Stratified follow up across acute and primary care

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A MOVEMBER INITIATIVE TRUENTH STAY TRUE

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TrueNTH Supported Self-Management and Follow Up Care (University of Southampton)

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TrueNTH Supported Self-Management and Follow Up Care

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NHS St Helens and Knowsley Teaching Hospitals NHS Trust

NHS Royal United Hospitals Bath NHS Foundation Trust

UNIVERSITY OF SURREY

My medical record

NHS University Hospital Southampton NHS Foundation Trust

NHS Dartford and Gravesham NHS Trust

NHS Royal Cornwall Hospitals NHS Trust

HSJ 2016 AWARDS WINNER

HSJ 2017 AWARDS Supported Self Care FINALIST

ehi 2016 AWARDS WINNER

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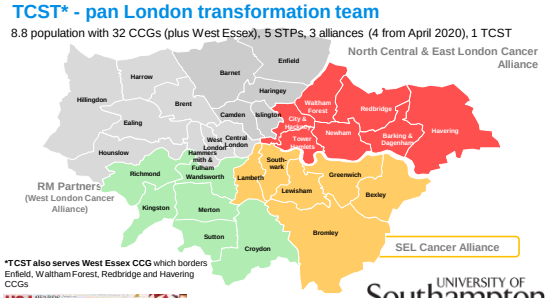
TCST* - pan London transformation team

8.8 population with 32 CCGs (plus West Essex), 5 STPs, 3 alliances (4 from April 2020), 1 TCST



*TCST also serves West Essex CCG which borders Enfield, Waltham Forest, Redbridge and Havering CCGs

HSJ AWARDS 2018 FINALIST

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Primary care led follow up?
or
Acute led follow up?

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	Acute care (TrueNTH)	Primary Care (TCST)
Eligibility	6 weeks post treatment	2 years post treatment (NICE)
Eligibility	WW, RT, RP, Metastatic, some active surveillance patients	Non metastatic, WW, RT, RP
Consultation	None	Welcome appointment (if necessary) + holistic, multi-morbidity review
Remote surveillance	Bloods ordered by acute team. Results viewed via patient portal/PSA tracker	Bloods ordered by primary care. Results viewed via primary care record
Patient education	SSM workshop	Various, presumed prior to stratification from Trusts
Key worker	Cancer Support Worker	GP or practice nurse
Recall	Direct to OP clinic	GP urgent referral
IT system	PSA tracker / patient facing portal	EMIS/VISION/ System One via safety netting process

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Primary care led follow up?
Acute led follow up?
or both?

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The patient journey…acute

- **Elias (age 62)** attends an appointment prior to treatment. He learns that if his treatment is successful, he will be followed up on a Supported Self-Management pathway.
- He has a follow up appointment **6 weeks post radical prostatectomy.** His PSA is undetectable, however he is still experiencing urinary incontinence. He and his urologist decide not to enrol him onto supported self-management until these issues have resolved.
- At his **10 week appointment** he is "dry" and his PSA is still undetectable. He and his urologist decide he no longer needs to attend OPAs.

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The patient journey…acute

- **Elias** is introduced to a **Cancer Support Worker** who:
  - Gives an **overview** of the follow up pathway with some **written information**.
  - Invites Elias to a Supported Self-Management **Workshop**
  - Provides Elias with log in details for a "**Patient Portal**"
  - Undertakes an **HNA** and agrees a **care plan** with Elias
- The Cancer Support Worker sets Elias up on a clinical **PSA tracking system** (linked to the patient portal). Elias' follow up protocol is set by the urologist. **A treatment summary record** is provided to Elias and his GP

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The patient journey…acute

- At 10 weeks post op Elias attends a **4 hour supported self-management workshop** with 8 other men. The workshop is run by his support worker and CNS.
- One week following the workshop Elias has a **follow up phone call** with his support worker.
- Elias has his PSA checked at 3 months, 6 months, 9 months, 12months, 15 months, 18 months, and 24 months. He can see his results online, and received a letter (paper or electronic) from the urology team. All results are copied to the GP.
- Elias is asked to complete a **PROM** at 6 months and 12months.
- He is also encouraged to complete a **concerns checklist** at regular intervals.

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The patient journey…. primary care

- At **2 years post op** Elias' PSA is still undetectable, and he is doing well. The urology service write to Elias and his GP to inform them that follow up should now be managed by his primary care team.
- Elias is added to the **GP Practice's prostate cancer register** and he is invited to have a **Welcome Appointment with his practice nurse**.
- At this appointment, Elias and his practice nurse discuss his **treatment summary and most recent concerns**, relating to both his prostate cancer and any other circumstances Elias wishes to discuss.

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The patient journey…. primary care

- Elias reveals that he would really like some help in losing weight. He knows that physical activity will help reduce the likelihood of recurrence of cancer and help with ongoing bladder control.
- Elias' practice nurse orders some blood tests, including PSA, LDL, HDL and HbA1c levels, as Elias has never had a healthcare check.
- The practice nurse also weights Elias and measures his height. His Body Mass Index is calculated and Elias is considered overweight.
- The practice nurse refers Elias to the new social prescribing service for access to the local council's physical activity programme for people with long term conditions.

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The patient journey…. primary care

- Elias' care plan is updated to include physical activity.
- The practice nurse asks Elias if he uses the **Patient Access app**.
- When Elias says no, the practice nurse lets him know that the reception team can give him some information on how to register.
- Elias will be able to view his primary care record including blood test results via this app.
- Whilst writing up Elias' notes, the practice nurse adds today's date and Elias' referral to the social prescribing and blood test order to the practice's **safety netting system**.
- The practice nurse adds:
  - **Diary date to order PSA blood tests** in 12 months time, in line with Elia's urologist's instructions on the treatment summary.
  - **Diary date to review** blood test results
  - **Elias' specific PSA threshold levels** as per the treatment summary.

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The patient journey…. primary care

- On the reminder date, the administrative team run a check of patients' referrals and test results. This includes Elias' blood tests and his notes are checked to see if his results are of concern.
- Elias has checked the Patient Access app and can see that his test results are within his PSA threshold. His cholesterol and diabetes results are also normal.
- **One year later**… Elias calls the practice to order his PSA blood test.
- As a part of his **annual long term conditions review**, he sees the practice nurse. He has no signs or symptoms of recurrence although his PSA levels have risen.
- The practice nurse completes an **urgent referral** to the urgologist so that Elias can be reviewed within two weeks.

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RESOURCES & FURTHER INFORMATION

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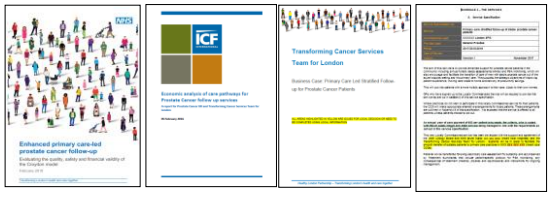
Commissioning resources

https://www.healthylondon.org/our-work/cancer/



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Implementation resources

https://www.Southampton.ac.uk/truenth-ssm

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Today's workshops 12pm – 1.30pm

Safety and Governance (Drummond)

Supporting Self-Management (Horton B)

Business planning and commissioning (Diamond)

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