

Questions:

Please provide the information listed below in relation to the NI Cancer Network's Urology Clinical Reference Group (CRG) and any associated working groups reviewing prostate cancer investigations and treatments.

1. Meetings Held
For each of the last five calendar years (or for the full period available if fewer than five years):
 - a) The number of CRG meetings held per year
 - b) The dates of each meeting
 - c) Whether each meeting was quorate
2. Minutes, Notes, and Records
For all CRG meetings and any sub-groups or working groups relating to prostate cancer:
 - a) Copies of the minutes, notes, action logs, or summaries for each meeting
 - b) If minutes are not produced, please provide the policy or rationale for not recording or publishing them
 - c) If minutes exist but are not published, please explain why they are withheld from public view
3. Discussion of Focal Therapy
Please provide:
 - a) Any minutes, papers, presentations, or correspondence in which focal therapy (including HIFU, cryotherapy, irreversible electroporation, or focal laser ablation) was discussed
 - b) Any assessments, evidence reviews, or clinical considerations relating to focal therapy
 - c) Any decisions or recommendations made by the CRG regarding focal therapy provision in Northern Ireland
4. Membership and Current Composition
Please provide:
 - a) The current membership list of the Urology CRG
 - b) The roles, Trust affiliations, and professional backgrounds of each member
 - c) Details of any patient or public representatives involved
 - d) The date the membership list was last updated
5. Publication and Transparency
Please provide:
 - a) Any policies governing the publication (or non-publication) of CRG minutes
 - b) Any guidance on transparency or public reporting for NICaN CRGs or working groups
 - c) Outputs and Recommendations
 - d) any reports, recommendations, or action plans produced
 - e) any documents submitted to SPPG or the Department of Health
 - f) any clinical guidance issued by the CRG
6. Evidence Reviews
 - a) any evidence reviews conducted by the CRG
 - b) any literature reviews on focal therapy
 - c) any clinical assessments or position papers
7. External Correspondence
 - a) emails or correspondence between CRG and SPPG
 - b) correspondence with Trusts
 - c) correspondence with the Department of Health
 - d) correspondence with NHS England or NICE

Responses:

I refer you to the attached appendices 1 through 11.

1.

a) CRG schedule 3 meetings per year:

2021 - 3 meetings held
2022 - 2 meetings held
2023 - 2 meetings held
2024 - 3 meetings held
2025 - 2 meetings held

b)

2021	2022	2023	2024	2025
06/05/2021	07/04/2022	19/01/2023	18/04/2024	25/03/2025
26/08/2021	30/06/2022	19/12/2023	04/07/2024	27/11/2025*
16/12/2021			28/11/2024	

Please note: minutes of 27/11/2025 still in draft and scheduled for approval at next meeting.
19/12/2023 was an open meeting with a focus on renal cancer – no notes taken at meeting.

c) All meetings are quorate, with representation from all Trusts providing urology services: BHSCT, SEHSCT, SHSCT and WHSCT. (Urology services for NHSCT patients are provided by WHSCT or BHSCT)

2.

a) I refer you to appendices 1 through 10.

You will notice a small number of redactions have been made to the contents. The redactions have been applied via application of Section 40 of the FOI Act – Personal Information. The notes of the meeting held on 27/11/2025 are subject to exemption, further information in respect of the exemptions applied are provided in appendix 11.

Subgroups:

- Prostate PSA Primary care Task and finish sub group 2021/22- to draft new NICA Primary Care guidance for Prostate. No formal minutes- Paper to NICA Board 4th July 2022 see 5c for outputs.
- Urology CNS Forum developed Nurse led follow up pathways - Prostate 2022 see output at 5f.
- In 2024 CRG members attended a Prostate Cancer UK Northern Ireland Roundtable (Thursday 13th June 2024) meeting. Focal therapy did not feature in discussions.
- In 2025 the CRG agreed to establish a new prostate cancer sub group. "the working group will look at the prostate cancer pathway and report back to the CRG with a suggested strategy over the next 5 to 10 years both in terms of diagnostics and treatment."

The current CRG Lead has indicated their intention to step down, and a recruitment process has been undertaken to appoint a new Lead. The subgroup will be established once the new Clinical Lead for the Urology CRG is in place.

- b) Not applicable.
 - c) CRG meetings are clinical meetings to discuss internal governance and quality-improvement. Minutes contain operationally sensitive, unvalidated, or early-stage information and depend on open, candid discussion among clinicians. Full open publication could undermine clinical candour, compromise governance processes, and lead to misinterpretation. Therefore, it is standard and appropriate practice not to publish minutes, even when individuals are not named.
- 3.
- a) Focal therapy was first noted at Urology Clinical Reference Group Meeting Thursday 27th November 2025. It was agreed that a Prostate sub group would be established: *“the working group will look at the prostate cancer pathway and report back to the CRG with a suggested strategy over the next 5 to 10 years both in terms of diagnostics and treatment.”*
 - b) While individual members of the CRG may be involved in research and may contribute to, or conduct their own evidence reviews the CRG does not carry out detailed evidence reviews.

Northern Ireland HSC complies with NICE guidance. Please refer to Circular HSC (SQSD) 13/22: NICE Clinical Guidelines – Process for Endorsement, Implementation, Monitoring and Assurance in Northern Ireland 1st April 2022 <https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-hsc-sqsd-13-22.pdf>

Prostate Guidelines: The NICaN Urology CRG is aligned with the NICE Clinical Guideline for *Prostate Cancer: Diagnosis and Management* (NG131), <https://www.nice.org.uk/guidance/NG131> last reviewed on 13 August 2025 and formally endorsed by the Department of Health Northern Ireland on 4 July 2019. <https://www.health-ni.gov.uk/sites/default/files/publications/health/hsc-sqsd-nice-ng131-23-19.pdf>

Focal therapy is *not* currently included as a recommended component within the NICE NG131 guideline for the diagnosis or management of prostate cancer. As stated in NG131 (Page 24), section 1.3.28:

NG131 EXTRACT START: 1.3.28 Do not offer high-intensity focused ultrasound and cryotherapy to people with localised prostate cancer, other than in the context of controlled clinical trials comparing their use with established interventions. [2008]

NICE's interventional procedures guidance on high-intensity focused ultrasound for prostate cancer, cryotherapy for recurrent prostate cancer and cryotherapy as a primary treatment for prostate cancer evaluated the safety and efficacy of cryotherapy and high-intensity focused ultrasound for the treatment of prostate cancer. NICE guidelines provide guidance on the appropriate treatment and care of people with specific diseases and conditions within the NHS. Because there was a lack of evidence on quality-of-life benefits and long-term survival, these interventions are not recommended in this guideline.

NICE's interventional procedures guidance on focal therapy using high-intensity focused ultrasound for localised prostate cancer and focal therapy using cryoablation for localised prostate cancer found no major safety concerns, but evidence on efficacy is limited in quantity and there is a concern that prostate cancer is commonly multifocal. [NG131 Extract end]

- [Focal therapy using cryoablation for localised prostate cancer | Guidance | NICE IPG423](#)) found no major safety concerns, but evidence on efficacy is limited in quantity and there is a concern that prostate cancer is commonly multifocal.
- Evidence: HTG667 [Overview | Focal therapy using high-intensity focused ultrasound for localised prostate cancer | Guidance | NICE](#) (April 2023) replaces IPG424

Although focal therapy is not currently provided, Northern Ireland offers the full range of evidence based, nationally recommended treatments for localised prostate cancer. These include:

- External beam radiotherapy, including advanced techniques such as stereotactic ablative radiotherapy (SABR)
- Radical robot assisted prostatectomy
- Active surveillance or watchful waiting for appropriate patients

While we do not currently provide focal therapy given that it is not included within the treatment recommendations of NICE NG131, we recognise that it represents an important and emerging advancement in the management of prostate cancer, offering the potential for effective disease control with fewer side effects. As evidence continues to grow, further research, technological development, and regulatory support will be essential in determining its place in standard clinical practice. (Note: Current BAUS Research Priorities: Focal therapy: safety, patient selection & "best" technology [BAUS Research Priorities | The British Association of Urological Surgeons Limited](#))

As our understanding of prostate cancer evolves, so too will the therapeutic strategies available, and focal therapy is likely to play an increasingly significant role in future management pathways. In light of this, a prostate sub group will be established in 2026 to review current and emerging treatment options, including the future potential of focal therapy.

- c) None- as CRGs align with NICE, as outlined at 3b. At their meeting in November 2025 the CRG agreed to convene a Prostate sub-group, see below CRG 27th Nov 2025 extract-

“XXXX (WHST) has raised an interest in looking at focal therapy for prostate cancer. - Other areas of work include looking at biopsy techniques, numbers of cores and templates versus targeted biopsy only.

CRG clinical lead XXXX commented: A working group is needed to take forward strategic discussions specific to prostate cancer in Northern Ireland. XXXX and XXXX have agreed to represent Oncology while XXXXX has volunteered to represent BHST. Other Trusts will also be represented. The working group will look at the prostate cancer pathway and report back to the CRG with a suggested strategy over the next 5 to 10 years both in terms of diagnostics and treatment”.

- 4.
- a) I refer you to appendix 12 which was updated September 2025. See also note at 4d. You will notice a small number of redactions have been made to the contents. The redactions have been applied via application of Section 40 of the FOI Act – Personal Information. Further information in respect of this exemption is provided in appendix 11.
- b) See appendix 12.
SPPG does not hold this information.

- c) Work proceeded on a new set of PPI standards (DOH May 2025). Calls have now been issued to recruit new patient representatives for all CRGs.
- d) The CRG distribution list for info mail-outs and meeting invitations is updated on an ongoing basis to reflect staffing changes as individuals take up new posts within Trusts or move out of HSC NI. The formal membership list was most recently reviewed and updated in September 2025.
- 5.
- a) NICaN complies with HSC information and data governance policies. However as outlined at 2c, CRG meetings are clinical meetings to discuss internal governance and quality-improvement. It is important that challenge and debate is encouraged and facilitated. Minutes also contain operationally sensitive, unvalidated, or early-stage information and data. Publishing them could undermine clinical candour, compromise governance processes, and lead to misinterpretation. Therefore, it is standard and appropriate practice not to publish minutes, even when individuals are not named.
- b) None.
- c) March 2025 – SHSCT adopted [STRATCANS Stratified Cancer Surveillance](#) – CRG agrees to regionalise.
- Paper to NICaN Board January 2021 -Proposed amendment to NICaN primary care referral guidelines - Renal and bladder: Proposal accepted. See appendices 13 and 14. You will notice a small number of redactions have been made to the contents. The redactions have been applied via application of Section 40 of the FOI Act – Personal Information. Further information in respect of this exemption is provided in appendix 11.
 - Paper to NICaN Board Paper: meeting 4th July 2022. Proposal to amend Prostate primary care guidelines: Proposal accepted. See appendix 15.
 - Urology CRG **recommendation to SPPG** autumn 2024 to set up a new Regional Renal MDT/MDM at BHSCT. Formalised in letter to Trusts October 2024. Implemented July 2025. See appendix 16. You will notice a small number of redactions have been made to the contents. The redactions have been applied via application of Section 40 of the FOI Act – Personal Information. Further information in respect of this exemption is provided in appendix 11.
 - Monthly primary care education sessions on [“Prostate Red Flag Guidelines” - Zoom](#) June 2022. These primary care education sessions in cancer and palliative care are delivered in partnership with BHSCT and Macmillan GP Facilitators (<https://nican.hscni.net/info-for-professionals/primary-care/primary-care-education-sessions/>)
- d) Update to NI Cancer Steering Group Sept 2024. See appendix 17. You will notice a small number of redactions have been made to the contents. The redactions have been applied via application of Section 40 of the FOI Act – Personal Information. Further information in respect of this exemption is provided in appendix 11.
- NICaN Annual report 24/25 to DoH Ca Programme board and Cancer NI Steering group. See appendix 18. You will notice a small number of redactions have been made to the contents. The redactions have been applied via application of Section 40 of the FOI Act – Personal Information. Further information in respect of this exemption is provided in appendix 11. See also response to 5f.

e) I refer you to the following appendices:

- NICAAN Updates and paper to NI Steering Group September 2024, appendix 18
- Annual report 24/25 paper submitted to DoH Cancer Programme Board in September 2025, appendix 17.

f) I refer you to the following documents and associated appendices:

- NICAAN Renal Mass Guideline Mar 2025, see appendix 19. You will notice a small number of redactions have been made to the contents. The redactions have been applied via application of Section 40 of the FOI Act – Personal Information. Further information in respect of this exemption is provided in appendix 11.
- Bladder Ca-Post radical treatment- cystectomy follow-up guidance July 2024, see appendix 20
- NICAAN Prostate referral guidance updated 2022 (change in PSA ranges by age group). [Primary Care Guidance | Northern Ireland Cancer Network, see appendix 21](#)
- Pre PSA Testing advice Patient leaflet (original 2019 reviewed 2023), see appendix 22
- Nurse led Prostate follow -up pathways 2022, see appendix 23
- Post Nephrectomy follow-up schedule Sept 21 update, see appendix 24. You will notice a small number of redactions have been made to the contents. The redactions have been applied via application of Section 40 of the FOI Act – Personal Information. Further information in respect of this exemption is provided in appendix 11.
- NICAAN Letter to GPs: haematuria, see appendix 25. You will notice a small number of redactions have been made to the contents. The redactions have been applied via application of Section 40 of the FOI Act – Personal Information. Further information in respect of this exemption is provided in appendix 11.

6.

a) I refer you to the response at 3b.

b) I refer you to the response at 3b.

c) None .

7.

a) NICAAN is part of SPPG therefore there is no correspondence.

b) All outputs referenced at 5a are shared with Trusts. I refer you to appendix 16, correspondence issued to Trusts regarding new regional Renal MDT October 2024.

Also see appendix 27 and 28, Correspondence issued to Trusts regarding provision of PSMA PET for Prostate cancer. (Prostate-Specific Membrane Antigen (PSMA)-Positron Emission Tomography).

c) NICAAN is part of SPPG. SPPG are a group within the Department of Health. All outputs and CORR above shared with SPPG/DOH.

d) None

Appendices may be requested from the Information Management Branch (IMB) if required at the following address:

- FOI@health-ni.gov.uk

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