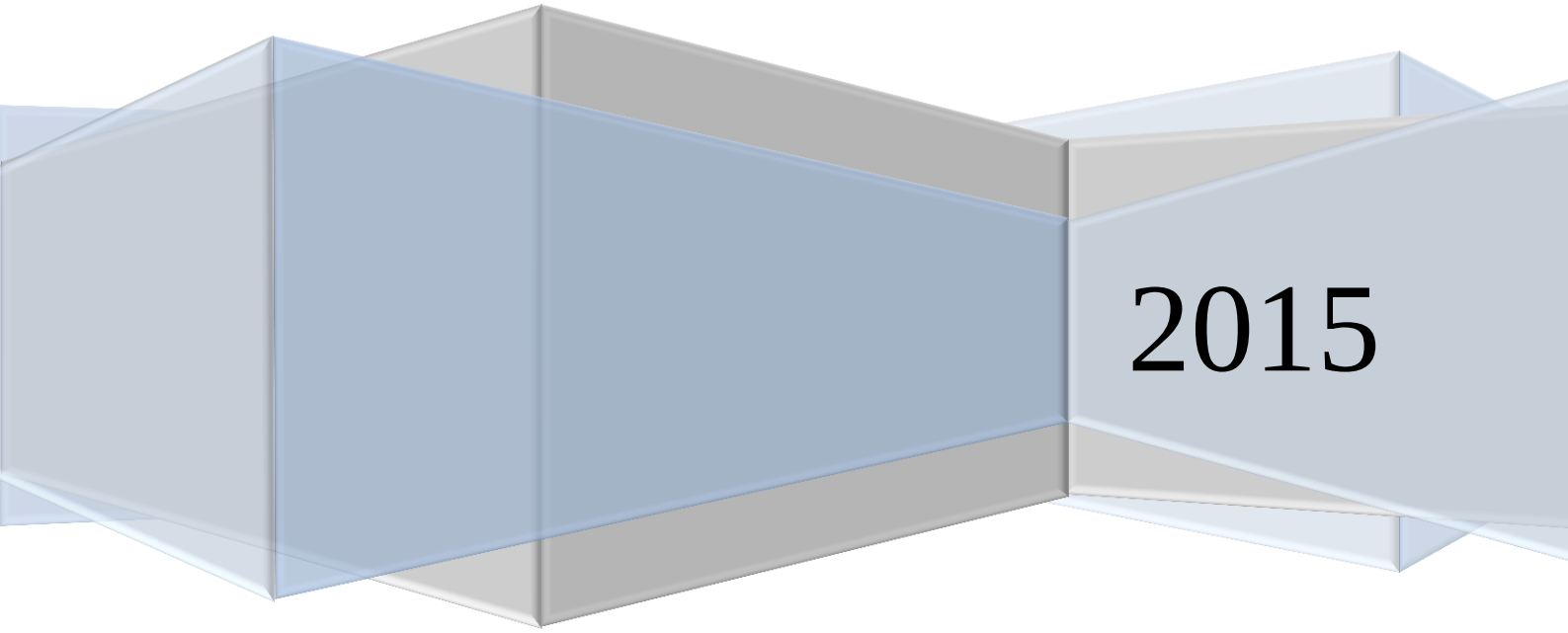
Royal Devon and Exeter NHS Foundation Trust

Urology Specialist MDT

Operational Policy



Royal Devon and Exeter NHS
NHS Foundation Trust

Contents

1. Introduction

The Urology Multidisciplinary Team (MDT) is a multi-professional group which provides local and specialist care for a core population of approximately 402,000 (Exeter, East and Mid Devon). In addition the team provides specialist care for patients from South Devon (population 293,000) and from North Devon (population 141,000).

The multi-disciplinary team functions in accordance with the standards set out in the Manual of Cancer Services. This document outlines the operational procedure of the department and multi-disciplinary team. This document will be reviewed on an annual basis at an MDT business meeting.

2. Purpose of the MDT

The purpose of the MDT is to ensure a coordinated approach to investigation and management of all patients with urological cancer or suspected urological cancer referred to the Royal Devon & Exeter NHS Foundation Trust.

Furthermore, the MDT is committed to achieving the highest standards of care and patient outcomes by:

- Collection of high quality data
- Analysis of such data in audit cycles
- Involvement in local, national and international research studies
- Incorporation of new research and best practice into patient care (Implementing NICE guidance and IOGs)
- Providing comprehensive support and information to patients and their relatives
- Involving patients in assessment and redesign of the services
- Communication with Primary care teams, Hospiscare and FORCE

The RDE Urology MDT will meet at least annually to review, agree and record operational policies and service development. Outcomes from these meetings will be presented in the annual report for the RDE Urology MDT.

A work plan will be formulated annually to provide a focussed approach to service improvement and development.

An annual report will be produced and reviewed at the Cancer and Surgical Governance Groups.

3. Leadership arrangements and responsibilities (14-2G-201)

The lead clinician for the Urology Cancer MDT is Mr Malcolm Crundwell. The responsibilities of this position have been agreed by Mr John Renninson, Associate Medical Director for Specialist Services.

Responsibilities of the Lead Clinician

- To ensure that a high quality service is delivered to patients under the care of the Urology MDT.
- To be responsible for providing professional advice within and outside the Trust on the tumour site and its services.
- To be responsible to the Associate Medical Director for Specialist Services for the overall responsibility for ensuring the MDT meeting and team meet Peer Review quality measures.
- To establish and maintain appropriate links with colleagues in the Peninsula Cancer Network through membership of the Network Site Specific Group.
- To ensure that the multi-disciplinary team meets weekly, with an agreed core membership, records of attendance, and appropriate records and care plans of cases discussed.
- To confirm the membership and roles of the core and extended MDT at regular intervals with the team members and the Associate Medical Director for Specialist Services.
- Ensure that objectives of MDT working (as laid out in Manual of Cancer Services) are met:
    - To ensure that designated specialists work effectively together in teams such that decisions regarding all aspects of diagnosis, treatment and care of individual patients and decisions regarding the team's operational policies are multidisciplinary decisions
    - To ensure that care is given according to recognised guidelines (including guidelines for onward referrals) with appropriate information being collected to inform clinical decision making and to support clinical governance/audit
    - To ensure mechanisms are in place to support entry of eligible patients into clinical trials
    - Ensure attendance levels of core members are maintained, in line with quality measures
    - Ensure that target of 100% of cancer patients discussed at the MDT is met
    - Provide link to NSSG either by attendance at meetings or by nominating another MDT member to attend
    - Lead on or nominate lead for service improvement
    - Organise and chair annual meeting examining functioning of team and reviewing operational policies and collate any activities that are required to ensure optimal functioning of the team
    - Ensure MDT activities are audited and results documented
    - Ensure that the outcomes of the meeting are clearly recorded and clinically validated and that appropriate data collection is supported
    - Ensure target of communicating MDT outcomes to primary care is met

- To ensure that clinical services are delivered in accordance with the required standards for accreditation, i.e. the Manual for Cancer Services and NICE Improving Outcomes Guidance.
- Co-ordinate preparation for Peer Review visits and ensure the implementation of the resulting action plans for continuous quality improvement.
- To ensure that there is a satisfactory system for the confidential reporting of clinical incidents to the Medical Director in accordance with clinical governance procedures.
- To work with other members of the MDT to ensure patient and carer views of the service are taken into account when planning and delivering services.
- To ensure the MDT reviews service improvement opportunities and embeds them within clinical operational practice wherever possible.
- To advise the Associate Medical Director for Specialist Services on issues likely to affect the strategic development of urological cancer services.
- To support the Trust's strategy for the development of cancer services as required.

4. Membership arrangements

Team membership and arranged cover (14-2G-201)			
Role	**Name**	**Cover**	**Contact Details**
Core team members			
Lead clinician & Consultant Urologist	Mr Malcolm Crundwell	Consultant cover	01392 406 277
Consultant Urologists	Mr John McGrath [1] Miss Elizabeth Waine Mr Miles Goldstraw Mr Mark Stott Mr Martin Moody (NDHC) Mr Robert Mason (SDHC) Mr Nick Burns-Cox (TST)	Consultant cover	01392 402 498 01392 402 733 01392 402 539
Consultant Clinical Oncologists	Dr Denise Sheehan Dr Rajaguru Srinivasan[1] Dr Vicky Ford Dr Anne Hong Dr Anna Lydon (SDHC)	Consultant or SpR cover	01392 402 114 01392 402 105 01392 402105 01392 402 118 01803 655 054
Consultant Histopathologists	Dr Paul McCullagh (Lead) Dr Manish Powari Dr Amita Patel	Consultant cover	01392 402 942
Consultant Radiologists	Dr Denis Kinsella (Lead) Dr Richard Guiness Dr Rachel Currie	Consultant cover	01392 402335 01392 403 030
Clinical Nurse Specialists	Mrs Karen Green (Lead) [2] Mrs Jane Billing [2] Mrs Claire Turner	CNS cross-cover	01392 402 747
MDT Coordinator	Mrs Juliana Bailey	Mrs Katrina Harris	01392 404703
Extended team members (14-2G-205)			
Stoma Care Specialist Nurse	Mrs Samantha Robertson-Greenwood		
Palliative Care Consultant	Tim Harlow		
Palliative Care Nurse	Mrs Wendy Sturt		
Research Co-ordinator	Ms Alison Potter		
Surgical Care Practitioner	Ms Laura Jackson		
Psychosexual counsellor	Ms Linda Breeze		

[1] Nominated as the lead clinicians for recruitment into clinical trials and its integration into the function of the MDT. Mr McGrath for urology trials and Dr Srinivasan for oncology trials

[2] Nominated as having specific responsibility for patient issues and information for patients and carers

Responsibilities of core MDT members

- To adhere to MDT policies
- To ensure regular attendance at MDT meetings (individual core members to attend at least two thirds of meetings, individual core disciplines to be represented at 100% of meetings)
- Undertake preparation prior to the MDT meeting to facilitate effective and timely discussion about patient management
- Provide input into discussions relating to patients, policies and guidance
- Contribute to the development of the MDT operational policy
- Attend MDT business meetings
- Participate in the Advanced Communication Skills Training Programme (applicable to those team members with direct clinical contact with patients)

Attendance at the National Advanced Communication Skills Training Programme

Members of the Urology Specialist MDT share a commitment to ensure all those core members of the team who have direct clinical patient contact should have participated in an approved course in advanced communication skills. Details of individuals who have participated in this training will be reported annually.

Responsibilities of extended MDT members

- To adhere to MDT policies
- Be available for clinical consultation and discussion as necessary
- Attend MDT meetings when appropriate
- Undertake preparation prior to the MDT meeting to facilitate effective and timely discussion about patient management
- Provide input into discussions relating to patients, policies and guidance

Responsibilities of the Clinical Nurse Specialist (14-2G-201)

Agreed responsibilities of the Clinical Nurse Specialist

- Contributing to the multidisciplinary discussion and patient assessment/care planning decision of the team at the regular MDT meetings.
- Providing expert nursing advice and support to other health professionals.
- Involvement in clinical audit
- Leading on patient and carers' communication issues and coordination of the patient pathway for patients referred to the team – acting as the Key Worker or being responsible for nominating the Key Worker for patients.
- To provide level two psychological support to patients and their carers
- Facilitating access to members of the MDT where requested by patients or their carers. Also acting as patient advocate to ensure that their wishes regarding the management of their cancer are conveyed to the MDT.
- Contributing to the management of the service (management in this context does not mean clerical tasks).
- Utilising research in the nurse's specialist area of practice.

- Communication with extended members of the MDT to ensure timely and appropriate referrals of the patient to palliative care services, clinical trials and dietetics.
- Supporting the Lead Clinician and other members of the MDT to facilitate patient care.
- To attend training relevant to the CNS post.

Operational policy for named key worker (14-2G-216)

The definition of a key worker is accepted as a "person who with the patient' s consent and agreement takes a key role in coordinating the patient's care and promoting continuity, e.g. ensuring the patient knows who to access for information and advice".

- All cancer patients will be allocated a key worker, who will take the lead in co-ordinating the care and promoting continuity for the patient through their pathway.
- The key worker will be the patient's named clinical nurse specialists unless otherwise stated with the agreement and consent of the patient.
- The name and contact details of this key worker will be given to the patient and recorded in the patient's notes via the MDT pro-forma and the 'orange sticker'.
- The identified key worker will also act as the link for the patient to access the multidisciplinary team as required throughout their pathway of care.
- It may be appropriate as the patient continues through the pathway of care that other professionals (e.g. palliative care nurse specialists, chemotherapy nurse specialists, general practitioner) fulfil the key worker role.

Identification of key worker

The identification of the key worker will be the responsibility of the designated core nurse member at the MDT meeting.

The key worker can be any member of the MDT agreed with the patient and this must be documented by the MDT. The name of the agreed key worker will be clearly documented within the patient's case notes. It is important to ensure that the patient and carer understand the role of the key worker as early as possible on the patient's pathway of care. Information about the role of key worker is included in the written information offered to patients. It is recognised that the key worker will change over time as the patient's needs change during their journey. Any changes will be negotiated with the patient and carer prior to implementation, and a clear handover provided to the next key worker.

Responsibilities of the MDT Coordinator

MDT coordination

- Be responsible for the organisation and timetabling of meetings.
- Support video-conferencing when needed.
- Ensure lists of patients to be discussed at meetings are prepared and distributed in advance.
- Be responsible for ensuring all relevant, and the appropriate proportion of patients are discussed at MDT meetings, co-ordinating and distributing the list of patients for discussion
- To ensure all patient notes, referral letters, X-rays, CT and MRI scans and histopathology reports/specimens are located in advance of the meeting.
- Attend all multi-disciplinary meetings and maintain attendance records.
- Take minutes at MDT meetings and type notes back in the required format distributing to all concerned.
- To ensure MDT decisions and action plans relating to the individual patient's management/ action plans are recorded and distributed to appropriate staff with an agreed review, within one working day.
- Manage systems that inform GPs of each patient's diagnosis, decisions made at outpatient appointments etc.
- Complete MDT pro forma electronically as part of the MDT meeting, which are agreed by the MDT
- To ensure that tests, appointments and treatment are arranged as agreed at the MDT meeting.
- Organise and minute MDT operational business meetings.
- Work with the CNS(s) to ensure that actions are taken to ensure the smooth running of the patient pathway

Monitoring Cancer Waiting Times

- Monitor all new patients' progress against national cancer waiting times targets, providing information to medical secretaries, directorate service managers, and the Cancer Services team.
- To ensure that all new patients' treatments are booked within target times and that any potential breaches of waiting standards are clearly highlighted according to the escalation policy.
- Help validate the monthly cancer waiting times submission to the Department of Health, using relevant data sources.
- Liaise regularly with the Cancer team, members of the MDT and directorates to complete breach analysis forms, identifying delays in treatment and potential remedies.

Coordination of inter-Trust referrals

- Maintain good working relationships with colleagues in other trusts who refer to or take referrals from RDE.
- To ensure that inter-trust referrals are closely monitored, and information fed back to referring Trusts as appropriate.

- Liaise closely with medical secretaries to ensure that inter-Trust referrals are appropriately tracked, and treated as far as possible within target waiting times.

Peer Review and service development

- To work with other members of the cancer team and MDT to collate any necessary information, as requested, in relation to the manual of Cancer Standards for peer review.
- To participate with other members of the cancer team and MDT in the development of the patient pathway and continual improvement of the service for patients.
- To keep a comprehensive diary of all team meetings

Other responsibilities

- To work with other members of the team to ensure the smooth running of the MDT, and to cover other members of the team or other MDT co-ordinators as appropriate.

5. The MDT Meeting (14-2G-202 & 204)

The MDT meeting takes place every Monday at 9 am in the MDT Seminar Room (Level 2, Area E). All core members should attend at least two thirds of meetings. Extended team members need not attend meetings, but should be available for referral or consultation if required. At least one member of each sub-specialty should be present at every meeting. A programme of meetings is timetabled through the year and attendance is recorded. Evidence to support this measure can be found in the annual report.

A televised link is established with Torbay Hospital in South Devon and for North Devon for those unable to travel to the meeting in Exeter.

All members who attend the MDT meeting are responsible for signing the attendance register.

Core members liaise with each other to provide cover for absence, avoiding overlapping leave wherever possible. The MDT coordinator will liaise with the lead clinician to ensure his attendance; if he is not available the coordinator will ensure that the Chair is taken by his deputy. If another core member of the MDT is unable to attend the MDT coordinator will be informed but the responsibility to ensure cross cover sits with individual Lead. Trust waiting times policies dictate that clinicians should request leave from the relevant directorate in writing six weeks in advance.

Core members of the MDT should attend their own speciality meetings for continuing professional development in keeping with the requirements of appraisal and revalidation.

Referrals for suspected urological cancer

Referrals from primary care

Referrals of suspected urological cancer from General Practice are made by faxed letter or pro forma as agreed in documentation held by the Cancer Services team regarding the Two Week Wait and hospital Choose and Book system. The MDT Co-ordinator tracks the patient pathway together with the secretaries of the Consultant Urologists, advising the MDT members of potential breaches of targets.

All referrals for suspected cancer are seen within two weeks in dedicated slots in outpatient clinics or through the Haematuria clinic as appropriate.

Consultant upgrade for suspected cancer and notification of recurrent or secondary cancer

Any patient suspected of having cancer but not referred via the urgent referral route may be upgraded by a consultant member of the MDT at any time prior to decision to treat.

The upgrade should be undertaken using the internal upgrade referral pro forma and following processes outlined in the Trust policy.

Tertiary referrals **(14-2G-203)**

These referrals can be faxed or written from surrounding hospitals. The referral is assessed by the clinician responsible for delivering the treatment and the patient is seen within two weeks in the outpatient setting to discuss further treatment.

The Clinical Nurse Specialist and/or MDT co-ordinator will liaise with the referring hospital team to organise any further investigations and to transfer any radiological images and pathology, ready for discussion at the MDT meeting. The CNS will ensure that there is a high standard of verbal two-way communication between both sites to support the written communication.

Any treatment decisions are ratified through the MDT and correspondence is copied to the referring consultant, GP and supporting professionals involved in the patient's care.

All high risk superficial bladder cancer and patients requiring nephron-sparing surgery will be identified through the complex MDT.

Patients to be discussed at the MDT meeting (14-2G-203)

- All patients with newly diagnosed urological cancer prior to treatment
- Patients to be considered for high dose rate brachytherapy
- Post-operative patients to make a decision on future treatment following receipt of histology
- Patients post-radiotherapy
- Patients with newly identified recurrence of disease
- Patients with newly identified metastatic disease
- Patients at request of other teams e.g. palliative care
- Patients on routine surveillance where there is potential cause for concern
- Any other problematic cases needing discussion

All significant complications and perioperative deaths are discussed at divisional and speciality audit meetings

Teenagers and Young Adults (15-24 years)

Teenagers and young adults (TYA) will be treated in accordance with the principles set out in the Improving Outcomes Guidance in Children and Young People with Cancer (2005).

Patients aged 15-18 years will usually be managed by the Paediatric Oncology MDT. Occasionally patients aged 17-18 years who have completed full time education may be managed by the adult system.

Patients aged 19-24 years with a suspected or confirmed diagnosis of cancer will be referred to the Urology MDT and seen within two weeks of the referral. Investigations are performed locally. Once a diagnosis is confirmed, and usually following discussion at the tumour site specific MDT, the treatment plan will be discussed with the patient.

Following detailed explanations, patients and their next of kin are provided with written information regarding their diagnosis and treatment and are introduced to their key worker. Part of the discussion also includes offering the patients the choice of either having their care locally or being referred and treated at the Principal Treatment Centre (PTC) for Teenagers and Young Adults which is located in Bristol.

In addition all patients aged 15-24 years will be referred to the TYA Multidisciplinary Advisory Team meeting at the PTC. Referral is for the purposes of registration and advice only. Responsibility for care of the patient remains the duty of the Specialist Skin MDT. Referral is made with patient consent via email submission.

Annual meeting to discuss operational policy (14-2G-220/221)

The MDT will meet at least once per annum to discuss operational matters, audit data, research activity and service improvement. Minutes and outcomes from these meetings will be presented in the annual report.

6 Services (14-2G-206)

The service is hospital-based at the Royal Devon and Exeter Hospital. It is delivered in the outpatient clinics, on the wards, in the Day Surgery unit and occasionally there may be a requirement for a home visit. All operations and acute post-operative care activities take place at the main Wonford site. Penile surgery is undertaken by the MDT unless its complexity warrants involvement with the Bristol team, as the Supranetwork MDT.

It is the policy of the RDE Urology MDT that for every week of the year at least one specialist Urology MDT core surgical team member is available for the surgical outpatient clinics and to operate on the team's patients.

Overview of services (14-2G-206)

Uro-oncology Nurse Specialist service

The Uro-Oncology Nurses are available to offer support and information to patients and families during their clinic consultations.

The Uro-oncology Nurses have a designated telephone service (01392 402747) and are accessible via a radio page bleep 07659 515324 #6594, or 01392 411611 (switchboard) #6825. The CNS's secretary is also in the office and can take calls/ messages, and will instruct callers who to contact in urgent circumstances. The service is available from 08.30 – 17.00 Monday to Friday and an answer phone will operate out of hours.

The Lead Prostate CNS is involved in the diagnostic stage for patients with prostate cancer, running her own One Stop Prostate Service (assessment and biopsy) for suspected prostate cancer patients, and a nurse-led results clinic. She is assisted by another CNS who runs the PSA tracker and will cover erectile dysfunction clinic.

The Lead Bladder/Renal CNS leads the bladder treatment clinic and runs an outreach clinic in Axminster. She also performs Hyperthermic mitomycin and EMDA therapies along with the Surgical care Practitioner. A nurse led bladder results clinic is also within the CNS job plan.

Patients will also be seen in oncology outpatient clinics or general urology clinics. If necessary the Uro-Oncology Nurses can be contacted by phone or pager to see patients in individual clinics.

Prostate Cancer

- Robotically Assisted Laparoscopic Prostatectomy for localised and, in some cases, of locally advanced prostate cancer.
- Radical radiotherapy for patients with prostate cancer (including high dose rate brachytherapy and conformal radiotherapy)
- TRUS and Biopsy service provided by Consultants
- One Stop Prostate Clinic run by Urology Oncology Nurse Specialist

Bladder Carcinoma

- Robotically Assisted Radical Cystectomy including bladder reconstruction
- Radical radiotherapy
- Photodynamic diagnosis (PDD)
- Optimised intravesical treatment for high risk bladder cancer including electro-motive drug administration (EMDA) and Hyperthermic driven Mitomycin (HYMN)
- Weekly one-stop Haematuria Clinics with ultrasound and flexible cystoscopy at one visit. The CNS is available for attendance at this clinic to offer support to newly diagnosed patients
- Dedicated follow-up service for patients with orthotopic bladder reconstruction provided by Bowel and Bladder Care Nurse Specialist team.

Renal Cancer

- Robotically Assisted Laparoscopic and open radical nephrectomy service
- A Peninsula-wide referral practice for nephron-sparing surgery.
- Radiofrequency ablation

Penile and Testicular Cancer

- Patients with penile or testicular cancers are discussed with the Super Regional Network teams at the Bristol Royal Infirmary and North Bristol NHS Trust prior to treatment. CNS Karen Green is the named lead for penile pathways for communication to the supra regional network.

Other services

- Radiological facilities including CT, MRI and interventional Uro-radiology
- Joint Uro-oncology outpatient clinics running on a monthly basis for patients to see the urologist and an Oncologist and a CNS.
- Weekly local and complex MDT meetings
- Nurse-led Erectile Dysfunction clinic
- CNS Bladder treatment clinic at the RD&E and also in Axminster Hospital for superficial, intermediate and high risk bladder disease.
- Complete pre-assessment service provided by the Urology Nurse Practitioner and generic pre-assessment team.

Diagnostic services

Urological Cancer Pathology service **(14-2G-201)**

Agreed responsibilities of the Urological Cancer Pathology service

- Each core histopathology member will participate in the National Pathology External Quality Assurance scheme.
- Pathology reports to comply with relevant Royal College of Pathologists Datasets for Cancers of the Urinary Tract and Testis (2006-2009).
- Practice to be in line with the Royal College of Pathologists Tissue Pathways for Cancers of the Urinary Tract and Testis (2008-2010).
- Service to be supported by a laboratory accredited to the standards of Clinical Pathology Accreditation (UK) Ltd and staffed in accordance with the recommendations of the Royal College of Pathologists and the Association of Clinical Pathologists.

Haematuria clinic **(14-2G-211)**

The Haematuria clinic is held every Monday between 14.00 – 18.00 in the Endoscopy Unit. This is a Consultant-led service and a CNS is available for patients receiving a new diagnosis of bladder cancer. This is part of the CNS and Consultant job plan.

Referral guidelines are available via the Choose and Book system and compliant with the national referral guidelines. 10 – 12 slots are available per week and run at 15 minute intervals. Referrals can be made using the fast track Two Week Wait system. The clinics have specific codes to distinguish them from the general urology clinics. Patients have an ultrasound scan of the kidneys and prior to seeing the Consultant for a routine urine test followed by a flexible cystoscopy.

Extra slots are made available on the general endoscopy lists, should the referral demand exceed the availability.

Prostate Clinic **(14-2G-210)**

There is a one stop prostate clinic run by the CNS. Referrals are made to this clinic and then assessed as to the appropriateness for this clinic by the CNS and /or Consultant. Patients are seen and offered a biopsy on that day.

All Primary Care referrals are initially assessed by the Consultants and then given an appropriate appointment in the General Urology Clinics. The patient may then undergo various investigations before a biopsy is indicated. If a biopsy is indicated then the Doctors will organise it with the Urology Endoscopy booking team.

As well as the One-Stop Prostate Clinic, the urology Team run 2 other dedicated biopsy clinics, which are held in the Medical OPD. The Endoscopy list held on Tuesday, Wednesday and Thursday (all day) have 2-3 dedicated slots on each session for biopsies.

There is a weekly Prostate biopsy results clinic, which is led by the same Nurse Specialist. The Consultant also gives patients their results within the general urology clinics where there are dedicated results slots, with access to either CNS as required, for patient support.

Delivery of prostate biopsy results are part of the job plans for all Consultants and the CNS.

The Clinical Nurse Specialist or Consultant provides the patient with written information and a contact number in case the patient requires access to a member of the MDT or requires advice and reassurance. The patients are also offered contact details for local patient support groups as appropriate, they are given the FORCE leaflet and referred to the Health and Wellbeing clinic at FORCE and also given the chance to complete a Holistic Needs Assessment.

Services for psychiatry or clinical psychology (14-2G-201)

Level two psychological supports is provided by the Nurse Specialists. This includes a degree of psychological screening, intervention and support. Clinical supervision for this role is provided by support specialist via monthly drop in sessions.

The key worker has access to the psychiatry team or the psychology department if required. This is through the normal hospital referral procedures supported by a telephone call. If the patient has a known key Psychiatrist or Psychologist, then the key worker with the permission of the patient will discuss the patient's needs with the mental health key worker and agree a plan of care.

If however the patient has mental health needs and is not known to a key worker from that service, the key worker will discuss the patients assessed needs with the Clinical Psychologist / Psychiatrist who may become the key worker for that patient. Following either professionals assessment the out-come may be one of the following:

- On-going psychosocial/psychosexual support with the patient and or family
- Referral on to other more appropriate services i.e. specialist voluntary organisations and/or appropriate local support groups
- Referral to patient's general practitioner in order to access mental health services

Bereavement services

The identified key worker will assess the patient and their family/carer and will clearly identify/acknowledge any potential bereavement risk to the family/carer (if appropriate). The key worker will refer the patient to the specialist palliative care team hospice team, FORCE oncology support worker or Cruse. A referral to the specialist palliative care team for patients in the community is made via the CNS or the patient's GP and district nurse.

7 Treatment

Local and Network guidelines (14-2G-209)
Network Urological Treatment Guidelines were published in 2009 and formally ratified at the NSSG meeting on 9th November 2009. These have been followed during the period when there was no Network group, and adopted as good clinical practice. The recent NSSG meeting has agreed that these guidelines to need to be reviewed and updated where required. This is planned for later in the year (2015).

The Network guideline document includes clinical, referral and follow-up guidelines for the following:

- Kidney cancer
- Bladder cancer
- Prostate cancer
- T2 muscle invasive bladder cancer and organ-confined prostate cancer
- Testicular cancer
- Penile cancer

Specific Supranetwork guidelines for Testicular and Penile cancers will be developed in collaboration with Avon and Somerset Cancer Network who host these specialist services.

MDT treatment planning decisions (14-2G-203&214)

At each MDT meeting a record of each patient's diagnosis and treatment plan is discussed and recorded. These will include the holistic needs of the patient and in the case of referring a patient to another Hospital, the name and hospital will be recorded. The outcomes are recorded in real time by the MDT Co-ordinator using an electronic pro forma. A copy of the MDT outcome pro forma is filed in the patient's notes. Copies of the pro forma are sent to the referring clinician and to the GP.

Treatment planning decisions prior to MDT meeting **(14-2G-203)**

There may be occasions when treatment planning decisions need to be made between meetings. These will be undertaken by liaison between the surgical team, Urology Cancer Nurse and relevant others by telephone/e-mail. Any decisions will be brought to the next available MDT for ratification.

Discussion of treatment options **(14-2G-212)**

Treatment options are discussed with the patient by the lead clinician from each modality. The implications of post treatment are discussed in detail, i.e. surgery, radiotherapy or chemotherapy. The Clinical Nurse Specialist will be present at most of these discussions or where a specific need has been identified. Where a patient requires treatment that involves more than one discipline the lead clinician will refer the patient to the appropriate speciality for further patient review, unless the patient is seen in the Joint Oncology Clinic which is held on a monthly basis.

Patients undergoing less major surgery have the opportunity to attend a pre-admission clinic where full discussion regarding the treatment plan is explained by the Nurse Practitioner

Follow up guidelines **(14-2G-209)**
Follow-up arrangements will be in line with previous Network guidelines and more recently as best practice by working collaboratively with colleagues in the south-west. Location of follow-up appointments will be decided on an individual patient basis as agreed between the specialist and referring teams with reference to patient choice where possible. Updated guidance will be formulated and agreed at the network meetings in November 2015.

Communication with General Practitioners

GPs are kept informed of their patient's progress throughout the pathway. Specifically they receive:

- New cancer diagnoses. It is aimed to inform the GP by the end of the next working day. This information should be faxed to the practice. The timeliness of cancer notifications is intermittently audited and presented in the annual report for the RDE Urology MDT.
- The name of the principal clinician and/or key worker at each stage.
- Feedback on the timeliness of urgent suspected cancer referrals and overall patient waiting times to treatment.
- Feedback on the appropriateness of referrals.

8 Patient and carer feedback and involvement

Patient experience exercise (14-2G-219)
A patient experience exercise will be undertaken at least every two years to obtain feedback on patients' experiences of the services offered or the results of the National Patient Survey will be used. Findings will be presented to the MDT for consideration and to identify action points to address highlighted issues. Results of this exercise will be presented in the annual report for the RDE Urology MDT.

Feedback from patients and carers will be obtained on an on-going basis from numerous sources which may include surveys, focus groups, Patient Advice & Liaison Service (PALS), complaints.

Provision of written patient information (14-2G-217)

Comprehensive information is offered to patients throughout their pathway of care. All patients with urological cancers receive specific information leaflets as below. In addition, Cancer Backup information booklets relevant to their tumour site are also provided along with any other supporting written material as required.

Internal

- Uro-oncology Nurse Specialist contact details
- Radiotherapy treatment for cancer of the prostate
- High dose rate brachytherapy for prostate cancer (SDHC)
- Trans Rectal UltraSound and Biopsy of prostate leaflet. (TRUS & biopsy).
- Trans Urethral Resection of Bladder Tumour leaflet. (TURBT).
- Oncotic: A guide for patients starting Oncotic treatment
- Mitomycin -C information leaflet

FORCE information pack includes the following resources

- FORCE support & counselling service
- Relaxation and anxiety management
- Complementary therapies
- Local support groups
- Health and Wellbeing Clinic
- "Look good, feel better"
- Benefits advice
- Macmillan financial support
- "Moving on" group

External

Cancer Backup booklets:

- Understanding early (superficial) bladder cancer
- Understanding invasive and advanced bladder cancer
- Understanding kidney cancer
- Understanding testicular cancer
- Understanding chemotherapy
- Understanding radiotherapy

Prostate Cancer Charity

- Toolkit: Essential information on prostate cancer
- A guide for men concerned about prostate cancer
- Prostate cancer: A guide for newly diagnosed men

Macmillan Cancer Support

- Talking to children when an adult has cancer
- Help with the cost of cancer
- 'It's in the bag' – Testicular Information Pack.

National and local organisations offering support and information
North & East Devon Prostate Support Association
James Whale Charity for renal cancer.
Urostomy Association
Bladder cancer UK
'It's in the bag' Testicular support group in Bristol.

Patient permanent record of consultation (14-2G-218)

Patients will be given the opportunity of a permanent record or summary of their consultation about diagnosis, treatment options and follow-up arrangements. Posters advertising this are displayed in outpatient areas. This will also be offered to patients during individual consultations and documented in the patient's notes.

The written record can be provided in an alternative language via the Health Information Centre if required. Documents can also be provided in alternative formats such as audio, large print and easy to read.

Information for non-English speaking patients

Interpreters can be accessed via the Health Information Centre or via Cancer Backup to facilitate communication if English is not the patient's first language. This is provided through a three-way conversation between an interpreter, nurse and the patient. If the conversation may last longer than thirty minutes the Trust would expect provision of face-to-face interpretation.

The written record can be provided in an alternative language via the Health Information Centre if required by the patient. Written information relating to cancer generally, specific diseases and living with cancer are available in a wide range of languages via the Cancer Equality Directory of Cancer Information available in Ethnic Minority Languages 2005-2006. The Nurse Specialist will access this information prior to a consultation with a non-English speaking patient.

General information

In addition to cancer specific information which is offered to patients routinely by the Nurse Specialist, written information is also displayed on the wards and in the outpatient areas. The FORCE Cancer Centre is an information and support centre which also offers further information and support to patients and their families.

Patient Advisory Liaison Service (PALS)

The contact details for the Patient Advisory Liaison Service are provided should the patient or family wish to discuss any aspect of the hospital's services.

9 Data collection

The Peninsula Cancer Network previously agreed a policy setting out the minimum dataset for each site specific group. This previously complied with Cancer Waiting Times monitoring and the cancer registration dataset. From January 2013 the Cancer Outcomes Dataset (COSD) replaced the National Cancer Dataset as the new national standard for reporting cancer across England.

All patients diagnosed with a malignancy are entered onto Dendrite, the Trust Cancer Registry. Data from Dendrite is submitted to Public Health England (PHE).

In addition the Urology MDT participates in the following national audits:

- National Prostate Cancer Audit (COSD)
- British Association of Urological Surgeons (BAUS) Data and Audit Project

10 Audit (14-2G-220)

The MDT in consultation with the Network Site Specific Group (NSSG) for Urological Cancers will participate in at least one network audit project per annum. Progress in each audit project will be reviewed annually and results presented to the NSSG for review and discussion.

There may be a number of local audit projects undertaken at any one time. Audit activity planning and review will be discussed at the MDT business planning meeting. Results of audit projects will be presented in the MDT annual report.

The MDT will undertake regular audit of documentation of the allocation of a key worker and documentation in patient notes.

The MDT will undertake regular audit of the provision of patient information and documentation in patient notes.

11 Clinical Trials (14-2G-221)

All patients discussed at the MDT meeting are reviewed for potential entry into a clinical trial.

To support and facilitate research trial participation the Urology Research and Development Coordinator will attend MDT meetings where possible or will follow up on the outcomes from the MDT.

The MDT will review the Network list of approved trials and other well designed studies at the annual MDT business planning meeting. The MDT will produce a written report on progress of entry into clinical trials which should include remedial actions to improve entry into approved clinical trials. The report will also highlight progress on implementation of any remedial actions. The report will be submitted to the Urology NSSG and presented in the annual report for the RDE Urology MDT.

Mr John McGrath (Urology) and Dr Srinivasan (Oncology) are responsible for ensuring recruitment to clinical trials and other studies is integrated into the function of the MDT.

12 Collaboration and networking

Peninsula Cancer Network Site Specific Group for Urological Cancers (14-2G-220)

It is expected that a representative from the MDT engage in NSSG activities. This includes attendance at meetings, development of Network guidelines and policies, audit, teaching and educational programmes.

There will be representation from a core member of the MDT at a minimum of two thirds of NSSG meetings. Evidence of attendance at NSSG meetings by MDT members can be found in the annual report.

With the abolition of the Networks this was not appropriate but collaborative working still existed between all of the Trusts. The Network meetings have now been re-established and the first meeting has been held.

Forum for Urology Nurses in the South West

The CNSs are involved in the Forum for Urology Nurses in the South West (FUNS), which is currently chaired by Mrs Karen Green. This group of specialist nurses meets twice per year to discuss work related challenges, for educational development and to share good practice. Some audit projects are also undertaken through this group. They also organise and run a bi-annual study day for all nurse and healthcare practitioners involved in urological care.