

Designing & implementing a primary care-led pathway for stable prostate cancer patients

Yaganti S; Price L

Introduction

The Transforming Cancer Services Team (TCST) supports the delivery of NHS England's Five Year Forward View and National Cancer Strategy across London. Working with commissioners, providers, alliances, charity partners and other stakeholders to support delivery of cancer waiting targets, earlier diagnosis of cancer, those who are living with and beyond cancer (LWBC) and to increase the pace of improvement. We provide strategic leadership for cancer across London as well as supporting our stakeholders.

In the UK, Prostate Cancer remains the most common cancer in men. With improved treatments more men are surviving (Cancer Research UK 2015). In London, 30% of prostate cancer patients are suitable for follow-ups in primary care.

Objectives and Methodology

As NICE (2014) recommends "patients stable two years after radical treatment or undergoing watchful waiting are offered follow-up outside hospital" & the Strategy calls for "care close to home", we developed in collaboration with patients, commissioners and clinicians, a holistic primary care pathway for stable prostate cancer patients that

- Safely transfers patients to primary care with clear safety netting processes
- Improves patient experience, improves information about their follow-up care and enhances self-management
- Provides training for primary care professionals to address and manage patient's medical and holistic needs
- Is governed by a service specification

Progress to date

Numbers for of patients transferred during 2015 pilot site		
	Start of project	End of project
Number of new patients identified at Croydon University Hospital and Royal Marsden NHS Trust	155	n/a
Welcome Appointments attended (new patients transferred as part of intervention)	n/a	86
Patients lost to follow-up pre-intervention	57	n/a
Patients lost to follow-up recalled	n/a	34*
Total number of patients having primary care follow-up	450	570

Results

Projected number of patients for London					
London STP	Total prevalence prostate (22 year prevalence 2013)	New cases per year*	Estimated 1-yr Survival Cases**	Estimated watchful wait patients*** (backlog of prevalent cases)	Estimated cohort per year*** (watchful waits)
North Central	5322	679	658	1597	197
North East	7427	859	820	2228	246
South East	6772	1104	1060	2032	318
South West	6449	979	942	1935	283
North West	6952	993	957	2086	287
London (excluding West Essex)	32922	4614	4437	9878	1331

*Source: Public Health England (NCRN). Prevalence: Crude rate of registered cancer patients alive at 31/12/2013
 **Based on 2014 incidence numbers from <https://www.cancerdata.nhs.uk/incidence>
 ***Based on Incidence * 1-yr Survival % by CCG. If CCG survival number was not available, the London average was substituted
 ****Calculated based on the assumed 30% of prostate patients who are watchful waiters

527 patients safely transferred to primary care of 61 practices and a further 420 practices across 20 CCGs have signed up to provide the service for their patients. All 5 London STPs have plans to roll out the pathway by which will release over 11,000 hospital appointments per year.

Conclusions

The pathway demonstrates the feasibility of a primary care-led follow-up service that's cost effective, holistic, supports self-management and integrates prostate cancer follow-up into long term condition management. Reducing the variation in service provision remains a challenge.

Patients and clinicians are in favour of primary care follow-up. Communicating change in care is important and would be appropriate for secondary care clinician to advise patient of the transfer.

Clinical safety was achieved through the maintenance of the prostate register. Safer and clinically more robust than previous primary care-led models.