Personalised Stratified

Follow Up (PSFU)

Audit Support Tool

Version 1 for 2019/20 Quarterly Assurance

NHS Cancer Programme

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Background

The NHS England planning guidance for 2019-20 commits Cancer Alliances to deliver Personalised Stratified Follow-Up (PSFU) protocols within all trusts for breast cancer in 2019, for prostate and colorectal cancers in 2020 and for other cancers where clinically appropriate by 2023.

By 2020/21, as part of PSFU roll out a significant proportion of breast, colorectal and prostate cancer patients will have moved to supported self‐management pathways with remote monitoring surveillance and guaranteed re‐access to the cancer team when needed. Alongside this roll out Alliances are working towards ensuring that every patient by 2021 has access to personalised care interventions, which are Personalised Care and Support Planning (PCSP) based on holistic needs assessments, Health and Wellbeing Information & Support (HWBIS), and End of Treatment Summaries.

PSFU is a vital part of delivering world class cancer services while addressing the serious challenges of demand and capacity throughout cancer pathways. The implementation of PSFU pathways offers huge benefits to patients and the NHS. PSFU improves patient experience and quality of life for people following treatment for cancer, as well as making services more efficient and cost-effective. Cancer Alliances have an important role in ensuring that trusts in their area have developed efficient PSFU protocols and are supporting trusts to measure improvements where necessary.

Having a PSFU pathway means patients knowing that when they complete primary treatment they will be offered:

• Information about signs and symptoms to look out for which could suggest their cancer has recurred;

• Rapid re-access to their cancer team, including telephone advice and support, if they are worried about any symptoms, including possible side-effects of treatment;

• Regular surveillance scans or tests (depending on cancer type), with quicker and easier access to results so that any anxiety is kept to a minimum;

• Personalised care and support planning and support for self-management, to help them to improve their health and wellbeing in the long-term.

The implementation of PSFU pathways and the evidence compiled by the national cancer survivorship initiative highlight how patients are having their needs met in a more timely manner and are better informed about their disease, treatment, signs of recurrence and any longer-term effects. With the focus on health and wellbeing, patients are being supported to make healthier lifestyle choices and manage their care better. In addition, PSFU is already releasing a substantial volume of outpatient appointment slots thus releasing capacity for new referrals and complex needs.

Audit Support Tool

The National Cancer Team have worked closely with Cancer Alliance colleagues across the country to develop this PSFU audit support tool. This tool will support Alliances and Trusts to understand their current position, celebrate good practice, identify key areas to further develop and establish good quality across the cancer pathway from delivery of Personalised Care interventions to implementation of PSFU pathways. This tool will be revised in 2020/21 to support the implementation of PSFU protocols for other cancer types.

***When to complete this audit tool?***

We recommend that Cancer Alliances work with their Trusts and MDTs to complete this audit on the breast cancer PSFU pathway within Q3, so that if an action plan is devised this can be reviewed in Q4 for 2019/2020. We will ask Alliances to confirm that this breast PSFU audit has been completed via the normal quarterly assurance process in Q3.

***How to use this tool?***

This audit support tool is intended to be used as an assessment to embed the principles of PSFU and personalised care within the ongoing delivery of large-scale transformation of cancer care pathways to meet Long Term Plan ambitions. This tool should be used in conjunction with the NCSI How To Guide for stratified follow up (<https://www.england.nhs.uk/wp-content/uploads/2016/04/stratified-pathways-update.pdf>)) and the NHS England Personalised Stratified Follow Up Handbook (available November 2019).

***How to complete this audit tool?***

The process to complete this audit tool should be determined by local discussions between the Alliance and Trust, this tool can be used in a flexible manner incorporating any local existing protocols of audit.

The NHS England Cancer Programme team will not require results of audits to be provided, although Cancer Alliances have the opportunity to flag on issues and risks as part of the Quarterly Assurance process.

This tool is divided into four themes and each theme has several statements relating to a service:

* The MDT is asked to rate each statement to indicate their current position.
* At the end of each section, they will be able to review their current position and identify areas where the MDT are performing well and areas to consider service improvement opportunities or changes to the protocol/systems/pathway.

***Recommendations for MDT***

* Ensure time is allocated away from clinical practice to complete the tool, or complete within a team meeting;
* Identify the governance procedure and key leads who will be responsible for the completion, monitoring and reviewing of information of this audit tool;
* Aim to review the contents of the tool prior to the meeting including examples of both good and improvable practice;
* Obtain feedback from service users prior to meeting the key leads (could be obtained via a short survey, face to face meeting or group session);
* Allocate time to discuss the audit results in detail, in order to create an action plan with all stakeholders (see page 16).

Acknowledgements

We are grateful to all stakeholders for their hard work in developing this Personalised Stratified Follow Up Audit Tool, to ensure patients living with and beyond cancer receive personalised care and support across the cancer pathway.

We wish to continue to refine this tool to ensure it is useful and relevant, and welcome all feedback.

Please contact Noor Jhan-Butt Sherwani on [n.jbsherwani@nhs.net](mailto:n.jbsherwani@nhs.net)

**NHS England and NHS Improvement - Living With and Beyond Cancer Team**

**August 2019**

Section One: Overview

|  |  |
| --- | --- |
| Name of your Alliance: |  |
| Name of your service: |  |
| Lead contact person completing the audit and contact details: |  |
| Date of completing the audit: |  |
| Location of service: |  |
| Additional information |  |

Theme 1: Personalisation of care and support

This section is in line with the NHS England Comprehensive Model of Personalised Care [https://www.england.nhs.uk/personalisedcare/comprehensive-model-of-personalised-care], and to optimise care and support for cancer patients from diagnosis onwards. The personalised care and support pathway should:

* Be based upon the NHS England and NHS Improvement Personalised Care components model:
  + Delivery of Personalised Care and Support Planning (PCSP), which is based upon the use of Holistic Needs Assessments (HNA);
  + Shared decision making is taking place between clinicians and patients;
  + Support for self-management is available for all patients.
* Ensure conversations with patients are based on ‘what matters’ to the patient and their individual strengths, needs and preferences.
* Provides ongoing support for patients to emphasise choice and control over the way a patient care and support plan is planned and delivered.
* Connects the patient with the community in delivering better health and wellbeing outcomes and experiences.

| Statements to discuss at the MDT | Planning stage | Implementation stage | Monitoring stage | Review stage | Confidently delivering |
| --- | --- | --- | --- | --- | --- |
| How have you clarified the change in language from Recovery Package to Personalised Care within your Alliance and Trusts? |  |  |  |  |  |
| a) Personalised Care and Support Planning   * Holistic Needs Assessment are being offered and completed |  |  |  |  |  |
| * Written care plan devised and shared with patient and other teams including primary care. |  |  |  |  |  |
| b) Shared decision making  Patients are involved in decisions about their pre and post treatment follow up and care. |  |  |  |  |  |
| c) Supported Self-management;  Patient have the appropriate information, advice and support to enable them to self-manage following their cancer treatment. |  |  |  |  |  |
| d) End of Treatment Summaries   * Clinicians are recording on the Trust IT system, the date of completion of 'End of Treatment Summary (EOTS)' at the end of each acute (secondary care) treatment(s). |  |  |  |  |  |
| * The patients and GP receive a copy of the EOTS. |  |  |  |  |  |
| e) Health & Wellbeing Information and Support (HWBIS) offer.   * Health and wellbeing info offered? * Health and wellbeing event / course offered? * Referral pathway in place to social prescribing link worker? * Are patients connected and signposted to what is on offer in to their community and online via national charities etc for HWBIS? |  |  |  |  |  |
| f) Digital   * Trust IT system can record date and timepoint in pathway of HNA completed (COSD v8 requirement) |  |  |  |  |  |
| * Trust IT system compliant with submitting HNA data to COSD |  |  |  |  |  |

## Evidence

|  |  |
| --- | --- |
|  | **Comments** |
| **What process/pathway did you use to implement the PSFU protocols? Internal templates devised?**  **Can you share your policy/ procedures used?**    **Are you able to share your best practice documents with other Alliances?**  Please email your best practice documents to [england.cancerpolicy@nhs.net](mailto:england.cancerpolicy@nhs.net) |  |
| **What outcomes has your team achieved or is hoping to achieve from implementing the personalisation of care and support?** |  |
| **Do you have evidence you are achieving these outcomes? If yes, please provide and can these be shared with other Alliances?** |  |

Theme 2: Implementation of PSFU protocols

This section assesses:

* Compliance with the protocols,
* Progress in planning for change and creation of PSFU protocol,
* Progress in creation of remote monitoring system,
* Review of creation and operation of PSFU and remote monitoring protocols.

**Please can you indicate your current position and provide comments within the table below.**

|  | **Not yet considered** | **Currently reviewing** | **Designing / Planning** | **Yes / Agreed** | **Implemented within last 6 months +** | **Confidently delivering / monitoring** |
| --- | --- | --- | --- | --- | --- | --- |
| **Have your Board and Executive level, Clinicians and Senior Leaders developed a good understanding of PSFU and have prioritised its implementation?** |  |  |  |  |  |  |
| **Have you established a cross-system implementation team, to enable access to limited resources, implement changes, overcome organisational divisions, and avoid ‘silo’ working?**  (including Primary care professionals, CNSs, pathway navigators/support workers, Cancer Alliance leads, and CCG and acute trust leads) |  |  |  |  |  |  |
| **Has a project plan been devised with Stakeholders?** |  |  |  |  |  |  |
| **Are specific levers or incentives used to implement PSFU?** (e.g. service specifications, contractual arrangements such as local tariffs, agreed monitoring procedure of PSFU protocols) |  |  |  |  |  |  |
| **Have you referenced PSFU in your local commissioning guidance and outlined specific funding allocation for resources?** |  |  |  |  |  |  |
| **Have you obtained clinical agreement and sign-off for the PSFU protocol?** |  |  |  |  |  |  |
| **Was your PSFU protocol for breast cancer co-designed with patient involvement?** |  |  |  |  |  |  |
| **Do you provide information to patients via leaflets and online?** |  |  |  |  |  |  |
| **Do you understand what patients need? Such as improving experience and co-ordinating the process to make it easier for patients?** |  |  |  |  |  |  |
| **Does your trust have a remote monitoring system which is integrated with your cancer system** (e.g. trust's bespoke cancer system, Somerset, Infoflex etc) **that is in use or will be ready to use operationally from September 2019?** |  |  |  |  |  |  |
| **Have you considered interdependencies across the pathway, so that PSFU pathway implementation is integrated with other pathway changes?**  (Such as Faster Diagnosis Standard, MDT working and Primary care to ensure support is available in the community once patients are released after treatment.) |  |  |  |  |  |  |
| **Have you completed an Equality Impact and Health Inequalities assessment?**  **Are all pending actions from the assessment addressed, or a plan devised?** |  |  |  |  |  |  |
| **Optional measure - Have you developed baseline measures to review progress? If yes, please provide more information.**  For example;   * assessed/ compared patient satisfaction of overall pathway, * staff satisfaction with OP clinic management * comparisons of data collected from patients who were on the traditional models of follow-up, as compared to the new model of follow-up. |  |  |  |  |  |  |

Theme 3: Monitoring and evaluation

**Does your PSFU protocol require routine collection of data, against specific measures? YES / NO**

**If yes, please complete column 1 below. If no, is possible please provide a reason for not having the data.**

|  | **Yes** | **No and provide reason** |
| --- | --- | --- |
| **Do you have access to the following data to support ongoing audit, evaluation and monitoring?** |  |  |
| Number of people accessing PSFU and remote monitoring |  |  |
| Estimated proportion of patients stratified to each follow up pathway |  |  |
| Caseload of people on supported self-managed follow-up pathway and those on clinic-based follow up |  |  |
| Number of self-managed pathway patients re-accessing the service with a cancer recurrence |  |  |
| Number of contact phone calls made to CNSs and Support Workers |  |  |
| The impact of PSFU on cancer waiting times |  |  |
| Number of patients who have had a completed EHNA / HNA |  |  |
| Number of patients who have received a completed End Of Treatment Summary |  |  |
| Number of patients attending and DNA   * Surgical clinic appointments * Oncology clinic appointments * Nurse clinic appointments * Other clinics * Virtual or Telephone clinics |  |  |
| Ratio of new to follow up clinic appointments |  |  |
| Implemented tool to calculate the number of outpatient slots released due to PSFU (available August 2019) |  |  |

|  |
| --- |
| **Include information on any additional monitoring arrangements / metrics:** |
|  |
|  |

Review of existing PSFU protocol

|  | **Comments** |
| --- | --- |
| **What is working well within your protocol operation of PSFU and remote monitoring?** |  |
| **What is not working well within your protocol operation of PSFU and remote monitoring?**  **As a result of this audit, what improvements will you consider?** |  |
| **With the implementation of PSFU; what do you understand to be the impact on the desired clinical and service outcomes of:** |  |
| * Prompt detection of recurrence |  |
| * Release of outpatient activity |  |
| * Reduction in people lost to Follow-Up |  |
| * More physical and emotional needs are identified and met |  |
| * Quality of Life |  |
| **What do you understand to be the impact on the desired system improvement of;** |  |
| * Efficient use of staff time |  |
| * Efficient use of OP clinic room space |  |
| * Efficient scheduling of Follow-Up scans/ tests (reduced duplication; higher proportion are done within the correct timeframe) |  |
| * More timely communication of results (within x weeks of scan happening) |  |
| **Have you offered/ completed a staff survey?**  **Please provide summary of results.** |  |

Theme 4: Patient experience and Quality of Life (QoL)

* This section assesses how patient-centred the PSFU pathway is, how well patients are informed and considers other measures of patient experience and quality of life.

|  | **Not yet considered** | **Currently reviewing** | **Designing / Planning** | **Yes / Agreed** | **Currently implementing / delivering** |
| --- | --- | --- | --- | --- | --- |
| **Are patients informed of personalised care and support planning (PCSP) and the PSFU pathway during their cancer journey?**  **If yes, please explain how and if no please explain how will you ensure you have plans in place to ensure patients are informed of PCSP and PSFU.** |  |  |  |  |  |
| **Have you collected feedback from patients on PCSP and PSFU? How was feedback obtained? What was the overall feedback?** |  |  |  |  |  |
| **Is the information you provide to patients on PCSP and PSFU available in Accessible Information format?** |  |  |  |  |  |
| **Have you gathered patient feedback on Holistic Needs Assessment (HNA) and PCSP?**  **Do patients understand the importance of HNA and PCSP?** |  |  |  |  |  |
| **Do you record the number of patients saying they have received a copy of their End of Treatment Summary?** |  |  |  |  |  |
| **Have you collected feedback on whether the patient found the End of Treatment Summary useful and was it easy to understand?** |  |  |  |  |  |
| **Have you recorded and reviewed the number of patients saying that they have received information on the Health and Wellbeing Information and Support (HWBIS) offer?** |  |  |  |  |  |
| **As part of the HWBIS offer have you recorded and reviewed the number of patients saying that they have received information about;**   * **self-help groups?** * **financial advice or benefits?** * **Psychological / emotional support** |  |  |  |  |  |
| **Have you offered patients a survey to understand performance of service delivery?**  **Please provide summary of results.** |  |  |  |  |  |
| **Have you reviewed the National Cancer Patient Experience Survey results relevant to your team?**  **Please provide summary of results.** |  |  |  |  |  |
| **Have you reviewed comments from CPES?**  **Have you reviewed any compliments regarding PSFU?**  **Have you reviewed any complaints regarding PSFU?** |  |  |  |  |  |
| **Have you completed case-studies to share best practice? If yes, please provide summary.** |  |  |  |  |  |
| **Are you seeking feedback from patients on the below key points below;** |  |  |  |  |  |
| Do patients have the perception that services and support across teams are joined up’? |  |  |  |  |  |
| Have patients increased their knowledge about how they can self-manage and obtain support from the community? |  |  |  |  |  |
| Has there been a decrease in patients reporting anxiety? |  |  |  |  |  |
| Do patient feel well supported? |  |  |  |  |  |
| Do patients feel in control of managing their condition? |  |  |  |  |  |
| Have patients received information on support and care available for late/long term consequences of treatment e.g. lymphoedema, menopausal symptoms, fatigue, sexual difficulties |  |  |  |  |  |
| **Has there been an improvement in quality of life outcomes for the patient?**  **How have you measured this?**  If you are regularly using PROMs tools, especially EORTC QLQ C30 and EQ5D, please inform the national cancer programme team QoL Metric project [alice.simon@nhs.net](mailto:alice.simon@nhs.net) and [Neesa.mangalaparathy@nhs.net](mailto:Neesa.mangalaparathy@nhs.net) |  |  |  |  |  |

PSFU - Action plan

|  | **Objective**  (List areas to improve on) | **Actions** (What you need to do to achieve the goals) | **Success criteria** (How will you measure success) | **Timeframe** (When does the action need to be completed by) | **Resources**  (What or who can help to complete the task?) | **Action owner** (Name of staff leading this objective / action) | **Follow-up date and progress** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Theme 1: **Personalisation of care and support** |  |  |  |  |  |  |  |
| Theme 2: **Implementation of PSFU protocols** |  |  |  |  |  |  |  |
| Theme 3: **Monitoring and evaluation** |  |  |  |  |  |  |  |
| Theme 4: **Patient experience and Quality of Life (QoL)** |  |  |  |  |  |  |  |