



Experiences from the GM Cancer Prostate Best Timed Pathway: The Pathway Navigator Role

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Experiences from BTiPP: The Pathway Navigator Role

- Background and Overview
- Pathway Navigator Role
- Patient Experience
- Lessons learned/feedback from Pathway Navigators
- Summary

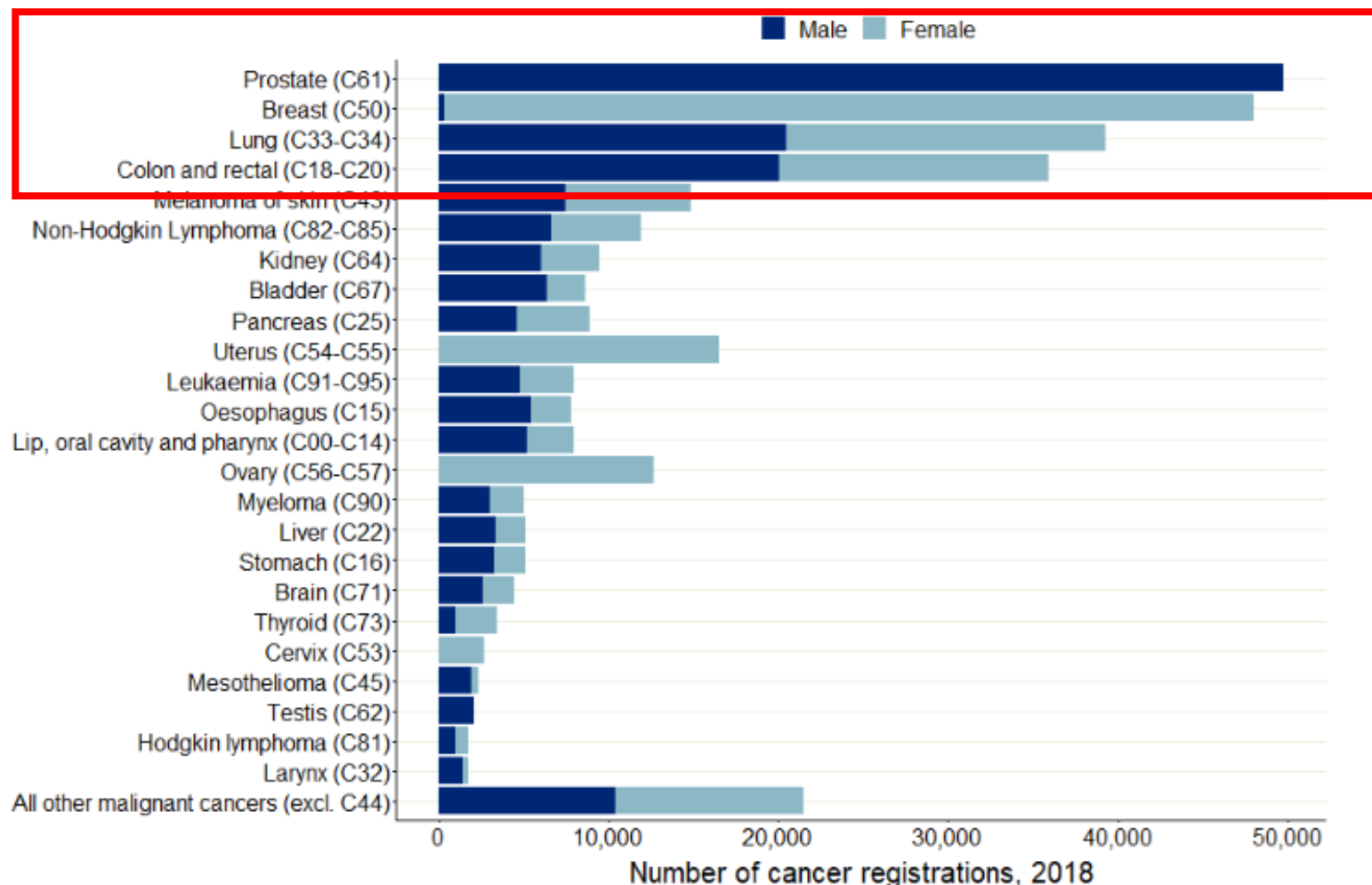
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BTiPP: Background

- Early diagnosis, fast diagnosis and equity of access to treatment is now central to the NHS Cancer Programme
- New NHSE Faster Diagnosis Standard (FDS) - all patients who are referred for the investigation of suspected cancer to be informed if they **do/do not** have a cancer diagnosis within 28 days from referral
- FDS: For patients **diagnosed** with cancer, treatment can be offered earlier
- FDS: For those who **don't** have cancer, reduces the anxious time waiting for their diagnosis
- Best timed pathways follow Rapid Diagnostic Principles
- 2 Year project Mar19 - Mar21 (Clinical Lead, Urology Pathway Board, Service User Reps, CCGs, GP Leads, Cancer Managers, DOPs, COOs, radiology, urology, pathology, charities, industry)
- GM: 7 provider trusts, some with multiple large hospitals (close links with EC/Mid-Cheshire)

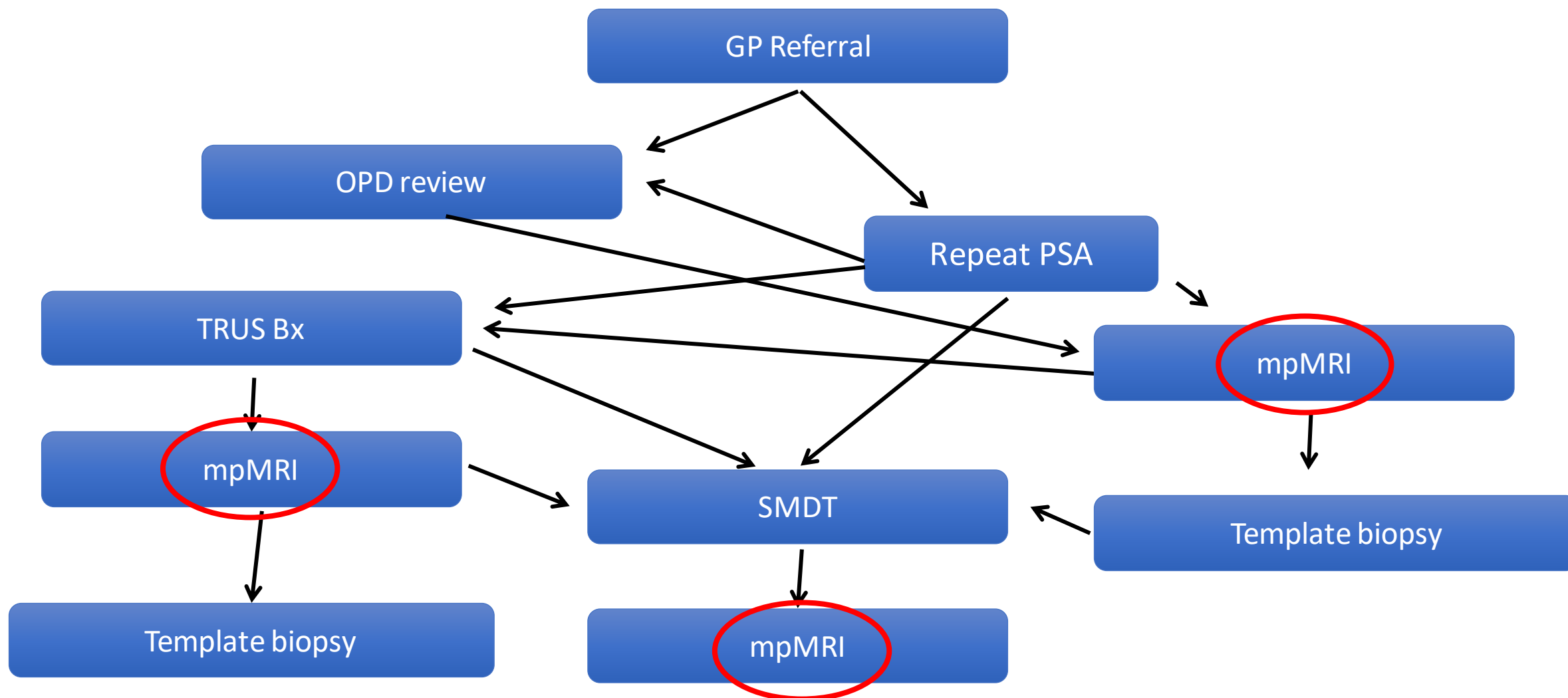
PHE: National Cancer Registration (NCRAS) 2018



Source: Public Health England, National Cancer Registration and Analysis Service

Figure 1: Number of cancer registrations by 24 common sites and sex, England 2018

GM Landscape 2017 – Suspected prostate cancer



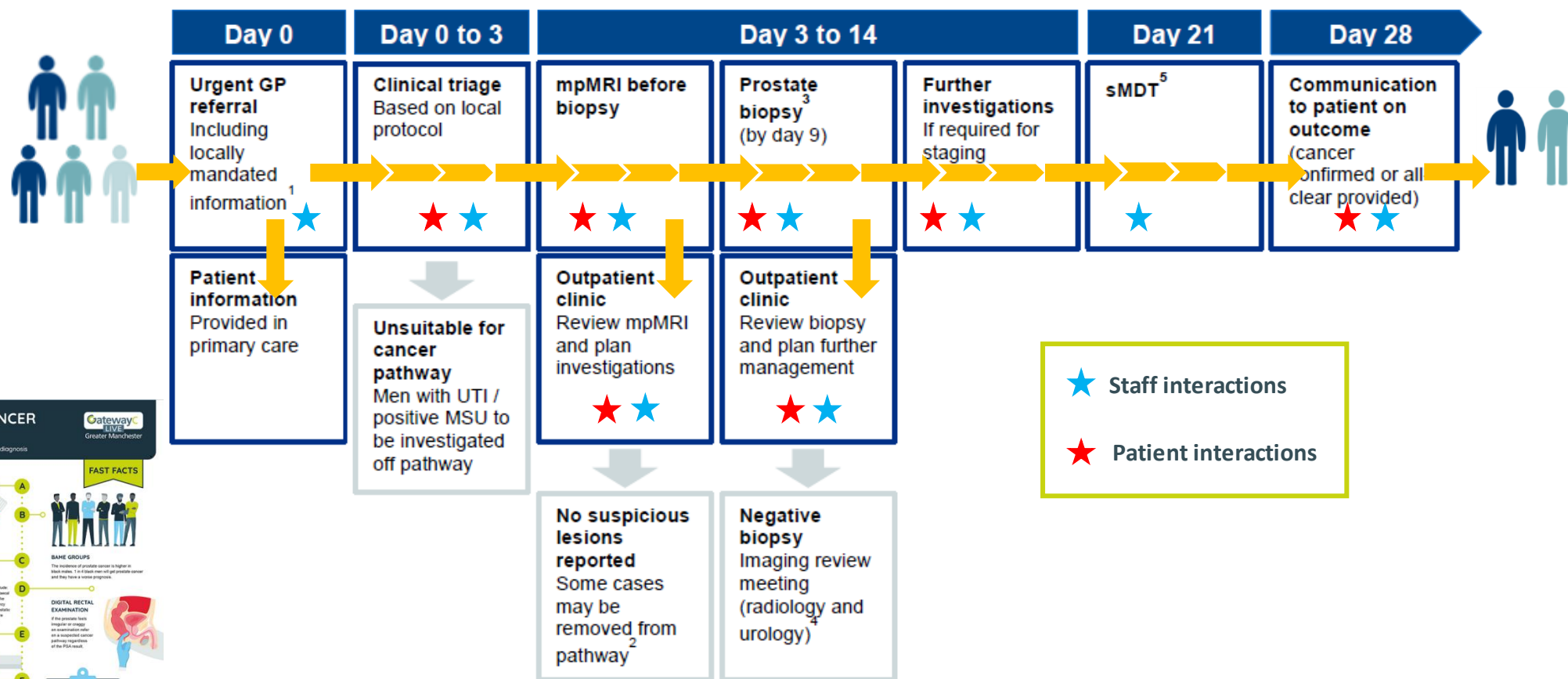
The NHSE Prostate Best Timed Pathway 2018

28 day pathway



NHSE Prostate Pathway: Pathway Navigator

28 day pathway



PROSTATE CANCER THINK A-G
Supporting earlier & faster cancer diagnosis

FAST FACTS

- AGE-SPECIFIC PSA**
If the prostate-specific antigen (PSA) level is above the age-specific range, refer urgently using a suspected cancer referral form for an appointment in two weeks. Clinical judgement should be used to manage symptoms and those aged under 50 who are suspected to have a higher risk of prostate cancer.
- CONSIDER RED FLAG SYMPTOMS**
Symptoms of metastatic disease include: weight loss, fatigue, bone pain, haematuria and loss of power in the lower limbs. These are not emergency presentations and can indicate metastatic disease and require immediate admission to hospital.
- EXCLUDE URINARY TRACT INFECTIONS**
Urinary tract infections can mimic elevated PSA levels. If a UTI is suspected, it should be treated with antibiotics and the PSA level rechecked 2 weeks after treating the UTI before referring.
- FAMILY HISTORY**
Family history of prostate, breast cancer or ovarian cancer increases risk of prostate cancer. Ask about family history when assessing prostate symptoms or considering a PSA test.
- GREATER MANCHESTER REFERRAL PROFORMA**
Please refer all patients using the Greater Manchester form. Ensure the patient understands the reason for referral. Include key information as this helps direct patients to the most appropriate investigation or assessment.
- INTERVIEW PROVIDER**
PROSTATE CANCER PATHWAY: Greater Manchester Referral Proforma

Online cancer education for healthcare professionals
Register here: www.gatewaycpc.org.uk/register

GMCA

Experiences from BTiPP: The Pathway Navigator Role

- Background and Overview
- **Pathway Navigator Role (AFC band 4)**
- Patient Experience
- Lessons learned/feedback from Pathway Navigators
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Pathway Navigators: What do they do - Patients

1. Support patient and carers by being main (non-clinical) point of contact – contact ASAP once referred
2. Give information timely to patient including outline of the pathway and what to expect (i.e. appts over 4 weeks, to be available), info sent in format most suited to individual patient (email/text/post)
3. Initial triage questions e.g. MRI safety questions/frailty/assistance
4. Keep in touch with patient/carers to plan appointments/bank appointments up, so patient can plan the weeks ahead
5. Explaining what next - signpost to specific information at the right time
6. Specific needs: Transport/interpreters
7. Direct clinical queries to clinical staff
8. Additional support (Covid e.g. safety measures/entrances/what to expect/accompanying people)
9. Emotional support to patients /alleviating anxiety

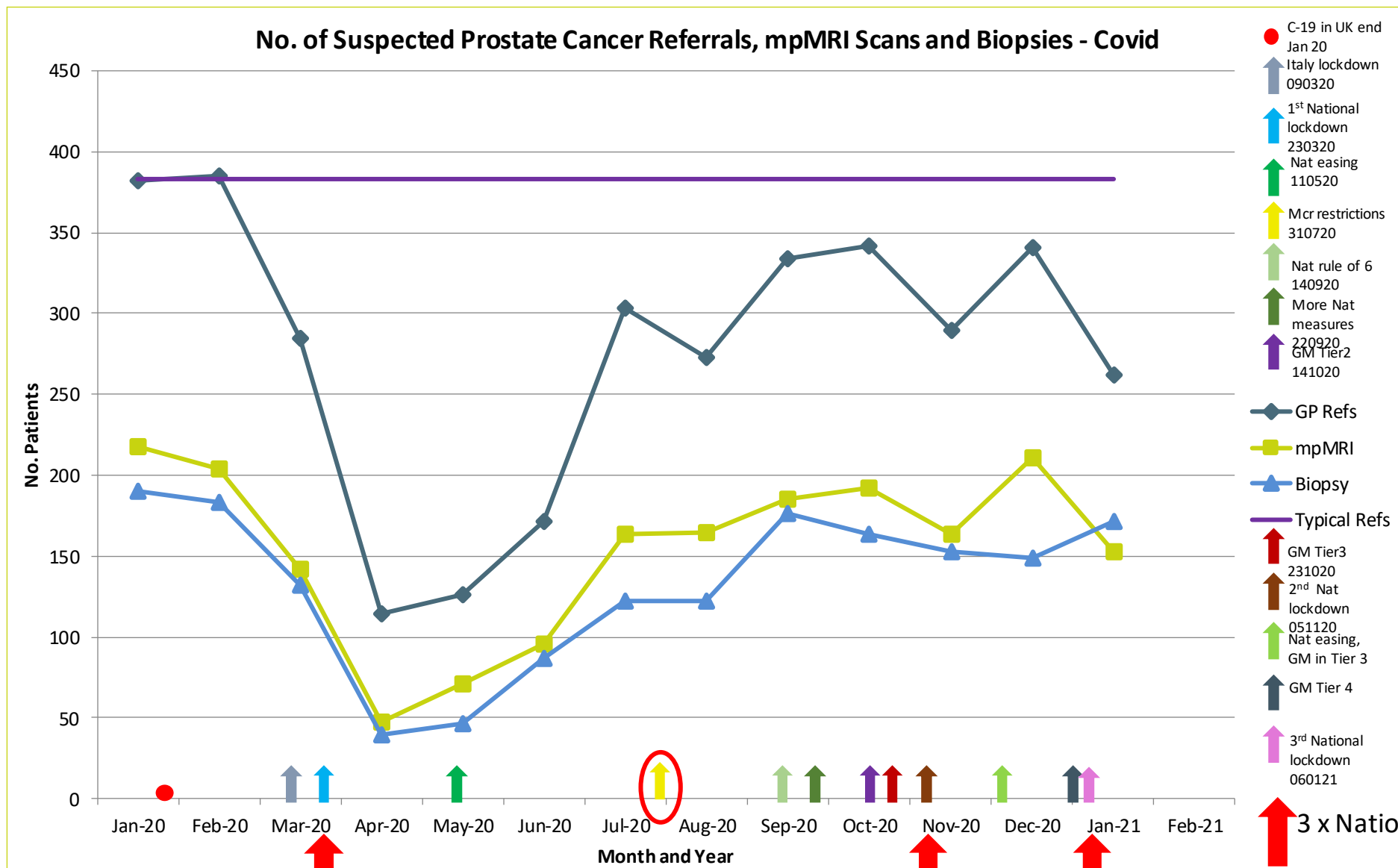
Pathway Navigators: What do they do - Teams

1. Support clinical team by being the conduit for info/support for patients
2. Build relationships with other staff e.g. Radiology/Pathology (STT - diagnostics)
3. Service improvements (reserving slots for mpMRI scan/referrals coming into urology swiftly)
4. Contact GP surgeries for further info e.g. eGFR/PSA or to arrange bloods (Covid)
5. Forms to clinicians for daily triage
6. Arrange appts (and release reserved slots) in Radiology - mpMRI scan
7. Sensitively chase up results - Radiology/Pathology
8. Arrange OP appts (biopsy/consultations to review results/next steps) and release if results not available – using OP slots carefully to reduce wasted time for patients/clinicians
9. Work with the PTL trackers/MDT co-ordinators/clinical teams
10. All to keep the patients well supported and moving along the swift pathway to FDS by day 28

“All about the patients”

Pathway Navigators: What do they did/still do - Project

1. Navigated the patients - organised - built navigation spreadsheet (own method alongside)
2. Rich live data source - especially valuable with Covid
3. Patient experience surveys
4. Flagged up issues locally - suggested changes
5. Suggestions project-wide (initial triaging with MRI safety questions)
6. Shared across own trust's navigators and across GM tumour group navigators
7. Buddied up within the prostate pathway navigator group, still ask and share tips post-project



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Patient information

Leaflet production date: 11/2020 v6

NHS
in Greater Manchester

Prostate Pathway Information for Patients

Your GP has referred you to a specialist at the hospital for further investigation. There are many conditions your symptoms or test results could be linked to, including the possibility of cancer. Most patients referred for further tests do not have cancer.

It is important you have further investigations quickly so we can diagnose you and start treatment (if needed) as soon as possible.

Your prostate pathway

The appointments and tests you need to have to understand your symptoms are called a **pathway**. The diagram below shows a typical order of the appointments. You may have to attend a different hospital rather than your local hospital.

Your GP sends your referral to the hospital
 You have a phone call from the hospital to arrange your first appointment. This may be a MRI or a CT scan, or an outpatient appointment
 You will attend for your MRI or CT scan or outpatient appointment
 Outpatient appointment at hospital or by telephone to discuss your scan results and further tests if necessary e.g. prostate biopsy, bone or CT scan
 Outpatient appointment at hospital or by telephone to discuss all test results and any further appointments if required

It is very important you attend for your appointments. This is to ensure those patients who need treatment can start this as soon as possible.

Whilst waiting for your appointments, please try to continue with your normal activities/exercise. If any treatment is required, an important part will be to optimise your fitness, such as stopping smoking and improving activity levels.

1

What you need to do

- If you have not heard from the hospital after 5 working days, please telephone your GP practice.
- When you are phoned by the hospital (it may appear on your phone as 'number withheld'), please write your contact's name and telephone number here:

Contact Name: Telephone:

- It is important to be available for the next 4 weeks for appointments.
- If you cannot attend an appointment for any reason, or are planning to go away, please telephone the number given to you by the hospital as soon as possible. You will have been given a named contact and telephone number when you were first phoned.
- Please telephone your named contact if you are taking any blood thinning medication.
- Please bring a list of medications to all appointments.
- For each appointment, you may be at the hospital for up to 4 hours.
- We suggest you bring a family member or friend to your appointments if you can, depending on local hospital guidance.
- If an interpreter is required, please telephone your named contact.
- If you have any questions about your appointments or the pathway in general, please telephone your named contact.

These are the tests you may have

MRI Scan

An MRI scan uses a powerful magnet and radio waves create pictures of your prostate gland. The scan will take about 50 minutes. You may be in the department for up to 2 hours. You will probably have an injection of a dye during the scan. If you are claustrophobic (afraid of confined spaces) and have concerns, please contact your hospital team as they can offer advice to help you with the scan. Please refrain from any sexual activity that leads to ejaculation for 3 days before the MRI scan, this is to help show the detail around your prostate gland.

Prostate Biopsy

A prostate biopsy involves passing a small needle into the prostate gland several times to obtain samples. The needle might be passed into the prostate gland through the back passage or through the perineum (the skin between the back passage and scrotum). The biopsy is usually performed under local anaesthetic, occasionally under general anaesthetic; this will be discussed with you by the specialist (doctor/nurse). You may be at the hospital for up to 4 hours if the biopsy is performed under local anaesthetic, or all day/overnight if performed under general anaesthetic.

CT Scan

A CT scan uses x-rays to create detailed pictures of the inside of your body. You will be given a drink before the scan of a liquid dye and you will probably have an injection of a dye during the scan. You may be in the department for up to 2 hours.

Bone Scan

A bone scan is an imaging test. It safely uses a very small amount of radioactive dye to help diagnose problems with your bones. You will be asked to attend the hospital at a specific time to have the radioactive dye. Then you will be told a time to have your scan, this is usually a few hours later. Please do not bring anyone with you who is pregnant or under 18 years of age.

2

- Translated into 6 additional languages
- Bengali, Urdu, Italian, Polish, Cantonese, Arabic

- User involvement rep on steering group
- Prostate small community

BTiPP: Patient Information – LATP Prostate Biopsy



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Transperineal prostate biopsy information

Prostate glands are only found in men and are about the size of a walnut. Your prostate is just below your bladder and surrounds the tube that your urine passes through. Your prostate is in front of your rectum.

The prostate makes the fluid that mixes with sperm to make semen.

Why do I need a prostate biopsy?

You have had specific tests that show you need a prostate biopsy.

What will your prostate biopsy find?

The biopsy of your prostate is performed to confirm or exclude prostate cancer.

Hope Building Urology
0161 206 5380

Saving lives. Improving lives.

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What is a prostate?

The doctor or specialist nurse will explain why you need a biopsy and how the biopsy is performed. They will discuss the risks and benefits, and answer any questions you have.

You must let the doctor or specialist nurse know if you are taking anticoagulants or antiplatelet tablets (blood thinners) including:

- Aspirin (Aspirin 75mg is ok to continue taking)
- Warfarin
- Clopidogrel
- Rivaroxaban
- Dipyridamole
- Ticagrelor
- Prasugrel
- Sinthome
- Dabigatran
- Apixaban

You will be advised if you need to stop taking your medication, how long for and when to start taking them again.

Before your biopsy

Please tell your doctor or specialist nurse if you have:

- Allergies to any medication, including anaesthetic
- Ever had bleeding problems
- An artificial heart valve
- Diabetes

On the day of your biopsy:

- Eat and drink as normal
- If you are currently taking antibiotics or have a urine infection – tell the doctor or specialist nurse
- You will not be able to drive yourself home, please bring someone with you who can drive you, or accompany you home if travelling by public transport
- You should continue to take your medications as usual, except for any blood thinning medication you have been asked to specifically stop for the biopsy

A urine sample will be required. A sample pot will be given to you on arrival at the department

- Once you have been given and understood the biopsy information, had any questions answered and are comfortable to proceed with the biopsy, you will be asked to sign a consent form
- You will be given antibiotic tablets to take approximately 30 minutes before the biopsy
- You will be asked to wear a hospital gown
- The biopsy takes approximately 30 minutes but you may be in the department for up to 3 hours

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How is the biopsy performed?

You will lie on the examination couch and your legs will be raised. Your doctor or specialist nurse will examine your prostate. An anaesthetic solution is used to clean the skin between your scrotum and your rectum, this area is known as your perineum.

This is the where the biopsy needle will pass through to take samples from your prostate (see diagram below).

The lubricated ultrasound probe is gently inserted into the rectum. The probe will be in your rectum throughout the procedure so your doctor or specialist nurse can see your prostate on the ultrasound screen.

An injection of local anaesthetic will numb the biopsy area. Once the anaesthetic has had time to work you may find the procedure uncomfortable but you should not feel pain.

The needle is inserted into the prostate and removes tissue samples very quickly. You may feel a slight discomfort as the biopsy needle is inserted into the prostate. You will hear clicks as the needle takes the biopsy. A few samples will be taken.

What are the risks?

- **Blood in your urine:** This affects almost all patients and can be for up to 10 days. If you pass clots of blood or have persistent bleeding or heavy bleeding every time you pass urine you must go to your nearest A&E department.
- **Blood in your semen:** Your semen may be discoloured (pink or brown) for up to six weeks, occasionally longer. This affects almost all patients.
- **Bruising around the biopsy site (perineum).**
- **Discomfort in your prostate caused by bruising from the biopsy.**
- **Temporary problems with erection caused by bruising from the biopsy:** This can affect up to 1 in 20 patients.
- **Difficulty passing urine:** This can affect up to 1 in 20 patients. Should you have difficulty passing urine, you will need to go to your nearest A&E department for assessment.
- **Infection in your urine:** This can happen in up to 1 in 100 patients. The antibiotics you have before the biopsy will reduce this risk. However, if you develop a need to pass urine suddenly or more than usual, you have a burning sensation when passing urine or the urine is smelly or cloudy you should seek advice from your GP.
- **Infection in your blood:** (septicaemia or sepsis). This can happen in fewer than 1 in 200 patients. If you have a high temperature or feel unwell with flu-like symptoms you should go to your nearest A&E department.

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After the biopsy

- Once we have checked you are feeling well, you can go home
- We suggest you rest at home after the biopsy and for the remainder of the day
- You may have mild discomfort in the biopsy area for one or two days
- The prostate biopsy samples will be sent for testing
- Occasionally there is a need for a repeat biopsy, for example if the biopsy samples are inconclusive, this happens in about 1 in 50 patients
- You will have an appointment usually two weeks after your biopsy. Which could be at the hospital or a phone call

Contact us

If you have any questions about this procedure or your results, please contact one of the:

Urology Specialist Nurses
0161 206 5380
Monday to Friday
8am to 17.30pm

This number will go to an answer machine, please leave your name and telephone number and we will return your call.

Email
hannah.leather@srtf.nhs.uk

Further information

Both of these charities below provide useful information:

Prostate Cancer UK
0800 074 8383
www.prostate-cancer.org.uk

Macmillan Cancer Support
0808 808 0000
www.macmillan.org.uk

Notes

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If you need this information translated, please telephone:
0161 206 0224 or email interpretationandTransperineal@nhs.uk

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For advice on getting smoking support contact 0161 206 5380.

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If you have any suggestions as to how this document could be improved in the future then please visit www.srtf.nhs.uk for patients

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Prostate Pathway Patient Experience Survey

Trust: _____ Date: _____ Cancer / No cancer

- The Urology team is committed to providing excellent care for all patients and to continue to improve the service we offer. Following the tests you have had for your symptoms potentially relating to prostate cancer we would like to know more about your experience. Completing this survey will help us to improve patient care.
- If you have any queries relating to this survey or require any assistance to complete the survey please telephone (add contact number of pathway navigator)
- Please place your completed survey in the box on the Urology reception desk/hand to Urology staff member (to reward depending on local Trust practice)
- Information you provide will remain confidential and the survey is anonymous. If you decide not to complete the survey, this will not affect the care you receive in any way.
- Thank you very much

Where appropriate, please tick (✓) one box per question only, thank you.

About your GP Referral

1. When you had your appointment with your GP, were you given an explanation about why you needed to be referred to hospital for further investigation/tests?

Everything was explained clearly in terms I could understand ☐

I understood most things, but some things were not clear ☐

I could not really understand what was being explained to me ☐

About your Hospital Referral

2. When you were telephoned from the hospital, did you understand why you needed to attend the hospital for your MR scan/other scan/outpatient appointment?

Everything was explained clearly in terms I could understand ☐

I understood most things, but some things were not clear ☐

I could not really understand what was being explained to me ☐

NHS
in Greater Manchester

3. Did you find it helpful having a telephone call before your first appointment at the hospital?

I preferred a telephone conversation first rather than an outpatient appointment at the hospital ☐

I would have preferred an outpatient appointment at the hospital rather than a telephone conversation first ☐

I didn't mind either way ☐

4. At your outpatient appointment(s), did you feel able to discuss any concerns you had relating to your prostate problem with the nurse/doctor?

I didn't have any concerns ☐

Yes, enough time ☐

No, not enough time ☐

Overall experience

5. On a scale of poor to excellent, how do you rate the care you have been given? (please circle)

Poor Satisfactory Good Very good Excellent

6. Was there anything particularly good about the care you have received?

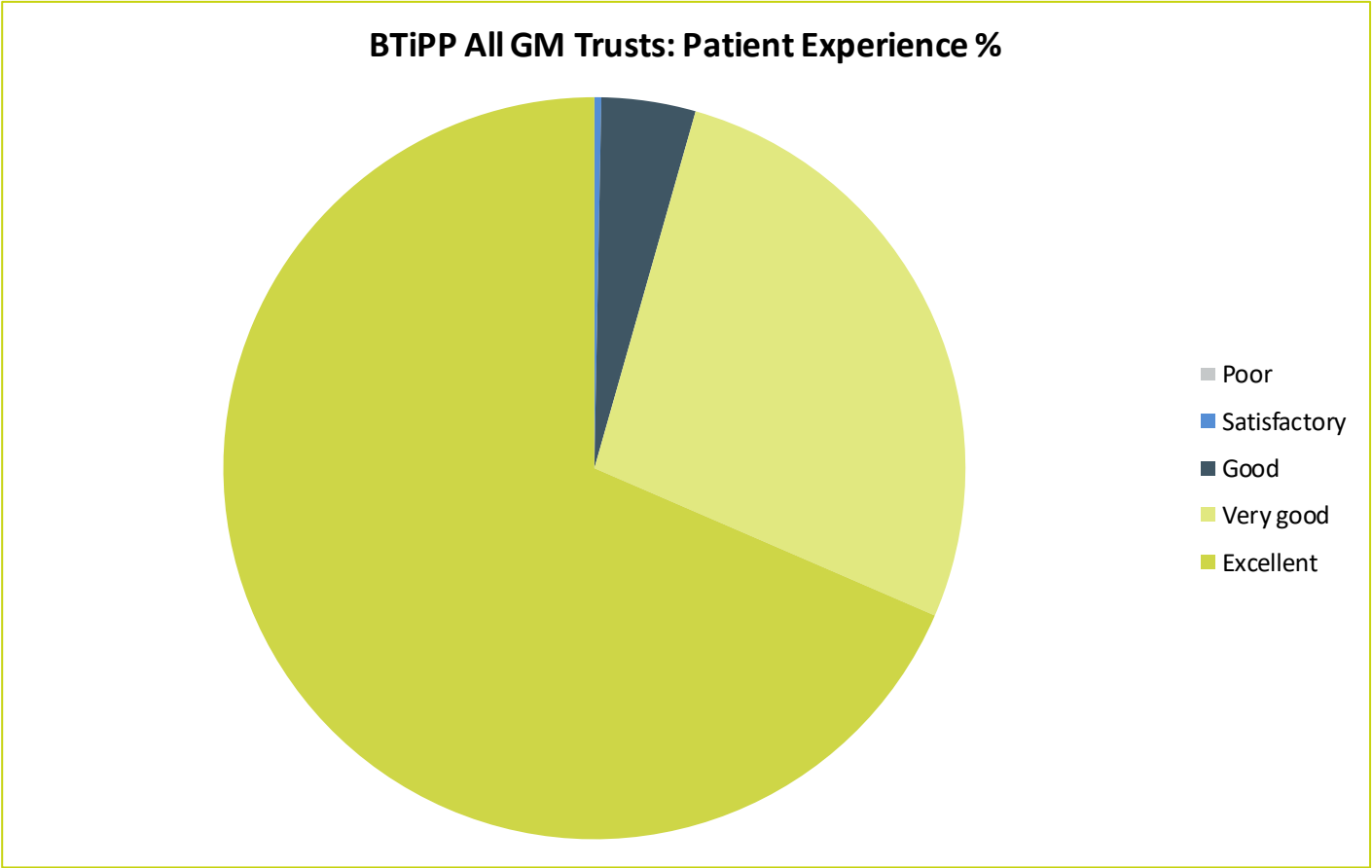
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7. Was there anything that could have been improved or any additional comments?

Thank you.

Please place completed survey in the box on the Urology Reception desk/give to

BTiPP: All GM Trusts - Patient Experience %



- **99.7%** good/very good/excellent
- **317** completed surveys
- **316** reported good/very good/excellent experience

BTiPP GM Trusts Patient Experience	Poor	Satisfactory	Good	Very good	Excellent
%	0	0.3	4.1	27.1	68.5

BTiPP: Patient Experience Survey Word Cloud





BTiPP: Patient Comments

All my dealings with Urology have been extremely positive and having you (Barbara) as Navigator has been very beneficial, not only to me but also to my wife who has been able to discuss things with you, this has been very much appreciated

Very important to have a main point of contact. I was able to stress any worries before my appointments. Felt things happened faster having a navigator.

Navigator updated me every step of way, seemed like care was really top priority

I have been very impressed with all aspects. Promptness and speed throughout the process and quality of clinical care. Fantastic attitude of all staff, all urology great.

She phoned me a couple of weeks ago to explain that I was being fast tracked for prostate cancer, which was a shock to me. The way she managed me on the telephone was nothing but astonishing. She was very empathic and understanding and I was treated in a very caring way. At the end of our telephone conversation, she explained that I shouldn't hesitate to ring her if I have any further questions and gave me a direct number.

....organise additional blood test and water samples that should've been taken by my doctors surgery. She was amazing to me and is exceptionally good at what she does.

couldn't hope for any better & explained everything

Liked having navigator to call if had any Qs or for discussion - team on day of biopsy were great and helped nerves - happy how quick all appointments happened

BTiPP: User Comments

Prostate Small Community quote (pre-pathway):

*“Being sent on a cancer pathway can be really daunting in itself.....a hospital to the patient **is just a building with a 1000 phones** and that adds to the stress. The pathway navigator means one point of contact so one less thing to worry about”*

“The introduction of the Pathway Navigator has reduced the number of calls to patients by CNSs regarding non-clinical queries/support”

BTiPP: Interactions (non-complicated pts)

- The introduction of the pathway navigators has reduced the administrative tasks performed by the clinical staff
- Pathway Navigator interactions with patients 2020 >15,000 (20,000)
- Pathway Navigator interactions with staff 2020 >38,000 (53,000)
- (Figures above from the 9 Pathway Navigators in the 7 Trusts who receive BTiPP referrals in GM, red text typical numbers in non-complicated patients in a non-Covid year)

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Pathway Navigators: Feedback Session Sept.20

Positives (managers, clinicians and navigators, across the 3 pathways)

- Since the introduction of the role there has been a noticeable improvement in the patient pathway
- Navigators based with CNSs/in the clinical department deliver a timely and efficient triage process
- Navigator role entails a self-management aspect which provides the freedom to develop the role to meet the needs of the service and the specific patient demographic
- CNSs and secretaries can provide cover for absence such as sickness or annual leave (not ideal but PNs tend to be single roles in depts.)
- Unique role consisting of administrative duties, performance and providing patient support

Pathway Navigators: Feedback Session Sept.20

Challenges

- Understanding medical terminology
- Building relationships with other members of staff as PN was a new role and what the PNs role is/how it fits into the team
- High numbers of referrals in some specialities can make it difficult to address every patient coming through the service to the level the PN wished
- Workforce shortages due to recruitment or annual leave procedures and then who covers when the PN is off
- Line managers not understanding the role (as this was a new role)
- No competency framework specific to the navigator role

Pathway Navigators: Feedback Session Sept.20

Suggestions

- Patient feedback is essential to contributing to improvement (experience survey)
- Navigator specific info (name and contact number) to provide to patients
- Patient/carers know PNs are the named contact (and establish the role within the existing workforce)
- Referrals and appointment booking process - navigators could be useful to be in service re-design to improve and streamline this process
- Likewise along the pathway i.e. in allocating protected slots for diagnostic tests through the week to coincide with referral pattern
- Brief information for referrers regarding information required when referring a patient to reduce delays to the patient pathway (suspected cancer referral forms/communications)
- Pathway navigator and MDT co-ordinator - close link works well
- One central platform for electronic documentation so all non-clinical staff can access updates on the patient pathway in real time

Pathway Navigators: Feedback Sept.21

Training suggestions (prostate pathway navigators)

- Understanding of cancer, radiology and pathology processes and terminology
- Time with CNSs in clinics
- Meeting the other PNs in a group setting and networking/buddying up to share ideas/learning, especially if some in post earlier than others and can help with setting up the new ones in post
- Sharing the centrally created spreadsheets/triage forms/checklists/patient information leaflets
- Observing the diagnostic steps – chance to see what the patient goes through
- FAQs sheet would be a good idea

Pathway Navigator - Skills

- Excellent communicators
 - Organised
 - Problem solving (know their own pathway) and implement changes
 - Part of a team but independently working
 - Caring/empathic
 - Knowledge of Excel
 - Performance/data
-
- Understanding of cancer services - their tumour group
 - Understanding of cancer services - performance
 - Understanding of the NHS
 - Experienced in managing expectations and informing 'customer services'

'Go to' person for patients/carers and clinical staff to resolve non-clinical aspects

Where are they now/development (Sept.21)

9 Prostate PNs:	Original PN role - more duties	Promotion	Other
	5	3	1 (Colorectal PN)

- Posts still exist (all were sustained after project end)
- 3 promoted: Assistant operational service manager/rota and medical staffing manager (& a 4th declined promotion)
- PDP/PDR: Mainly found their own ways to develop
 - Time in clinics with CNSs, observing biopsies, time in radiology
 - GatewayC, Macmillan Learn Zone, PCUK, HEE Learning Hub
- Added to role: Other urology pathways (bladder, haematuria), audit, clinical– assisting in urology clinics, cover for patient tracking, cross cover for other PNs
- Supporting others in similar roles in their trusts

BTiPP: Pathway Navigators - Project Lessons Learned

1. Recruitment: Long lead-in time to recruit
2. New staff induction/support: Group session training very much enjoyed, planned more but had to be delivered remotely - not so good for creating a tight a pan-GM staff group
3. More 1:1 training by project manager was required BUT a chance for much listening and asking
4. This meant Pathway Navigators felt well supported, trained flexibly to suit individual's learning method and local trust service/structure
5. This was time well spent as critical post for patient support and streamlining the pathway (and the amount of information gathered back from PN's about the patients/how the pathway was working for patients and the staff/any issues)
6. PNs buddied up within the group rather than as a whole group
7. PNs were 'self-starters' as generally they were breaking new ground
8. Confidence grew as they became experts, they had the overview of the whole pathway and the bridges required between the steps - service improvement
9. 2020 Covid: Adapting and learning new skills, online meetings/remote working/safety measures
10. Can't emphasise enough the Covid impact on patients and staff

Summary – Pathway Navigators

- Successful and established
- Covid - adaptable and valuable (safety netting, patient contact)
- Recognised for what they do
- Improved pathway for patients/carers
- Improved pathway for the clinical teams
- Vital to the streamlined pathway to FDS
- Developed their roles further and supported/shared learning

Thank you

Susan.todd7@nhs.net

PROSTATE CANCER THINK A-G

Supporting earlier & faster cancer diagnosis

Gateway
LIVE
Greater Manchester

FAST FACTS

AGE-SPECIFIC PSA

If the prostate-specific antigen (PSA) level is above the age specific range, refer urgently using a suspected cancer referral form for an appointment in two weeks. Clinical judgement should be used to manage symptomatic men and those aged under 50 who are considered to have a higher risk of prostate cancer.



A

B

C

D

E

F

G



BAME GROUPS

The incidence of prostate cancer is higher in black males. 1 in 4 black men will get prostate cancer and they have a worse prognosis.

CONSIDER RED FLAG SYMPTOMS

Symptoms of metastatic disease include sudden onset urinary incontinence, faecal incontinence and loss of power in the lower limbs. These are an emergency presentation and can indicate metastatic spinal cord compression and require immediate admission to hospital.



DIGITAL RECTAL EXAMINATION

If the prostate feels irregular or bumpy on examination refer on a suspected cancer pathway regardless of the PSA result.



EXCLUDE URINARY TRACT INFECTIONS

Urinary tract infections can falsely elevate a patient's PSA level. If a PSA level is marginally elevated then recheck 6 weeks after treating the UTI before referring.



FAMILY HISTORY

Family history of prostate, breast cancer or ovarian cancer increases risk of prostate cancer. It is important to ask about family history when assessing prostatic symptoms or considering a PSA test.



GREATER MANCHESTER REFERRAL PROFORMA

- Please refer all patients using the Greater Manchester form
- Ensure the patient understands the reason for referral
- Include frailty information as this helps direct patients to the most appropriate investigation or assessment

REFERRAL PROCESS FOR GREATER MCR
GMR referral form
DRE
MRI scan
Biopsy (if appropriate)

Online cancer education for healthcare professionals
Register here: www.gatewayc.org.uk/register

GMCA
Greater Manchester Cancer
Academic

In Greater Manchester

NHS

Greater
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Cancer