**Evaluation**

It is recommended that user feedback is conducted by postal questionnaire which is sent to all patients 3 months post the stratified follow-up OPA. The aim of the questionnaire is to establish if the patients’ needs have been met.

Baseline measures/process mapping: Establishing baseline measures prior to implementation is critical to enable measurement of improvements at a later date.

Recommended data for collection includes:

* New cancer diagnosis : Follow up ratios for prostate patients
* Number of Surgical outpatient clinics per week
* Number of Oncology outpatient clinics per week
* Number of cancer patients seen at each outpatient clinic
* Average number of new cancer patient slots per clinic
* Average number of follow up cancer patient slots per clinic
* Number of telephone clinics to follow up cancer patients. Average number of cancer
* patients reviewed at each telephone clinic.
* Number of virtual clinics to follow-up cancer patients. Average number of cancer
* patients reviewed at each virtual clinic.
* Readmission rates for cancer patients

On-going measures: Establishing the data collection and measures to be utilised to demonstrate effectiveness also needs to be agreed prior to implementation. Data on all or some of the following would be useful:

* Reduction in outpatient attendances
* Patient Reported Experience Measures (PREMS)
* Patient Reported Outcome Measures (PROMS)
* No. of calls to helpline or Clinical Nurse Specialist from patients being followed up on the SSMP
* No. of Holistic Needs Assessments completed
* Cancer waiting times
* Number/ % of patients with a care plan

**Patient Questionnaire about follow up, after treatment ends, for prostate cancer patients cared for by insert trust name**

At the insert trust name, we are changing how we care for individuals who have prostate cancer once they have completed their treatment. These changes are in line with national guidelines (NHS Improvement Cancer and the National Cancer Survivorship Initiatives) and with what cancer patients have reported best meets their needs. It is important to us that we receive feedback from you to determine if we are meeting your needs - and what we need to do to continue to improve the care we give.

Please could you take a few minutes to complete this questionnaire?

Your answers will remain anonymous and will only be used by the trust to guide service improvements.

1. Do you have the contact details for your Urology Clinical Nurse Specialist (CNS)? Yes □ No □
2. After your end of treatment clinical review outpatient appointment with the doctor or Prostate CNS, did you receive a letter detailing your diagnosis, treatment and what scans or treatment you will need in the future? Yes □ No □
3. Do you feel you were given an adequate explanation of this letter by the doctor? Yes □ No □
4. Have you had the opportunity to discuss this letter in your aftercare appointment with your Urology CNS? Yes □ No □
5. Please comment about the contents of this letter below, if you feel able to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Did you receive a holistic needs assessment with your Urology CNS at your aftercare appointment? Yes □ No □ don’t know □
7. Do you feel the holistic needs assessment was useful for you? Yes □ No □ don’t know □ not applicable □
8. Please comment about the holistic needs assessment below, if you feel able to. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Over the past six months, how many times have you contacted your GP practice for advice or support with issues relating to your cancer, or your treatment for cancer? Not at all □ 1-2 times □ 3-5 times□ 6-10 times □ More often □
10. How confident do you feel about managing your health? Very Confident □ Fairly Confident □ Not very confident □ Not at all confident □ Don’t know □
11. Do you have all the information, advice or support you need to help you manage your health? Yes □ No □ not sure □
12. What other information, advice or support do you need to help you manage your health? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
13. Do you have all of the information and advice that you need about the effects of your treatment? Yes □ No □ not sure □
14. How confident do you feel about who to contact if you have a query or concern, if at all? Very Confident □ Fairly Confident □ Not very confident □ Not at all confident □ Don’t know □
15. Were you offered the opportunity to be on the supported self-management pathway? Yes □ No □ I don’t know □
16. If yes to question 15 then did you choose to go on the supported self-management pathway? Yes □ No □ I don’t know □ not applicable □
17. If you feel able, please could you share any further comments or thoughts you have about the end of treatment information and appointment with your Urology CNS? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_