Barnsley Quality Framework- colo-rectal and prostate cancer follow-up arrangements

NHS
Barnsley Clinical Commissioning Group

Prostate cancer

- Incidence prostate cancer

  Barnsley lower v national (88.7/ 100,000)

- 10 yr predicted survival post diagnosis 84%

- Barnsley's figures below this
- 65.2% 5-year survival but prognosis is improving

Colorectal cancer

- Incidence Barnsley is similar to the national figures 49.5/100,000

- 5yr Survival dependant on staging-
- 93% 5yr stage 1
- 77% stage 2,
- 48% stage 3 etc.

Who is recommending that follow-up move from secondary care?

- NICE: “After, at least 2 years, men with a stable PSA and who have had no significant treatment complications should be offered follow up outside the hospital (for example in primary care) by telephone or secure electronic communications, unless they are taking part in a clinical trial that requires more formal clinic based follow up. Direct access to the urological cancer MDT should be offered and explained.”
- North Trent Cancer Network/ NSSG endorsed follow-up in Primary care for both colorectal and prostate cancer

Recommendations for bowel cancer follow-up?

- 5 year follow-up
  - CTs/ repeat colonoscopies /serial CEAs
- Patients suitable for GP follow-up after 2-3 years, BUT will remain on colonoscopy recall system
- Re-refer if CEA rises above agreed level / patient develops new symptoms

Symptoms to cause concern- colo-rectal

- **Change in bowel habit** from “normal” post surgery
- **Abdominal pain** persisting for more than 2 weeks despite assessment and treatment
- New **rectal bleed**
- Any **abdominal or rectal mass** (routine abdominal examination is not an expected part of the follow-up)
- Unexplained **weight loss**
- Unexplained **anaemia**

What does colorectal follow-up mean for the average GP?

- educate staff- nurse-led - template
- 6 monthly appt from year 2-3 until 5 years post-treatment
- -general health / specific symptoms /CEA
- if CEA rising / symptoms- follow detailed directions given on discharge summary

Recommendations for prostate cancer follow-up?

- NICE and local cancer network advised discharge to GPs 2- 3 years post diagnosis
- serial PSA 6 -12 months
- re-referral to urologist if concern
  - (direct letter to MDT and urgent referral
  - NOT new 2WW referral)

Re-referral to urologist if:-

- 3 successive rises in PSA over a 12 month period
- If PSA nadir > 10ng/ml
- doubling of PSA from the nadir
- symptoms of :
  - bladder outflow obstruction needing treatment
  - metastatic disease

How would this work?

- Secondary care
  - identify suitable patients/
  - discuss with patient/
  - send GP detailed discharge summary
    - frequency/duration of ADT administration, and duration of that treatment
    - current PSA and nadir/ required frequency of testing/ level to provoke re-referral

In General practice

- Nurse-led reviews good recall systems
- ADT administration, symptom check and PSA according to protocol
- GPs are NOT expected to do digital rectal examinations as part of follow-up

- Flexibility of more frequent reviews concern
- Robust clinical governance regarding interpretation of PSAs
- Part of Barnsley Quality framework to fund the service
- Advice from CNS or consultant or re-referral as needed

When ?

- Cancer programme board-financial issues
- medicines management need to reclassify the ADTs so GPs can assume responsibility for follow-up
- Template development
- secondary care support agreement / identify patients

When?

- April 2015 Barnsley Quality Framework
- roll out 2015/16

Any questions?