

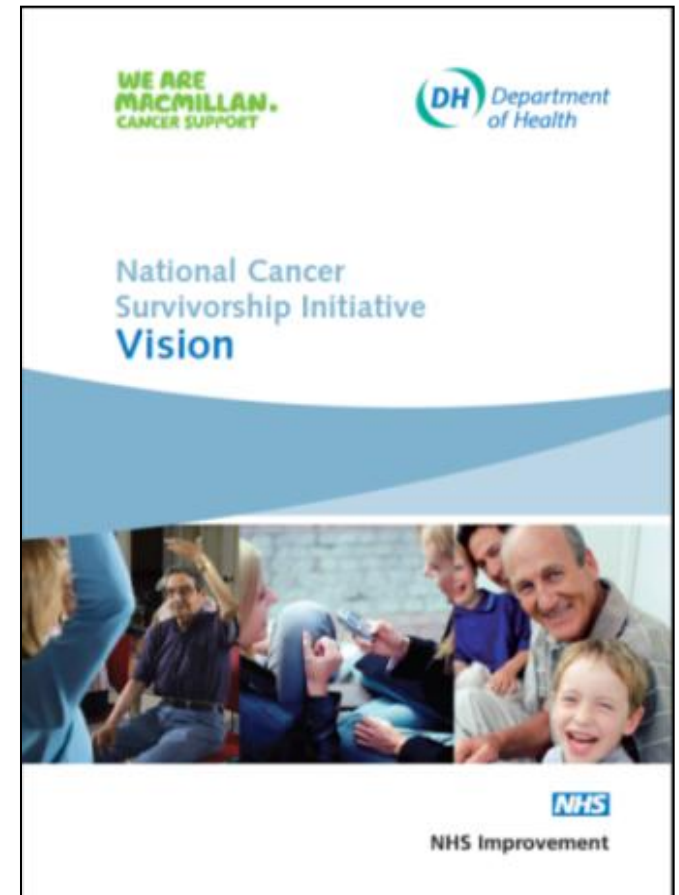
# Prostate cancer follow-up

Jon McFarlane



# National Cancer Survivorship Initiative – Why?

- Current services do not meet patient needs
- Current models will not be able to cope with future demand
- Money



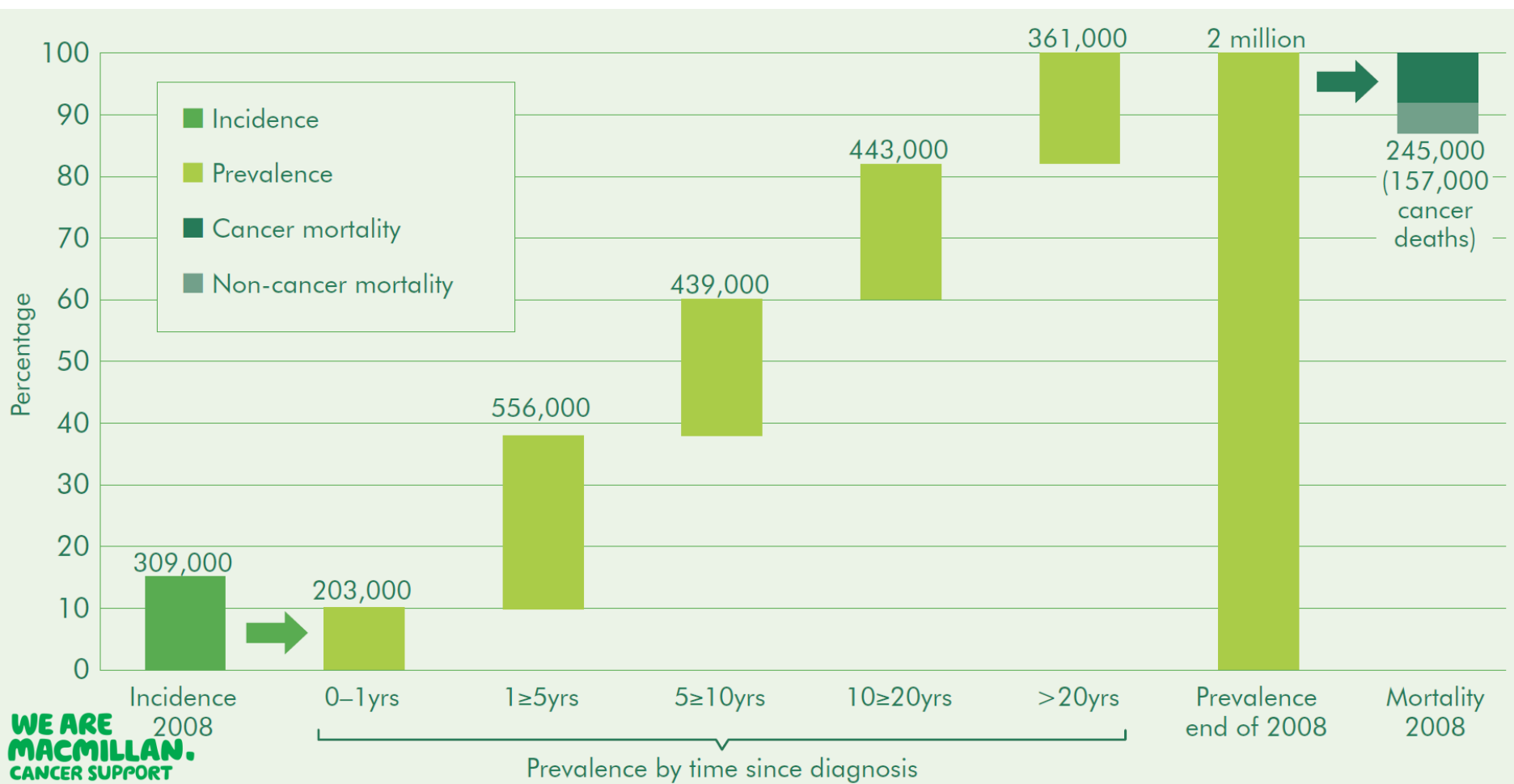
# Why change?

## Patient needs

- Current practice
  - “A poor evidence base and no consensus as to the intensity, duration, setting or type of follow up required for most common forms of cancer”
- Surveys suggest patient needs not met

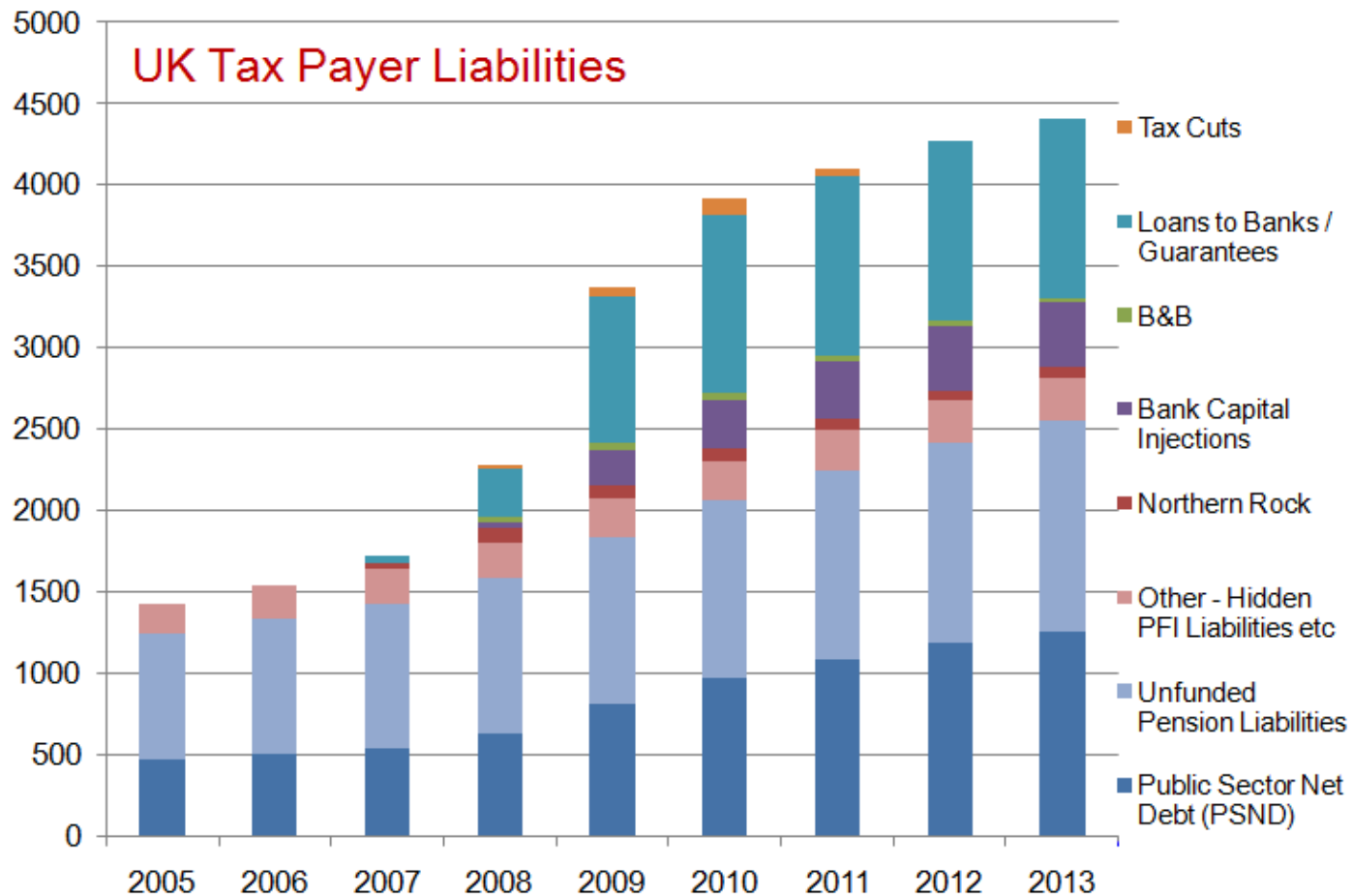
# Why change?

## Demographics

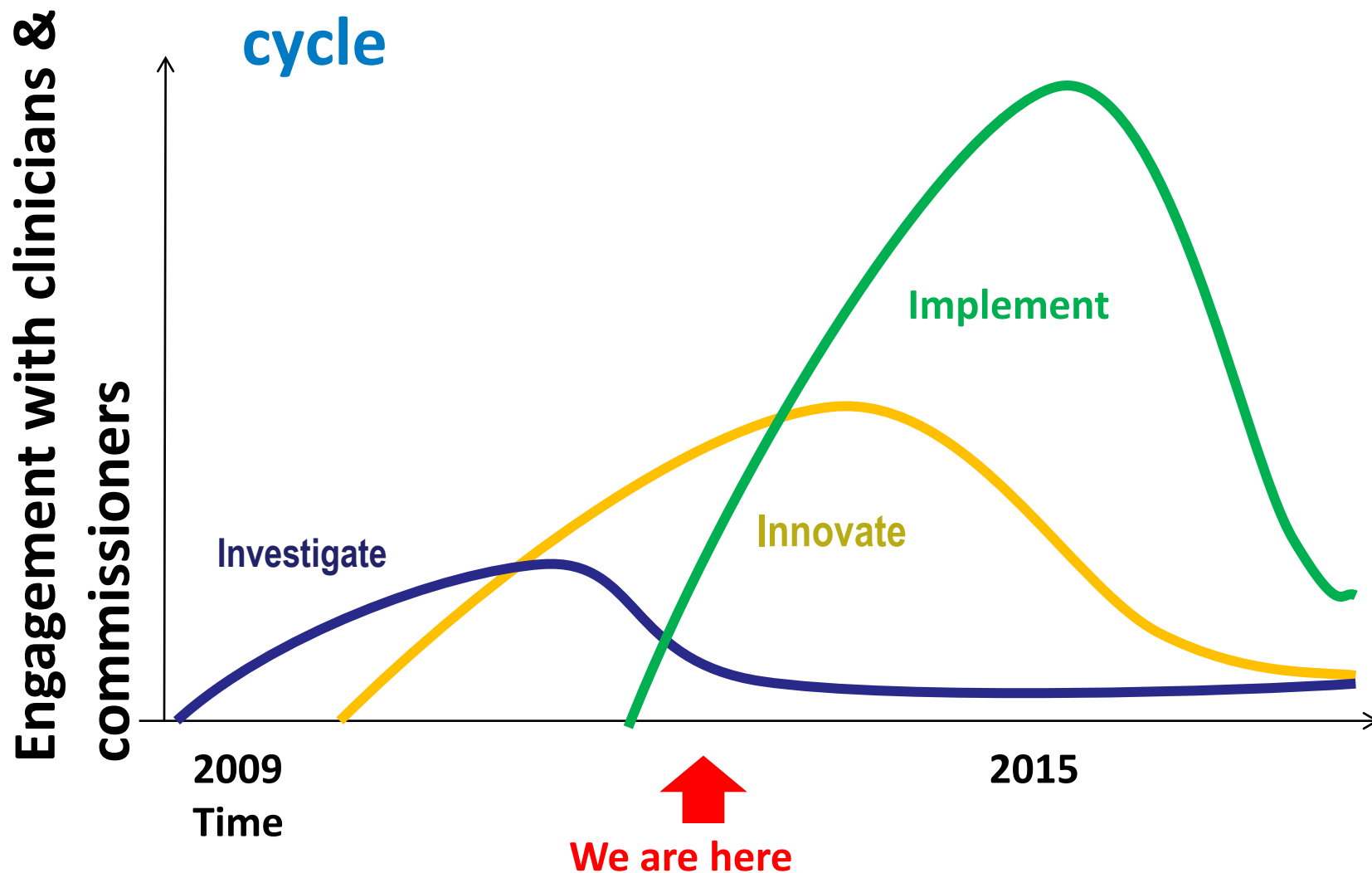


# Why change?

## Finance



# NCSI: where we are in the initiative cycle



# How?

## 5 elements

1. Support through primary treatment
2. Promoting recovery
3. Sustaining recovery
4. Reducing the burden of consequences of treatment
5. Supporting patients with advanced disease

# Strategy

## Diagnosis and treatment

- Intensive support at start and through treatment
  - Better information about treatment
  - Advice on work, finances, exercise etc.
  - Better communication with primary care
  - Encourage self-management (e.g. health and well-being clinics)



# Strategy

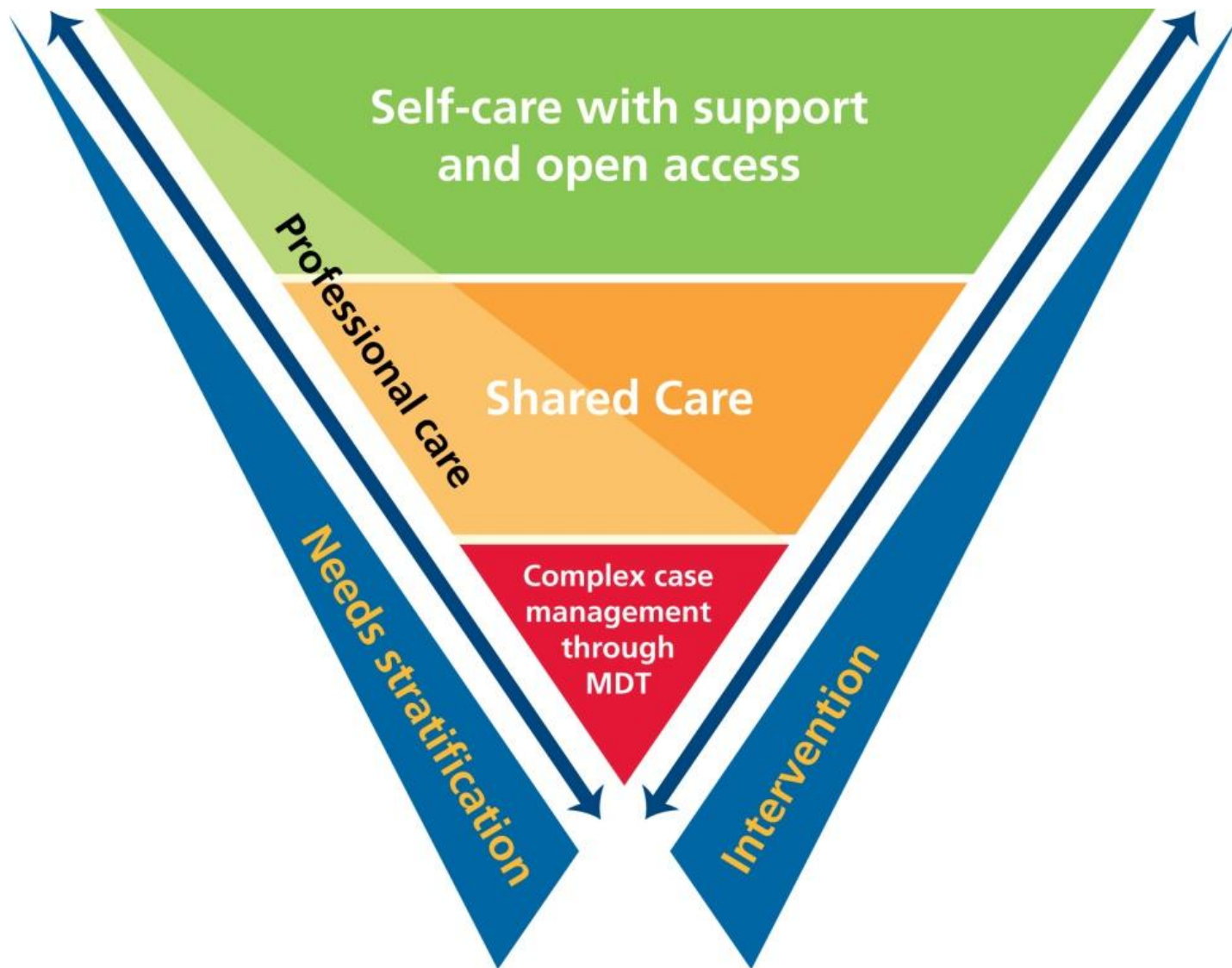
## Self-management

- Risk stratify patients
  - Low risk patients to self-manage
    - Remote monitoring IT systems
    - Rapid re-access if required
- Divert time/resources for complex patients

# Strategy

## Side effects and end of life

- Information and education about treatment consequences
  - GPs and patients
- Rapid re-access to secondary care
- Effective interface with end of life services



**Risk Stratified Model of Care**

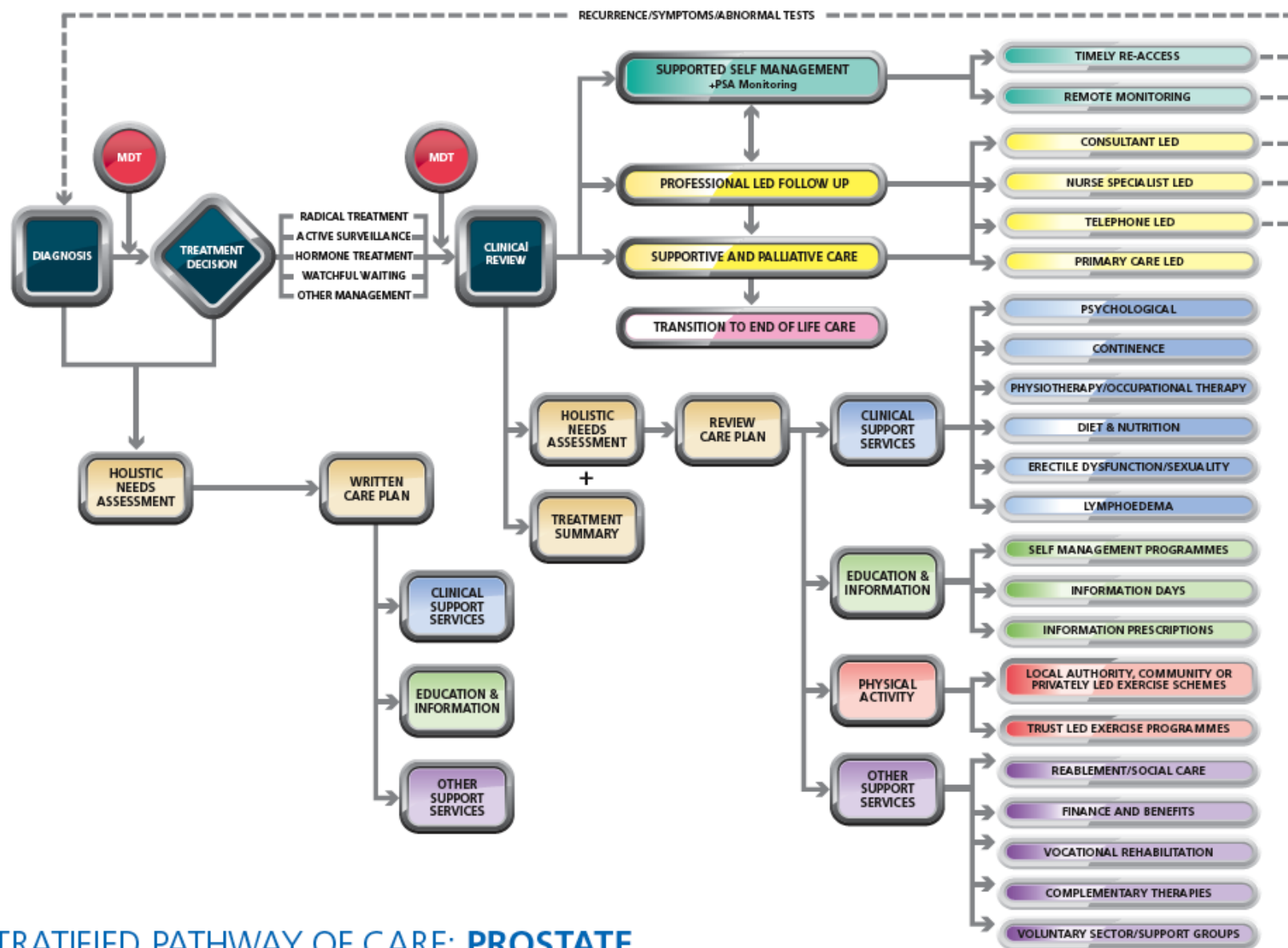
## Key Enablers – Self Management

- Remote monitoring solutions that are robust and safe
- Guarantee of rapid re-access to the system if needed
- Open access to the CNS/key worker
- Information and Education

## Benefits of a Self Managed Pathway

- For patients
  - Better informed
  - Reduced OPAs & personal cost
  - Reduced anxiety
  - Improved experience for those with complex needs
- For specialist teams
  - Improved governance – less patients ‘lost to follow up’
  - Released outpatient capacity
  - Reduced emergency admissions
- For primary care
  - Better informed patients – fewer appointments





STRATIFIED PATHWAY OF CARE: **PROSTATE**

Self management with support  
and appropriate surveillance  
based on patient choice  
40%



No hospital visits, remote FU  
Immediate re-access to 2° care  
  
E.g. post radical treatment

Shared care (person and  
Professionals)  
25%



Occasional hospital visits  
Remote FU  
Immediate re-access to 2° care  
  
E.g. active surveillance

Complex care  
35%



Regular hospital visits  
  
E.g. hormone relapsed CaP

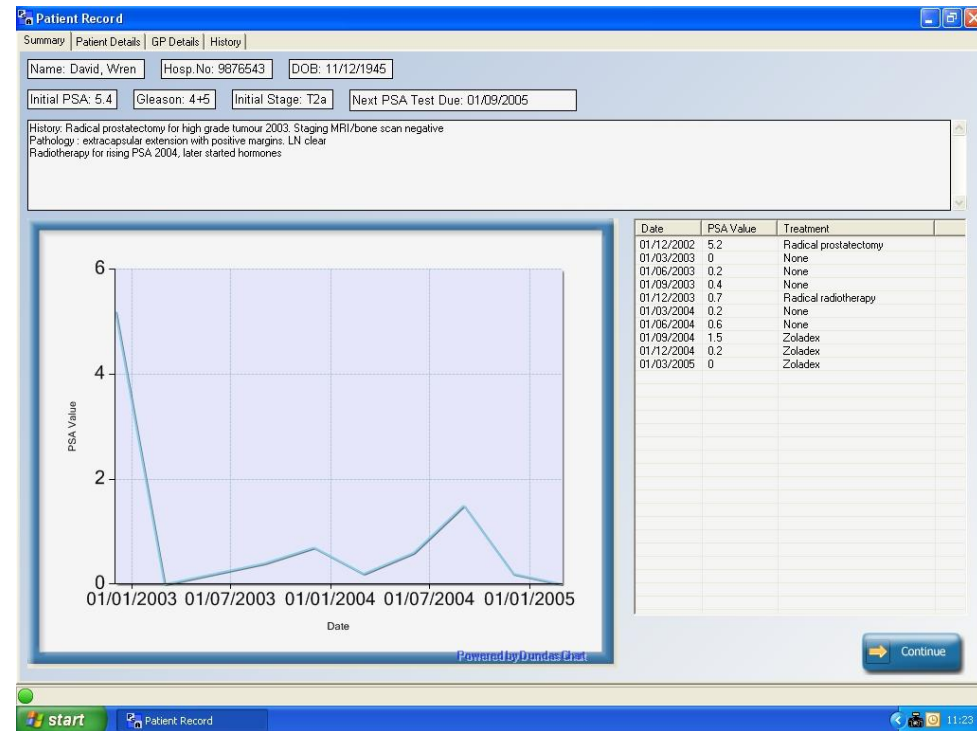
# Barriers to change

“There was scepticism that patients would accept ‘self care’, imagining that these patients would value regular surveillance. When the rationale was properly explained it becomes obvious that the opposite was the case and most patients were delighted to accept the logic of the scheme.”

# Remote follow-up

## Early experience

- PSA Tracker in use since 2004
- 20+ Trusts
- Stand alone software
- Robust and efficient but not adaptable



# Remote follow-up

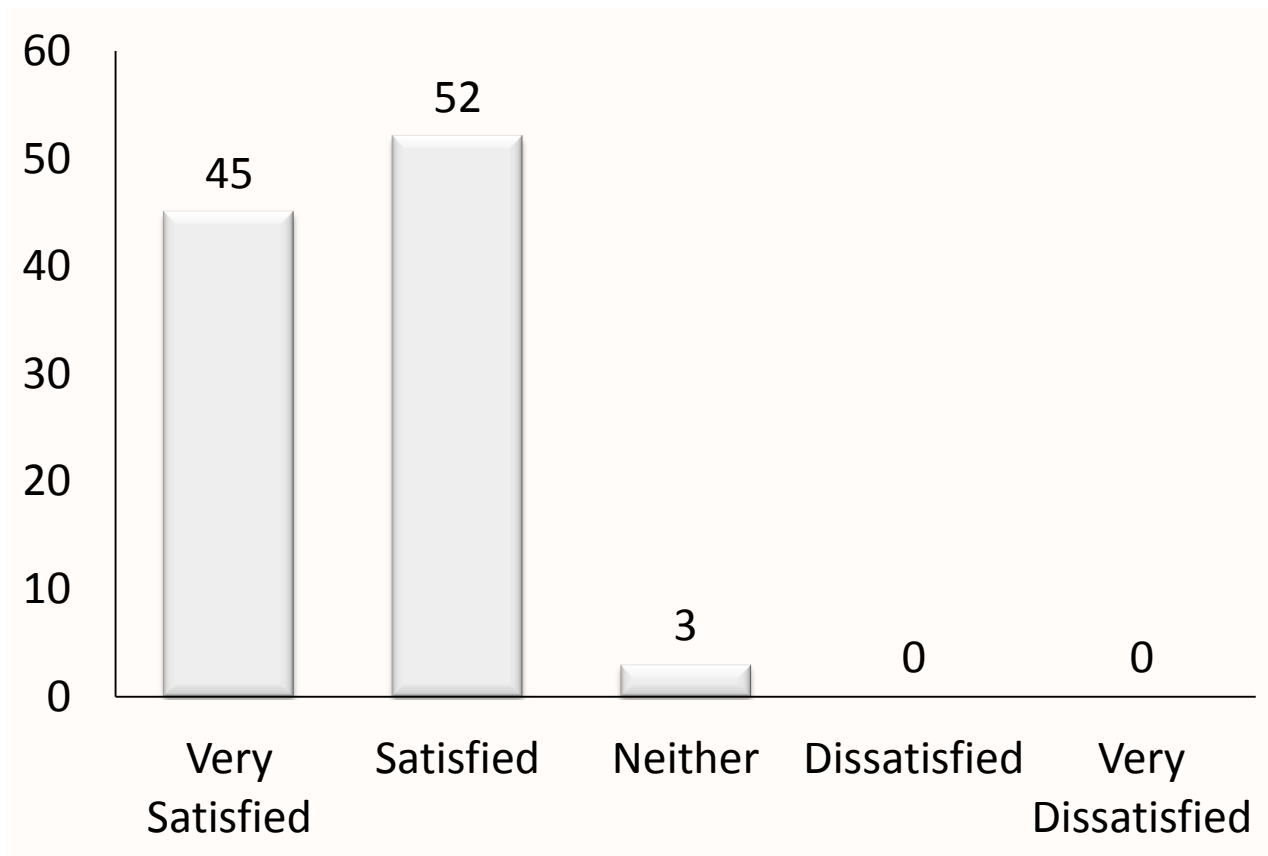
## Bath results

- As of April 2011
  - 765 patients on remote FU
  - Only 15 patients declined offer of remote FU
  - 85 recalled to clinic
  - 3600 OPAs saved
  - No CaP admissions in monitored patients
  - 30 deaths (all expected or unrelated to prostate cancer)



# Remote follow-up

## Patient satisfaction




# Remote follow-up

## Safety

- No admissions or outpatient attendances from complications related to prostate cancer
- First 100 patients recalled after 2 years
  - 1 had re-biopsy due to change in rectal examination but no change in cancer treatment
  - 8 had changes in medication unrelated to their cancer treatment


# IT platforms

- NHSI solution
  - CRMS
- InfoFlex
- Custom built/PAS integrated
  - Cerner Millennium

Client Relations Management System 

Events | Client | Location | User | PAS | Tracking | Administration

Home > Prostate Search [Log out] [Application Comments]

User Name - Simon Webberley **Prostate Search** 

**Filter Section**

Forename  Surname











Date of birth Day  Month  Year  Postcode

NHS Number  Hospital number

Show by ☒ All ☐ Registered ☐ Not Registered ☐ Suspended ☐ Deceased

Order by ☒ ModifiedDate ☐ Surname ☐ Forename ☐ DOB ☐ NHS Number ☐ Postcode ☐ Registered

Maximum number of records returned

Client Name	NHS Number	HRN	DOB	Address	Cancer Site	ICD10Code	Registered
<a href="#">Mr Simon Webberley</a>	123456789	456789123	22/09/1973	46D, Montpellier Spa Road, Cheltenham, Glos, GL50 1UL	Urology	C20X	
<a href="#">Mrs Jill Webb</a>	222222220	KKKKKKKK	03/06/1972	33, Bournside Drive, Cheltenham, Glos, GL23 5AP	Urology	C20X	
<a href="#">Miss Julia Maaro</a>	456789123	789456123	04/07/1975	66, Hales Road, Cheltenham, Glos, GL52 6SS	Urology	C20X	
<a href="#">Mr Richard Harris</a>	1234567891	F987654	22/09/1963	46D, Montpellier Spa Road, Cheltenham, Glos, GL50 1UL	Urology	C20X	
<a href="#">Mary Jones</a>	6543210987	S2345678	24/01/1956	Flat 2, 44 Gloucester Road, Horfield, Bristol, Avon, BS8 2KD	Urology	C20X	
<a href="#">Mr Richard Hadwin</a>	789456123	159753456	12/09/1967	21, Landsdown Road, Cheltenham, Glos, GL50 6UL	Urology	C20X	
<a href="#">Mrs Jane Perry</a>	111111110	JJJJJJJJ	02/06/1971	32, Bournside Drive, Cheltenham, Glos, GL23 5AP	Urology	C20X	
<a href="#">Mr Harry Ford</a>	99999999	IIIIIIII	01/06/1970	31, Bournside Drive, Cheltenham, Glos, GL23 5AP	Urology	C20X	
<a href="#">Mr Richard Burton</a>	88888888	HHHHHHH	30/05/1969	30, Bournside Drive, Cheltenham, Glos, GL23 5AP	Urology	C20X	
<a href="#">Mr Ray Jones</a>	77777777	GGGGGGG	29/05/1968	29, Bournside Drive, Cheltenham, Glos, GL23 5AP	Urology	C20X	

# CRMS

- Problems
  - Interface with host Trust information systems
  - Billing
  - Real life testing

# Finances

- How to charge for service
  - Telephone/remote FU tariff
  - Negotiate whole pathway with PCT/CCG
- How to sell to Trust
  - Loss of income



# Issues

- Criteria for risk stratification
- Audit of safety, acceptability
- IT implementation
- Finances
  - How to get more CNSs
  - How to commission new pathway
  - How to keep sufficient money in pathway
  - Will it save any money?

# Further information

- NHS Improvement website


jmcfarlane2@nhs.net

## Cancer Improvement

[Home](#) [Cancer](#) [Heart](#) [Diagnostics](#) [Lung](#) [Stroke](#) [NHS Improvement System](#)

### Survivorship: Living With and Beyond Cancer

But, improving outcomes by improving survival rates is only half the battle, 'It is also about improving patients' experience of care and the quality of life for cancer survivors and our Strategy also sets out how that will be tackled'. Professor Sir Mike Richards, National Cancer Director (Jan 2011)




#### National Cancer Survivorship Initiative: Living with and beyond cancer: Adult Pathway

##### Stratified pathways of care...from concept to innovation


##### Executive Summary

This is a summary report of this year's work and includes pathways for breast, colorectal and prostate cancer.



Over the past four years work has commenced with patients, NHS clinical teams and third sector organisations to test care and support for those living with and beyond cancer. This work has culminated in the development and pilot testing of pathways of care tailored to individual needs in 4 tumour types (breast,colorectal, lung, prostate) with the aim of improving quality, reducing unnecessary hospital attendances and moving the focus of post treatment care from the disease and treatment to health and wellbeing.

This interactive generic pathway demonstrates examples of care and support from testing work and also signposting to other relevant sources of information. Further updates are planned in June.



Adult Survivorship Pathway

Breast

Remote Monitoring

Adult Survivorship Prototype Sites

Colorectal

Prostate

Adult Survivorship Resources