

Toolkit for Primary Care Networks to implement Direct Enhanced Service Specification on prostate cancer

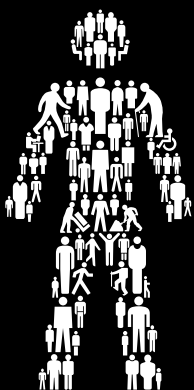


To develop and implement a plan to increase the **proactive and opportunistic assessment** of patients for a potential cancer diagnosis in population cohorts where referral rates have not recovered to their pre-pandemic baseline.

2022/23 Specification 4

The specification requires the below to be targeted:

- Patients aged 50 or older.
- Patients with a family history of prostate cancer aged over 45.
- Black men aged over 45.



**PROSTATE
CANCER UK**

**PROFESSIONAL
SUPPORT**

Introduction

We welcome the introduction of this specification from NHS England. We would like to support PCNs to successfully find the 14,000 men that are missing their prostate cancer diagnosis because of the pandemic. This group represents **over a third** of the pandemic-induced cancer treatment gap.

Why this specification will create impact

1. Analysis of the **Rapid Cancer Registration Data** showed that in prostate cancer stage 1, 2 and 3, diagnosis has **all been impacted proportionately** due to the pandemic, creating a significant fall in the proportion of curable diagnoses in the short term and a **cause for concern** going forward.
2. Many cancer awareness campaigns focus on symptoms. However, for prostate cancer, it is important to note that **early (curable) prostate cancer does not normally cause symptoms**.
3. This is why **understanding and promoting risk factors with asymptomatic men** is a huge priority for NHS England.

Awareness of the PSA blood test

We are aware of the barriers men experience when accessing health care. This includes low knowledge of what the PSA test is. To clarify this, **we will now be referring to the PSA test as the PSA blood test**.

We would recommend that this language is adopted by your clinical staff and admin staff so that patients are aware that it is a blood test.

Risk Categories and Age Range

Our recent research on the impact of COVID-19 has shown that men below 70 are missing their diagnosis and are being diagnosed late. We therefore advocate that the below age ranges are targeted within the DES specified risk groups:

- Men aged 50-70.
- Black men aged 45-70.
- Men with a recorded family history of prostate cancer aged 45-70.

Data

We recognise that family history and ethnicity records may not always be complete and would urge surgeries to collect this data as gold standard practice, helping to support any local health inequalities work that you decide to initiate.

If your practice is an iPlato or accuRX user, it is possible to send patients an ethnicity questionnaire which, when completed, will be automatically coded into their records.

Preparation

Practice plan

See the appendix for a detailed intervention flowchart to support you in delivering your practice plan.

1. Determine who in your practice will lead on this work.
2. When you begin your activity, ensure that your practice/s are aware that asymptomatic men will be contacting the surgery for a PSA blood test or to talk to a GP, depending on what intervention you decide to adopt.

Audit

To understand what intervention and time commitment is required, audit how many men per practice have risk factors that classify them to be high risk for prostate cancer (within the target cohort described above).

We would recommend that when auditing, the below cohorts are excluded:

- Patients with a diagnosis of prostate cancer.
- Patients who have had a PSA blood test within the last 12 months.
- Patients who are on an end of life pathway.

Appointment availability

Discuss within your practice(s), holding between 10-15 appointments per week for PSA blood tests.

Activity

Proactive assessment via text messages

Text messaging patients is an effective communication tool and has proven to be cost effective whilst also initiating behaviour change.

We have developed a sample text message for you to send to your at-risk patients that would include a link to your own bespoke trackable **risk checker** URL. This is a demo link, please contact us to request your bespoke PCN URL.

We have conducted rigorous testing with men in higher risk groups to create this information for the risk checker.

When patients receive the text, they'll understand their risk of prostate cancer and be provided with accurate, up to date and balanced information about the PSA blood test.

It allows patients to make an informed decision about whether they would like a PSA blood test. If they decide to have a test, patients are advised to contact their surgery to make an appointment.

Benefits

- Patients will receive comprehensive, up to date information about their risk and about the pros and cons of the PSA blood test as per PCRMP guidance.
- Approximately 87% of men who completed the risk checker stated that they felt they had enough information to make an informed decision about whether they wanted to have a PSA blood test.
- Eliminates the need for a GP appointment, creating efficiency not only for your surgery, but also for your patient, by going straight to PSA blood test.

Please **contact us** to request your unique URL link to the risk checker. We can let you know how many patients have accessed the risk checker specific to you, which is useful for evaluation purposes.

Top tips:

- Send messages in batches (e.g. 500 patients) ensuring that services are not overwhelmed.
- Advise admin that they will be getting telephone calls from asymptomatic men requesting a PSA blood test.
- Send two reminder text messages to patients on a two/three week rotation.

Sample text message

The below is a sample text message with a **demo** risk checker link. Please do not use this link for your activity and request your unique URL from us.

This text message has been developed with clinicians and patients that have optimised sentences to reassure patients that it is not a “scam” message. We recommend that the message is not altered.

Hello (PATIENT NAME), We know some men are at higher risk of prostate cancer. You can check your risk by using Prostate Cancer UK’s risk checker (insert your UNIQUE risk checker link here) If after checking, you want to book a PSA blood test, then please call us to make an appointment. Thanks, (DR NAME) (TELEPHONE NUMBER)

Evaluating impact for text messaging

To evaluate the impact of your intervention, we recommend that you either create your own SNOMED code or use the below code:

Prostate specific antigen monitoring short message service text message first invitation (procedure)

SCTID: 959671000000106

See the appendix for our flowchart demonstrating this **straight to test pathway**, which you can present at meetings and can be used to support staff.

Opportunistic conversations

There will be some patients from the cohort which you have identified, who will be coming to your surgery for an appointment for another unrelated reason.

Top tips:

- Admin staff should identify these patients whilst booking their appointments and create an alert for the GP pre-appointment.
- GPs can use the below to help structure a very brief conversation:
“We are speaking to men over 45 who are Black / men over 50, to provide information about their potential prostate cancer risk. Would you like to speak to someone in the surgery about this?”

Resource

- If the patient would like to be sent some information, check you have their up-to-date mobile number and send the above text that includes our risk checker.
- Alternatively, order our hard copy resources using the links on page six of this toolkit.

Evaluating impact of opportunistic conversations

We recommend that you either create your own unique SNOMED code to record this activity or use the below. This will help when you come to evaluate the impact of this work.

Opportunistic patient review (procedure)

SCTID: 918771000000104

918771000000104 | Opportunistic patient review (procedure)

See the appendix for a flowchart demonstrating this pathway to present at meetings and to support staff with having opportunistic conversations.

Projects and support

Please **contact us** to request your trackable PCN specific risk checker URL, get support for your project or to share your project innovations.

Resource and Guidance for GPs

GP guidance for asymptomatic men

NHS GP Guidance: Prostate Cancer Risk Management Programme (PCRMP)

NHS Patient Information Sheet PCRMP

Symptomatic men

NICE NG12 Guidance on symptomatic men

Asymptomatic vs symptomatic men – what to do

Our GP guidance for asymptomatic and symptomatic men – When to refer

Patient information about their urgent referral

Information for patients about what to expect from their urgent referral

Hard copies for noticeboard/reception/surgery

Are you at Risk Poster

Display box: Know your prostate and PSA Test

Display box: Prostate Cancer and Information for Black Men

To bulk order, please register/sign in.

Risk checker trackable URL

Contact us for your specific trackable risk checker

Awareness raising activity

Toolkit on engaging with Black UK communities to raise awareness of prostate cancer

Contact us

Educational support – find out about courses, CPD, resources.

PCN project support – support with project development, presenting at meetings.

Action Plan Framework

We've developed a three step fillable action plan framework to support you in delivering the PCN DES specification.

Step 1: Defining audit activity

Action	Who will do this?	What support do you need?	Date to be completed by	Success Measure
Audit at risk patients (See exclusion criteria above)				

Step 2: Intervention(s) to be initiated

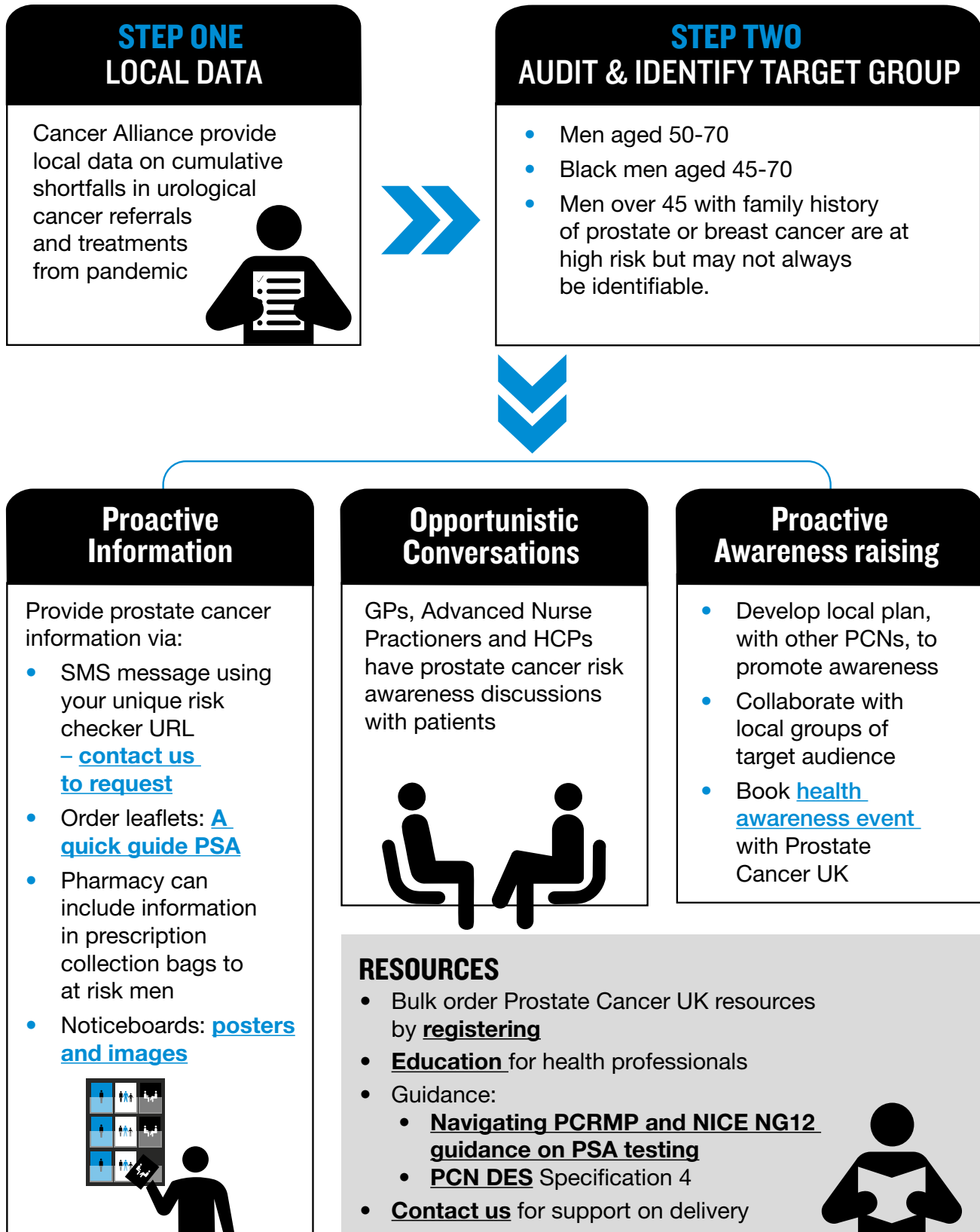
Define intervention, eg texting patients, providing information to men via pharmacy, etc

Step 3: Action to deliver intervention

State actions to achieve intervention	Who will do this?	What support do you need?	Date to be completed by	Success Measure
1)				
2)				
3)				
4)				
5)				

Appendix

Interventions summary supporting delivery of PCN DES for prostate cancer



Straight to test pathway with digital informed choice via text message

This pathway illustrates how patients can be sent a bespoke URL to our risk checker via text message. Patients will receive comprehensive, up to date information about their risk and about the PSA blood test, allowing for informed choice and decisions to be made, in adherence with NHS PCRMP guidance. This eliminates the need for a GP appointment, creating efficiency not only for your surgery, but also for your patient, by going straight to PSA blood test. Please **contact us** to request your unique URL link to the risk checker.

STRAIGHT TO TEST PATHWAY BENEFITS

- Frees up GP appointments (no need for PSA counselling)
- Patients receive comprehensive, up to date information about their risk and about the pros and cons of the PSA blood test
- Reduces any delay in diagnosis
- Patients can make an informed choice about whether to have a PSA blood test.



STEP ONE: IDENTIFY TARGET GROUP

- Men aged 50-70
 - Black men aged 45-70
 - Men over 45 who have a family history of breast cancer and/or prostate cancer
- Exclude men who:**
- Have a diagnosis of prostate cancer
 - Had a PSA blood test within the last 12 months
 - Are on an end of life pathway

STEP TWO: ALLOCATE CHAMPION & BATCH MESSAGE

Allocate a member of staff who will send batch texts to patients.
e.g. 500 patients every 2 weeks.

Set a task to send 2 follow up text messages to patients at 2/3 weekly intervals.



STEP THREE: ROLE OF ADMIN

Inform admin they will get telephone calls from a/symptomatic men in response to this text message requesting a PSA blood test, ensuring they are triaged appropriately.
N.B. Consider offering option of digital appointment booking for PSA blood test.

STEP FOUR: SEND TEXT MESSAGE

Hello (PATIENT NAME), We know some men are at higher risk of prostate cancer. You can check your risk by using Prostate Cancer UK's risk checker (insert your UNIQUE risk checker link here) If after checking, you want to book a PSA blood test, then please call us to make an appointment. Thanks, (DR NAME) (TELEPHONE NUMBER)



STEP FIVE: SNOMED CODE FOR EVALUATION PURPOSES

Create SNOMED code to evaluate impact of sending text messages to patients.
Or alternatively use this code if not in use:
Prostate specific antigen monitoring short message service text message first invitation (procedure) SCTID: 959671000000106

Pathway for opportunistic conversations with patients

The below is a pathway that can be used for having opportunistic conversations with patients, understanding roles and responsibilities, along with a sample conversation and SNOMED code to log your intervention.

STEP ONE: ADMIN IDENTIFY TARGET GROUP WHEN BOOKING APPOINTMENTS

- Men aged 50-70
 - Black men aged 45-70
 - Men with family history are at high risk at 45 but may not always be identifiable in an audit
 - Family history of breast cancer and/or prostate cancer
- Exclude men who:**
- Have a diagnosis of prostate cancer
 - Had a PSA blood test within the last 12 months
 - Are on an end of life pathway



STEP TWO: ADMIN

Create alert/flag for GP or nurse to have an opportunistic conversation with patients

STEP THREE: GP/ NURSE

“We are speaking to men over 45 who are Black/men over 50, to provide information about their potential prostate cancer risk. Would you like to speak to someone in the surgery about this?”



STEP FOUR: SNOMED CODE FOR EVALUATION PURPOSES

Create SNOMED code to evaluate impact for opportunistic patient risk review.
Or alternatively, use this code if not in use:
918771000000104 | Opportunistic patient review (procedure) |

RESOURCES

- Bulk order Prostate Cancer UK resources by [registering](#)
- Specialist Nurse line:
Patients can speak to our nurses about their risk and the PSA blood test by calling 0800 071 83 83 or visiting prostatecanceruk.org
- [Education](#) for health professionals

