

PCN DES 2022-2023 - Northern Cancer Alliance

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Suggested PCN/ practice activities to promote prostate cancer awareness and case finding in areas with poor recovery of referrals and first treatments. (V6)

General principles recommended by the Northern Cancer Alliance are:

- PSA testing can be arranged regardless of symptoms – as most early prostate cancers do not have symptoms.
- PSA case finding work should target patients over 50 (or over 45 if risk factors) to promote the opportunity for a PSA test and leaflet.
- Any patient requesting PSA, should be given the opportunity to have a PSA blood test, after reading the PSA shared decision making (SDM) leaflet.
- PSA testing can be directly arranged for patient without clinical involvement or approval if they have been given access to the prostate SDM leaflet.
- Normal PSA results do not require any further clinical input.
- Raised PSA results will require Clinical review to determine onward referral, in line with NICE guidelines.
- We suggest patients >80 years old, with PSA over 20, could have 2WW referral within NG12 guidance, but GPs may wish to use clinical judgement and SDM.
- We have no guidance as to repeat PSA testing timeframes as this isn't a screening programme. Therefore, clinical judgement is required and expect annually testing as minimal timing.
- Patients with prostatism symptoms would require a clinical review to evaluation and consider investigations and potential treatments

During the pandemic, the number of referrals and first treatments for suspected urological cancers (excluding testicular), has fallen significantly and not recovered as much as for some other tumour groups.

From March 2020- Sept 2022, there is still a cumulative deficit across NCA of 6.2% of referrals and 10% of first treatments for urology compared to pre-Covid, equating to about 825 patients most of whom will have prostate cancer.

Prostate cancer can be indolent and slow growing, and early symptoms may be very mild or tolerated, and like those of benign disease. This means that many of the 'missing' men will be in the community but missing the opportunity for earlier diagnosis and treatment.

One in 8 men will get prostate cancer in their lifetime. The risk increases with age. Men with a family history of prostate cancer 2.5 times more likely to get prostate cancer and men with black African/ Afro-Caribbean ethnicity have x2 increased risk of prostate cancer.

From the NCA report from the National Cancer Diagnosis Audit (NCDA), most men with prostate cancer present in primary care and are referred via 2ww. Many have comorbidities including 30 % with hypertension, 25% CVD/cerebrovascular disease, 12% arthritis/ MSK, 10% with COPD and 10% with diabetes. Smaller percentages had cognitive impairment, longstanding mental illness, or physical disability, 10% had ‘other’ co-morbidities. There will be overlap between these groups but many of these men will be seen in practice over the year for chronic disease reviews.

The 2022 – 23 PCN DES in general practice includes advice to focus on prostate cancer, and informed by data provided by the local Cancer Alliance, 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.

CCGs ranked by deficit in urology referrals and first treatments. Biggest deficit first:

	% treatments	number of people
1. Tees Valley	-22.5%	-389
2. North Cumbria	-24.5%	-266
3. South Tyneside	-9.6%	-54
4. Newcastle Gateshead	-4.8%	-54
5. Northumberland	-6.2%	-70
6. Co Durham	-1.4%	-22
7. North Tyneside	-0.0%	0.0
8. Sunderland	-1.0%	+8.

PCNs may wish to consider a range of activities depending on their CCG ranking and their population demographics. Some suggested activities for PCNs and practices are below. All practices should consider the green options. There are additional activities for amber practices and these include some which will address potential health inequalities. The most proactive interventions are suggested for red practices colour coded here:

1. Review patients who have raised PSA and no prostate cancer diagnosis to check if actions are required.

Use the search in the CDRC folder (SystemOne - see screen shot below **Appendix 1**). Review notes and identified any actions needed for your patients. This search is also coming shortly for EMIS via CDRC. Please note the new NICE PSA reference ranges below which have also been updated on the referral form:

Aged 40-49	>2.5 ng/ml
Aged 50 -59	>3.5 ng/ml
Aged 60 - 69	>4.5 ng/ml
Aged 70 - 79	>6.5 ng/ml
Aged 80 and over	>20 ng/ml

2. Respond to requests to the practice to book for PSA or to speak to a GP about prostate risk

The practice may be contacted by men in response to the National Awareness Campaign.

The following SMS/ Accurx may be useful to send with the PIL attached (see below **Appendix 2**) you could set this up as a preset (see **appendix 3**):

Dear XXX

Thank you for contacting the practice to arrange a routine PSA blood test. Please read the information enclosed and if, having read the patient information leaflet attached, you would like to go ahead with a PSA test, please book a routine appointment with the health care assistant.

Please avoid ejaculation/ sex/ anal sex or heavy exercise for 2 days before your blood test.

If you need further information about PSA testing please book a routine telephone appointment with the nurse practitioner or GP.

Prostate Cancer UK has a Risk Check you may wish to use:

<https://prostatecanceruk.org/risk-checker>

You may also be interested in using this link (online IPSS) to check if you would benefit from discussing any symptoms with the GP

<https://www.prostatescotland.org.uk/symptom-checker>

(or use the questionnaire in SystemOne SMS template – see **Appendix 3**)

3. Proactive communication with men > 50y with protected characteristics or communication challenges, particularly if they have not taken part in chronic disease review or bowel screening.

This group of men may have missed the National campaign information or be less likely to engage with health services. Communication with men via telephone, SMS /Accurx / letter depending on communication needs, to offer information or opportunity to discuss prostate cancer risk. Consider the communication needs – does this person need face to face appointment with nurse

Use wording in messages below as appropriate. Consider translations for your population.

4. Proactive contact with men registered as black African/ Afro-Caribbean ethnicity age 45+ to offer information about prostate risk including the accompanying patient information.

Pro-active contact with local community groups representing this population to promote education and information adjusted to address cultural bias and communication preferences.

Work with local community groups to check appropriate wording for text messages / letters.

Consider sending in batches if the practice has a large population.

Suggested wording for SMS/ Accurx / letter:

Dear XXXX

Prostate cancer is easier to treat when it is caught early.

Prostate cancer is more common in men of black African/ Afro-Caribbean ethnicity and in men who have a family member affected by prostate cancer (father, son, brother).

Please have a look at the information enclosed (*PIL link below/ consider adapting for local population*).

If you would like to have a blood test (PSA test) to check for prostate cancer, please get in touch with the practice to book a routine blood test.

If you want the PSA blood test, please avoid ejaculation/ sex/ anal sex or heavy exercise for 2 days before your blood test.

Thank you

Dr XXXX

5. Proactive contact with men on over 45yr to suggest if they have a family history of prostate cancer to get in touch for more information about prostate cancer risk.

SMS/ Accurx or letter to people who do not have mobile number.

This would provide the opportunity to code FH information for future reference.

Suggest send messages in batches

Wording for SMS/ Accurx / letter:

Do you have a family history of prostate cancer –father / brother?

If you do, please reply to this message or contact the practice by email/ telephone or in person, to let us know which family member/s has been affected so we can update your notes.

Thank you

Dr XXXX

Allow reply

Positive response – code FH prostate cancer (SNOMED CODE family history of prostate cancer 414205003)

Men over 45 Send the following message or letter:

Dear XXXX

Thank you for letting the practice know that someone in your family has been affected by prostate cancer. You may want to consider having a blood test to check your prostate (PSA test).

I have enclosed some information to help you decide.

If, having read the information, you want to go ahead with the test or would like to discuss the test with one of the doctors or nurses, please contact the surgery to make a routine test appointment. If you want the PSA blood test, please avoid ejaculation/ sex/ anal sex or heavy exercise for 2 days before your blood test.

Attach PIL (see below)

6. Send patient information about prostate cancer and PSA testing to men being invited for chronic disease monitoring bloods so they can choose to have PSA.

Use the PIL (need to look at getting some translations or culturally appropriate version)

Include questionnaire about prostate symptoms – IPSS leaflet or the electronic version, the Prostate Scotland symptoms checker (Online IPSS) is easy to use and has good advice

<https://www.prostatescotland.org.uk/symptom-checker>

Prostate Cancer UK has a Risk Check you may wish to use:

<https://prostatecanceruk.org/risk-checker>

Wording for SMS/ Accurx:

Dear XXX,

You are due to come for your yearly blood test. Please read this information about PSA test for prostate cancer. If, after reading the information, you would like to have this blood test, please let the nurse know at your routine appointment

You may be at higher risk of prostate cancer if;

- If you have a family member - brother / father affected by prostate cancer
- If you have black African or Afro-Caribbean ethnicity

If you want the PSA blood test, please avoid ejaculation/ sex/ anal sex or heavy exercise for 2 days before your blood test.

Please fill in the questionnaire attached. (**add questionnaire as in Appendix 3**) or

You may be interested in using this link to check if you would benefit from discussing any symptoms with the GP <https://www.prostatescotland.org.uk/symptom-checker> please make a note of your score.

Thank you Dr XXX

Wording for Letter:

You are due to come for your yearly blood test. Please read this information about PSA test for prostate cancer. If, after reading the information, you would like to have this blood test, please let the nurse know at your routine appointment.

You may be at higher risk of prostate cancer if;

- If you have a family member - brother / father/ son affected by prostate cancer
- If you have black African or Afro-Caribbean ethnicity

If you want the PSA blood test, please avoid ejaculation/ sex/ anal sex or heavy exercise for 2 days before your blood test.

In addition, please fill in the questionnaire enclosed and bring it with you to your routine appointment

[Attach PIL and IPSS questionnaire (see links enclosed below and the SMS option for SystemOne)]

Thank you Dr XXX

Actions for nurse / HCA

Check they have read the information – any questions?

Get urine for urinalysis

Use IPSS questionnaire if any positive sx and if score > 7 – book to discuss with NP/ GP

Appendix 1

Case finding in SystmOne*. DCS/ CDRC/ CDRC Quality/ Cancer. (note other case finding searches here).

The screenshot displays the SystmOne interface. At the top, there is a menu bar with buttons: New, Join, Copy, Import, Export, Excluded Patients, Report Queue, Upload, and Refresh. Below the menu is a search tree on the left and a list of search results on the right.

Search Tree (Left):

- ▶ Ardens Open Access (24)
- ▶ County Durham Pct (Trust Group) (1532)
- ▶ CQC Inspection Searches (191)
- ▲ DCS (28151)
 - ▶ Arfans searches
 - ▶ CDRC
 - ▶ CDRC Contracting
 - ▶ CDRC Groups
 - ▶ CDRC Medicines
 - ▶ CDRC Performance
 - ▶ CDRC Population Health
 - ▲ CDRC Quality
 - ◊ Admission (8)
 - ◊ **Cancer (104)**
 - ◊ Cardiovascular (1333)
 - ◊ Decision Support (5)
 - ◊ Dermatology (18)
 - ◊ Diabetes IGR (1030)
 - ◊ Drugs Requiring Monitoring (1166)
 - ◊ ENT (12)

Search Results (Right):

Cancer

Name ▼

- ? Cancer 2.11 Coding - Cancer care review but not on cancer register
- ? Cancer 2.12 Coding - Has cancer code but not 'new' code
- ? Cancer 2.13 Coding - Has possible cancer code but no QoF cancer code
- ? Cancer 2.14 Coding - Had chemo or radiotherapy but no QoF cancer code
- ? Cancer 2.15 Coding - Had breast cancer hormones but no QoF cancer code
- ? Cancer 2.211 Casefinding - Persistently raised platelets
- ? Cancer 2.212 Casefinding - Raised platelets - consider repeat
- ? Cancer 2.22 Casefinding - Ca125>=35 #
- ? Cancer 2.23 Casefinding - FIT>=9 without appropriate follow up #
- ? **Cancer 2.24 Casefinding - Raised PSA without follow up #**
- ? Cancer 2.25 Casefinding - Hypercalcaemia without obvious cause #
- ? Cancer 3.1 Management - Needs Cancer Care Review (diagnosis >7m ago)
- ? Cancer 3.2 Management - Needs Cancer Support Information
- ? Cancer Alerts - practices using alerts #
- Brachytherapy S#
- Breast Cancer Hormones Therapy (ever) #
- Ca125 - Has possible explanation #
- Ca125 - Raised (old) with subs diagnosis/lx/referral #
- Ca125 - Raised (old) with subs referral (old is earliest result) #
- Ca125 - Raised (standard) with subs diagnosis/lx/referral #
- Ca125 - Raised (standard) with subs referral (standard is earliest result) #

*Note -Emis searches coming soon in CDRC

Appendix 2

Links for PIL, IPSS, Risk checker & NHSE Support pack.

Patient information for shared decision making

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1061564/PCRMP_patient_info_sheet_draft_March_2022_new.pdf

International prostate symptoms score (PDF)

<https://www.baus.org.uk/userfiles/pages/files/Patients/Leaflets/IPSS.pdf>

International prostate symptoms score (online submission)

<https://www.prostatescotland.org.uk/symptom-checker>

Prostate Cancer UK risk checker

<https://prostatecanceruk.org/risk-checker>

NHSE PCN DES Support Pack

https://www.england.nhs.uk/wp-content/uploads/2022/03/B1357_PCN-ECD-Guidance-SUPPORT-PACK-FINAL_March-2022.pdf

Appendix 3

SystemOne Set up a preset message at organisation level for the practice/PCN

Use the suggested wording above

Add a questionnaire which will allow the results to be saved in the patient notes

Make sure someone is able to respond to the results – if the patient is coming in for a chronic disease review appointment. Otherwise consider sending out in batches to avoid high demand coming back at once

1. Select communication suit
2. Select questionnaire
3. Select IPSS international prostate symptom score

The screenshot displays the SystemOne interface. On the left, a sidebar contains various navigation options. A red box labeled '1' points to the 'Start Consultation' button. A 'Select Questionnaire' dialog box is open, showing a list of questionnaires. A red box labeled '2' points to the 'Include Questionnaire' button, and a red box labeled '3' points to the 'IPSS International Prostate Symptom Score' option, which is circled in red. On the right, the 'Communications Annexe' window is visible, showing patient details for 'MOUSE-TESTPATIENT, Mickey (Mr) 01 Jan 1950 (72 y) M' and options to 'Send SMS' and 'Include Questionnaire'.

Information for EMIS to follow

PSA testing and prostate cancer: advice for well men aged 50 and over

The prostate specific antigen (PSA) test may help find out if you are more likely to have prostate cancer. It is not perfect: it will not help find all prostate cancers, it will miss some and will detect some that would never go on to cause harm.

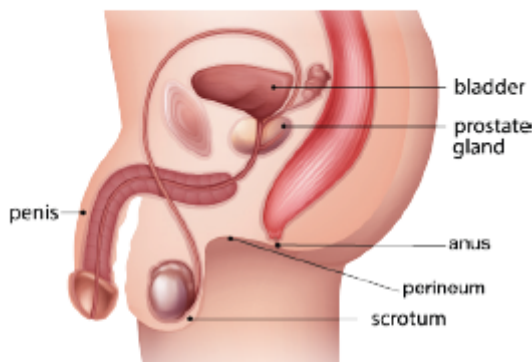
Having a PSA test has potential harms and potential benefits.

This information should help you decide if you want to have the test or not. It is your decision. Before making your decision you may want to talk to your GP, practice nurse and your partner, family member or a friend.

If you notice anything that is not normal for you, or are worried, you should speak to your GP.

Prostate cancer

The prostate gland lies just below your bladder. It helps produce healthy sperm. Problems with the prostate gland can affect how you urinate and your sexual function.



Prostate cancer is caused when some cells in the prostate start to grow out of control. Slow-growing cancers are common. They may not cause any symptoms or shorten your life.

Prostate cancer is the second most common cause of cancer deaths in UK men. Each year about 47,600 men are diagnosed with prostate cancer and about 11,600 die from the disease. Prostate cancer is rare in men under 50. The most common age of diagnosis is between 65 and 69 and the risk increases with age.

Symptoms

Most early stage prostate cancers do not have any symptoms.

Risk

You are at higher risk of prostate cancer if you:

- are aged 50 or older
- have a close relative, for example brother or father, who has had prostate cancer
- are of black ethnic origin (double the risk)

PSA test

PSA is measured using the PSA blood test. Most men will not have a raised PSA level. A raised PSA level (3 or over) can be caused by many things, such as a urinary infection, an enlarged prostate or prostate cancer.

If you decide you want a PSA test, refrain from vigorous exercise such as cycling or sex in the 2 days before the test. A prostate biopsy or cystoscopy in the 6 weeks before the test may also affect the PSA level.

Test results and follow-up

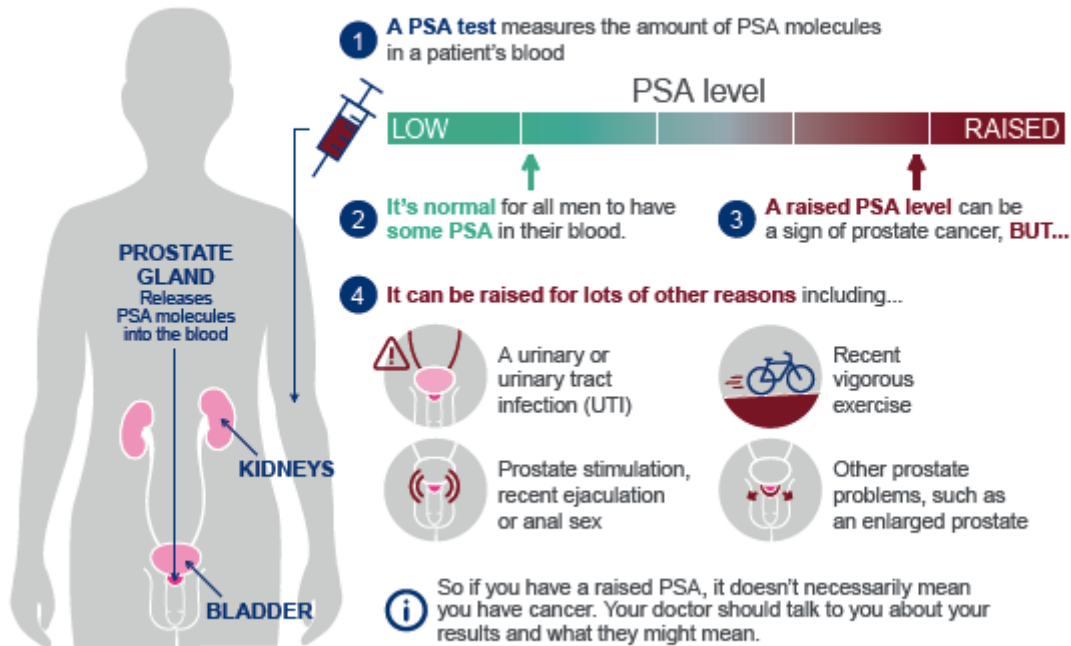
If you have a raised PSA level your GP will discuss referral to a specialist with you. You may have further investigations, such as an MRI scan of the prostate and a biopsy. A biopsy involves taking small samples of your prostate usually through your back passage or perineum (the skin just in front of the anus) and checking them for cancer.

If you have prostate cancer, your specialist will discuss options. Active surveillance is normally and safely offered to men with slow-growing cancers, that have not spread outside of the prostate gland. This involves regular tests to monitor the cancer, with treatment offered if the cancer starts to progress.

Treatments include surgery, radiotherapy, hormone therapy and chemotherapy. The type of treatment offered will depend on how advanced the cancer is and how fast it is growing. Side effects of treatment can include problems with erections, loss of fertility and incontinence.

Find out more at www.nhs.uk/psa

The PSA test and what the results might mean



Should I have a PSA test?

Before you decide whether to have the test, think about the information in this leaflet. Talk to your GP about the advantages and disadvantages of the test and your own risk of prostate cancer. Having a PSA test is a personal decision – what might be important to one man may not be to another.

Advantages

A PSA test can help pick up prostate cancer before you have any symptoms.

A PSA test can help pick up a fast-growing cancer at an early stage, when treatment could stop it spreading and causing problems or shortening your life.

Disadvantages

You might have a raised PSA level, even if you do not have cancer. Many men with a raised PSA level do not have prostate cancer.

The PSA test can miss prostate cancer. 1 in 7 men with a normal PSA level may have prostate cancer, and 1 in 50 men with a normal PSA level may have a fast-growing cancer.

If your PSA level is raised you may need a biopsy. This can cause side effects, such as pain, infection and bleeding. Not all men will need to have a biopsy.

You might be diagnosed with a slow-growing cancer that would never have caused any problems or shortened your life. Being diagnosed with cancer could make you worry, and you might decide to have treatment you do not need. Treatments can cause side effects which can affect your daily life, such as urinary, bowel and erection problems.

For more information on prostate cancer and prostate problems visit cancerresearchuk.org and prostatecanceruk.org

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INTERNATIONAL PROSTATE SYMPTOM SCORE (I-PSS)

Patient Name:	Not At All	Less Than 1 Time In 5	Less Than Half The Time	About Half The Time	More Than Half The Time	Almost Always	YOUR SCORE
Date:							
1. Incomplete Emptying Over the past month, how often have you had a sensation of not emptying your bladder completely after you finish urinating?	0	1	2	3	4	5	
2. Frequency Over the past month, how often have you had to urinate again less than two hours after you have finished urinating?	0	1	2	3	4	5	
3. Intermittency Over the past month, how often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5	
4. Urgency Over the past month, how often have you found it difficult to postpone urination?	0	1	2	3	4	5	
5. Weak Stream Over the last month, how often have you had a weak urinary stream?	0	1	2	3	4	5	
6. Straining Over the past month, how often have you had to push or strain to begin urination?	0	1	2	3	4	5	
	None	Once	Twice	3 times	4 times	5 or more	YOUR SCORE
7. Nocturia Over the past month how many times did you most typically get up each night to urinate from the time you went to bed until the time you got up in the morning?	0	1	2	3	4	5	
Total I-PSS Score							

Quality of Life due to Urinary Symptoms

	Delighted	Pleased	Mostly satisfied	Mixed	Mostly unhappy	Unhappy	Terrible
If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?	0	1	2	3	4	5	6

The I-PSS is based on the answers to seven questions concerning urinary symptoms. Each question is assigned points from 0 to 5 indicating increasing severity of the particular symptom. The total score can therefore range from 0 to 35 (asymptomatic to very symptomatic).

Although there are presently no standard recommendations into grading patients with mild, moderate or severe symptoms, patients can be tentatively classified as follows: **0 - 7 = mildly symptomatic; 8 - 19 = moderately symptomatic; 20 - 35 = severely symptomatic.**

The International Consensus Committee (ICC) recommends the use of only a single question to assess the patient's quality of life. The answers to this question range from "delighted" to "terrible" or 0 to 6. Although this single question may or may not capture the global impact of BPH symptoms on quality of life, it may serve as a valuable starting point for doctor-patient conversation.