betsi Cadwaladr UHB	
Team title	Ysbyty Glan Clwyd Urology Local and Regional Team	
Review Date Title	13 February 2014	
Name	Job Title	Organisation
Mr V Srinivasan	Consultant Surgeon	Betsi Cadwaladr UHB
Mr R Knight	Consultant Surgeon	Betsi Cadwaladr UHB
Mrs Anne Roberts	MDT Co-ordinator	Betsi Cadwaladr UHB
Dr Z Ali	Consultant Oncologist	Betsi Cadwaladr UHB

Network Title	North Wales Cancer Network	
Organisation Title	Betsi Cadwaladr UHB	
Team title	Ysbyty Gwynedd Urology Local Team	
Review Date Title	13 February 2014	
Name (Print)	Job Title	Organisation
Mr E Ahiaku	Consultant Surgeon	Betsi Cadwaladr UHB
Mr K Alexandrou	Consultant Surgeon	Betsi Cadwaladr UHB
Dr M Lord	Consultant Pathologist	Betsi Cadwaladr UHB
Beth Walker	MDT Co-ordinator	Betsi Cadwaladr UHB
Sue Hughes	Cancer Information Manager	Betsi Cadwaladr UHB
Mr K Shanmugasigamani	SPR in Urology	Betsi Cadwaladr UHB
Mr F M Majdub	Locum Staff Grade	Betsi Cadwaladr UHB

Network Title	North Wales Cancer Network	
Organisation Title	Betsi Cadwaladr UHB	
Team title	Ysbyty Wrexham Maelor Local Team	
Review Date Title	13 February 2014	
Name (Print)	Job Title	Organisation
Mr A De Bolla	Consultant Surgeon	Betsi Cadwaladr UHB
Mr I Shergill	Consultant Surgeon	Betsi Cadwaladr UHB
Sandie Jones	Clinical Nurse Specialist	Betsi Cadwaladr UHB
Jennifer Jones	Macmillan Support Worker	Betsi Cadwaladr UHB
Helen Lawrence	Cancer Information Manager	Betsi Cadwaladr UHB
Sandra Davies	MDT Co-ordinator	Betsi Cadwaladr UHB

Key Themes

1 Structure and Function of the Service

The peer review team met with representatives from Betsi Cadwaladr University Health Board Urology Cancers Multidisciplinary Teams (MDTs) to review their urological cancer services. Betsi Cadwaladr University Health Board hosts 3 local Urology MDTs based at Ysbyty Gwynedd, Ysbyty Wrexham Maelor, and Ysbyty Glan Clwyd which also leads the regional urology MDT meeting; radical surgery was centralised at Ysbyty Gwynedd, however some of the radical surgery is now undertaken at Ysbyty Wrexham Maelor. Delivering urology cancer services to the health communities of North Wales is challenging due to its geography and the significant distance between the three main hospitals.

The review team expressed their disappointment at the lack of attendance by representatives from the urology multidisciplinary teams at the peer review meeting. The review team were told that the teams had received repeated e-mails (with adequate warning to clinical colleagues to rearrange clinical commitments) from the cancer services management team detailing the peer review visit date (in line with previous peer review visits), with the expectation that the MDT would organise their clinical commitments to attend the peer review meeting. The lack of clinical engagement in the peer review process was also highlighted in the lack of clinical ownership of the data submitted as part of the self assessment process, as throughout the peer review meetings it became evident that some of the data submitted and signed off was incorrect, making it difficult for the peer review panel to critically review the service.

All MDTs stated that they provide a rapid access clinic for USC referrals, with patients receiving their first appointment within 10 days. Ysbyty Glan Clwyd MDT provides one-stop haematuria and elevated PSA clinics; Ysbyty Gwynedd is currently developing a one-stop haematuria clinic. Ysbyty Maelor Wrexham are unable to provide a one-stop clinic as they do not have a dedicated diagnostic unit, however there are nurse led haematuria and elevated PSA clinics. Both Ysbyty Gwynedd and Ysbyty Maelor Wrexham MDTs stated that they preferred to give patients time to think about having a TRUS biopsy and therefore do not provide one-stop prostate clinics.

The health board provides laparoscopic prostatic surgery, and indeed were noted to have led the development of this surgery in Wales and patients suitable for laparoscopic prostatectomy or laparoscopic radical nephrectomy are referred to the designated laparoscopic surgeons. All other surgery is undertaken as open procedures. Cross cover is usually provided for annual leave however due staffing issues sick currently there is no cover for the laparoscopic surgical service.

All teams stated that they have become frustrated by the lack of dedicated urology wards across the health board and the impact on the nursing skill mix to care for patients following surgery. The Ysbyty Glan Clwyd MDT stated that patients operations were cancelled due to lack of inpatient beds.

It was highlighted that recently urology surgical services have become fragmented; previously all radical pelvic cancer cases were undertaken in Ysbyty Gwynedd by surgeons travelling to operate on their patients. However recently radical pelvic cancer surgery is also being undertaken at Ysbyty Maelor Wrexham. The change in service delivery was in part due to patient choice due to the distance patients have to travel to receive their surgery; and

has developed out of necessity given the service is dependence on an experienced surgeon who has agreed to return following his retirement to undertake pelvic cancer surgery for a period of 6 months until a definitive plan is in place.

Interventional radiology is available on all sites; however there is no formal on-call service across the health board. Patients suitable for radio frequency ablation (RFA) are referred to Arrowe Park Hospital on the Wirral or the Royal Liverpool University Hospital. It was recognised that to achieve the recommendations of the NICE Clinical Guideline CG175 Prostate Cancer: Diagnosis and Treatment to introduce multi-parametric MRI and template biopsies will have a huge impact on capacity within the radiology departments across the health board. Currently multi-parametric MRI is available in research setting at Ysbyty Wrexham Maelor; at Ysbyty Glan Clwyd it is available but not contrast enhanced. Multi-parametric MRI is not available at Ysbyty Gwynedd and patients are referred to Arrowe Park Hospital. The review team were not reassured there were any agreed plans for dealing with the implications of introducing multi-parametric MRI or template biopsies.

Due to the recent retirement of a senior member of staff, oncology support for the Ysbyty Glan Clwyd MDT is provided by a single-handed oncologist. Access to new technologies such as IMRT seemed to vary across the three teams, with a greater number of patients receiving IMRT and adjuvant therapies at Ysbyty Gwynedd. It was acknowledged that this issue may have been related to the accuracy of the data submitted.

All teams reported concerns regarding the future provision of pathology services, as there are discussions about centralising all pathology services for BCUHB on one site.

All teams expressed serious concerns that the lack of clinical capacity had led to patients not receiving timely and coordinated follow up with the risk that this may have affected patient outcomes. Follow up services are consultant led due to the lack of uro-oncology nurse specialists available to support the uro-oncology service across the health board, which was accepted as being inefficient use of precious consultant time.

The urology cancer waiting times targets are achieved for the vast majority of patients, however the MDTs stated that they found achieving the waiting times challenging, and felt that the underlying pathway problems and effort required to overcome them were not reflected in the data submitted as part of the self assessment process. All MDTs stated that it is common practice for patients, who are due to breach, to be invited to have their surgery in centres in England, however the Health Board has had difficulty in finding nearby centres with the capacity to undertake this work. The review team were informed that this practice was not clearly communicated to medical and specialist nursing staff and has led to some anxiety and confusion.

Central submission of specimens to Cancer Bank is poor with the exception of Ysbyty Gwynedd; the review team recognised the shortfall in access to Cancer Bank nursing support across the health board. All teams promote trial recruitment but it was acknowledged that the lack of surgical and oncology capacity had led to poor recruitment to the STAMPEDE trial.

2 Patient Centred Care and Experience

There is a significant shortage of uro-oncology Clinical Nurse Specialist (CNS) support across the health board. Ysbyty Wrexham Maelor has 1.0 WTE urology CNS, not dedicated to cancer, with support from a Macmillan Support Worker. Ysbyty Gwynedd does not have a dedicated uro-oncology CNS and patients are supported by a general urology nurse specialist with an interest in cancer on a part time basis. The CNS post at Ysbyty Glan

Clwyd has been vacant for 3 years and has not been advertised for recruitment.

Ysbyty Wrexham Maelor CNS has nurse-led haematuria and elevated PSA clinics, and nurse led cystoscopy and TRUS biopsy services. The CNS confirmed that she is the patients' key worker and provides advice and support when discussing treatment options, follow up care and co-ordinates the care for patients referred for radical surgery at Ysbyty Gwynedd.

The part time urology nurse specialist based at Ysbyty Gwynedd focuses on patients referred for major surgery; it was confirmed that the nurse specialist is the patients' key worker, provides advice and support when discussing treatment options and after care following radical surgery.

There is no uro-oncology CNS based at Ysbyty Glan Clwyd, the team rely on support from the general urology specialist nurses to support patients; the MDT Co-ordinator co-ordinates the patients care and acts as the patients' key worker.

The lack of Urology CNS's has a huge impact on the uro-oncology service in terms of service development as initiatives such as nurse-led clinics and follow up cannot be introduced. It was noted in the meeting notes from the Urology Cancer Pathways Day held on 17th October 2013 that funding had been secured to appoint 2.0 wte Band 7 urology nurses; 1.0 wte funded by Prostate UK and 1.0 wte funded jointly by Macmillan and the Health Board, however at the time of the review, appointments had not been made.

It was noted that BCUHB has a high level of Welsh speakers particularly within the Ysbyty Gwynedd health community. The MDT is unaware of an unmet need for the provision of services through the medium of Welsh as it has not undertaken a patient survey to ascertain the demand for such services.

a.Evidence of Key worker

The lack of CNS resources has impacted on the key worker role across BCUHB; the review team were unable to find a record of a named key worker in any of the sample case notes provided on the day of the peer review meeting.

3 Service Quality and Delivery

a. MDT Service Support

All local Urology MDTs struggle to secure full attendance at the MDT meeting. The clinical significance of these deficiencies were difficult to quantify given the lack of attendance by MDT members, for instance no radiologist and only one pathologist and oncologist attended the four peer review meetings organised to review the BCUHB Urology Service.

The Review was told that there is no formal MDT lead for the Ysbyty Glan Clwyd MDT. The previous MDT Lead stated that he was no longer considered himself the MDT Lead and leads the MDT discussion due to the lack of a formal lead. This role was not recognised within his job plan; he attends the MDM to provide surgical input in support for the MDT discussion. The Team lacks a CNS, and a representative from pathology did not attend the MDM on 10 (21%) occasions. The clinical nurse specialist post is a substantive post which has not been recruited to for over 3 years. The MDT stated that they have written to senior management requesting recruitment of a CNS but have not received a reply. As the Ysbyty Glan Clwyd MDT do not have CNS support, the MDT Co-ordinator acts as the patient's key worker and co-ordinates the patients' care.

Ysbyty Gwynedd MDT does not have a dedicated uro-oncology clinical nurse specialist and

patients are supported by a general urology nurse specialist with an interest in cancer. The team reported that key members from radiology and pathology did not have the MDT commitment recognised in their job plan and therefore the MDM runs for ½ hour prior to normal working hours; numbers discussed by the MDT are capped at 9 to ensure the meeting does not overrun.

Ysbyty Wrexham Maelor is well attended by representatives from Radiology, Pathology, Oncology and has a dedicated uro-oncology clinical nurse specialist, due to workload a member of the palliative care team is not able to attend the MDM however robust referral pathways are in place to refer patient to the palliative care team.

The review panel were asked to review the regional urology MDT however the team did not submit self assessment documentation to support the discussion. The Ysbyty Glan Clwyd local MDT leads the regional MDT and discusses complex cases. MDT members from Ysbyty Gwynedd and Ysbyty Maelor Wrexham video conferencing into the regional MDT, unfortunately due to operating commitments the lead surgeon at Ysbyty Maelor Wrexham struggles to attend. During the peer review meeting it became apparent that the regional MDT lacked structure, organisation and leadership and it was unclear whether the regional MDT actually functioned as a network regional model.

b. Service Outcome Data

	Ysbyty Glan Clwyd	Ysbyty Wrexham Maelor	Ysbyty Gwynedd	Target
% of USC referrals treated within 62 days	Prostate-92% Bladder-100% Renal-100%	Prostate-89% Bladder-85% Renal-63%	Prostate-100% Bladder-100% Renal-0%	95%
% of non –USC referrals treated within 32 days	Prostate-98% Bladder-100% Renal-100%	Prostate-98% Bladder-85% Renal-66%	Prostate-99% Bladder-100% Renal-?data	98%
% of patients with Pre-treatment stage recorded	Prostate-60% Bladder-0% Renal-14%	Prostate-30% Bladder-2% Renal-67%	Prostate-54% Bladder-0% Renal-0%	70%
Number of patients entered into clinical trials	56	36	24	10%
Number of patients donating to Wales Cancer Bank	0	0	42	
% of patients discussed at MDT	Prostate – 100% Bladder – 100% Renal-85%	Prostate-100% Bladder-100% Renal-86%	Prostate-99% Bladder-100% Renal-100%	100%
Median time for patients with muscle invasive TCC Bladder start of definitive curative treatment	128	116	11	93 Days
Median time to TURBT	51	62	50	

c. Key audits projects and outcomes

There was a lack of audit activity focusing specifically on the uro-oncology service; all teams stated that they supported Network audit activity. Ysbyty Wrexham Maelor has recently

undertaken an audit of 250 patients who have had a TRUS biopsy either via nurse-led service or associate consultant looking at their pick up cancer rates.

d. General Observations

Concerns were expressed regarding the internal self assessment and the team's lack of engagement in the peer review process. The lack of clinical leadership has resulted in the submission of some poor quality and inaccurate information to support the internal assessment process. As a result, the peer review team were unable to gain a full picture of the service provided by the BCUHB Uro-oncology Team.

The review team were disappointed at the lack of attendance by representatives from the urology multidisciplinary teams at the peer review meeting; the peer review panel had been asked to review three local MDTs and the regional MDT yet there was no representation from radiology and limited attendance from other specialties.

The three surgeons undertaking major surgery pointed out that they were quite close to retirement, it was noted that there appeared to be a lack of succession planning for the service; compounded by the lack of strategic direction from management on the delivery of urological services for the population of BCUHB.

The Health Board has secured the services of a senior surgeon who has agreed to return following retirement for the next 6 months based at Ysbyty Wrexham Maelor, whilst this arrangement ensures a safe service but it is not sustainable.

4 Review of Clinical Information in the Clinical Notes

The team reviewed a sample of case notes for 6 patients across the three teams. There was evidence in 5 of the 6 notes that GP's were sent notification of a diagnosis of cancer within 24 hours. There was evidence of the MDT discussion and management plans in the case notes for Ystyty Gwynedd and Ysbyty Glan Clwyd, however the MDT discussion and management plan could not be found in the case notes provided by Ysbyty Wrexham Maelor. The key worker evidence has been referenced in section 2a.

5 Engagement with Management

The MDTs highlighted their frustration in the lack of a clear strategic direction of urological services across BCUHB, the reconfiguration of urological services has been hindered by the lack of management engagement due in part to the lack of clarity over the re-organisation of BCUHB and the ongoing restructuring of services. Issues of capacity, lack of a dedicated urology ward, follow up and recruitment of key members of the MDT have been raised with management but have not been resolved; letters have been written to the senior management team detailing the teams concerns, however the management team have failed to respond to their concerns.

It was evident that the uro-oncology service lacked management support, as there was no representation from the surgical CPG at the peer review meeting.

6 Culture of the Teams

It was clear that the lack of clear direction for urology services has impacted on the working relationship between the three MDTs. There is no clear clinical or management led consensus to the agreed model for uro-oncology services and this has led to uro-oncology

services becoming fragmented. The lack of clinical leadership has impacted on the team's ability to take forward any service improvement initiatives. There is no common approach to the delivery of the clinical pathway to ensure patients receive safe, equitable, patient centred care.

GOOD PRACTICE / SIGNIFICANT ACHIEVEMENTS

Health Board

- Provision of laparoscopic surgery
- Clinical trial activity

Ysbyty Wrexham Maelor

- Nurse-led haematuria and raised PSA clinics
- CNS undertaking TRUS biopsies
- Good patient information and DVD's
- Appointment of a Macmillan Support Worker as part of the nursing team

Ysbyty Glan Clwyd

- One-stop diagnostic clinic

Ysbyty Gwynedd

- Excellent submission of samples to Cancer Bank
- Access to IMRT and adjuvant chemotherapy

IMMEDIATE RISKS

NONE

SERIOUS CONCERNS

- The biggest concern identified was the lack of a clinically or management led consensus for the delivery model of urological cancer services in North Wales.
- Clinical engagement in the peer review process and attendance at the peer review meeting.
- The MDTs stated that patients have been lost or delayed to follow up and have deteriorated while waiting for their appointment
- The structure, organisation and leadership of the regional MDT.
- CNS provision at Ysbyty Glan Clwyd and Ysbyty Gwynedd.
- The lack of succession planning to provide the necessary expansion for surgical and radiology capacity in the future.
- The peer review team were very concerned that they had not been reassured that high quality and safe urological cancer services would be provided in the future. Some of the panel suggested this to be an immediate risk but ultimately it was decided to offer to rerun this full peer review process in 12 months time.

CONCERNS

- Clinical ownership of the data provided in support of the self assessment process
- Lack of dedicated urology wards
- Outpatient and inpatient capacity
- Radiology capacity in light of the recent NICE guideline update
- Lack of key worker support in general across the health board, in particular for Ysbyty Glan Clwyd patients, as the MDT Co-ordinator has been identified as providing key worker support
- Ad hoc arrangements to ensure uro-oncology surgical services are available at Ysbyty Wrexham Maelor
- Lack of leadership for the Ysbyty Glan Clwyd MDT
- Ysbyty Gwynedd MDT meeting attendance is not identified in radiologist and pathologist job plans
- Allocation of ½ hour for the Ysbyty Gwynedd MDT Meeting limits the number of patients that can be discussed by the MDT, and the time allowed to discuss and agree each patients' management plan.