

Safety and Governance of Risk Stratified Primary Care Follow up in Prostate Cancer

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1

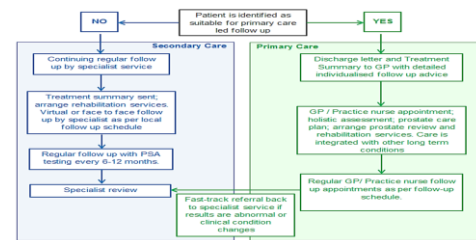
Clinical Governance and Safety

- Clinical effectiveness
- Risk Management
- Patient experience and involvement
- Communication
- Resource effectiveness
- Strategic effectiveness
- Learning effectiveness



2

The London Pathway



4



3

What happens in Primary Care?



5

Primary Care Follow up

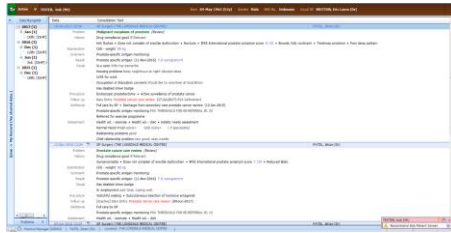
- Clinical Lead in Practice
- Treatment Summary
- Contact patient to confirm transfer
- Welcome appointment/ holistic needs review
- Prostate Register
- Manage PSA test as per Treatment Summary
- Signposting to promote self management
- PSA booklet
- Inform patient of result and refer back in if appropriate
- Follow up DNA's and check seen in Secondary care



6

The Register

- Report run from the coded Prostate Cancer patients
- Clinical code
- Patient details
- Date discharged from Secondary care
- Threshold for re-referral
- Latest PSA
- Frequency of test
- Diary entries
- Appointments



13



14

Running the Register

- Review patients who have had a PSA
- Ensure within threshold
- Set new diary entry for next PSA due date
- For patients with a diary entry that month, recall for PSA
- Ensure all patients have a diary entry (except those referred back to Secondary care)



15

Quality report

- To check coding and ensure no discharges have been missed a quality report can be run using a parent search entitled "all patients with Prostate Cancer"



16

Learning Areas



17

Challenges

- Cancer seen as Secondary care
- Variation in uptake in GP Practices
- Urology concern will be lost to follow up
- Patients remain in Trusts
- Treatment Summaries not produced
- Incorrect coding in Primary care
- Seen as money saving
- Tip of the iceberg for Primary care



18

Suggestions

- Use Clinical Leaders
- Educational events
- Relationship building
- Engage LMC early
- Clear support
- Audit Registers



19

Future Long Term Conditions Model



20

Moving Forward

- Cancer seen as a Long Term Condition
- Primary Care Networks
- Improve holistic needs assessments and signposting
- Upskilling Primary Care
- Breaking down care barriers and improving Primary/ Secondary care interface
- Improved communication tools/IT resources
- Outpatient transformation and working and Integrated Care Partnerships



21

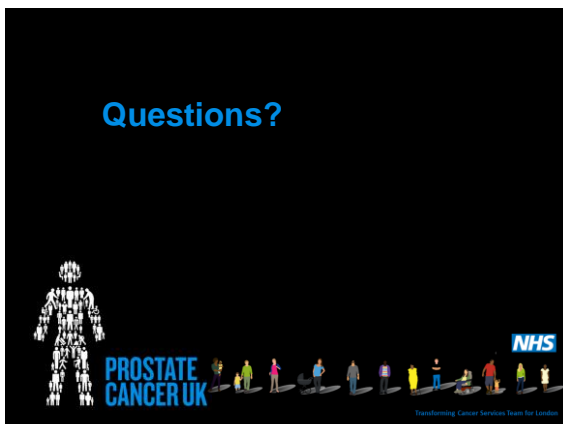
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22

Questions?



23



24