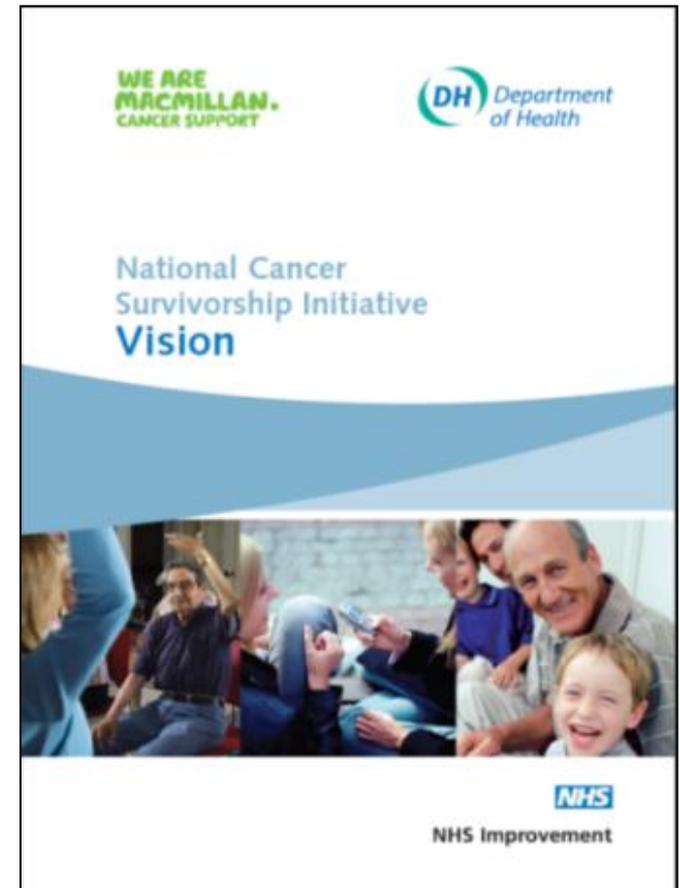


Prostate cancer follow-up

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



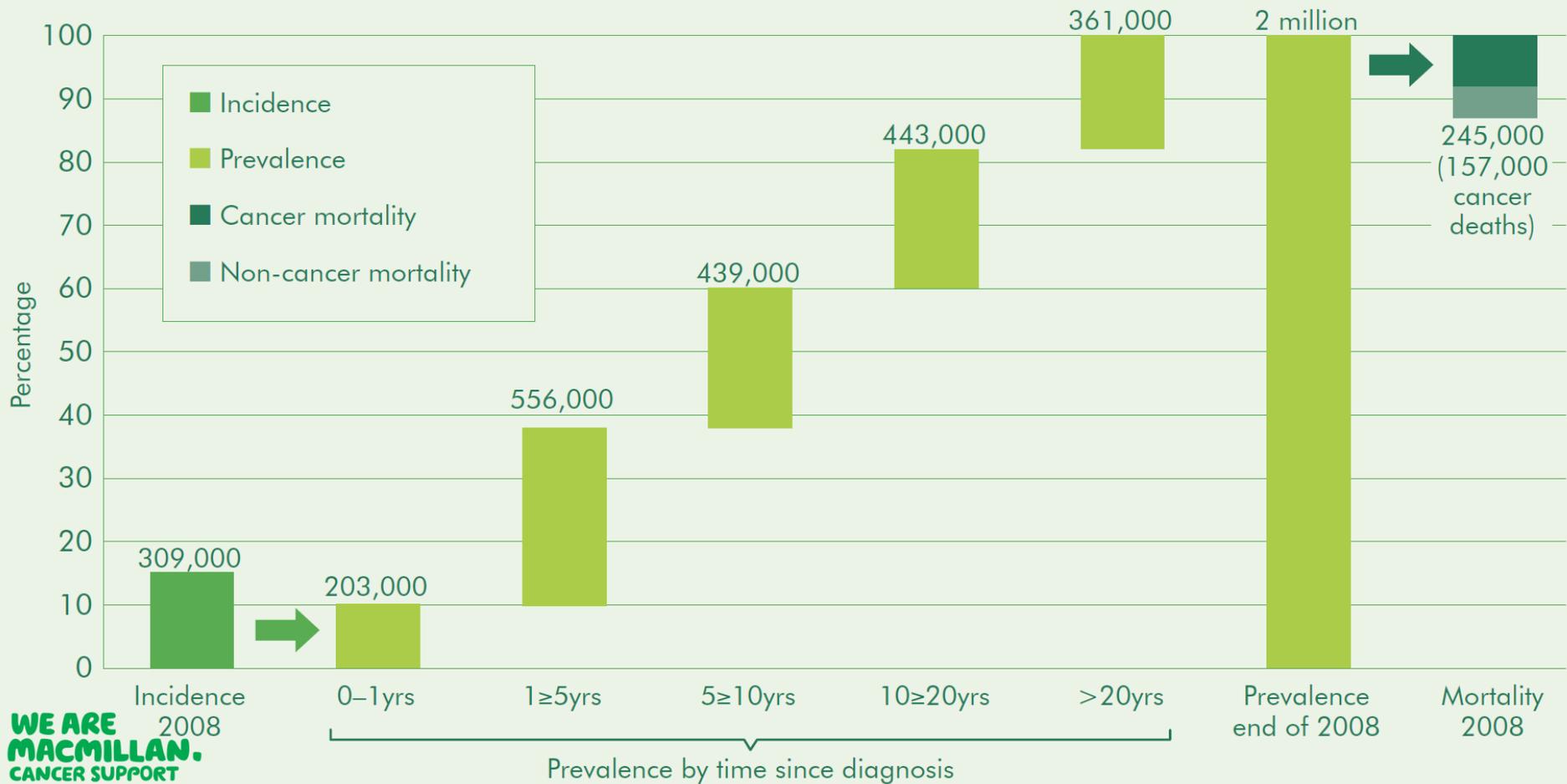
Why change?

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

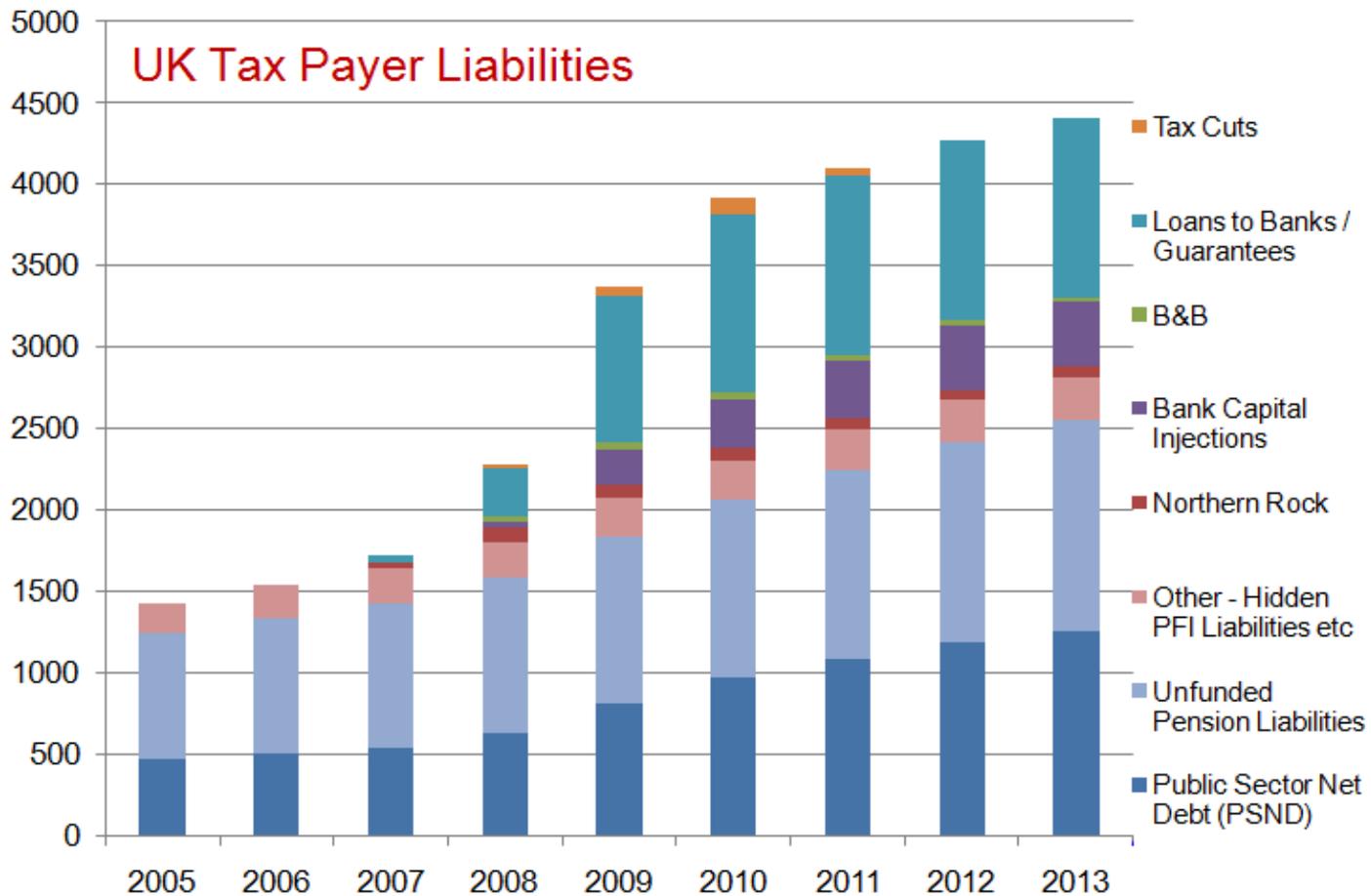
Why change?

Demographics

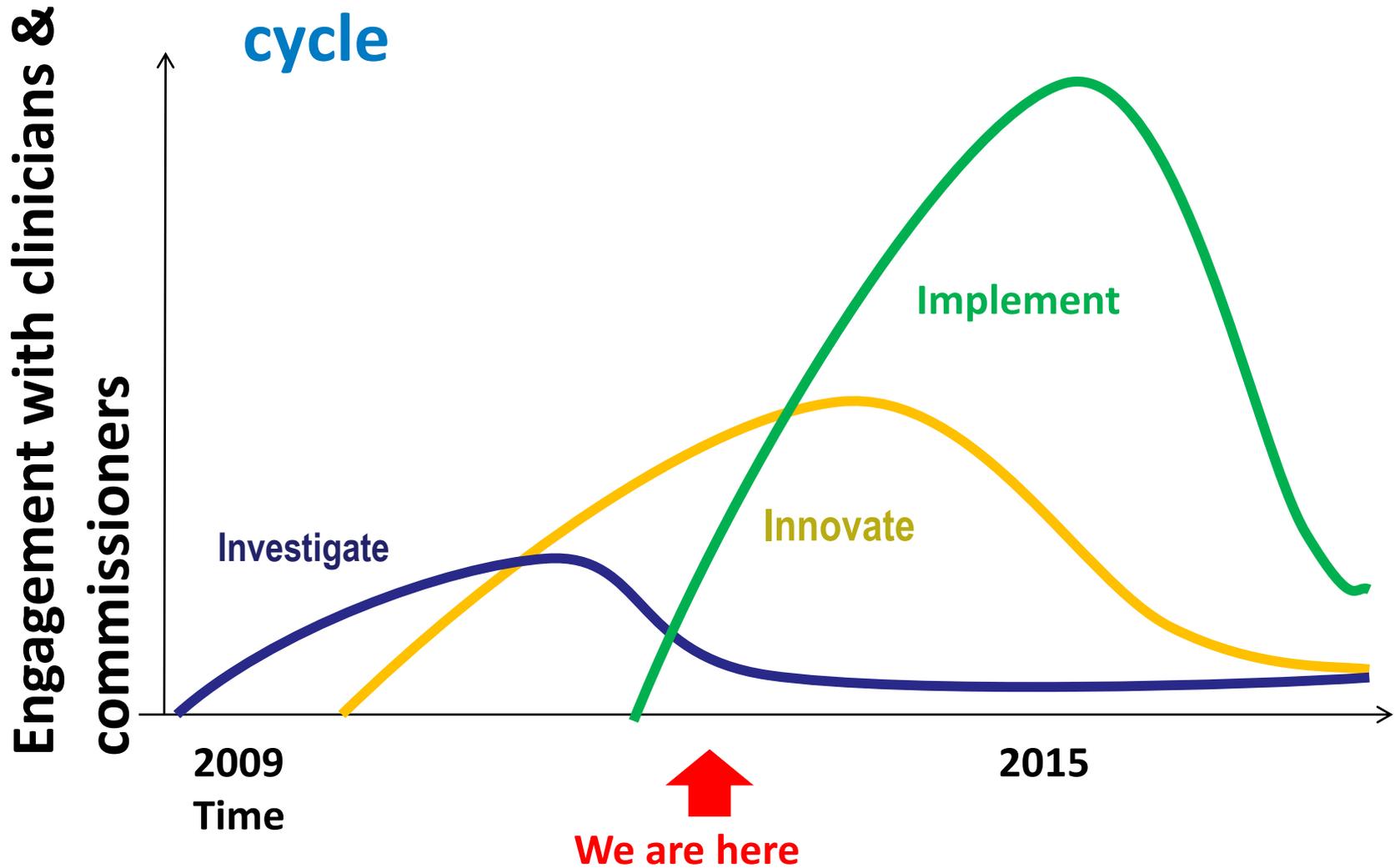


Why change?

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

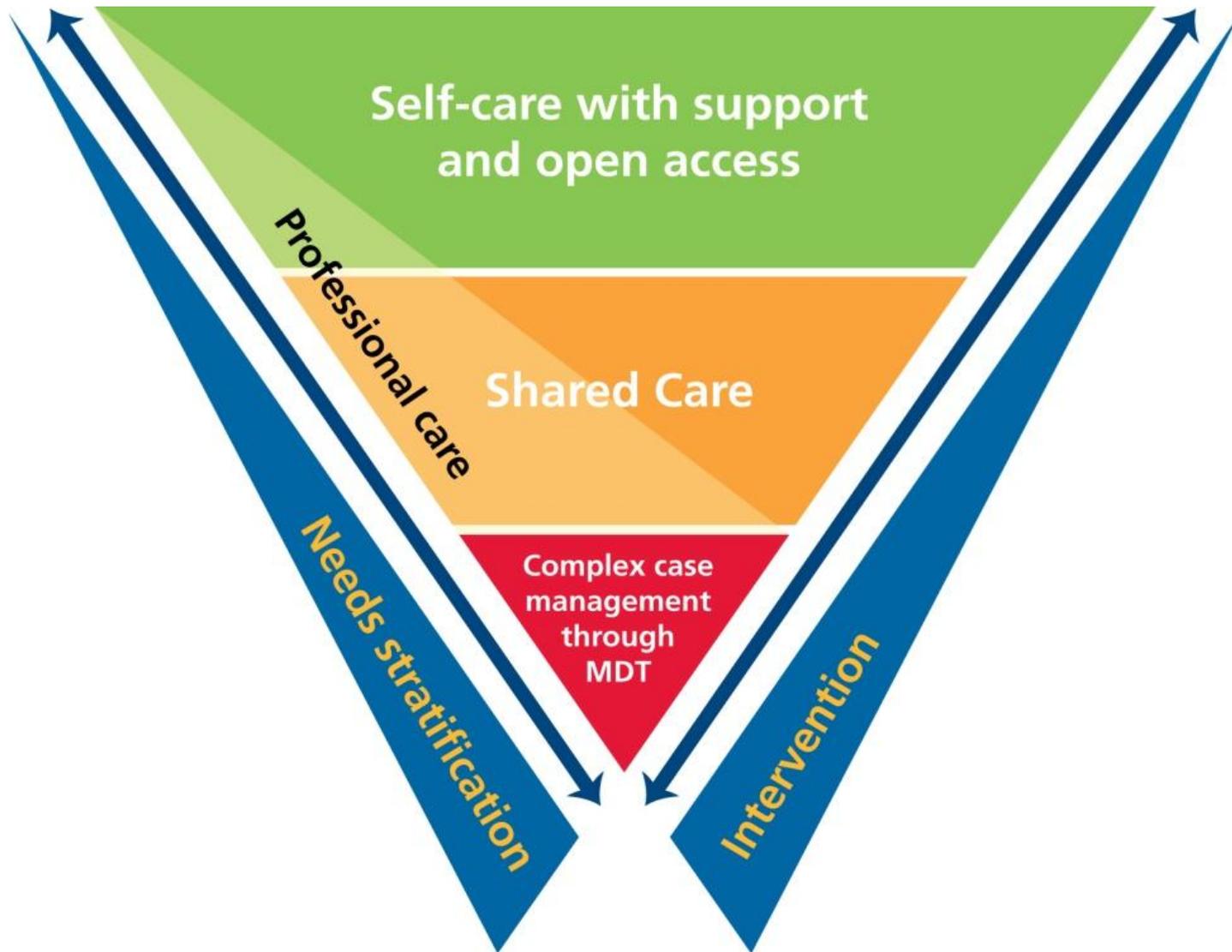
Self-management

- 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



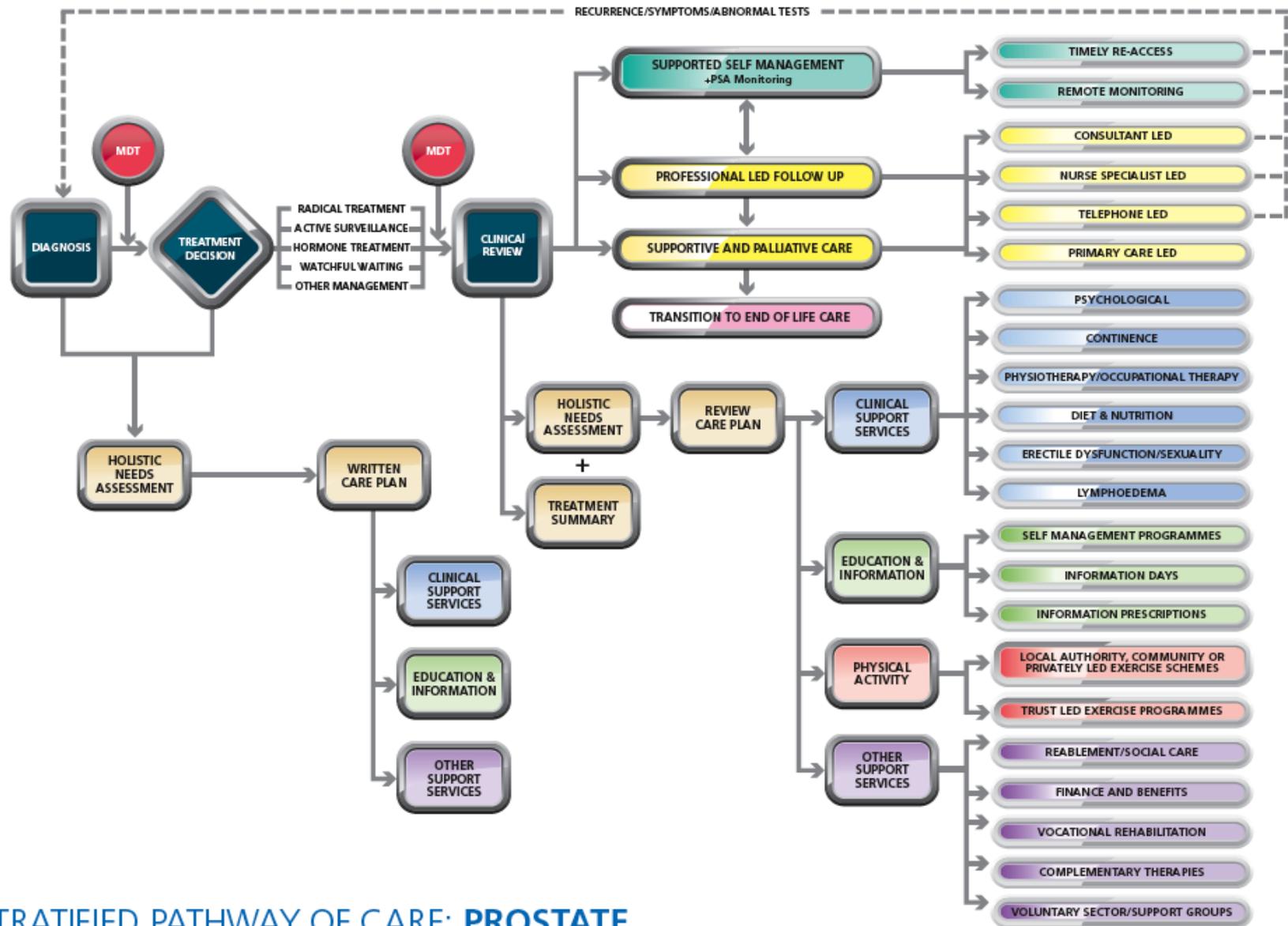
Risk Stratified Model of Care

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

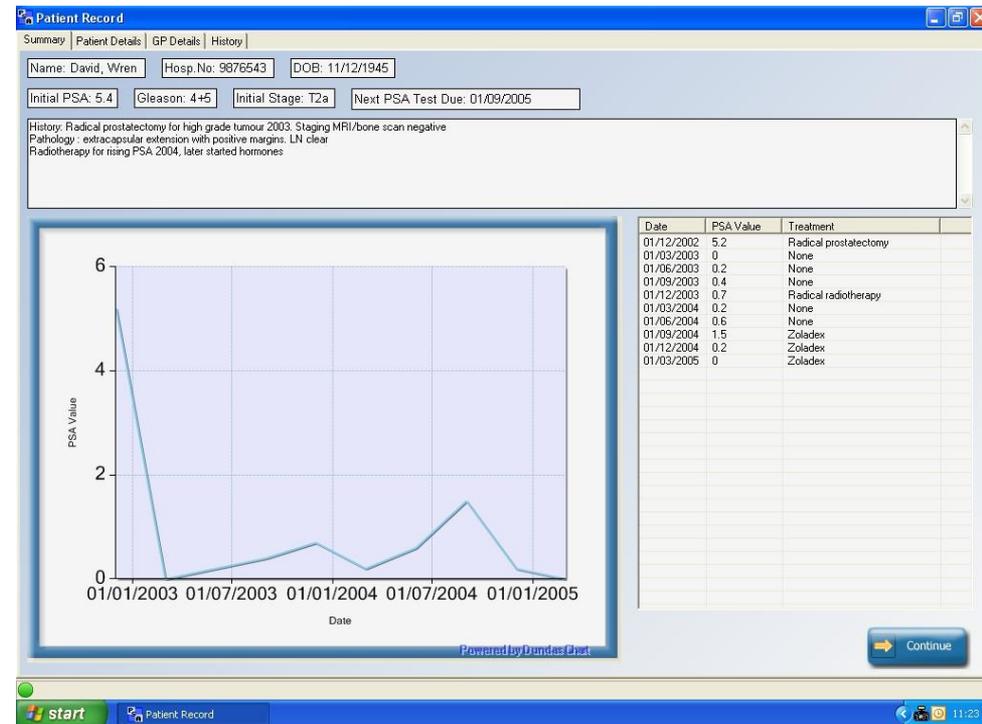
Barriers to change

“ There was sceptism 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



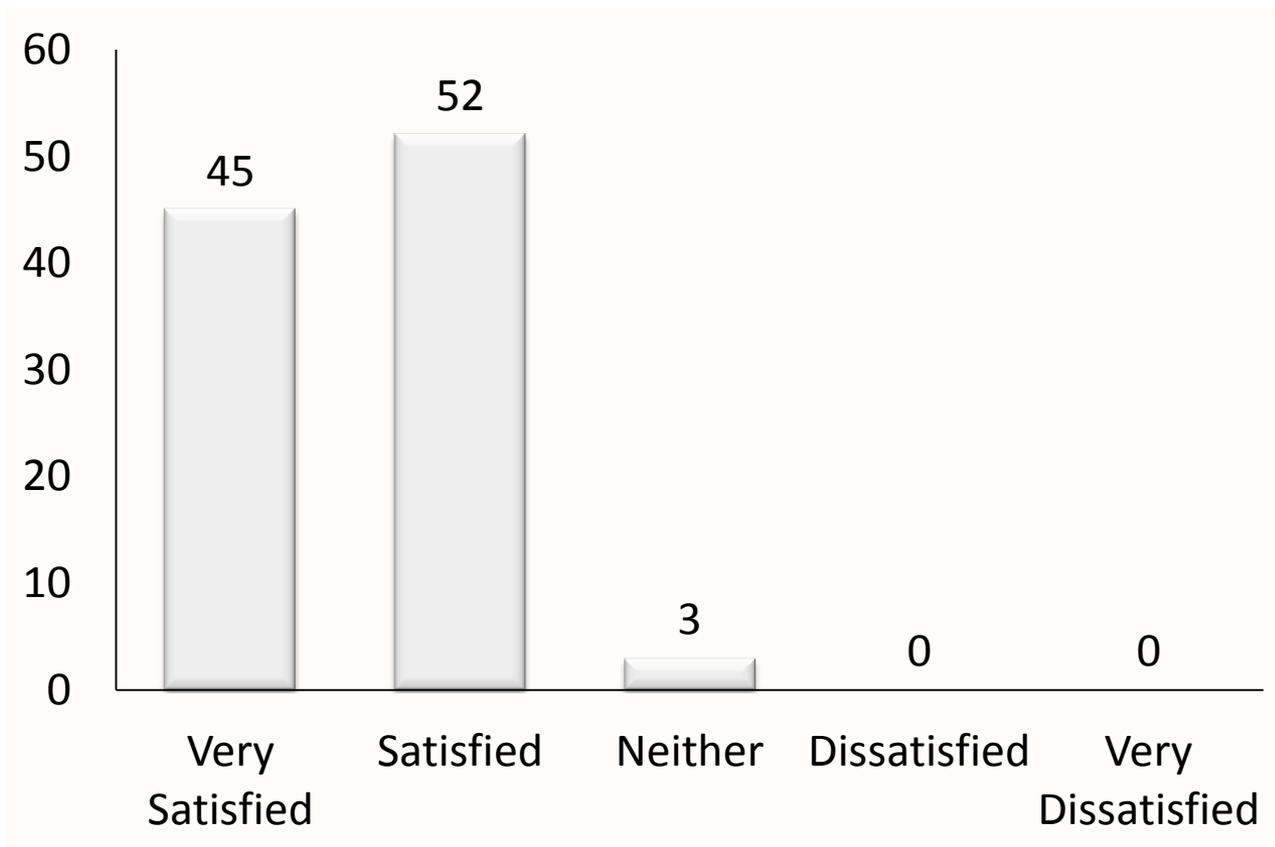
Remote follow-up

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: 50

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

The screenshot shows the NHS Cancer Improvement website. At the top, there is a navigation bar with links for Home, Cancer, Heart, Diagnostics, Lung, Stroke, and NHS Improvement System. The main heading is "Survivorship: Living With and Beyond Cancer". Below this, there is a quote from Professor Sir Mike Richards, National Cancer Director (Jan 2011), stating: "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'". To the right of the text is a photograph of a man carrying a child on his shoulders. The NHS Improvement logo is in the top right corner. Below the main heading, there are several sections: "National Cancer Survivorship Initiative: Living with and beyond cancer: Adult Pathway", "Stratified pathways of care...from concept to innovation", "Executive Summary", and "Adult Survivorship Pathway". There are also four icons representing different cancer types: Breast, Colorectal, Remote Monitoring, and Adult Survivorship Prototype Sites.

Cancer Improvement

Home Cancer Heart Diagnostics Lung Stroke NHS Improvement System

Survivorship: Living With and Beyond Cancer

NHS Improvement

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

Adult Survivorship Pathway

Breast Breast

Colorectal Colorectal

Remote Monitoring Remote Monitoring

Prostate Prostate

Adult Survivorship Prototype Sites Adult Survivorship Prototype Sites

Adult Survivorship Resources Adult Survivorship Resources