

Implementing Personalised Stratified Follow-Up in Cancer: Prostate

<https://www.cmcanceralliance.nhs.uk/>

**Cheshire &
Merseyside**

Cancer Alliance

27th July 2020

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C&MCA

2015

- **Pilot of PSFU at St. Helens and Knowsley Teaching Hospitals NHS Trust as part of the TrueNTH project⁵**

2015-17

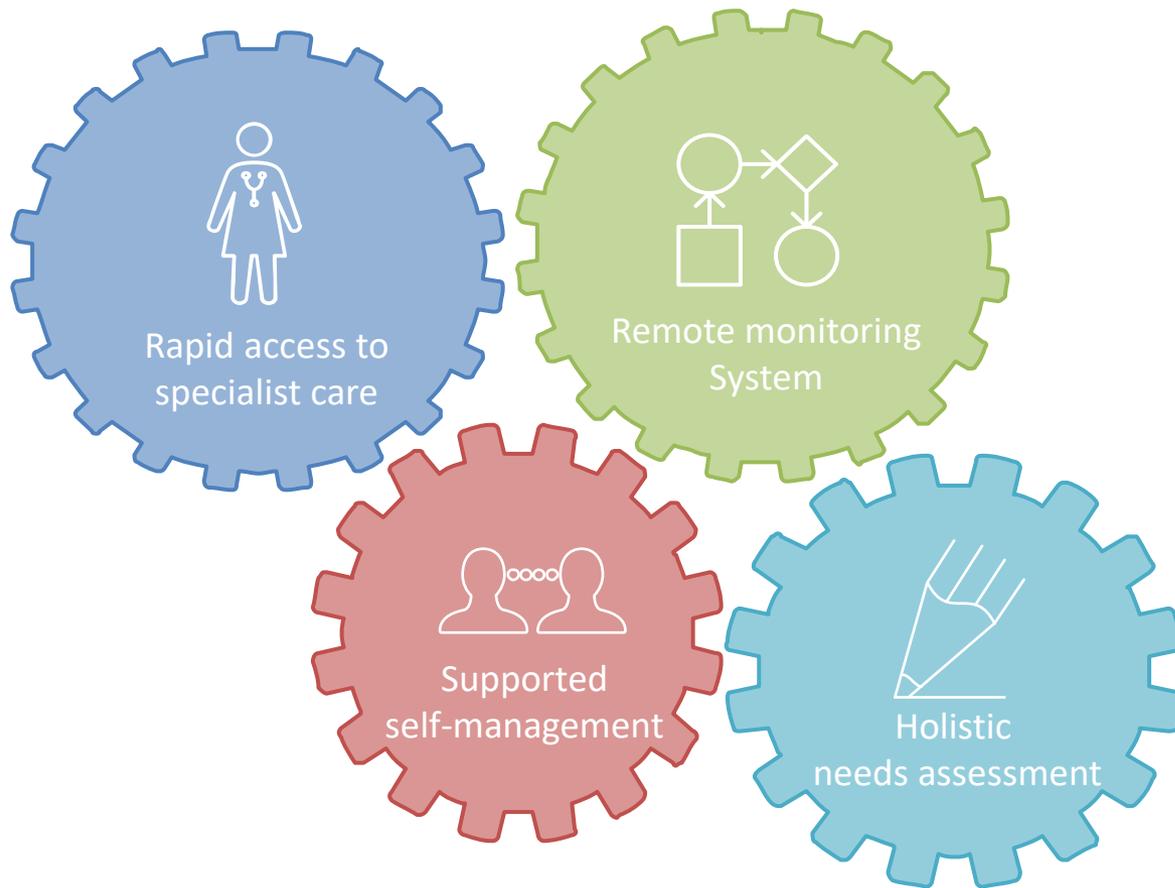
- **PSFU implemented at three additional Trusts via a Macmillan funded LWBC programme**

2017-19

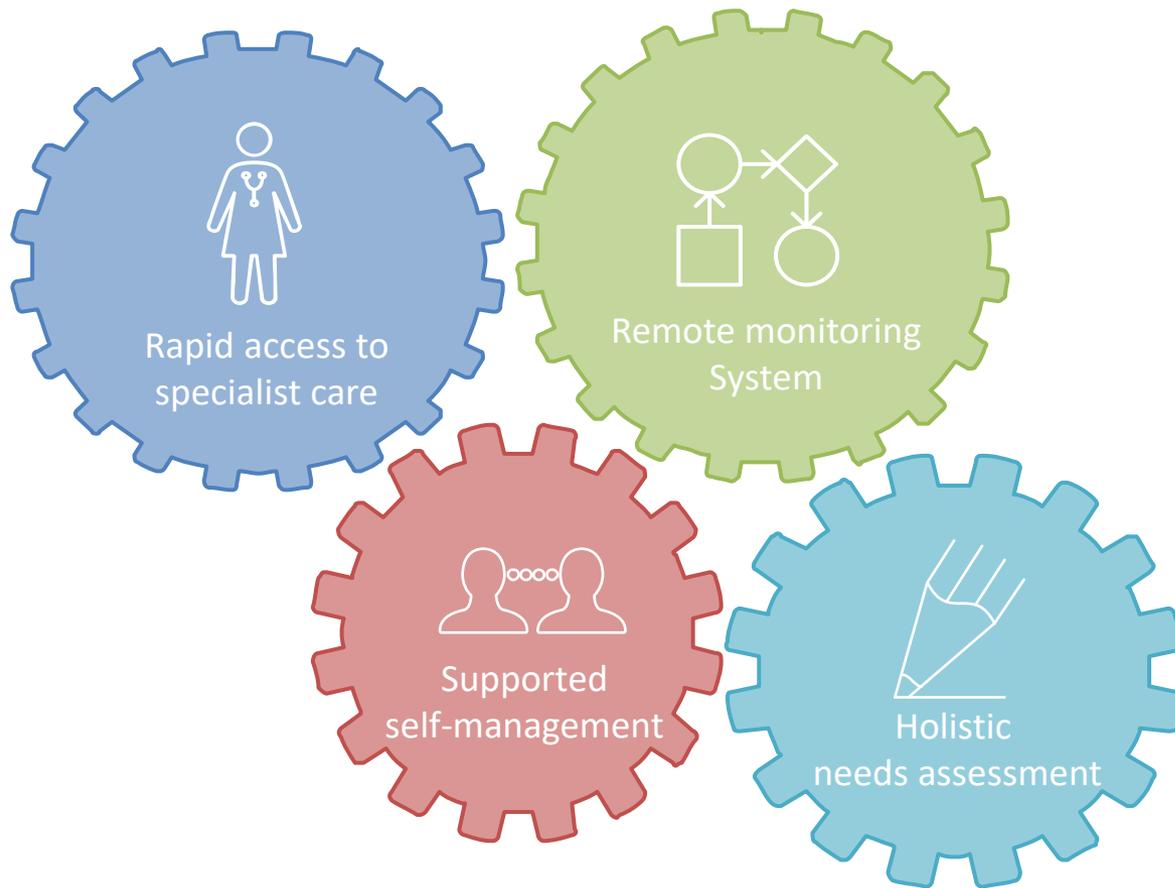
- **CMCA awarded cancer transformation funding (CTF) to roll out PSFU and key elements of the recovery package across the alliance Trusts**
- **Clinical protocols for PSFU for patients based on best available evidence developed in collaboration with the Alliance Clinical Quality Groups for breast, prostate and colorectal cancer**
- **Each Trust was allocated CTF over 2017-20 based on activity levels informed by the TrueNTH project and to cover the costs of implementing the project aims which could include staff to support the delivery of the recovery package and software to enable remote monitoring for PSFU**

2019-20

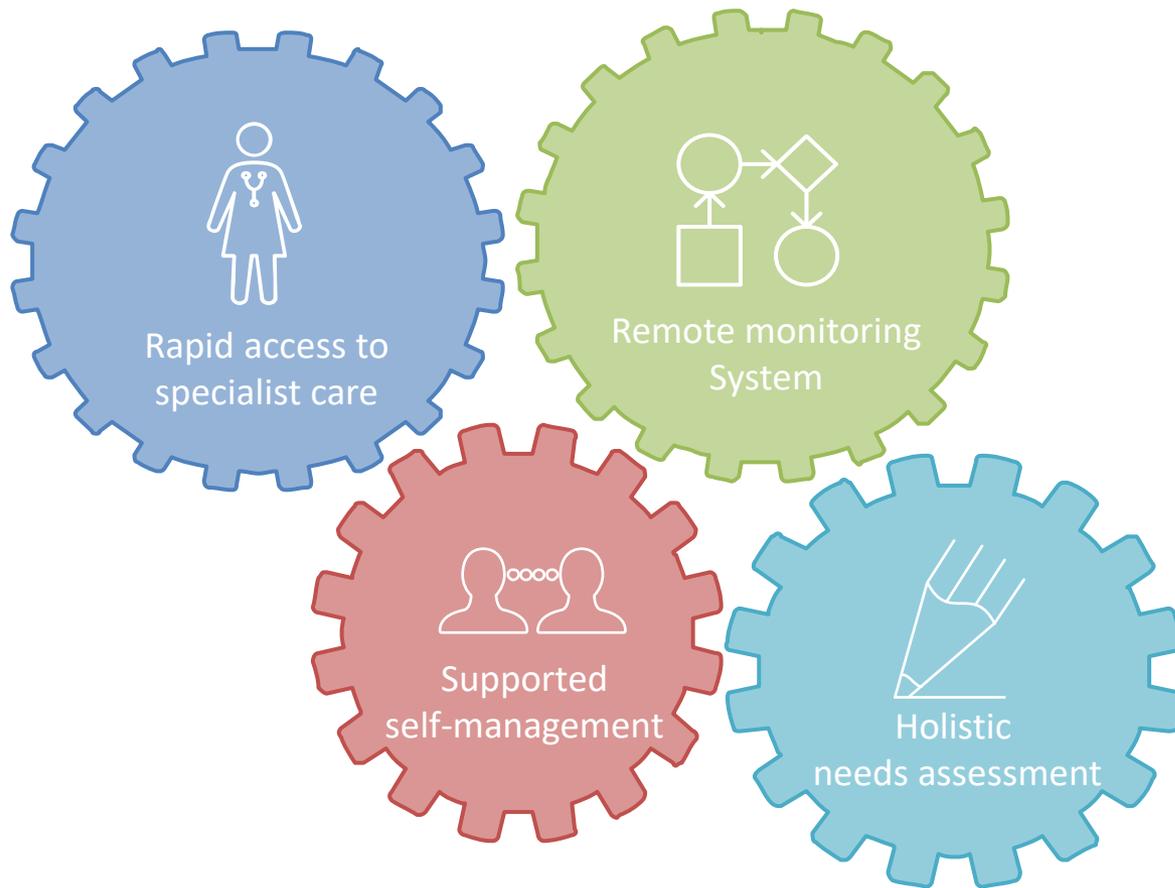
- **Implementing the key elements of the recovery package at each Trust continued as business as usual as part of the Personalised Care package delivered in PSFU**
- **Embedding PSFU for cancer as the key priority for CMCA's 19/20 Delivery Plan. Focus was to expand PSFU to over 50% of patients for colorectal and prostate pathways and over 66% for the breast pathway**
- **CMCA Personalised Care Quality Group established**



Have you or your team implemented
Personalised Stratified Follow Up (PSFU)
at your trust for Prostate Cancer?



If you have answered no, are you currently planning the implementation of PSFU for prostate at your trust?



What do you want to find out from this virtual event today?

Case study: Liverpool University Hospitals, Prostate Cancer



Liverpool University Hospitals NHS Foundation Trust is a specialist provider of prostatectomy for Cheshire and Merseyside.

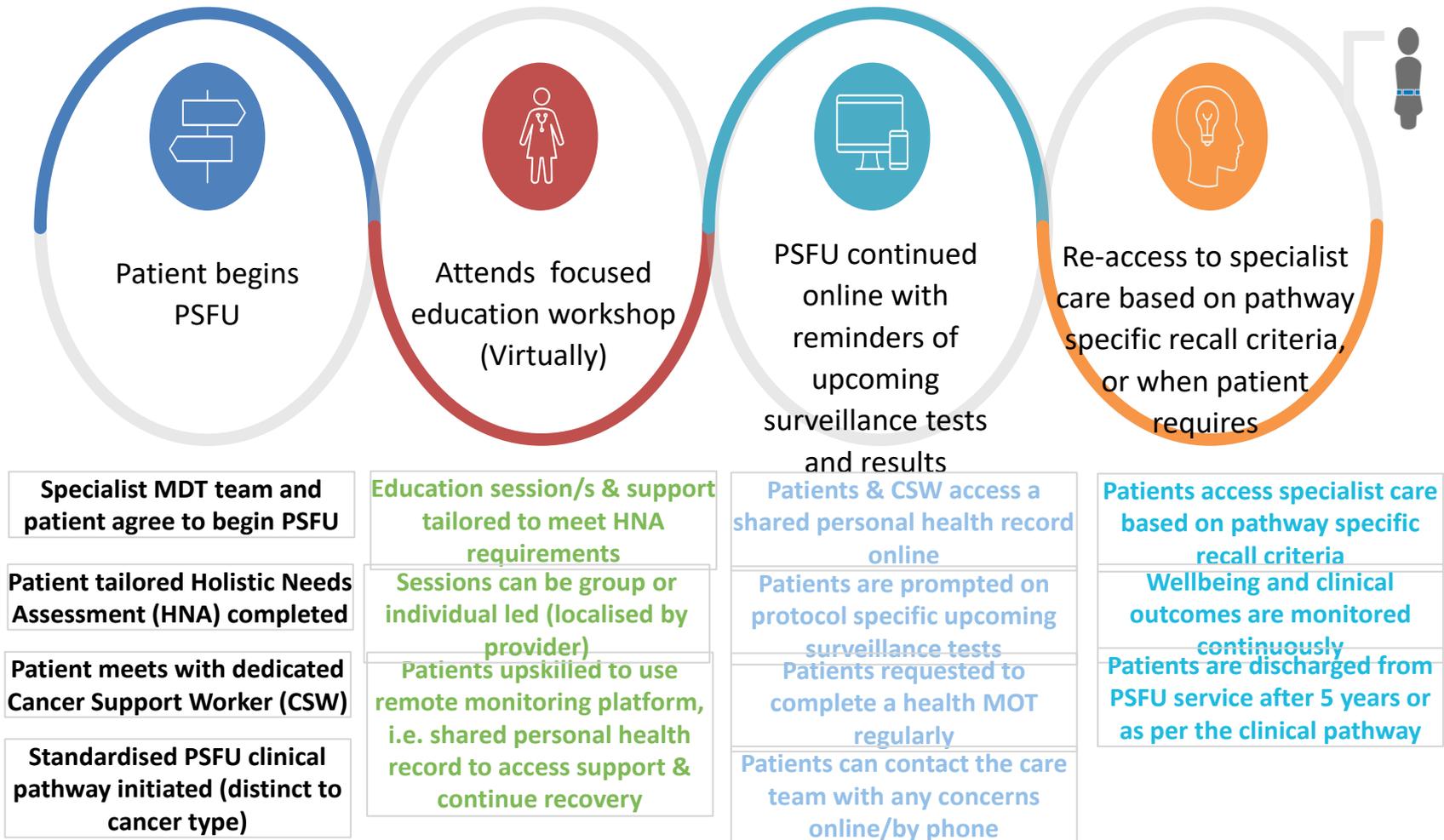
The typical follow-up treatment post surgery for a patient involves:

- Undergoing a diagnostic test every four months
- A subsequent outpatient appointment to discuss the results of the test.
- Over the usual follow-up period of five years this can equate to over 12 outpatient appointments the patient needs to attend, often with long travel times.

PSFU was introduced for urology in April 2018 at the Trust

- 2020 all patients who meet the clinical criteria as per the clinical protocol developed across CMCA are transitioned to the PSFU pathway
- The patient is supported by a dedicated CSW and invited to attend a education workshop

CMCA PSFU: The patient journey



Case study: Liverpool University Hospitals, Prostate Cancer



Results of implementing PSFU have been beneficial in terms of patient and clinician experience, quality of care and realising efficiencies.

Unless clinically indicated, all patients have chosen to remain on the PSFU pathway.

Feedback on the service is excellent and includes patients valuing the time and money it has saved them (by not having to attend outpatient appointments), the assurance of a named individual for support i.e. the CSW, and peer-support opportunities.

The estimated clinical capacity which has been able to be redeployed for every patient who has been transitioned to PSFU is equivalent to 5349 out-patient appointments'.

This has supported additional high value activities such as 28 additional prostatectomies and 13 additional renal related surgeries to be conducted in 2019.

**Step by step guide on
Implementing Personalised
stratified follow-up in Prostate
Cancer**

Cheshire & Merseyside Cancer Alliance offer the following funding to each MDT (12 months)

Band 4 Data Collection

My Medical Record/
Somerset Remote
Monitoring System



Band 4 Cancer Navigator

Project Management support

Band 4 Training Package

Step by step guide : what's required



Clinical Engagement



Steering Group
(Group of health professionals)



IT Lead



Signed Funding Agreement in line with Cancer Delivery Plan



Person Specification & JD

**Agreeing the
protocol**

**Consistency at
local level**

**Information
Governance**

**IT
integration**

Challenges

Recruitment

**Record
Activity**

**Utilisation of the
patient facing
portal – 40%**

Top Tips

**Dedicated Project
Management Support**

**Clinical consensus on
pathways and protocols**

**Support for the
Support Worker role**

**Planning and look at
the smaller details**

**Get it set up in one area
and the rest will follow**

**Stakeholder engagement
from the outset**

- Trusts using MMR and the MDT's
- Trusts using their own Personalised follow up solution
- Other Trusts

What's the Outcome in Cheshire & Merseyside



Benefits of PSFU: Clinical time redeployed

Expected outpatient appointments saved per cancer pathway and provider (May 2015 – November 2019)

■ Breast ■ Colorectal ■ Prostate

0 2,000 4,000 6,000 8,000 10,000 12,000

Aintree 2556 1623 6,434 10,613

Countess Of Chester 512 1,089 1,601

Royal Liverpool & Broadgreen 2714 1209 5,349 9,272

Southport & Ormskirk 1447 3,351 4,798

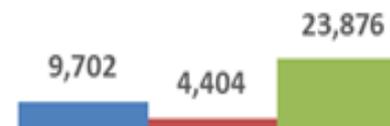
St Helens & Knowsley 3242 4,605 7,847

Warrington & Halton 678 1,389 2,067

Wirral 2416 541

Clatterbridge 1,243 1,243

Expected OPD savings for CMCA: 37,982 app



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Questions