

Local Enhanced Service Specification:

PSA Surveillance and Monitoring

Service Specification No.	
Service	PSA Surveillance and Monitoring in primary care
Commissioner Lead	Lancashire and South Cumbria ICB
Provider Lead	GP Practices in Lancashire and South Cumbria
Period	1 st May 2025 – 31 st March 2026
Date of Review	To be reviewed annually

<p>1. Population Needs and Background</p> <p>NHS Lancashire and South Cumbria ICB covers 196 GP Practices and has a total registered population of 1,853,016 (as of Jan 2024) patients.</p> <p>The scope of this specification will cover all 196 practices and registered patients along with temporary residents (where appropriate) that live within the geographical area of Lancashire and South Cumbria.</p> <p>The ambition of the commissioner is to secure the highest quality and most responsive services for local people that are clinically effective and safe but also importantly are consistent and equitable to the population.</p> <p>Prostate cancer is the second most common cause of cancer deaths in UK men. Each year about 47,000 men are diagnosed with prostate cancer and approximately 11,000 die from the disease. The condition of many patients with prostate cancer can be stable for a number of years post diagnosis, or post radical treatment.</p> <p>Patients with a raised PSA (Prostate Specific Antigen) will be referred to secondary care via the appropriate suspected cancer referral pathway, for investigations and evaluation with subsequent follow up through the Urology Department. Patients with no confirmed prostate cancer may be followed up, even if active treatment is not initially or subsequently indicated.</p> <p>The purpose of this specification is to establish a formal arrangement for primary to monitor patients that require ongoing prostate blood monitoring for:</p> <ul style="list-style-type: none"> • patients with a raised PSA who require no further secondary care intervention and do require regular structured blood test monitoring. • patients diagnosed with prostate cancer who have completed treatment and have been followed up for 5 years.
<p>2. Scope & Service Standards</p> <p>2.1 Aims</p> <p>The aim of the service is to deliver a universal offer to patients in Lancashire and South Cumbria, setting out the services that General Practice are expected to deliver</p>

to their registered and temporary registered patients.

To deliver high quality and responsive services for local people that improve patient outcomes and the experience of service delivery for both patients and the General Practice team.

Furthermore, the aim of the offer is to ensure an equitable and consistent service to all patients across Lancashire and South Cumbria and to deliver care closer to home, this will include:

- Improved access – patients receive their follow up care closer to home by their GP practice
- Improved call and recall processes in general practice – supported by DQ case finding searches to improve the safety of clinical recall for patients who have historically been discharged from follow up and for any new patients discharged from secondary care.

Implementation of a primary care prostate monitoring service will positively impact secondary care pathways and release capacity to support new referrals to secondary care.

2.1.1 Requirements

The practice to create a register of patients that require regular PSA blood test monitoring (searches will be provided to help practices where patients have not previously been coded and recalled).

The practice to recall patients for 6 monthly or annual blood test monitoring based on the advice given at the time of discharge from urology (for most patients this will be annual monitoring).

Where PSA remains under the level advised at the time of urology discharge, patients should be advised of the result and arrangements made to recall in 12 months or as appropriate.

Where PSA is raised above the level agreed, patient assessment (this may include face to face assessment and rechecking PSA levels) and appropriate re-referral using the suspected cancer pathway should be undertaken.

2.2 Service Description/Care Pathway

The service will be provided to patients deemed suitable for discharge from hospital based follow-up care.

Referrals to Primary Care

New referrals will be made to primary care by a Urology specialist, who will have agreed a management plan that safely allows patients to be monitored and followed up in primary care.

The clinic discharge letter will include:

- Patient Details (incl. name, address, dob, NHS Number)
- Details of Diagnosis (incl. PSA level on discharge, other issues/complications, e.g., evidence of metastases)
- Recommendation / Management Plan (incl. assessment interval and threshold for fast track re-referral)
- A clear explanation when advice deviates from agreed local guidelines (incl. substantial management/active management received by the patient to date)
- Confirmation that appropriate information has been given to the patient (incl. explanation of condition and that their ongoing follow up care will be managed in primary care)

Patients moving into the area from outside the ICB area or patients transferring from private to NHS care may be suitable for primary care follow up. Where a PSA discharge letter is not accessible, appropriate guidance should be sought via advice and guidance to the local urology service.

Acceptance onto Practice Register

Patients who have been monitored in primary care prior to the commencement of this contract will need to be identified and added to the register using DQ case finding searches, or the previous practice register if available.

New patients discharged from urology follow up should have the relevant SNOMED code added to their record and a diary entry invite where appropriate.

Referral back to Secondary Care

The Practice will re-refer the patient to the acute urology provider via Urgent Cancer referral if:

- The criteria for re-referral as specified in the discharge letter are reached
- There are other clinical concerns that require specialist intervention

Practices will be responsible for

- Holding and maintaining a register of patients who require ongoing surveillance and management of their PSA in primary care
- Providing a robust recall system from the register to ensure patients receive monitoring in a timely manner and follow up those patients who fail to attend
- Reviewing the results of PSA testing and follow the appropriate guidance with regards to surveillance or fast track re-referral

2.3 Population covered

NHS Lancashire and South Cumbria ICB covers 196 GP Practices and has a total registered population of 1,853,016 (as of Jan 2024) patients.

The scope of this specification will cover all 196 practices and registered patients along with temporary residents (where clinically appropriate) that live within the

geographical area of Lancashire and South Cumbria.

2.4 Any acceptance and exclusion criteria and thresholds

The service will not accept referrals for the following:

- Any patients felt inappropriate for discharge within this pathway by secondary care or the receiving GP practice.

2.5 Interdependence with other services/providers

- Acute trust providers
- Independent sector secondary care services

2.6 Applicable national standards (e.g. NICE)

- Suspected cancer: recognition and referral. NICE guideline [NG12] Published: 23 June 2015 Last updated: 02 October 2023
- Prostate cancer: diagnosis and management. NICE guideline [NG131] Published: 09 May 2019 Last updated: 15 December 2021

3. Applicable quality requirements and CQUIN goals

4. Location of Provider Premises

Service delivery must be from the premises identified within the providers NHS Contract or where the service has been sub-contracted, the premises must be in suitable premises for delivery of the services set out in the specification.

5. Finance

Finance

Practices will be paid £0.44 per head of weighted population.

Fraud Policy

In the event of suspected fraud or other illegality being uncovered at any stage the ICB will implement the ICB Fraud Policy and will investigate.

Information supporting reported activity and monitoring information must be made available to the ICB or its representatives upon request. Failure to provide this information, or the provision of incomplete or inaccurate information, may result in suspension of payments or clawback, as well as further investigation by the ICB and its representatives.

6. Contract and Monitoring Arrangements

The provider will be required to submit quarterly monitoring indicating the number of patients that are being seen and monitored via this service.

These should be recorded using the appropriate READ/SNOMED codes and an appropriate Data Quality Template will be supplied by the commissioner to support automated extraction, where possible.

All details regarding data quality and submission of data can be found in the supporting Technical Guidance Document.