SCHEDULE 2 – THE SERVICES

A. Service Specifications (B1)

Mandatory headings 1-4. Mandatory but detail for local determination and agreement
Optional heading 5-7. Optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

Service Specification No.	06_CEOL_13
Service	Prostate Cancer Follow Up
Commissioner Lead	Cancer & End of Life Clinical Commissioning Programme
Provider Lead	NHS Dorset CCG GP practices
Period	1st April 2014 / 31st March 2015
Date of Review	30 Sept 2014

1. Population Needs

1.1 National/local context and evidence base

National context

Around 35,000 men are diagnosed with and 10,000 men die from Prostate cancer in England and Wales each year making it one of the most common cancers in men. Prostate cancer is predominately a disease of older men, however, approximately 20% of cases are in men under 65 year of age.

Local context

The all age male population in Dorset is approximately 347,900 and it is expected that around 8.6 per 1,000 men would initially receive follow up for Prostate cancer under a shared care arrangement. It should be noted that Dorset has a higher than average ageing population.

There were a total of 813 diagnosis of prostate cancer for the population of Dorset in 2011.

In Dorset there has been a drive towards commissioning models of care to enable the follow up of men with stable Prostate cancer to take place in a community based setting.

Evidence base

NICE clinical guidance 175: January 2014, states that:

- Prostate cancer patients undergoing active surveillance “PSA testing may be carried out in primary care if there are shared care protocols and recall systems”;

- “Men with prostate cancer, who have chosen watchful waiting regimen with no curative intent, should normally be followed up in primary care in accordance with protocols agreed by the local urological cancer MDT and the relevant primary care organisations”.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	**Preventing people from dying prematurely**	✓
Domain 2	**Enhancing quality of life for people with long-term conditions**	✓
Domain 3	**Helping people to recover from episodes of ill-health or following injury**	✓
Domain 4	**Ensuring people have a positive experience of care**	✓
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**	✓

2.2 Locally defined outcomes

To offer more convenient access to safe, effective and patient-friendly follow up in a community based care setting under a shared care arrangement for patients considered suitable for discharge from secondary care.

- Ensure patients have a positive experience of care
- To offer care closer to home
- To ensure patients receive treatment in the most appropriate place for that element of care
- To ensure patient safety through a co-ordinated approach to data recording and review

3. Scope

3.1 Aims and objectives of service

To offer PSA monitoring follow up outside of a secondary care setting for patients considered to be suitable for discharge, The eligible cohort will normally have undergone active treatment such as radical prostatectomy.

To provide an equitable and cost effective follow up model of care across Dorset.

To ensure that all patients cared for under the shared care arrangements are looked after within a clinical governance framework, supervised by a cancer multi-disciplinary team in secondary care.

To establish a robust call and recall process for patients.

3.2 Service description/care pathway

Acute urology providers will work in accordance with the Cancer & End of Life Clinical Commissioning Programme prostate pathway (appendix 1) which will be used to identify patients who are suitable for discharge from secondary care.

Referrals will be made to primary care via a Consultant Urologist, who will have diagnosed and staged the disease and recommended a management plan using a ‘structured discharge letter’ (appendix 2).

The discharge letter will include:

- patient details *(incl. name, address, dob, NHS Number)*
- details of diagnosis *(incl. PSA level on discharge, other issues/ complications, e.g. evidence of metastases)*
- recommendation / management plan *(including assessment interval and threshold for referral)*
- any additional explanatory text (including clear explanation when advice

deviates from agreed local guidelines) *(including substantial management/active management received by the patient to date)*
- confirmation that explanation given to patient *(including explanation of condition and that their ongoing follow up care will be managed outside of secondary care)*

The practice will identify a nominated Urology Liaison GP, who will:
- co-ordinate annual/quarterly reporting of service provision
- produce and maintain an up-to-date register of all patients under shared care
- participate in an annual review of the service in line with plans drawn up by the acute urology provider/MDT

3.3 Service Model

The secondary care provider will ensure that patients are followed up in accordance with the NICE guidance and suitable patients discharged from their care at the appropriate point in the pathway.

Secondary care providers will be expected to ensure that a treatment summary record and / or discharge letter are completed and sent to the GP.

Primary care practices will be responsible for advising the relevant acute urology provider of confirmation of acceptance onto the practice based call / recall system.

If evidence emerges of the prostate cancer disease advancing the GP will refer the patient back to the relevant acute urology provider as an ***urgent*** *Choose & Book* referral for continuation of care under the shared care arrangements as a 'new' **follow up**. Provision will need to be made by the consultant-led clinic to accommodate patients (i.e. within a ***maximum of 4*** weeks of date of referral).

The shared care arrangements should ensure that patients are involved in decisions about the planned protocol of their care and they should be provided with appropriate documentation explaining the new pathway of care.

3.4 Any acceptance and exclusion criteria and thresholds

Exclusion criteria

Any patient considered inappropriate for discharge within the pathway, either by a consultant or the patient's GP, will be excluded from the shared care service. Exclusions will include men with:

- localised low / intermediate risk disease with a life expectancy of ten years or more, on active surveillance for deferred curative treatment

- localised disease that if it were to progress would require active therapy, will remain in secondary care/or will be monitored in the community under the management of the consultant-led MDT

3.5 Interdependence with other services/providers

The service must work with partners to address the needs of the individual and have awareness of future developments in order to attain optimum outcomes. Partners include:
- Acute Hospital Trusts
- GP Practices
- Macmillan GP's
- Dorset Clinical Commissioning Group

This service is under review and will be subject to redesign (eg. development of a population based central registry) with potential for decommissioning and/or re-procurement in 2014/15.

This service specification may require a slight adjustment to ensure the pathway fits with secondary care.

4. Applicable Service Standards

4.1 Applicable National standards (e.g. NICE)

NICE clinical guidance 175: January 2014, states that:

- Prostate cancer patients undergoing active surveillance "PSA testing may be carried out in primary care if there are shared care protocols and recall systems;

- Men with prostate cancer, who have chosen watchful waiting regimen with no curative intent, should normally be followed up in primary care in accordance with protocols agreed by the local urological cancer MDT and the relevant primary care organisations.

4.2 Applicable local standards

5. Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements (See Schedule 4 Parts A-D)

All practices will need to demonstrate that they are maintaining appropriate registers and managing patients according to the shared care protocol, by:

- ensuring that staff involved in monitoring and supporting patients in the prostate cancer follow ups are appropriately trained and competent in supporting this group of patients
- review and reporting the number of patients using the Prostate Cancer follow up service and report to the CCG as required
- recording patient satisfaction/feedback of system from their perspective, including any negative feedback
- recording who is accessing the service and from where
- working in partnership with the acute trusts to ensure that the patient pathway is seamless in delivering the patients' follow up
- maintaining accurate call and recall systems for patients within the shared care service
- reporting any patient safety incidents
- maintaining record of number of patients >70 years of age tested, number of positive tests, number of patients referred to secondary care fast track, number of patients taken back from secondary care as follow ups, name of practice lead.

The Commissioner(s) shall monitor the Performance of Providers in meeting the Scheme service specification. This monitoring will encompass;

- Quarterly review of information obtained from the service records, provided by each Provider

Compliance with the shared care protocol which may be covered in the information that is included in the report, and should cover the clinical elements of the NICE guidance.

To ensure that all patients cared for under the shared care arrangements are looked after within a clinical governance framework, supervised by a cancer multi-disciplinary team in secondary care.

An annual review of the shared care protocol should be submitted to the commissioner as an on-going commitment of each providers understanding of the framework they are working within.

The Commissioners shall reserve the right to cancel the NHS standard contract for Prostate Cancer Follow Up with individual Providers or suspend the Scheme entirely in the event of any serious incident or failure on the part of Providers to comply with the service specification.

5.2 Applicable CQUIN goals (See Schedule 4 Part E)

6. Location of Provider Premises

The Provider's Premises are located at:

GP Practice

7. Individual Service User Placement

Not applicable

8.