

**Item: 8.2ii**

**Report to:** Primary Care Commissioning Committee

**Date of Meeting:** 25 June 2021

**Subject:** Extended Primary Care Medical Services – PSA Monitoring

**Presented by:** Phil Davis, Strategic Lead Primary Care, NHS Hull CCG & Colin Webb, Commissioning Manager, NHS Hull CCG.

**Author:** Colin Webb, Commissioning Manager, NHS Hull CCG

**STATUS OF THE REPORT:**

To approve	<input checked="" type="checkbox"/>	To endorse	<input type="checkbox"/>
To ratify	<input type="checkbox"/>	To discuss	<input type="checkbox"/>
To consider	<input type="checkbox"/>	For information	<input type="checkbox"/>
To note	<input type="checkbox"/>		

**PURPOSE OF REPORT:**

The purpose of this paper is to present the service specification and recommended tariff for the following Extended Primary Care Medical Services to the Primary Commissioning Committee for approval:

- Prostate Cancer PSA Monitoring / Active Surveillance and follow-up in Primary Care.

**RECOMMENDATIONS:**

It is recommended that the Primary Care Commissioning Committee;

- a) approve the service specification for the Prostate Cancer PSA Monitoring / Active Surveillance and follow-up in Primary Care.
- b) approve the associated recommended tariff.
- d) approve the commissioning of this services from 1<sup>st</sup> October 2021 at PCN level.

**REPORT EXEMPT FROM PUBLIC DISCLOSURE**

No  Yes

If yes, grounds for exemption

**CCG STRATEGIC OBJECTIVE** *(See guidance notes below)*

Integrated Delivery

This report supports the CCG objective of Integrated Delivery through the development of extended primary care medical services at scale.

**IMPLICATIONS:** *(summary of key implications, including risks, associated with the paper),*

Finance	The finance implications associated with these services is detailed within the paper.
HR	None
Quality	Improved equity of services due to contracting at PCN level. Further quality aspects are identified within the individual service specifications.
Safety	None

**ENGAGEMENT:** *(Explain what engagement has taken place e.g. Partners, patients and the public prior to presenting the paper and the outcome of this)*

A project group was established to review the service specifications comprising representation from:

- Commissioning

- Contracting
- Finance
- Quality
- GP Board Members
- LMC

The service pathway above has never been formally commissioned by Hull CCG within general practice but has been provided within a hub and spoke model in Hull for many years, involving 5 GP Practices across 3 Primary Care Networks.

During the engagement exercise with the Council of Members in relation to the Extended Primary Care Medical Services, the above service was raised as requiring a pathway redesign to no longer include the reliance of third-party software.

Engagement has also taken place with Secondary Care Urology & Oncology services and the Cancer Alliance to streamline and agree discharge, referral routes and associated administration.

**LEGAL ISSUES:** *(Summarise key legal issues / legislation relevant to the report)*

None.

**EQUALITY AND DIVERSITY ISSUES:** *(summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA). All reports relating to new services, changes to existing services or CCG strategies / policies must have a valid EIA and will not be received by the Committee if this is not appended to the report)*

	<b>Tick relevant box</b>
An Equality Impact Analysis/Assessment is not required for this report.	
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	√
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section 7 in the enclosed report.	

**THE NHS CONSTITUTION:** *(How the report supports the NHS Constitution)*

This report supports delivery of the following principles, rights and NHS pledges:

- 1) The NHS aspires to the highest standards of excellence and professionalism
- 2) NHS works across organisational boundaries and in partnership with other organisations in the interests of patients
- 3) Quality of care
- 4) You have the right to expect NHS organisations to monitor, and make efforts to improve, the quality of healthcare they commission or provide.

## **EXTENDED PRIMARY CARE MEDICAL SERVICES**

### **1. BACKGROUND**

As part of the Extended Primary Care Medical Services (EPCMS) review carried out in 2019, it was identified that there are a number of services currently being delivered within Primary Care which are not considered as core services and therefore do not attract payment. We are referring to one such service that was presented to the Primary Care Commissioning Committee on the 26<sup>th</sup> of February 2021.

- Prostate Cancer PSA Monitoring / Active Surveillance and follow-up in Primary Care.

It was agreed that the current contract with Primary Care Hull and iQudos was to be extended for 12 months whilst the pathway review took place. This service has been reliant on third party software provided by MS3 Limited, trading as iQudos for the provision and maintenance of iQudos Software for Stable Prostate Cancer for many years. The situation now is that iQudos have only agreed to extend the contract for the patient discharge system for a further 6 months, which has now brought the pathway review forward.

There is no national model or requirement for the delivery of Prostate Cancer PSA Monitoring / Active Surveillance service within Primary Care, however this has formed part of the locally enhanced services delivered by GPs in Hull. There are concerns patients remain within Secondary Care services when they can be discharged back to Primary Care for continued management, ensuring carer closer to home.

A project group was formed to review current activity in relation to the above service, develop a service specification and associated tariff.

- Commissioning
- Contracting
- Finance
- Quality
- GP Board Members
- LMC

The project group have reviewed service delivery contracts for PSA Monitoring of Stable Prostate Cancer patients from the following Clinical Commissioning Groups;

- Hull
- North Lincolnshire
- East Riding of Yorkshire
- Derby
- Vale of York
- Sheffield
- Coastal West Sussex

This paper concentrates on the service specifications and associated tariff.

Following approval of the new service specification, the intention is to include this service as part of the EPCMS and will be commissioned via a Local Incentive Scheme from PCNs from 1st October 2021.

## **1.1 CURRENT SERVICE PROVISION/PATHWAY**

The CCG currently hold contracts covering 3 elements which form the commissioned service provision:

- Patient Discharge System - Prostate Specific Antigen (PSA) Urology - provided by iQudos
- PSA Urology - Prostate Cancer PSA Monitoring / Active Surveillance and follow up in Primary Care - provided by 5 GP Practices (covering 3 PCNs)
  - B81008 East Hull Family Practice (Medicas)
  - B81018 Orchard 2000 Group (BEVAN Ltd)
  - B81040 Dr Weir & Partners - Marfleet Group Practice (Medicas)
  - B81048 Modality Partnership (Hull) (Modality)
  - B81112 James Alexander Family Practice (BEVAN Ltd)
- PSA Urology - Hub - provided by East Hull Family Practice.

The patient discharge system (iQudos) contract will expire on 30 September 2021.

The current service uses the iQudos Software developed by iQudos Medical Services based in Nottinghamshire which is a web-based cancer decision support tool used by both Secondary and Primary Care. There is a dedicated secondary care nurse to input the data for the patients which is then accessible at the Primary Care Hub. There is also a paper record of patients who have been discharged to the PSA Urology - Prostate Cancer PSA Monitoring / Active Surveillance service. Urology in Secondary Care discharge the patients with stable prostate cancer to the Primary Care hub, this includes details of:

- Demographics.
- Staging of Cancer.
- Medication.

- Treatment to date.
- Relevant routine and specialist investigation results.
- Assessment of patient and clinical reported symptoms.
- PSA level trigger points.
- Agreed Clinical Pathway.

The Primary Care Hub accepts each referral or will request further information from Urology if required. Once the hub accepts the referral then the patient is formally transferred to the PSA Urology - Prostate Cancer PSA Monitoring / Active Surveillance service. If the referral is not accepted, then the patient remains the responsibility of the Secondary Care Urology service.

Following discharge from Urology to Primary Care, the Primary Care Hub will book the first appointment for the patient at a practice of their choice, this is predominantly closest to where the patient lives. The Primary Care Hub has access to clinical diaries in all 5 practices providing the PSA Monitoring service. All subsequent follow up appointments are arranged between the patient and the Practice they have chosen to provide the PSA Monitoring Service.

As part of the discharge process from Urology, the patient's registered GP Practice will receive a copy of the discharge letter with details of investigations, treatment and medication to date. It is expected that all communication is shared with the GP Practice providing the PSA Monitoring Service to the patient to ensure continuity of care. A Standard Operating Procedure has been written to enable and achieve uniformity of performance and provide guidance on delivery of this process.

## 1.2 SUMMARY OF CURRENT CONTRACT EXPENDITURE

Year	Service	Provider	Annual Spend	Budget	Variance
Year 1	Patient Discharge Support System - PSA Urology	iQudos	£20,000.00		
	Prostate Cancer PSA Monitoring - Primary Care	Hull Primary Care	£1,260.00		
	PSA Urology - Hub	East Hull Family Practice	£0.00		
<b>Year 1 Total</b>			£21,260.00	£60,000.00	£38,740.00
Year 2	Patient Discharge Support System - PSA Urology	iQudos	£12,526.00		
	Prostate Cancer PSA Monitoring - Primary Care	Hull Primary Care	£11,144.00		
	PSA Urology - Hub	East Hull Family Practice	£18,000.00		
<b>Year 2 Total</b>			£41,670.00	£35,500.00	-£6,170.00
Year 3	Patient Discharge Support System - PSA Urology	iQudos	£15,626.00		
	Prostate Cancer PSA Monitoring - Primary Care	Hull Primary Care	£19,168.00		
	PSA Urology - Hub	East Hull Family Practice	£18,000.00		
<b>Year 3 Total</b>			£52,794.00	£35,500.00	-£17,294.00
Year 4	Patient Discharge Support System - PSA Urology	iQudos	£16,973.00		
	Prostate Cancer PSA Monitoring - Primary Care	Hull Primary Care	£22,913.00		
	PSA Urology - Hub	East Hull Family Practice	£18,000.00		
<b>Year 4 Total</b>			£57,886.00	£34,790.00	-£23,096.00
Year 5	Patient Discharge Support System - PSA Urology	iQudos	£15,667.00		
	Prostate Cancer PSA Monitoring - Primary Care	Hull Primary Care	£24,912.00		
	PSA Urology - Hub	East Hull Family Practice	£18,000.00		
<b>Year 5 Total</b>			£58,579.00	£34,407.00	-£24,172.00

## 2. INFORMATION – Prostate Cancer PSA Monitoring / Active Surveillance and Follow-up in Primary Care

### 2.1 NEW PATHWAY

All Primary Care Networks in Hull will be offered the opportunity for their practices to sign up to provide this service and therefore the said practices will maintain a register of patients for whom it holds monitoring responsibility. Patients will be added to the register when care is transferred from secondary to primary care.

Following investigation / treatment in secondary care, the consultant (either Oncology or Urology) responsible for the patient will send communication to the patient's GP via the Initial Discharge Letter (IDL) in preparation of transfer of care.

The discharge information will include:

- Diagnosis
- Investigations to date (including summary findings)
- Current PSA level & Care Plan
- Purpose of monitoring

The consultant will identify thresholds requiring consultant review, such as:

- Increase of PSA to a specified level

- Increase of PSA by greater than 50% over baseline
- Development of obstructive symptoms
- Symptoms suggestive of metastatic disease etc.

The consultant will advise on the frequency of PSA monitoring.

The Practice is required to register the patient from the details on the Initial Discharge Letter (IDL) including all supporting information. Where a practice declines the transfer, the notification must be sent back to the Trust via urgent eRS. In these cases, The Trust will continue monitoring of the patient

The Practice will monitor these patients within the agreed limits through PSA testing and clinical review.

The Practice will refer to the thresholds set out in receipt of PSA results in order to interpret them in the appropriate clinical context.

If any thresholds are met the GP will refer directly back to the original consultant via an urgent eRS new referral, clearly stating PSA patient previously under the care of Urology as per the Standard Operating Procedure.

The review of results and decisions made are the responsibility of GPs within the practice providing the service to the patient. This must not to be delegated to other staff members unless they are suitably qualified and competent.

Practices should ensure they have a system for ensuring that results have been received for all blood samples sent as part of the PSA recall system, and that these results have been reviewed by an appropriate clinician and patient informed of appropriate action to be taken (e.g., Date of next test or referral back to secondary care).

Each practice accepts that:

- The practice will have and monitor a recall system to ensure it is safe and consistent.
- The practice will arrange for the patient to attend for PSA blood tests at their registered practice.
- GPs/appropriately trained clinicians will perform a clinical assessment at a time when the test results will be available. The assessment may be telephone based unless clinical examination is part of the monitoring process or telephone consultation raises concern that warrants examination.

The clinical assessment of the patient will include:

- Review of PSA blood test results.
- Enquiry about bone pain and changes in urinary symptoms.



- Review of the care plan including the timing of the next review.
- Decision whether a specialist opinion is required based upon the triggers outlined by the secondary care consultant in the transfer of care arrangements.
- Referral to secondary care when needed using the 2 week wait system or an alternative means if more appropriate.
- Outcomes of the review will be recorded on the practice's clinical system.
- Rectal examination only if specified through the discharge process (not offered routinely following radical treatment whilst the PSA remains at baseline levels NICE 2019).

In the event of a patient DNA, the practice is responsible for contacting the patient again to re-book their appointment, ensuring that any 'informed dissent' is recorded in the register. Practices should attempt to contact the patient at least 3 times to re-book their appointment, two of which should be via a hard copy letter posted to the patient's home address.

The practice must ensure that all clinicians involved in the monitoring of these patients are familiar with the current NICE Guidelines appropriate to this service.

## **2.2 TRANSITION PERIOD**

There will be a 3-month transition period whereby the circa 500 patients currently held within the iQudos decision support system will initially remain the responsibility of the Hub currently held at East Hull Family Practice and be carefully managed in two sections.

- a) Patients >3 months before scheduled blood test and PSA review will be transferred to their registered practice by the Hub, this can be performed once the contracting process is complete and it is known which practices have signed up to the service and which practices are delivering on behalf of others within each PCN.
- b) Patients <3 months before scheduled blood test and PSA review will be managed by the Hub until their next review is complete, the patient will then be transferred to their registered practice, or the practice contracted to provide this service as per (a).

The Hub will extract all patients and supporting information from iQudos and develop a new temporary register to mitigate the risk of limited/non access post 30<sup>th</sup> September 2021.

## **2.3 ACTIVITY**

From April 2016 until March 2019 the recorded activity on iQudos regarding the PSA Monitoring and Active Surveillance service in Primary Care was:

1. 2016-17 = 315

2. 2017-18 = 541
3. 2018-19 = 646

The number of patients held within the iQudos system and being monitored within Primary Care in Hull as of October 2020 was 495.

## **2.4 TARIFF & FINANCIALS**

### **2.4.1 Current contract payments**

- £36.42 per follow up in Primary Care to a maximum of 2 per year.
  - $495 \times £36.42 \times 2 = £36,055.80$
- £35.00 per patient registered on iQudos, for the use of the support tool.
  - $495 \times £35.00 = £17,325.00$
- £18,000 paid to the Hub (EHFP) for registration & administration of patients.

### **2.4.2 Recommended Tariff**

Following a review of work undertaken as part of this service, the following tariff is being recommended:

- £47.23 per follow up attendance in Primary Care to a maximum of 2 per year.
  - $495 \times £47.23 \times 2 = £46,757.70$
- £4,500 non-Recurring expenditure for current management of patients through Hub transition 3 months post go live.

The new model and tariff as shown above will have the potential of saving £22,298.10 per year (from year 2)

- No requirement for a third-party technology solution.
- Each practice will act as their own hub or,
  - Opportunity for PCN Hubs.
  - Opportunity for one across Hull locality.

The new tariff has been increased to take into consideration the time commitment from each clinical grade or member of practice staff required to complete this procedure to include but not limited to;

- Acceptance/Declining of each referral from secondary care.
- Developing a PSA Monitoring register.
- Registering each patient on practice PSA register.
- Referring to another practice within PCN if not providing service.
- Refer/Provide blood test.
- Chase blood results and include in patient record
- GP decision making.
- Letter to patients GP if registered practice not providing service.
- Review follow up with patient (F2F or Telephone)

- Refer to Urology on 2WW if required.

### **3. COMMISSIONING AT INDIVIDUAL PCN LEVEL**

As of the 1<sup>st</sup> of April 2021, all Extended Primary Care Medical Services are now commissioned at PCN level therefore, practices are no longer individually commissioned to provide EPCMS. The intention is to commission this service at Primary Care Network level to fulfil equitability with both Practices and PCNs across Hull as of the 1<sup>st</sup> of October 2021.

The committee are requested to approve the commissioning of the Prostate Cancer PSA Monitoring / Active Surveillance and Follow-up in Primary Care at PCN level from 1<sup>st</sup> October 2021.

### **4. RECOMMENDATIONS**

It is recommended that the Primary Care Commissioning Committee;

- a) approve the service specification for the Prostate Cancer PSA Monitoring / Active Surveillance and Follow-up in Primary Care.
- b) approve the associated recommended tariff.
- c) approve the commissioning of these services from 1<sup>st</sup> October 2021 at PCN level.