NHS
Vale of York
Clinical Commissioning Group

Urology

Prostate Cancer- PSA monitoring (enhanced service overview)

Definition

The PSA Monitoring Enhanced Service: Vale of York Practices are eligible to provide a Recall and Monitoring System to support Patients with stable Prostate Cancer, to enable care closer to home. The service allows the acute urology providers to concentrate on more complex cases and improve access and waiting times to hospital based services.

Objectives for the Service in Primary Care:

- To establish a robust call and recall process for patients with stable prostate cancer.
- To provide follow up care in the community for patients with prostate cancer that have been discharged from secondary care and require follow-up.
- Improve access to health services in the community
- To provide a service at an appropriate time, location and environment
- Patients are supported to self-manage their long term conditions within the community
- Provide services in line with NICE guidance and Care Quality Commission standards

Primary Care Providers of the PSA Monitoring Service:

1. Establish and maintain an *electronic 'Prostate Cancer Register'* of patients who have been identified by secondary care that meet the criteria for on-going management of their condition in primary care. Clearly mark patient's notes to flag up that they require prostate follow up – this needs to be easily identified should the patient move practice.

2. Establish a robust and *an effective call and recall system* of patients on the electronic Prostate Cancer Register. Patients should receive their follow-up appointment and any action needed is completed within:
   - 1 month of planned date, if follow-up is recommended quarterly
   - 2 months of planned date, if follow-up is recommended six-monthly
   - 3 months of planned date, if follow-up is recommended annually

3. In the event of a patient DNA, the practice is responsible for contacting the patient again to re-book their appointment, ensuring that any 'informed dissent' is recorded in the register. Practices should attempt to contact the patient at least 3 times to re-book their appointment, two of which should be via a hard copy letter posted to the patient's home address.

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4. All results are recorded accurately (electronic transfer of results from acute pathology lab into electronic patient record). Action will be taken on receipt of results in accordance with secondary care discharge letter.

5. Practices should ensure they have a system for ensuring that results have been received for all blood samples sent as part of the PSA recall system, and that these results have been reviewed by an appropriate clinician and patient informed of appropriate action to be taken (e.g. date of next test or referral back to secondary care).

6. Submission of audit data which accounts for every relevant patient on the practice register.

7. Practices should ensure that patients referred back to the hospital are removed from the call/recall system. Payment can be claimed for these patients for that year but not for subsequent years unless the patient is discharged back to primary care.

8. Nominate a Urology Liaison GP who will act as a conduit between their practice colleagues and the acute urology departments regarding PSA and prostate disease.

> The secondary care discharge letter should include:
>
> **Patient Details** *(incl. name, address, dob)*
>
> **Details of Diagnosis** *(incl. PSA level on discharge, current treatment and treatment history)*
> **Recommendation / Follow up Plan** *(incl. frequency of PSA monitoring, define indications for re-referral, length of time monitoring required)*

9. Should the contract be terminated, in line with the terms and conditions of the Standard NHS Contract, all patients will be referred back to secondary care.

GP Responsibilities

By signing up to the agreement, practices are confirming that GPs involved in the surveillance of patients with stable prostate disease will:

1. Provide PSA monitoring for patients being cared for on the Prostate Cancer Register, in accordance with secondary care discharge letter.

2. Review patients at appropriate intervals and where indicated refer back for hospital assessment as stated in secondary care discharge letter.

3. Undertake Digital Rectal Examination (DRE), where indicated in the management plan to determine on-going management of the patient (or following telephone/email advice from the consultant or urology specialist nurse).

4. The Urology Liaison GP will keep up to date on developments around the management of prostate cancer and will disseminate relevant information amongst practice colleagues regarding clinical updates and service changes required within the practice.

5. If uncertainty exists in the appropriate management of patients on the register, pro-active contact is to be made with acute urology provider colleagues for telephone/email advice and guidance.

Practices may be chosen at random to have their PSA Follow-up list audited at which they would be required to produce an anonymised copy of the secondary care discharge letter.

Urgent Referral back to Secondary Care:

The GP will re-refer the patient to the relevant acute urology provider if:

- The criteria for re-referral as specified in the secondary care discharge letter are reached.
- PSA doubles from baseline discharge PSA
- New evidence of distant or local recurrence
- New bone pain
- Worsening / new LUTS
- Deterioration of renal function in presence of hydronephrosis
- Symptoms of spinal cord compression (refer urgently as per MSCC protocol)
- Newly abnormal rectal examination
- Haematuria (should be referred **under 2 week rule**).

The GP will refer the patient back to the acute urology provider as an urgent referral. Provision will need to be made by the consultant-led clinic to accommodate patients (i.e. within a maximum of 4 weeks of referral).

The exceptions to this are symptoms of spinal cord compression which must be referred urgently same day according to the MSCC protocol, and haematuria which should be referred under the 2 week rule.

3.5 Termination of Follow Up

The GP should consider removing patients from the practice Prostate Cancer Register for the following:

- If a patient develops an unrelated terminal illness or are felt to be unfit to continue follow up monitoring (e.g. advanced dementia, end-of-life) - this will be at the discretion of the patient's GP.
- Monitoring should end at age 80 for most patients – there is no evidence that outcomes are improved by continuing to monitor after this age.
- For patients with a recent diagnosis of prostate cancer, monitoring is reasonable to continue beyond 80 until 10 years post diagnosis when it can generally stop.

VOY CCG PSA03 Service Specification 2017-2018