

## OCCG SERVICE SPECIFICATION (2020/21)

### PSA Monitoring LCS 2020/21

#### 1. Introduction

The LMC and OCCG previously agreed a 6 month monitoring LCS for PSA, MGUS and CLL. This came to an end on 11<sup>th</sup> October 2019. This LCS to start on 1 April 2020 is the interim solution for PSA monitoring in certain circumstances until a centralised automated process is introduced.

#### 2. Background

The lack of a safe and effective recall system in primary and secondary care for chronic disease monitoring has been recognised. The LMC, OCCG and OUHFT have been working closely together to find a more definitive solution to the challenge and a disease monitoring database that features the following is being designed:

- a. *Central Patient Database* of those which specified chronic diseases, with speciality oversight
- b. The ability to *configure best practice pathways* and have IT flexibility
- c. *Automated ordering of tests*
- d. *Automated patient invitation to test*. Blood test can normally be taken in primary care, funded by existing 'secondary care tests' LCS
- e. *Automated recognition by the system that this is a 'monitoring' test result* as opposed to a routine test
- f. *Automated ability to compare the result to clinically agreed criteria*
- g. *Automated ability to reassure patient of results, or to escalate to an agreed action*

However, the central monitoring database and recall system will take a minimum of 18 months to deliver and this Monitoring LCS will provide an interim solution. Once the database is in place it is not expected that this LCS will continue.

#### 3. Service Outline of the new PSA Monitoring LCS

In general practice patients are seen for PSA testing and monitoring in the following categories:

**Areas not covered by this PSA LCS:**

- a. The worried well who request PSA testing in primary care or testing instigated by primary care with an agreement between patient and doctor – this is covered by the GMS contract and is not covered under this LCS.
- b. Secondary care requesting practices to act as a phlebotomy service for patients – this is not covered under this LCS, but practices are able to claim under the **Procedures requested for secondary care LCS** and should act on any abnormal results. Secondary care will provide the blood labels to the patients and act on any abnormal results, as laid out in the service specifications for 'Procedures requested for secondary care LCS 2019-20'

**Areas covered by this PSA LCS:**

- c. Prostate cancer patients that have been discharged from secondary care that require lifelong PSA monitoring – this is covered under this PSA LCS
- d. Patients who have elevated PSA readings that secondary care state require continued monitoring – this is covered under this PSA LCS

**NB:** The expectation is that suspected cancer patients with negative MRI and biopsy will typically no longer be required to have PSA tests ever again. If the patient chooses to ask for this, that is a conversation to be had at the time with their own GP. Secondary care will typically not be asking for monitoring. If it is asked for, then it comes under (d) above.

#### **4. Service Delivery**

For those eligible patients (c&d above), the frequency of PSAs is currently determined through instructions given by urologists. The majority are annual tests, some are 6 monthly, but all should sit within national guidance or locally pathways as agreed with the OUH Urology team

Under this specification practices will be required to identify and invite appropriate patients to attend for PSA monitoring at the appropriate intervals as determined by the secondary care.

The practice will be responsible for requesting, taking the bloods, reviewing any results and acting in line with the recommendation from secondary care.

To identify the patients, practices will need to add a code to the patient's record to indicate they are being seen for prostate specific antigen monitoring on the request of secondary care. (see code table in appendix 1). This needs to be added once only.

When the result comes in from the lab; a code is automatically added which shows that a blood test has been taken (and removes the need for the practice to also code

'phlebotomy generated by secondary care done by practice'). (see code table in appendix 1). This code will be added every time the patient is monitored.

**Prostate Risk Stratification** has been agreed by Urology, and PSA levels for specific patient groups see appendix 2 (which is the flowchart on the last page of this spec).

Any monitoring that falls outside of this document is at the discretion of the GP. They may request that the patient stays in secondary care after discussion with the specialist, or they may carry out the monitoring under this LCS for payment as below.

## 5. Monitoring

Practices need to code eligible patients as outlined in section 4. Service Delivery. Data will be extracted from the EMIS practice system by SCWCSU around the 15th of the month following the end of each quarter to monitor activity. **Please refer to appendix 1 for codes.**

*Vision practices are requested to submit the necessary evidence for payment in the form of the search output from the clinical system and submit to SCWCSU by the 15th of the month following the end of each quarter (deadlines to be confirmed each quarter by SCWCSU).*

## 6. Accountability

The Provider is ultimately accountable to the Commissioner for the delivery of this service.

## 7. Payment

The practice will receive a payment of £25.00 for each eligible (c&d in section 3 above) PSA test This payment covers calling in the patient, taking the bloods, checking the level against the monitoring threshold, and moving the diary on and acting on any abnormal results.

## 8. Service Duration and Termination

This LCS runs for the period 1 April 2020 - 31 March 2021. A 3 month termination period will be given to practices if a new permanent solution is introduced before the end of the LCS. The LCS will be reviewed 3 months before the end date.

## 9. Contact

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**APPENDIX 1**

Data Collection Specification for Primary Care PSA LCS 2020/21

*Please note SNOMED Codes are currently indicative, subject to data quality checks*

	<b>Item</b>	<b>Read code</b>	<b>Snomed CT Concept ID</b>	<b>Code description</b>	<b>Search date restriction</b>	<b>Notes</b>
Search population	Patients coded as Prostate-specific antigen monitoring	8A90	395155002	Prostate-specific antigen monitoring	No date restriction	Code needs to be added to the patient record once only
Payment code	Patients win the search population coded as Prostate-specific antigen testing having occurred in the quarter	43Z2	1030791000000100	Prostate-specific antigen	Number of tests per quarter	The code is automatically added by the lab every time the test occurs

*Data extraction is cumulative throughout the fiscal year taken at the end of each quarterly period. In all cases, patients who have died or left during the reporting period, but who have received a service within the practice will be included. Temporary residents will be included.*

**The flow chart below is APPENDIX 2**

**Prostate Risk stratification and FU of patients with PSA test result**

