



<b>Meeting:</b>	<b>Urology Expert Advisory Group</b>		
<b>Date:</b>	<b>25 January 2019</b>		
<b>Time:</b>	<b>2.00pm – 4.00pm</b>		
<b>Venue:</b>	<b>Evolve Business Centre, Houghton le Spring</b>		
<b>Present:</b>			
	Pauline Bagnall, CNS, Northumbria Health Care		<b>PB</b>
	Kelly Craggs, Cancer Improvement Manager, CHS.STFT		<b>KC</b>
	David Forrester, Patient Representative		<b>DF</b>
	Karen Kilburn, Acting Urology Clinical Lead, North Tees		<b>KK</b>
	Laura Hope, Programme Manager, NCA		<b>LH</b>
	Laura Lund, Business Support Assistant, NCA		<b>LL</b>
	Kanagasabai Sahadevan, Urology Consultant, City Hospitals Sunderland, ( <b>Chair</b> )		<b>KS</b>
	Dr Patrick Wright, GP Cancer Lead, NCA(ND CCG)		<b>PW</b>
<b>Apologies:</b>			
	Phil Keegan Consultant, Sunderland		<b>PK</b>
	Mark Johnson, Consultant Urological Surgeon, Newcastle		<b>MJ</b>
	Jonathan Slade, Deputy Medical Director and Responsible Officer, North East and Cumbria		<b>JS</b>
	Helen Turner, Consultant Histopathologist, RVI, Newcastle		<b>HT</b>
	Linda Wintersgill, Information and Data Manager		<b>LW</b>
<b>MINUTES</b>			
<b>1.</b>	<b>INTRODUCTION</b>	<b>Lead</b>	<b>Enc</b>
	<b>1.1 Welcome and Apologies</b>		
	KS welcomed all to the meeting. Apologies as listed above. KS introduced himself to the group as the new Chair for this group.		
	<b>1.2 Declaration of Conflict of Interest</b>		
	No declarations of interest were made.		
	<b>1.3 Minutes of the previous meeting</b>		
	These were not reviewed at meeting as they were from the last meeting over a year ago so would not be relevant		
	<b>1.4 Matters arising</b>		
	As above however the group discussed the poor attendance at the meeting, KS suggested rotating the day of the meeting as some consultants do not work Fridays, and all agreed this needs to be looked at again. It was suggested the distribution list is reviewed to confirm those on the list are still in post and consider any extra attendees to invite. KC will forward the current list of nurses at Sun / S Tyne to LL. KC mentioned when they experienced a	<b>KC</b>	

	<p>similar problem in the Head and Neck EAG the group put on an audit or education session as opposed to an EAG only which encourage people to attend. KS suggested emailing to all asking what they would want from these sessions.</p> <p><b>A/P</b> LL to contact each trust represent on the distribution list to confirm attendance and who should be on the list.</p>	<p><b>KS</b></p> <p><b>LL</b></p>	
<b>2.</b>	<b>AGENDA ITEMS</b>		
<b>2.1</b>	<b>PSA Referral Threshold</b>		
	<p>PW gave a presentation to the group on to propose amending the current PSA reference ranges for Prostate Cancer which differ from those in the NICE guidance: Suspected Cancer in Adults Urology (2WW)</p> <p>Primary Care are working on their 2WW criteria as part of the pathway but it is at odds with the prostate literature based on ProtecT Study which found that age specific PSA cut offs for detecting prostate cancer are highly variable. The group debated why this was.</p> <p>The regional opinion of Urologists is that the PSA threshold level is right and reducing it to 3 would create extra work in Secondary Care and there is little evidence it would save lives</p> <p>The UKMSC review of the screening guidance resulted in no recommendation for a screening programme in the UK currently. The group agreed it was not useful to change the PSA thresholds at this time but we need to offer some education to primary care possibly via a TITO.</p> <p>The Survey/Audit carried out to gauge opinion was sent to the whole database, however only 12 results have been received and they do not give a definitive view of all primary care.</p> <p><b>A/P</b> Copy of presentation will be forwarded to the group.</p> <p><b>A/P</b> PW to speak to Dr Katie Elliott about accessing the 2WW Referral forms for Urology</p> <p><b>A/P</b> PW to speak to Stuart Findley about sharing information on 2ww across primary care</p>	<p><b>LL</b></p> <p><b>PW</b></p> <p><b>PW</b></p>	
<b>2.2</b>	<b>Cancer Alliance update</b>		

	<p>The NHS Long Term Plan (LTP) has been published and supports the direction of Cancer Alliance in Early Diagnosis (ED) and Living With and Beyond Cancer (LWBC).</p> <p>Overall we are looking to shift to 75% of all patients being diagnosed at stage 1 and 2 instead of stage 3 and 4, as well as moving care out of hospital and in to the community where possible. Stratified follow up is key to this and is part of the personalised care agenda which looks to ensure people with Long Term Conditions have supported care planning and shared decision making.</p> <p>As an Alliance we need to develop an operational plan for the ICS to say how we will meet the ambitions set out in the LTP. This is been worked on at the moment. There will be some change however we are committed to supporting the work already being done. There is no update on the amount of funding to be received for 2019/2020. In terms of urology the focus for 19/20 will be ensuring the optimum pathway is in place and is monitored and stratified follow up.</p> <p>Northern Cancer Alliance is working with locality groups and commissioners to look at sustaining the resource we have already and redesigning if needed to enable localities to meet the national plan.</p>		
<b>2.3</b>	<b>Terms of Reference - for endorsement</b>		
	<p>Discussion took place amongst those present about who should be present at the Expert Advisory Group. It was agreed that there needs to be an Urologist, Oncologist, Nursing Representative, GP lead for North and representative from each tumour site to ensure quoracy. The group felt a Business or Trust Manager should also attend so that they can give their views and enable quick decision making. Patient representation was also agreed.</p> <p><b>A/P</b> KS will email all Urology Leads to ask for this representation.</p> <p>Copy of the Terms of Reference to be forwarded to KS for approval, before being uploaded on to Northern Cancer Website.</p>	<b>KS</b>	<b>LL/KS</b>
<b>2.4</b>	<b>Clinical Guidelines – Pathway to be discussed/endorsed</b>		
	KS has reviewed the guidelines and will circulate to		

		members to make sure that they are happy with the contents and inform Claire Collard, Northern Cancer Alliance as soon as possible. They can then be uploaded to the Northern Cancer Alliance Website.	<b>KS</b>	
		<b>A/P</b> KS to email the leads stated in the document to confirm that this information is correct.	<b>KS</b>	
	<b>2.5</b>	<b>Performance Reporting</b>		
		LW was unable to attend the meeting so the presentation will be forwarded to the group. Any questions should be forwarded to LW.	<b>LW/LL</b>	
	<b>2.6</b>	<b>Stratified Follow-up presentation</b>		
		<p>LH gave a presentation to the group on Risk Stratified Follow up in the prostate cancer pathway. There is variation across the patch in how this is delivered and some areas have enhanced services in place so primary care will pick up the low risk patients for PSA monitoring. Again this delivery is variable in primary care.</p> <p>As the meeting was not quorate it was agreed that all clinicians need to agree the clinical guidance which incorporates the proposed stratified follow up model. It will then be for localities to discuss with CCGs how they ensure primary care pick up patients. KS will meet all the Clinical Leads to discuss and when agreed this will be circulated to all commissioners.</p> <p>There are different models that can be used in areas where primary care are less able to pick up the monitoring of stratified patients such as PSA tracker software which can be used centrally (remote monitoring) or hub models where one practice delivers the service on behalf of their colleagues. With the LTP ambition around Primary Care Networks this may be more viable however it is up to each area to agree what is suitable for them.</p> <p>Copy of presentation will be forwarded to the group.</p>	<b>LL</b>	
<b>3.</b>		<b>STANDING ITEMS</b>		
	<b>3.1</b>	<b>Research update</b>		
		An up to date list of open trials is required once the distribution list is agreed.		
	<b>3.2</b>	<b>Any Other Business</b>		
		Discussion ensued about moving forward and the potential for an event to talk about progress and new work following		

		the success of the regional prostate pathway event last year. PB mentioned that she would be willing to help with this. The group would need to agree the best time for delivering this and it was agreed by those present that a Task & Finish Group should be arranged to oversee this	<b>KS</b>	
		<b>Next Meeting Date:</b>		
		<b>Friday 8<sup>th</sup> November 2019 2.00- 4.00pm Evolve Business Centre</b>		
<b>4.</b>	<b>MEETING CLOSE</b>			

Contact

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