



South West Prostate Pathway

June 2018 Project Update Bulletin

Q & A

- **Will the proposed pathway result in a net increase in work for GP's?** PIRADS 1 & 2 patients who are not biopsied will be cautiously monitored within the 'the new system' by secondary care initially until we progress to total confidence in our image quality and reports at which point we need to be discharging these patients from secondary care with guidance to GPS.

These are patients who will have been thought not to have clinically significant cancer. With the prevalence of prostate cancer increasing there will be little capacity to keep even low risk ('unproven') cancers under the secondary care system. Where PSA trackers systems work they work well but they should only be used for known diagnoses of cancer e.g patients on active surveillance.

The summary answer is that there will be NO net increase in workload for GPS. The new status is simply that we are more assured than before that patients we send back to them from the 2 week wait pathway do not have cancer and perhaps if anything will need less monitoring with PSA than before.

Project Update for June:

<b>Key achievements:</b>
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| <ul style="list-style-type: none"> <li>• <b>Histopathology standards:</b> Manish Powari and John Mitchard are currently approaching histopathology departments in the region to find out what data items they collect and determine what degree of standardisation might be possible.</li> <li>• <b>Sharing of the database:</b> The spreadsheet for collecting local data to audit PI-RADS has been finalised, and is currently being tested in situ. Over the next two weeks it will be sent out to trusts, to house locally. Guidance on information governance will be provided as well as instructions for use. Where the pathway is split between trusts, it will be the diagnosing Trusts that collates and inputs the data.</li> <li>• <b>Gap Analysis:</b> The Project Managers for Peninsula and SWAG will work with each Trust to produce a gap analysis and plan on a page against the aspirational pathway and agree local actions and describe issues for escalation. These will be in draft by the end of July.</li> <li>• <b>Radiology standards:</b> Following consultation and adoption in principle at the Pathway event on the 14<sup>th</sup> May. These will now be passed to the SSG's for ratification along with the pathway.</li> <li>• <b>Transforming the SW Prostate Pathway Steering Group Meeting (June):</b> Process for agreeing discharge guidance, referral criteria and providing advice and guidance to GP's agreed. Timelines for improvements discussed, including the need to achieve pathway</li> </ul> |
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clinical order by March 2019 and diagnosis timed pathway by 2020.

- **Radiology Image Audit:** Likely to be scheduled for September.
- **Change Management training opportunity:** Astellas Pharma LTD have offered to run a series of workshops around Change Management to support us with our Prostate Pathway improvement work. This could be tailored to different group's e.g. CNS etc. If you are interested please email [sarah-jane.davies@nhs.net](mailto:sarah-jane.davies@nhs.net) in the first instance.
- **Taunton Visit:** Trust visit scheduled for Tuesday 31<sup>st</sup> July

#### Key Tasks for July

- Install the database in each trust: Over the next fortnight the spreadsheet for collecting local data to audit PI-RADS will be sent out to trusts, to house locally. Guidance on information governance will be provided as well as instructions for use, including how data will be captured between Trusts.
- Gap Analysis: The Project Manager will work with each Trust to produce a gap analysis and plan on a page against the aspirational pathway and agree local actions and describe issues for escalation.

No new project risks

#### **Further information:**

- NHS England has published new national guidance on a rapid prostate cancer diagnostic pathway:

<https://www.england.nhs.uk/publication/rapid-cancer-diagnostic-and-assessment-pathways/>.

- If you have any questions or would like to be involved further then please contact: Sarah-Jane Davies (Project Manager for SWAG and Peninsula): [Sarah-jane.davies@nhs.net](mailto:Sarah-jane.davies@nhs.net)