NHS Standard Contract - SCHEDULE 2 – THE SERVICES

PSA Follow Up Service Specification

Service Specification No.	
Service	PSA Follow up LES
Commissioner Lead/s	Dr Avanthi Gunasekera, Strategic Clinical Executive
Provider Lead	As signed
Period	~~1st April 2020 to 31st March 2021~~1 April 2021 to 31 March 2022
Date of Review	End of contract period or as necessary

1. Population Needs

This service aims to provide a practice-based follow up service to patients who require routine PSA testing.

As per the NHS Rotherham CCG Quality Contract, if practices do not wish to deliver this service it must be sub-contracted to another practice following discussions with the CCG. All patients must have access to this service.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

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

3. Scope

3.1 Community based follow-up of Prostate Cancer
Following diagnosis, investigation, staging and treatment of prostate cancer, North Trent NSSG suggest the following men with prostate cancer are appropriate to be followed up in Community Care. Based on a number of years' experience with shared care agreements for follow up; and NICE guidelines (Feb 2008) that recommend:

"After at least 2 years, men with stable PSA and who have had no significant treatment complications should be offered follow up outside hospital (e.g. primary care).....unless they are taking part in a clinical trial that requires more formal clinic based follow up. Direct access to the urological cancer MDT should be offered and explained."

3.2 Localised Prostate Cancer

- Radical Radiotherapy; Stable disease at 2 years post treatment, with controlled therapy side effects can be discharged to community care follow up.
- Radical Prostatectomy; Stable disease at 2 years post treatment, with controlled continence and potency.
- Active surveillance; Hospital based follow up until active treatment decided upon.

- Patients in a trial will be followed up in hospital care.

At discharge to community care, a clinical summary will be given from the discharging consultant with local contact details. It is expected that 6 or 12 monthly reviews will be undertaken in the community as directed by the consultant with relevant clinical details. Symptom Review and Serum PSA Review (a DRE is not required) is to be undertaken as part of the follow up. A rising PSA from previous nadir, deteriorating urological symptoms or local/systemic symptoms suggestive of recurrent disease would generate an URGENT NEW PATIENT referral back to the local Urology MDT team.

3.3 Locally Advanced Prostate Cancer

- Radical Radiotherapy; Stable disease at 3 years post treatment (+/- adjuvant ADT) may be discharged to community care at the discretion of the oncologist
- Radical Prostatectomy; Stable disease at 2 years post-surgery may be discharged to community care at the discretion of urological surgeon.
- Watchful Waiting; Where a joint decision to start ADT at a later time with symptoms or rising PSA; it is appropriate for community care to follow up men with 6/12 PSA and refer back to Hospital care as directed by the consultant on discharge, or local urinary symptoms or signs of metastatic disease become apparent.
- Androgen deprivation therapy; Stable disease for more than five years with a PSA that has responded to ADT.

At discharge to community care, a clinical summary will be given from the discharging consultant with local contact details. It is expected that 6 or 12 monthly review will be undertaken in the community as directed by the consultant with relevant clinical details. Symptom Review and Serum PSA Review (a DRE is not required) is to be undertaken as part of the follow up. A rising PSA from previous nadir, deteriorating urological symptoms or local/systemic symptoms (including obstructive renal failure) suggestive of progressive disease would generate an URGENT NEW PATIENT referral back to the local Urology MDT team (not 2ww).

3.4 Metastatic Prostate Cancer

- Androgen Deprivation therapy; (Bilateral orchidectomy, LHRH analogues or antagonists, Anti-androgen). Men who have an initially elevated PSA, stable disease with a documented PSA fall towards a nadir, and minimal side effects are safe to be followed up in community care.
- Trials; All men in a trial will be followed up in hospital setting
- Men with metastatic disease that do not show a response to ADT with no PSA response are not appropriate to discharge to community care.

At discharge to community care, a clinical summary will be given from the discharging consultant with local contact details. It is expected that 6 or 12 monthly review will be undertaken in the community as directed by the consultant with relevant clinical details. Symptom Review and Serum PSA Review (a DRE is not required) is to be undertaken as part of the follow up. A rising PSA from previous nadir, deteriorating urological symptoms or local/systemic symptoms suggestive of recurrent disease would generate an URGENT NEW PATIENT referral back to the local Urology MDT team.

3.5 People with Benign Prostatic Hyperplasia

People with Benign Prostatic Hyperplasia (BPH) in whom the hospital have advised PSA monitoring every 6 or 12 monthly ensure to use the read codes as directed in section 3.9.

Please ensure that only patients with BPH diagnosed in secondary care and have been advised to monitor PSA in the community.

3.6 Example discharge letter

Dept : Urology
Consultant:
Secretary:

Direct Line:
Fax:
E Mail: Re Patient Name:
NHS No:
Address
Street:
Town:
Post Code
Date:
CCG Agreed Transfer of Follow-Up to GP

Patient Category:- Prostate Cancer in remission
Elevated PSA under monitoring

Planned Future Follow-Up Check PSA every ……. Months

Refer back to Secondary Care if:-
PSA rises above …….
PSA rises by >…….. over ……. months

(Expandable section for free text)

Yours sincerely

Mr / Miss
Consultant Urologist

3.7 Suggested review template

Prostate Cancer Follow-up Assessment
Name: Date:

Staging: Bone Scan:

Current treatment:

PSA:
Health Assessment

Urinary Symptoms:	Frequency	D x N x
	Urgency	yes / no
	Hesitancy	yes / no
	Poor Flow	yes / no
Incomplete emptying	yes / no	
Terminal Dribble	yes / no	
Haematuria	yes / no	
Musculosketetal:	Bone Pain	yes / no
	Site:	

Activities of daily living:	Maintained	yes / no
	Limited	yes / no
	Comments	

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Nutrition:	Appetite	good / poor
	Wt Loss	yes / no
Sleep pattern:	Hrs per night	disturbed / undisturbed

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Sexual Concerns:	Erectile Dysfunction	yes / no
	Decreased libido	yes / no
	Requesting treatment for ED	yes / no
	Side Effects of Treatment	yes / no
	Patient Concerns	yes / no

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Action Plan:

 Urgent referral to Consultant yes / no

Rationale……

Follow up date:

3.8 Remuneration

A total sum of £32.48 per patient per annum is available; this will be paid quarterly payments. Remuneration will be adjusted quarterly to reflect the increase or decrease in patients being monitored following the submission of the quarterly data return:

Consequences for late submission of activity data:
- 1 – 7 days: 5% of payment
- 8 – 14 days: 10% of payment and payment won't be released until the next payment run
- 15 – 21 days: 50% of payment and payment won't be released until the next payment run
- Submissions received after 21 days (3 weeks) will receive no payment.

A reminder by email will be sent out at least one week prior to submission date. It is the responsibility of the practice to ensure that any changes to contact details for the Practice lead/ practice manager are notified to the GP Commissioning team.

In the event of unforeseen exceptional circumstances e.g. unplanned admission to hospital, there is scope for the CCG to process a payment without precedent. It is however a practice responsibility to put in place sufficient contingency arrangements to ensure activity is submitted by the date specified.

If the CCG makes a payment to a practice under the LES and :

a) The practice was not entitled to receive all or part thereof, whether because it did not meet the entitlement conditions for the payment **or because the payment was calculated incorrectly** (including where a payment on account overestimates the amount that is to fall due);or
b) the CCG was entitled to withhold all or part of the payment because of a breach of a condition attached to the payment, but is unable to do so because the money is already been paid,

then the CCG is entitled to repayment of all or part of the money paid.

Any suspicions of fraud will be referred to the CCG's Counter Fraud Specialist for further investigation. It is important to recognise that claiming for procedures that do not fall within the service specification may constitute fraud and will be referred to the CCGs Counter Fraud Specialist for further investigation.

3.9 Monitoring

The following method of monitoring must be undertaken:

- Quarterly activity reports
- Participation in contract and quality reviews
- Significant event analysis of individual patients who should have received treatment under this agreement, but are found to have received treatment elsewhere and of any patients requiring further treatment elsewhere because of complications.

The following table provides the minimum dataset for reporting for the year:

Read V2 and CTV3

Practices are required to use the Read codes provided in this document to calculate achievement and payment for input onto the LES data worksheet.

Practices will need to re-code patients if they have used codes not included in this document.

	Read V2	CTV3	Comments
Prostate specific antigen monitoring	8A90	XaIqh	This code will identify any patient on the register
Prostate specific antigen Serum prostate specific antigen level	43Z2 43Z22	XE25C XabAM	One of these codes will come down pathology links as the result when a patient's blood test has been done.
Prostate specific antigen monitoring	8A90	Recall	Emis Web use the code as a diary date. SystmOne – practices will need to have a recall named 'Prostate specific antigen monitoring' on their system.
Prostate specific antigen monitoring 1st letter	9OkD0	XaVx0	This code needs to be added to the patient record when a 1st letter invite is sent.
Prostate specific antigen monitoring 2nd letter	9OkD1	XaVx1	This code needs to be added to the patient record when and if a 2nd letter invite is sent.
Prostate specific antigen monitoring 3rd letter	9OkD2	XaVx2	This code needs to be added to the patient record when and if a 3rd letter invite is sent.

3.10 Patient Satisfaction
In order to ensure patients are satisfied with the PSA service, the CCG will undertake a rolling SMART survey to monitor patient satisfaction. GP practices will provide the patient with the appropriate link for completion.

3.11 Training
The Practice will ensure that all staff are competent to work under the conditions of this enhanced service.

3.12 Termination of Agreement
This service forms part of the basket of enhanced services of the Rotherham Quality Contract, and is therefore subject to the terms outlined in the Quality Contract.

Following the recent publication of the 'Investment and Evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan' the CCG acknowledges that further guidance may influence the future delivery of Local Enhanced Services.

All Local Enhanced Services will be subject to regular review in line with the development of Primary Care Networks (PCNs). Three months' notice will be given to Providers if services are to transfer to PCN delivery and/or payment.

The Practice and/or CCG may give three months written notice to terminate the service for reasons other than those outlined above.