**West Middlesex Hospital**

**Chelsea & Westminster Hospital NHS Trust**

**Breast Cancer Personalised Stratified Follow Up (PSFU)**

**Standard Operating Policy 2019**

**Review Date: Aug 2020**

**Agreement Cover**

**Mr Musa Barkeji, Breast MDT Lead**

**Date Agreed:**

**Signature:**

**Dr Pippa Riddle, Breast OAFU Lead**

**Date Agreed:**

**Signature:**

**Dr Mark Bower, Trust Lead Cancer Clinician**

**Date Agreed:**

**Signature:**

Contents

[Introduction 1](#_Toc8206332)

[Exclusion criteria (according to LCA Risk Stratification Guidelines) 1](#_Toc8206333)

[Responsibilities 1](#_Toc8206334)

[Definitions 1](#_Toc8206335)

[Procedure 2](#_Toc8206336)

[1.0 NEW Patient selection – SUITABILITY FOR PSFU 2](#_Toc8206337)

[2.0 NEW PATIENT – END OF TREATMENT consultation 3](#_Toc8206338)

[3.0 Follow UP PATIENTS – New to PSFU - NURSE EXIT Interview /ENTRY IN OAFU 3](#_Toc8206339)

[4.0 Follow up patients that are NEW PATIENTs to PSFU – NURSE/Doctor EXIT Interview (6 weeks) 4](#_Toc8206340)

[5.0 Follow up - TelepHone Clinic 5](#_Toc8206341)

[6.0 PATIENT TRACKING LIST (PTL) 5](#_Toc8206342)

[7.0 HELPLINE 5](#_Toc8206343)

[8.0 ANNUAL SCREENING 6](#_Toc8206344)

[9.0 Recall from OAFU 6](#_Toc8206345)

[10.0 SUPPORT SERVICES 7](#_Toc8206346)

[11.0 PSFU MDT 7](#_Toc8206347)

[12.0 EFFECTIVENESS CRITERIA 7](#_Toc8206348)

[References 8](#_Toc8206349)

[Patient Pathway 8](#_Toc8206350)

[APPENDICES 9](#_Toc8206351)

# Introduction

Following completion of planned treatment for breast cancer, patients are given the opportunity of Open Access Follow up (PSFU) which allows patients to self-manage their follow up care. Patients are stratified according to their ability to self-manage their follow up care. Those patients who have completed their treatment and who do not require FU within a Clinical Trial, will be offered open access follow up. Self-management will enable patients by giving them the skills and knowledge they need to be active participants in optimizing their own health and well-being. Open access follow up is offered to new patients who have just completed their treatment and in time will be offered to historic patients (on after care).

# Exclusion criteria (according to LCA Risk Stratification Guidelines)

* Patients who are under active treatment (i.e. with residual or metastatic disease)
* Patients that are assessed to be unable to self- manage, e.g. patients with severe learning disabilities, poor performance score or mental health issues
* Patients on clinical trials that require clinical follow up.
* Patients with BRCA-1 and BRCA-2 gene mutations or with 50% risk of carrying the gene if they have not had risk reducing surgery.

# Responsibilities

Dr Mark Bower, Consultant Medical Oncologist Trust Lead Cancer Clinician

Mr Musa Barkeji, Consultant Breast Surgeon Breast MDT Lead

Dr Pippa Riddle, Clinical Oncologist Oncology - Breast PSFU Lead

Dr Dalia Elfadl, Breast Surgeon Surgical - Breast PSFU Lead

Dr Ayesha Khan, Breast Surgeon Surgical PSFU

Ms Daiva Rickute, Breast CNS Nursing PSFU Lead

Ms Hazel Ricard, Breast CNS PSFU Nurse

Cancer Support Worker PSFU Coordinator

Mr George Hawkins, Deputy General Manager PSFU Manager

# Definitions

1. Survivorship – patients living beyond their cancer treatment
2. PSFU – Open Access follow up – patients on annual mammography / telephone follow up (and do not require specialist led follow up)
3. Patient Care Summary – provided at the end of treatment.

* diagnosis and treatment provided
* signs and symptoms to report
* routine diagnostic tests
* key contacts
* service directory

1. PSFU Patient information leaflet – provided at PSFU interview and including;

* What is PSFU
* Signs and symptoms to report
* Helpline number and how the recall process works

1. Cancer Support Worker (CSW)

* Administrator for the management of the PSFU patients, ensuring their pathway is monitored and the co-ordination of their care plan is adhered to including tests. They act as a gateway for any calls from the patient or the GP and liaise with the Breast Cancer Specialist Nursing (BCN) team on a weekly basis regarding patients in the PSFU programme

1. Patient Tracking List (PTL)

* A tool for tracking all patients entered onto PSFU, ensuring any planned tests/results/patient contact is recorded and monitored
* The CSW reviews the PTL with the PSFU nurse on a weekly basis

1. Routine Follow-Up

* Patient who has completed their treatment and on active follow up appointments with the consultant

1. Telephone Virtual Clinic

* Remote follow up by the CSW via a telephone
* CSW will contact the patient to remind them of their tests and self-management pathway

# Procedure

## NEW Patient selection – SUITABILITY FOR OAFU

1.1 Patients who are eligible for PSFU will either be identified by the Breast Surgeon or Oncologist following completion of planned treatment for early breast cancer.

## NEW PATIENT – END OF TREATMENT consultation

2.1 End of Treatment consultation with Doctor

* Clinician informs patient they are eligible for Exit Interview and will be seen by the CNS for an end of treatment consultation where details of aftercare including PSFU will be provided. The clinician gives the patient an PSFU leaflet.
* Clinician will complete referral form and give/email to CSW.
* Clinician to book mammogram (5y block booking on CERNER once available)
* Clinician selects ‘refer for PSFU’ as outcome on CERNER after OPA consultation or appointment to be made later’ (if PSFU outcome not available)

2.2 Clerking on CERNER

* CSW receives PSFU referral and books an PSFU appointment with CNS within 6-8 weeks for HNA and EOT Summary and PSFU information pack and information on any available Health & Wellbeing Events
* CSW to send HNA for patient to complete prior to appointment with CNS.
* CSW sends appointment letter and uploads on CERNER ‘correspondence’
* CSW telephones patient to ensure they are aware of CNS appointment
* CSW checks mammograms booked to complete 5y

2.3 GP / Patient Communication

* Clinician dictates GP clinic letter to include patient referral to End of Treatment consultation and cc patient
  1. Somerset Admin
* CSW will transfer the clinic letter to Treatment Summary template on Somerset
* CSW to enter patient on Somerset PSFU module – PTL commences
* CSW to check 5 mammograms are ordered and puts dates on Somerset

## Follow UP PATIENTS – New to OAFU - NURSE EXIT Interview /ENTRY IN OAFU (to be rolled out once OAFU process established)

3.1 Routine follow up with Doctor (F/U years1, 2, 3)

* + Clinic doctor assesses patient for eligibility for PSFU
  + Clinician informs patient they will see the nurse for an Exit Interview and eligibility for PSFU
  + Doctor completes PSFU referral and emails to CSW
  + Doctor requests annual mammograms to complete 5 years (or to age 50)
  1. Clerking on CERNER
* Clinician to complete CERNER outcome ‘refer to PSFU’ (once available) or ‘appointment to be made later’ if OAFU outcome not available
* CSW receives e-mail that patient is for OAFU and books an OAFU appointment with CNS within 6-8 weeks for HNA and EOT Summary and PSFU information pack and information on any available Health & Wellbeing Events
* CSW to send HNA for patient to complete prior to appointment with CNS.
* CSW telephones patient and sends appointment letter and uploads on CERNER ‘correspondence’
* CSW checks mammograms booked to complete 5y
  1. Communication with GP/Patient
  + Clinician dictates GP clinic letter to include PSFU / self-management pathway.

3.4 Somerset Admin

* CSW transfers the clinic letter to Treatment Summary template on Somerset
* CSW to enter patient on Somerset PSFU module – PTL commences
* CSW to check mammograms requested to complete 5y FU and enters dates on Somerset

## Nurse-led end of treatment appointment

4.2 Consultation with the Nurse to include

* End of treatment summary including care plan and information signs and symptoms to look out for
* HNA
* PSFU timetable
* PSFU information pack (including patient information leaflet, sites of recurrence leaflet, Mulberry Centre and Maggie’s Centre information)

4.3 GP/Patient Communication

* CSW sends a record of the nurse consultation to the patient and the GP
  + - Letter of the interview including EOT summary
    - PSFU Information
    - Patient Care plan and any actions relating to the HNA (e.g. referral to support services)

## Follow up - TelepHone Clinic

5.1 Clerking on CERNER

* + CSW makes PSFU Telephone appointment On CERNER 1-2 weeks before Mammogram

5.2 Somerset Admin

* CSW to check mammogram is ordered and patient registered for PSFU on Somerset and on PTL

## PATIENT TRACKING LIST (PTL)

6.1 CSW reviews PTL (created by SOMERSET PSFU module)

* Review appointments and results
* Refers patients into the MDT for discussion at end of 5y FU

## HELPLINE

7.1 Telephone helpline

* available Monday-Friday 9-5
* If patient has to leave a message, CSW (or CNS cover for leave) will call back within 48H.
* If patients have any concerns out of hours they should contact their GP or visit A&E.

7.2 Email

* There is a dedicated email address for PSFU which both the GPS and Patients can access – openaccessfollowup@chelwest.nhs.uk
* GPs can communicate via email as they are on secure network.
* Email response within 5 working days

7.3 Symptomatic concern

* + CSW takes call and records on Somerset
  + CSW discusses with CNS calls with a clinical concern
  + CNS triage symptomatic concern for referral to support services, clinic appointment, further investigations
  + CSW or CNS books urgent clinic OPA (surgical or oncological) within 2 weeks if appropriate and contacts patient with appointment

## ANNUAL SCREENING

8.1Mammography

* CSW calls the patient 1-2 weeks before annual mammogram as reminder
* CSW to check results and enters result on SOMERSET
* If mammogram is normal then CSW sends proforma letter to patient (CC’d to GP)

8.2 Abnormal Results

* Any abnormal mammogram results will be fast-tracked by radiology to Breast MDT with urgent OPA made by radiology as per usual practice (details in Breast MDT Operational Policy).
* GP notified by a clinician letter after OPA.

8.3 DNA from mammography

If a patient does not attend for mammogram appointment then CSW calls patient with alternative mammo appointment and send letter to confirm after rebooked with breast radiographers.

## Recall from PSFU

9.1 For patients with new symptoms while on PSFU

* CSW refers to CNS for triage
* CNS refers back to either oncology or surgery
* If patient has recurrence or new primary then patient is discharged from PSFU

## SUPPORT SERVICES

10.1 Nurse referrals to support services

* Clinical Psychology – self-referral through Maggie’s Centre at CXH
* Physiotherapist - normal referral process
* Prosthesis - book into Nurse Prosthesis clinic
* Lymphoedema referrals - normal referral process
* Counselling, complimentary therapies – refer to the Mulberry Centre
* External referrals – Maggies, Haven

## PSFU MDT

11.1 Bi-monthly meeting, attendees: Oncologist, CNS, CSW

* All patients should have an MDT discussion at 5 years
* CSW generates list ‘flagged’ from PTL + patients for discussion
* MDT discussion outcome entered by CSW onto Somerset ( Treatment Plan/ MDT Comments)
* CSW sends proforma outcome letter to patient either discharging patient or offering OPA as appropriate
* CSW uploads outcome letter to CERNER ‘correspondence’
* New Tracking set on PTL if required

## EFFECTIVENESS CRITERIA

12.1Outcomes to be recorded on Somerset

* End of treatment summary given
* HNA given
* GPs notified of patients on PSFU pathway
* Offering an EOT/PSFU workshop with health and well-being event to patients

12.2 Audit

* + - Number of PSFU patients re-accessing the service with a recurrence
    - Time from diagnosis to pathway stratification
    - National patient experience surveys

# References

**A. LCA survivorship guidelines**

LCA guidelines to best address survivorship care, based on best available

evidence, current national policy and guidance and in response cancer patient experience survey.

**B. Living with & Beyond Cancer: Taking Action to Improve Outcomes 2013**

There are a number of key interventions recommended

* Structured Holistic Needs Assessment and care planning;
* Treatment Summaries;
* Patient education and support events
* (Health and Wellbeing Clinics); and
* Advice about, and access to, schemes that support people to undertake physical activity and healthy weight management

**C. LCA Operational Guidelines for Breast stratified pathways**

# Patient Pathway

Some patients excluded from PSFU (e.g. Mets / trial / BRCA + and no prophylactic surgery)

**Clinician agrees *eligibility* and refers for OAFU**

PSFU appointment with CNS – EOT consultation **/** HNA / Care Plan

Patient enters PSFU

Annual PSFU Telephone follow up with CSW before MMG

Patient has annual mammogram

**Results outside range**

**Results within range**

After imaging, results appointment in Breast Clinic after Breast MDT

Patient and GP sent standard Trust letter

**CSW** records outcome on Somerset

Continue PSFU or exit PSFU

**CSW** tracks patient for next diagnostic test on Somerset

# APPENDIX

* 1) PSFU Patient information
* 2) PSFU referral Form
* 3) GP notification and Patient proforma letters (post-mammogram and end of 5y OAFU)
* 4) SOMERSET PSFU module and PTL summary

Appendix 1

PSFU Patient Information Sheet



Appendix 2:

PSFU Referral Form



Appendix 3:

GP Notification and Patient Proforma Letters

