

Safe PSA Surveillance System – MyMedical Record

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PROSTATE
CANCER UK



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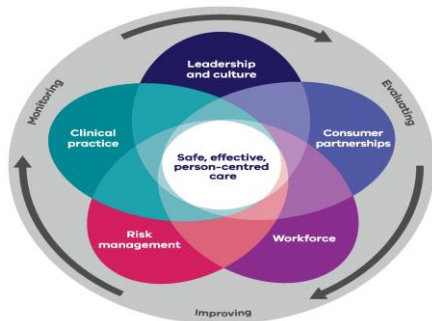
Clinical Governance

- "A framework through which NHS organisations are accountable for continuously improving the quality of their services and safe-guarding high standards of care by creating an environment in which excellence in clinical care will flourish."¹
- It's often thought of in terms of the seven pillars of clinical governance—clinical effectiveness, risk management, patient experience and involvement, communication, resource effectiveness, strategic effectiveness, and learning effectiveness.



1. Stalley G, Donaldson L.J. (1998)
BMJ 317:62-65

2

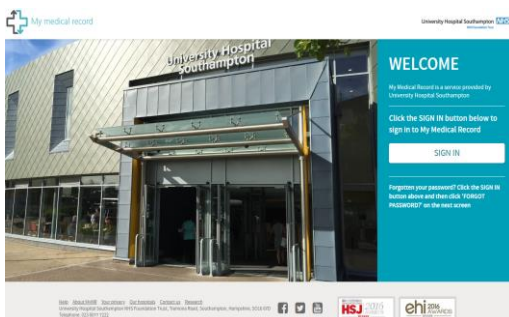


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- In short, it's doing the right thing, at the right time, by the right person—the application of the best evidence to a patient's problem, in the way the patient wishes, by an appropriately trained and resourced individual or team. But that's not all—that individual or team must work within an organisation that is accountable for the actions of its staff, values its staff (appraises and develops them), minimises risks, and learns from good practice, and indeed mistakes



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MyMedicalRecord Summary

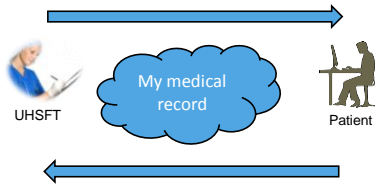
- Cloud based service, hosted in Microsoft Azure (UK data centre)
- A secure record that the patient owns enables ongoing interaction between patient and clinical teams
- Available 24/7 from any location/device with an internet connection
- Simple two-way integration to add patients and required hospital data
- Built on a modern open platform enabling multiple apps and wearables to connect to the same data store



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The transactional record

Appointments, documents, Lab results & Radiology result messages, secure messaging



Appointment cancellations, updated demographics, allergies, medications etc.
Journals and surveys, secure messaging



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Clinical Risk Management

- **DCB 0129 and DCB 0160** are the UK's mandatory safety standards for health IT systems and apps.
- **Compliance** with DCB0129 and DCB0160 is mandatory under the Health and Social care Act 2012.
- DCB0129 sets the clinical risk management requirements for manufacturers of health IT systems
- DCB0160 requires health organisations to establish a framework within which the clinical risks associated with the use of a health IT system are properly managed.
- As UHS is a user and supplier of My Medical Record (a health IT system) we're required to comply with both standards.
- We're working with Safehand – specialist consultancy service who support organisations comply with the standards and regulations – to produce the hazard log and safety case required to comply with the standards.



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Supported Self Management

- Removal of follow-up OP appointments for post treatment stable patients
- During SSM are never discharged
 - Continual monitoring of patients at set time based on protocol
 - Patients encouraged to self-manage
 - Only seen in clinic if disease progresses (based on recall criteria)



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Protocols – clinical effectiveness

Protocols – clinical effectiveness

Prostate Clinical Management Protocol
First Year of patient history

	Indication	Monitoring	Recall
External BEAM/ Radiotherapy/	Clinical decision by consultant Consider from 6 weeks post-operative PSA < 0.5	Year 1 – PSA every 1 month Year 2 – PSA every 1 month Year 3 – PSA every 1 month Year 4 – PSA every 1 month Year 5 – PSA every 1 month Year 6 – PSA every 1 month Year 7 – PSA every 1 month Year 8 – PSA every 1 month Year 9 – PSA every 1 month Year 10 – PSA every 1 month	Year 1 – PSA every 1 month Year 2 – PSA every 1 month Year 3 – PSA every 1 month Year 4 – PSA every 1 month Year 5 – PSA every 1 month Year 6 – PSA every 1 month Year 7 – PSA every 1 month Year 8 – PSA every 1 month Year 9 – PSA every 1 month Year 10 – PSA every 1 month
Orchidectomy or orchiectomy	Clinical decision by consultant Consider from 6 weeks post-operative PSA < 0.5	Year 1 – PSA every 1 month Year 2 – PSA every 1 month Year 3 – PSA every 1 month Year 4 – PSA every 1 month Year 5 – PSA every 1 month Year 6 – PSA every 1 month Year 7 – PSA every 1 month Year 8 – PSA every 1 month Year 9 – PSA every 1 month Year 10 – PSA every 1 month	Year 1 – PSA every 1 month Year 2 – PSA every 1 month Year 3 – PSA every 1 month Year 4 – PSA every 1 month Year 5 – PSA every 1 month Year 6 – PSA every 1 month Year 7 – PSA every 1 month Year 8 – PSA every 1 month Year 9 – PSA every 1 month Year 10 – PSA every 1 month
Surgery Radiotherapy	Clinical decision by consultant Consider from 6 weeks post-operative PSA < 0.5	Year 1 – PSA every 1 month Year 2 – PSA every 1 month Year 3 – PSA every 1 month Year 4 – PSA every 1 month Year 5 – PSA every 1 month Year 6 – PSA every 1 month Year 7 – PSA every 1 month Year 8 – PSA every 1 month Year 9 – PSA every 1 month Year 10 – PSA every 1 month	Year 1 – PSA every 1 month Year 2 – PSA every 1 month Year 3 – PSA every 1 month Year 4 – PSA every 1 month Year 5 – PSA every 1 month Year 6 – PSA every 1 month Year 7 – PSA every 1 month Year 8 – PSA every 1 month Year 9 – PSA every 1 month Year 10 – PSA every 1 month
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Prostate Clinical Management Protocol
First Year of patient history

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Prostate Clinical Management Protocol
First Year

Patient Details

Patient Management

[Cancel](#) [Save](#)

Patient demographics

Hospital number: testkout1
 Name: Test Cloudone
 NHS number:
 Date of birth: 01/08/1957
 Address:
 Primary phone:
 Other phone:
 Email address: testkout1@RHM.com
 Date recorded: 25/08/2017

GP details

Name:
 Practice:
 Address: Line 1:
 Line 2:
 Town/City:
 County:
 Post code:

Clinical team

Urologist: [Please select...](#) CKS keyworker: [Please select...](#)
 Oncologist: [Please select...](#)



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Treatments

[Add Treatment](#)

Diagnosis

Date:
 Tumour: [Please select...](#)
 Site: [Please select...](#)

Staging

Date:
 T Stage: [Please select...](#)
 N Stage: [Please select...](#)
 Resection: [Please select...](#)
 EBRT: [Please select...](#)

Treatment

Date:
 Description: [Please select...](#)

[Copy Top Row](#) [Add](#) [Clear](#)

Treatment History

Diagnosis		Staging			Treatment	
Date	Tumour site	Date	T Stage	N Stage	Resection	EBRT
No Treatments Available						



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Comments

[Add Comment](#)

[Add](#) [Clear](#)

Comment History

Search: [Go](#)

Date	Comment	Entered by	Delete
No Comments Available			



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Protocol

Current Protocol: Brachytherapy started on 18/10/2017

[Add Episode](#) [Choose Protocol](#)

Protocol	Episode	Date	Tasks
Brachytherapy	Quarterly	18/10/2018	PSA Edit Delete
Brachytherapy	Quarterly	18/04/2018	PSA Edit Delete
Brachytherapy	Quarterly	18/07/2018	PSA Edit Delete
Brachytherapy	Quarterly	18/10/2018	PSA Edit Delete
Brachytherapy	Quarterly	18/01/2019	PSA Edit Delete
Brachytherapy	Quarterly	18/04/2019	PSA Edit Delete
Brachytherapy	Quarterly	18/07/2019	PSA Edit Delete
Brachytherapy	Quarterly	18/10/2019	PSA Edit Delete
Brachytherapy	6-monthly	25/04/2020	PSA Edit Delete
Brachytherapy	6-monthly	18/10/2020	PSA Edit Delete

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Results [Chart](#) [RNA](#)

[Add Result](#)

Date: Type: [Please select a result type](#) Result: [Please select a result type first](#) [Add](#) [Clear](#)

Lab Results

Delete	Date	Type	Result	Source
<input type="checkbox"/>	18/10/2017	PSA	0.1	Manual
<input type="checkbox"/>	18/05/2017	PSA	2.4	Manual

Page 1 of 1

My PSA results



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Actions & letters

Update type:

- ☐ Administration
- ☐ Notification
- ☐ Surveillance

Action: (Now active)

- ☐ None
- ☐ Introduction
- ☐ Recall to clinic
- ☐ Suspend patient
- ☐ Discharge patient
- ☐ Reinstated as active
- ☐ Telephone call to patient

Letter to generate:

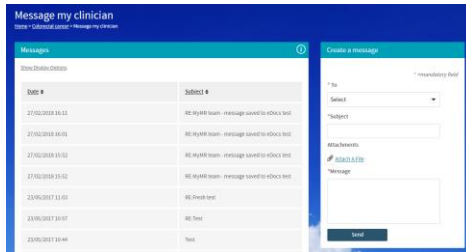
- ☐ None
- ☐ Result abnormal
- ☐ Recall to clinic
- ☐ Test overdue
- ☐ Result normal
- ☐ Treatment Summary

[Cancel](#) [Save](#)



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Secure messaging



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Supported Self Management (SSM) Workshop – patient experience

- 3.5 hour workshop
- 8-12 men
- Way of working (Ground rules)
- Introduction to SSM (quiz)
- PSA Tracking & Surveillance
- Health MOT
- Fear of recurrence
- How to contact the clinical team? Messaging/Telephone
- Emotional & Physical concerns
- Healthier lifestyle/Exercise & Activity/Healthier Eating (quiz)
- Good Intentions into action
- MyMR integrated into workshop
- Follow up call by HCSW



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Condition specific tools, support and information



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"I hate this issue of being in the dark all the time, as I said, we live from result to result, and that period in between, we are left in the dark. I'm not any longer, I'm there, I'm with them, I'm up there with them. Any query, any issue, it's like going to the board meeting isn't it where decisions are being made and I can be part of those decisions being made. I really feel I am now part of the team, if you like, and not waiting for the answers, I'm up there with them now, and that's what team work is all about, isn't it" – Prostate patient



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Resource & Strategic effectiveness

Cash savings

- By saving money on:
 - clinic space
 - traditional clinic admin support
 - replacing face to face consultant reviews with nurse reviews
 - receiving a more profitable tariff
 - The prostate service has saved **£40,146** in 2018/2019
 - The CCG receive a reduced tariff saving **£30,997** in 2018/2019
- Patients save on travel costs and time to and from the hospital, saving patients **£19,822**



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