

1. Introduction and Who Guideline applies to

This guideline is to ensure a standard procedure is followed for the Macmillan and Prostaidd Urology Cancer Nurse Specialists (CNS) when conducting clinical reviews of patients either virtually or face to face.

It is designed to highlight roles and responsibilities of all staff who are involved in the process of tracking the patients waiting for treatment, conducting the clinical review, organising any further scans or investigations, escalating a list of agreed symptoms which may mean the patient's condition, and therefore priority for treatment has changed.

It will ensure the results of any scans or investigations are acted upon by the requesting clinician and discussed at MDT. The results will also be communicated to the patient by the Consultant in charge of their case, if there is a need to progress treatment, or delegated to the CNS if the patient's condition is considered to be clinically stable.

It applies to patients who have been diagnosed with a Urological Cancer, Urology and Prostate CNS teams, Urology service management team and Urology Consultant team.

2. Guideline Standards and Procedures

- The Urology Cancer Management team will identify the patient as having waited a minimum of 10 weeks for treatment during the weekly Patient Tracking List meeting
- The Urology Cancer service Manager will discuss the patients and send a list of patients who have waited for surgery or oncology treatment for a minimum of 10 weeks to the Urology and/or Prostate (CNS) team via their generic Email inbox alerting the CNS team of the need to contact the patient for symptom review and explain if restaging scans or tests are required.

The restaging timeline guidelines as agreed by the Consultant Urology MDT team are :-

- 3 months for cystectomy staging
- 3 months for most nephrectomies
- 6 months for small renal masses (<4cm) 6 months based on consultant assessment.

The staging requested will be as the standard protocol for each urological cancer.

The clinical history and symptom check for all types of urological patients will also be agreed by the Consultant Urology team.

To Include:-

Haematuria how often and severity, EG. small trace or passing frank blood or clots.

Difficulty passing urine, pain, burning, stinging.

Signs of urine infection, odour, pain, fever.

Retention of urine, dribbling or new uncontrolled incontinence.

Chest problems, such as shortness of breath or new continuous cough or pain.

Any new back pain not accounted for by injury.

Loss of appetite / Nausea

Extreme fatigue.

Any swelling of abdomen or other parts of the body.

Psychological concerns

The CNS will :-

Explain to the patient that they will receive an appointment for further staging and what the staging is.

Explain to the patient that they will be informed of the scan results and any change to their treatment waiting time by telephone or letter. The CNS will check the patient has a contact number for the CNS team.

Escalate any concerns related to the clinical history to the patients Consultant by Email and / or telephone depending on urgency of clinical symptoms within 24 hours.

Escalate the need for restaging to the Consultant in charge of the patients care in accordance with guidelines for restaging within 24 hours.

Refer the patient on for any psychological support needed to IAPT or provide verbal and written information tailored to the patients' needs.

Document the outcome of the clinical and psychological assessment with an escalation plan on SOMERSET .

The Consultant will :-

Act on the information provided by the CNS and confirm information has been actioned and a response sent to the CNS and the Cancer Service manager within 48 Hours. This will require Consultants to cross cover where necessary.

Review the patient either virtually or face to face if symptoms have progressed.

Request any repeat staging as per guidelines for their patient.

Review the staging tests as soon as reported and add to MDT for discussion if required.

Add patient to a virtual review clinic and inform patient either by telephone or letter of outcome of clinical review.

The Urology management team will continue to track the patient until the patient has had their first treatment.

3. Education and Training

The CNS conducting the clinical review will already have the clinical expertise from working in the speciality for over 12 months to take the history from the patient and will adhere to the escalation process as set down and agreed in this guideline.

4. Key Words

Urology

Haematuria

Restaging

CONTACT AND REVIEW DETAILS	
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Details of Changes made during review:	