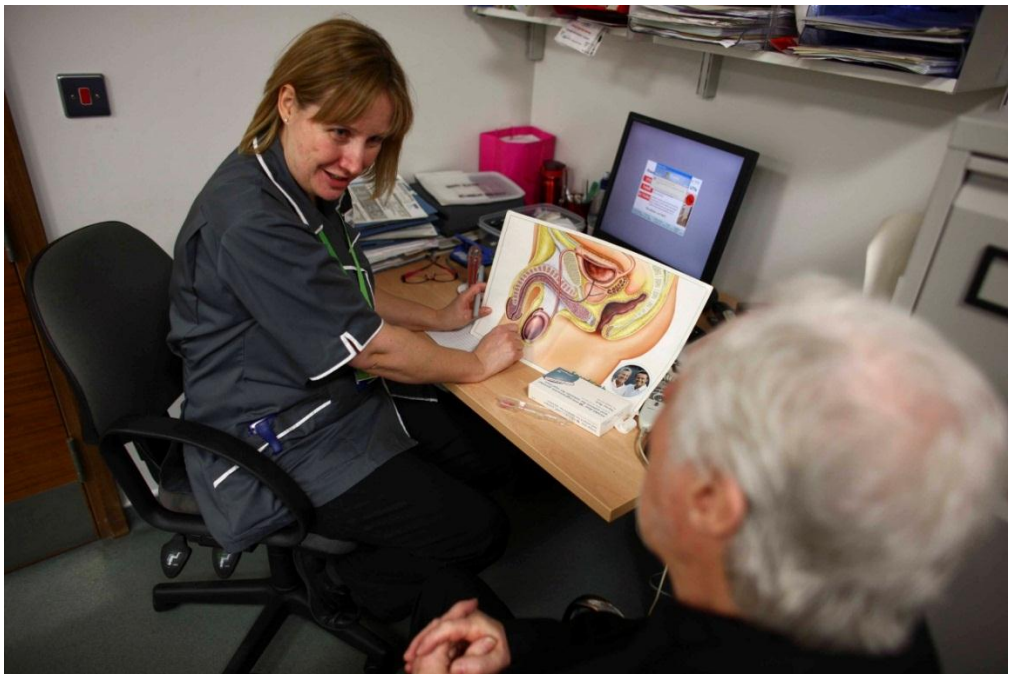
NHS
Transforming Cancer Services Team for London

NHS
Croydon Clinical Commissioning Group

# Primary care follow-up of patients with prostate cancer

# A tool kit for primary care nurses



PROSTATE CANCER UK

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## Acknowledgments

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**Sandra Dyer**

**Transforming Cancer Services Team for London**

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# Contents

# Primary care follow-up of patients with prostate cancer: A tool kit for primary care nurses.

## 1. Introduction

With increasing numbers of people living with and beyond cancer In the UK, the numbers of men living with a diagnosis of prostate cancer will continue to increase as the population ages. The National Institute of Clinical Excellence recommends that patients stable at 2 years after radical treatment and patients who are undergoing "watchful waiting" are offered follow-up outside of hospital in an appropriate setting (NICE Prostate Cancer: CG175 2014).

It is anticipated that nurses will provide varying degrees of follow up for this patient group. This might mean providing only the initial 'welcome appointment' in primary care, or providing their follow up care as well. This will be based upon the nurse's skills, experience and competence and the capacity within the primary care team. The toolkit provides resources to assist with all aspects of the patient's pathway once care is transferred from primary care.



This document provides a number of tools for nurses with resources to support practice. The aim being to:

- Enable the primary care follow-up of patients with who are on the watchful wait pathways, or are stable two years after radical surgery or radiotherapy treatments.
- Promote the education of patients about their disease management and their role in self-management.
- Monitor patient progress and enable detection of progression and refer back to the appropriate Consultant Urologist/oncologist.
- Enable holistic assessment of patient's needs.
- Identify late effects of treatment quickly; provide support and signpost or refer to the appropriate service as necessary.
- Inform patients about and refer them to specialist services that can help with their medical, practical, emotional and rehabilitation needs.
- Support patients living with and beyond cancer.
- Offer patients a choice of follow-up: with a GP or Nurse in primary care.

## 2. Objectives

The objectives of this guideline are to improve and maintain standards of clinical practice and quality of care patients receive by:

- Providing evidence based guidance for nurses to provide the on-going care of patients with prostate cancer within primary care, promoting excellence in the care that is delivered.
- Reducing variation in clinical practice and encouraging uniformity of practice.
- Providing a framework that enables nurses to develop their practice in this area, whilst maintaining safe practice and quality of care.

## 3. Scope of the Guidelines

Table one overleaf outlines which patients may be considered for primary care follow-up in Croydon. This is based on latest NICE guidance (CG175 2014) and with agreement from local urologists and oncologists. Clinicians in primary care in Croydon can identify suitable patients for primary care follow-up and request transfer, the final decision to transfer care from hospital to primary care rests with the Consultant Urologist. The provision is fully outlined in the Prostate Cancer Local Commissioned Service.



### Patients not suitable for Primary Care Follow-up:

- Patients on active surveillance
- Patients with hormone refractory disease
- Patients with metastatic disease who are still being actively managed
- Patients who are under care or urologist for another cancer (e.g. Bladder)
- Patients on a clinical trial.

**Follow-up required in primary care:**

The table below gives a guide to suitability for follow-up and interventions required; individual patient guidance from secondary care urologist or uro-oncologist will be specified in their tailored discharge summary.

| | | **Indication of when Patient will be ready for follow-up in Primary Care** | | |
|---|---|---|---|---|
| **Treatment Plan** | **Aim of Intervention** | **Suited To** | **Ready for Primary Care follow-up?** | **Intervention required**<br>*** this should be indicated on patients Discharge summary, below is a guide only and does not replace individualised Advice** |
| Active surveillance | To delay treatment and exposure to treatment side effects. Treatment offered at optimum time with the aim to cure | Low risk localised prostate cancer in younger or fitter men | No, always followed up in Secondary Care | Not applicable |
| Watchful Waiting | To offer treatment when symptomatic. No intention of cure | Localised prostate cancer in older/infirm men | Immediately after diagnosis and decision made to place on WW pathway | PSA 12 monthly<br>U and E 6/12<br>Consider bone profile if PSA increasing |
| Hormone Therapy | As adjuvant to curative treatment OR as means to manage symptoms of disease | Locally-advanced, metastatic or locally advanced disease in patients unsuitable for curative local treatments | Usually followed up in secondary care | PSA 6 monthly<br>DEXA scan 3 years post treatment or after<br>3 years of treatment. If normal repeat in 3-5 years<br>6 monthly blood glucose and BP check to detect metabolic changes |

| | | Indication of when Patient will be ready for follow-up in Primary Care | | |
|---|---|---|---|---|
| **Treatment Plan** | **Aim of Intervention** | **Suited To** | **Ready for Primary Care follow-up?** | **Intervention required**<br>*** this should be indicated on patients Discharge summary, below is a guide only and does not replace individualised Advice** |
| Radical prostatectomy | Curative intent | Low-intermediate or high risk localised prostate cancer. Patients with 10 year life expectancy | When stable (NICE guidance: 2 years post treatment) | PSA 6 monthly from year 2 -5<br>Yearly from year 6 |
| Radical Radiotherapy | Curative intent | Patients who have had radical treatment for low to high risk localised cancer or locally advanced disease | When PSA stable following testosterone recovery (NICE guidance: 2 years post treatment) | PSA 6 monthly from year 2 -5<br>Yearly from year 6<br>Sigmoidoscopy 5 and 10 years after treatment *( local protocol .)* |
| Brachytherapy | Curative intent | Early localised prostate cancer in patients with life expectancy for 10 years+ no contraindications irradiation or anaesthesia | When stable (NICE guidance: 2 years post treatment) | PSA 6 monthly from year 2 -5<br>Yearly from year 6<br>Sigmoidoscopy 5 and 10 years after treatment ( *local protocol*) |
| Palliative Care | No curative intent. Supportive treatment only to manage symptoms | Patients nearing end of life | Refer to primary care services for joint management with palliative care | Investigations only as guide to managing symptoms<br>Consider palliative radiotherapy for pain control.<br>Monitor for signs of spinal cord compression |

The step by step process to identify suitable patients and provide their care in primary care can be found in appendix F.

# 4. Qualification, Training and Experience required

### Essential

- Registered Nurse
- 2 years or more experience in primary care setting OR prior experience in a specialist role such as a CNS in urology or oncology OR completion of an Advanced Nurse Practitioner pathway at level 6 or 7
- To have experience in managing long term conditions such as diabetes, asthma etc.
- To have completed the recommended and additional free to access modules (see page 6)

### Desirable:



- Physical assessment/Clinical reasoning skills
- Attendance at Prostate Cancer UK primary care master class (free to attend, available to book at the Prostate Cancer UK website under health professionals, education section)

# 5. Using this Framework

Assessment of competency: the nurse will identify a suitable clinician who is currently caring for this group of patients to mentor and assess him/her. This may be a GP or Practice Nurse or Advanced Nurse Practitioner. It is recognised that there are transferable skills and knowledge that the nurse will be able to draw on in caring for this patient group, in particular communication and consultation skills which will have been developed through for example , chronic disease management clinics.

Benner's "novice to expert" model (1984) can be used to define competency in the key areas:

- **Novice**: stage in skill acquisition where no background understanding of the situation exists, so that context-free rules and attributes are required for safe

entry and performance. Requires rigid protocols from which to work, can only work under supervision.

- **Advanced Beginner**: can demonstrate a marginally acceptable performance, has enough background to recognise aspects of the situation, and can vary approach used according to the needs of individual patients. Still requires supervision.
- **Competent**: a stage in skill acquisition typified by considerable conscious, deliberate planning. The competent stage is increased by an increased level of proficiency, the individual no longer requires supervision for routine tasks , but is aware of limits of his/her knowledge and skills and refers to others appropriately.
- **Proficient**: the proficient performer perceives situations as a whole rather than in terms of aspects, and performs guided by maxims. The proficient performer has an intuitive grasp of the situation based upon a deep background of understanding. Competent to modify procedures and able to advise others.
- **Expert**: developed only when theoretical and practical knowledge is tested and refined in real-life clinical situations. An expert has a deep background of understanding in clinical situations and has the ability to teach others.

*Credit: adapted by General Practice Foundation 2013*

## Care of patients with stable prostate cancer.



### Areas of knowledge and skills should include

| Areas of knowledge and skills should include | Date and level initial self-assessment | Date and signature 1st review | Date and signature 2nd review | Date and signatures Final assessment of competence | Type of evidence |
|---|---|---|---|---|---|
| Consultation skills , experience in leading consultations in other long term conditions | | | | | |
| Completed the recommended and additional on line modules on prostate cancer | | | | | |

| Areas of knowledge and skills should include | Date and level initial self-assessment | Date and signature 1st review | Date and signature 2nd review | Date and signatures Final assessment of competence | Type of evidence |
|---|---|---|---|---|---|
| Radical treatments available and possible long term side effects of treatments. | | | | | |
| Disease trajectory in Prostate Cancer | | | | | |
| Tests and investigation required during follow-up | | | | | |
| The signs and symptoms of disease progression | | | | | |
| Lower urinary tract symptoms (LUTS) and awareness of treatment options. | | | | | |
| Erectile dysfunction and a knowledge of possible treatment options | | | | | |
| Signs of low mood, carry out an initial assessment using a validated tool (e.g. PHQ9) | | | | | |



*Adapted from NICaN NI Cancer Network (2014) Guidelines for Nurse Led Assessment and follow-up of patients with stable Prostate Cancer*

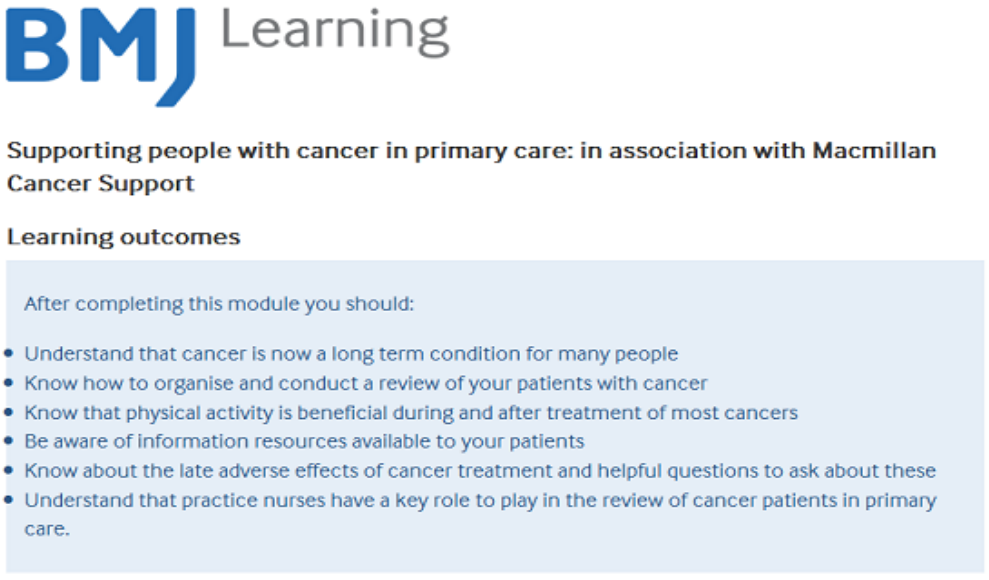
# 6. Welcome appointment and prostate cancer holistic care plan

The Croydon primary care pathway allows an initial appointment on discharge from secondary care (welcome appointment). This appointment gives the opportunity to welcome the patient to the primary care setting for their prostate cancer follow-up. The prostate cancer care plan (appendix A) enables the patient to identify what their current issues or needs are. They will be asked to complete this and bring it to the appointment. This will form the basis of the consultation for the welcome appointment. The nurse will then work with the patient to identify the key issues and develop a plan of care. Actions required by the patient or the nurse will be documented in the attached care plan. A copy will be kept in their record and a copy given to the patient. The emphasis is on self-management, enabling patients to identify strategies and resources to enable them to manage their prostate cancer and consequences of treatment as a long term condition. Resources to assist with self-management or sign posting are identified in section 7 and 9.

The following module would be useful to complete before carrying out welcome appointments. 1 hour accredited by BMJ learning. See Instructions of how to access BMJ learning free in section 9.

**Supporting people in Primary Care**





The National Cancer Survivorship Initiative have produced a resource that provides guidance to health care professionals carrying out holistic needs assessments (HNA), it is available here:
***http://www.ncsi.org.uk/wpcontent/uploads/The_holistic_needs_assessment_for_people_with_cancer_A_practical_Guide_NCAT.pdf***

Below is an excerpt from the NCSI guide which helps clinicians structure their consultation to explore holistic needs.

## The assessment conversation

The assessment conversation itself is a high impact intervention. It should have a therapeutic value in its own right, though it is not a therapy session. This section gives some suggestions for structuring an assessment conversation along the lines of the Calgary-Cambridge model.

### Starting off

It's a good idea when you start the conversation to make it clear that this is a normal, routine assessment rather than something unusual. You should explain the purpose of the meeting and describe any paperwork you are using. Make sure your patient can see what you are writing on the assessment sheet if you are using one (or a screen if you have an electronic system available) – it should be a collaborative exercise and it is entirely up to the patient what is subsequently done as a result of your conversation.



### Managing the assessment

Take time to talk about things more generally ("how have you been managing with the treatment?...") before expecting the patient to reveal more personal details. Concentrate on building a rapport and gaining their trust.

When discussing a concern move from the general to the specific. "You've put down insomnia. Can you tell me a bit more about this? What does your sleep pattern generally look like?... Okay, so what's happening when you find yourself awake during the night?..."

Emphasise the patient's own resources in managing their difficulties. "What do you think that's about?… What do you think might be helpful in improving your sleeping?..." Acknowledge achievements and build on things that are going well.

Make it solution-focused rather than becoming bogged down with the problem itself. "Shall we move on now to what we might be able to do about this problem?" "What would be one thing that could be done to improve matters even slightly?" Focus in on the main concerns – don't attempt to find solutions to everything. If a patient has lots of concerns do acknowledge them and don't try to skip over some but do be firm about the amount of time you have available. "look you have identified a lot of concerns. We only have a x minutes of time.

**Wrapping up**

Summarise what you have discussed and what steps, if any, you will take (e.g. referral) and those that the patient has agreed to take. Record what you have agreed to do in a care (or action) plan (more about this later). If a referral is to be made, be sure that you have obtained the patient's permission for this to go ahead. Thank the patient and ask them if they are comfortable with the summary sheet being placed in their medical case notes or kept on the computer system. Offer them a copy of the summary sheet or assessment tool if you have used one and the care plan.



Do bear in mind that it is **not** the aim to try to solve all your patient's problems there and then. For example, if someone confides in you that they are living in poor housing conditions there may be little you can do about that (though you might be able to offer, with their permission, an onward referral to other services).

The very fact that you have listened and heard their story will release some of the person's anxieties ("they now know what I have to deal with") and help you to understand what they have to cope with ("I now know what that person is facing").

Information on the Calgary-Cambridge method is available at:
www.gp-training.net/training/communication_skills/calgary/guide.htm

# 9. Problem Management Plan

*This plan will help to identify the appropriate actions when there is a change in the patient's condition/needs during primary care follow-up of patients with prostate cancer. This can be used at the welcome appointment and review appointments*

| Problem | Management plan |
|---|---|
| **Rise in PSA** | |
| *Sudden Rise in PSA or three consecutive significant rises in PSA.* | *Repeat PSA; re-refer to urology as guided by discharge summary from secondary care. Seek advice from secondary care consultant if concerned about a rise.* |
| *Any detectable PSA level following radical prostatectomy ( unless detectable on transfer from secondary care as outlined in letter-in this case follow individual patient guidance )* | *Refer back to urology* |
| *Patients who have had a prostatectomy and post-operative radiotherapy* | *Refer back to urology if PSA becomes detectable, having been undetectable. If detectable on transfer from secondary care follow criteria for re-referral as per letter from consultant* |
| *For patients who have had radical radiotherapy nadir + 2 ng/ml.* | *Refer back to urology if PSA rises 2 ng/ml over the lowest value after radiotherapy* |
| ***Lower urinary tract symptoms** that are more bothersome to the patient* | *Follow local LUTS pathway available here:* http://www.cress.bics.nhs.uk/health-professionals/referral-support-directory/u/lower-urinary-tract-symptoms-luts/<br><br>*(Patients who have had radical prostatectomy should be referred directly back to urology if they develop new symptoms after UTI excluded.)*<br><br>*Completion of bladder diary and obtain an International prostate symptom score (IPSS) both available here to download:* |

http://www.cress.bics.nhs.uk/health-professionals/referral-support-directory/u/lower-urinary-tract-symptoms-luts/

*Consider early referral to urology if symptoms not responding to treatment as per LUTS pathway guidance. An increasing PSA and increased lower urinary symptoms should be considered a red flag for urgent re-referral to Urology.*

### *Haematuria*

*Exclude UTI*
*Assess lower urinary tract symptoms*
*Refer for investigations*

### *Hot flushes*

*The following advice may help manage the symptoms:*

- *Smoking cessation*
- *Healthy weight*
- *Sufficient fluid intake 1.5 – 2 litres*

*glasses a day. Advise on cutting down on alcohol and drinks that contain caffeine.*

- *Reduce the amount of spicy food eaten*
- *Keep room at a cool temperature and use a fan.*
- *Use light cotton bed sheets.*
- *Wear cotton clothes, especially at night.*
- *Try having lukewarm baths and showers rather than hot one*

*Trial Medroxyprogesterone 20 mg od for 10 weeks, then review. If no effect, consider Cyproterone Acetate 50 mg daily (titrate up to 150 mg daily in divided doses) or Megesterol Acetate 20 mg bd for 4 weeks, then review (NICE 2014.)*

*A useful resource is Prostate Cancer UK's 'Living with hormone therapy' Available to download or order from their website:* http://prostatecanceruk.org *under publications.*

### *Pain - new onset bone pain*

*Symptom analysis to differentiate pain from possible malignancy origin from inflammatory/muscular pain.*
*If malignant source suspected: Request investigations – bone profile, pain and neurological assessment (use pain scale) Appropriate urgent*

*referral to urologist/ oncologist for further management.*
*Offer trial of appropriate analgesia.*

*Consider malignant spinal cord compression (this may present as back pain, sensation of weakness in legs and vague sensory symptoms initially, later presentation being profound weakness, bladder and anal sphincter disturbance, saddle anaesthesia). If malignant spinal cord compression is suspected the patient should be referred as an emergency (same day). Early treatment provides the best opportunity for reversal of symptoms and maintaining function.*

### *Change in bowel habit*

*This is pertinent for patients who have had radical radiotherapy who are at increased risk of bowel cancer and may have radiation induced enteropathy. Assess, asking about change in consistency, regularity, and any PR bleeding. Follow the local guidance for a two week rule referral to colorectal, when referring please provide full history of prostate cancer and details of previous urologist.*

*Once bowel cancer is excluded, for post-radiotherapy bowel symptoms which are affecting quality of life, refer to Jervoise Andreyev at the Royal Marsden or another gastroenterologist with a specialist interest in post-radiotherapy bowel disorders.*

### *Weight loss*

*If unexplained weight loss consider causes. If accompanied by significant rises in PSA this would be indication for re-referral. Give advice on food fortification, refer to dietician if appropriate*

### *Weight gain*

*Consider causes, give dietary advice.*
*A useful resource is available from Prostate Cancer UK: Diet, physical activity and prostate cancer . This is available to download or order from [http://prostatecanceruk.org](http://prostatecanceruk.org), under publications*

| | |
|---|---|
| ***Gynaecomastia*** | *If patient on Bicalutamide as mono therapy they may have been offered irradiation of breast buds at start of therapy. Tamoxifen once or twice a week should be used in addition to bicalutamide monotherapy to prevent/reduce gynaecomastia. This would be initiated in secondary care.*<br><br>*Referral to breast specialist may be offered. Rarely mastectomy may be considered.* |
| ***Deterioration in renal function*** | *Repeat bloods, consider possible causes. Assess for poor bladder emptying by post void residual scan if available. Ultrasound of bladder and kidneys to exclude obstructive cause. Refer to urologist or nephrologist as appropriate.* |
| ***Fatigue and general malaise*** | *Give advice on management.*<br>*Consider referral for physical activity programme :*<br>• *Prostate Cancer get back on track: http://prostatecanceruk.org/we-can-help/help-with-fatigue*<br>• *Macmillan Move More: http://www.macmillan.org.uk/Cancerinformation/Livingwithandaftercancer/Physicalactivity/Physicalactivity.aspx* |
| ***Anaemia*** | *Check FBC and if HB below normal levels see below.*<br>*Check Ferritin, Folate and B12.*<br>*Consider possible causes.*<br>*Can very rarely occur as side effect of hormone treatment. Also can be result of bone metastasis if there is widespread bone marrow infiltration in end stage disease.*<br>*If rising PSA and anaemia indication for urgent referral back to urology.* |
| ***Sexual Dysfunction*** | *Assess for erectile dysfunction with an appropriate tool for example international index of erectile function (IIEF). IIEF available to download from The British Association of Urological* |

*Surgeons website under resources section. .*
*www.buas.org.uk*
*Follow local erectile dysfunction pathway , available here: -*
*http://www.cress.bics.nhs.uk/health-professionals/referral-support-directory/u/erectile-dysfunction/*

*Note that patients who have had radical treatment may have already tried a phosphodiesterase type 5 inhibitor and vacuum pump device and may therefore need specialist referral at earlier point on pathway.*

*Remember not all patients may want treatment.*

### *Psychological needs*

*For mood assessment carry out PHQ9 if appropriate.PHQ9 available here:*
*http://www.patient.co.uk/doctor/patient-health-questionnaire-phq-9*
*For concerns about anxiety carry out a generalised anxiety score , available here:*
*http://www.patient.co.uk/doctor/generalised-anxiety-disorder-assessment-gad-7*

*Facilitate use of own coping strategies*
*Consider signposting to:*
*Support groups (for example SE cancer support group)*
*Counselling Service (available through SE Cancer support www.sechc.org.uk/)*
*Prostate Cancer UK (www.prostatecancer.org)*

### *Financial concerns*

*Signpost to Macmillan Cancer support (http://www.macmillan.org.uk)*
*Over 60s have free prescriptions*

| | |
|---|---|
| ***Information needs*** | *Discuss information needs*<br>*Give written information if appropriate*<br>*Consider onward referral if required*<br>*Signpost to:*<br>• *Macmillan Cancer Support www.macmillan.org.uk*<br>• *Prostate Cancer UK specialist nurses advice line 0800 074 8383* |

*All the above actions are a guide to management. Depending on prior knowledge and experience the nurse may refer/ discuss patient with GP complications e.g. Increasing PSA, decrease in HB, declining renal function, bone pain, and need for ED management.*

# *Recommended On Line Modules*



## *Accessing On Line Modules*

***To access the free BMJ learning modules**:*

1. *You will need to set up a NHS Open Athens account by visiting: https://openathens.nice.org.uk*

2. *Once you have account details, you can log into the BMJ Learning website at: http://learning.bmj.com/learning/info/CME-CPD-LSHA-NHS-London-Strategic-Health-Authority.html*

3. *Using the link in the right hand corner "Sign In" and then "Athens users sign in here"*

4. *Once you have set up an account you will then have access to hundreds of other educational modules and be able to keep of record of those you have completed and print off certificates.*

***To access the Prostate Cancer UK interactive modules click the links outlined in modules 6 and 7 below. Then follow these instructions:***

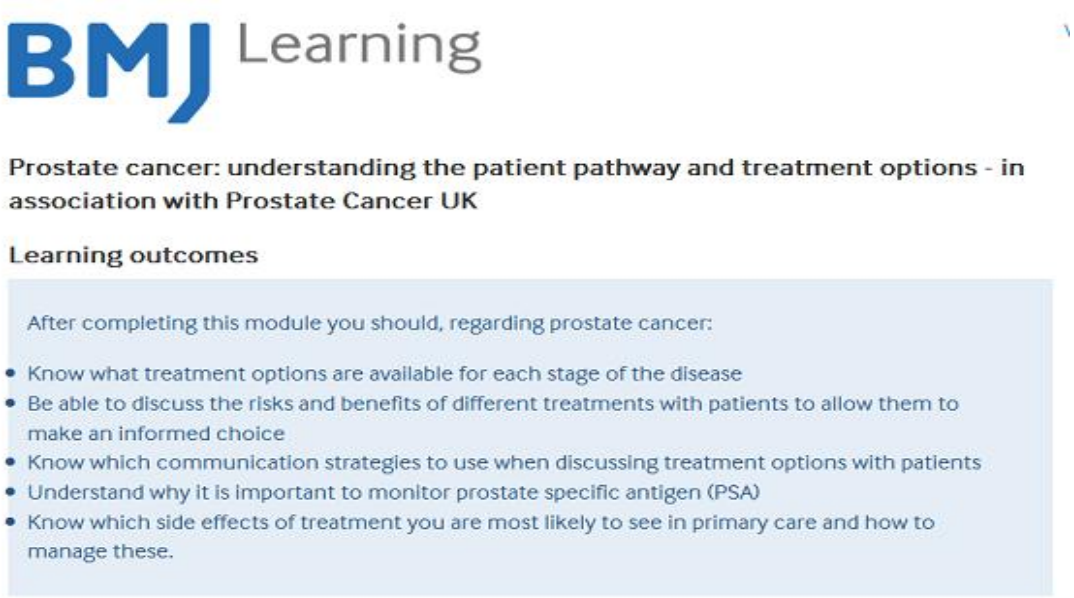
1. *To access the module simply click on the green button at the bottom of the page*

2. *You will then need to register (create an account) to the 'UChoose Interactive Case Based Learning' website using a valid email address and password.*

3. *Once you are registered and logged in, click on the link to the right of the screen labelled "Have a Code? Enter it here". Enter the following code when prompted:* ***PCUK***

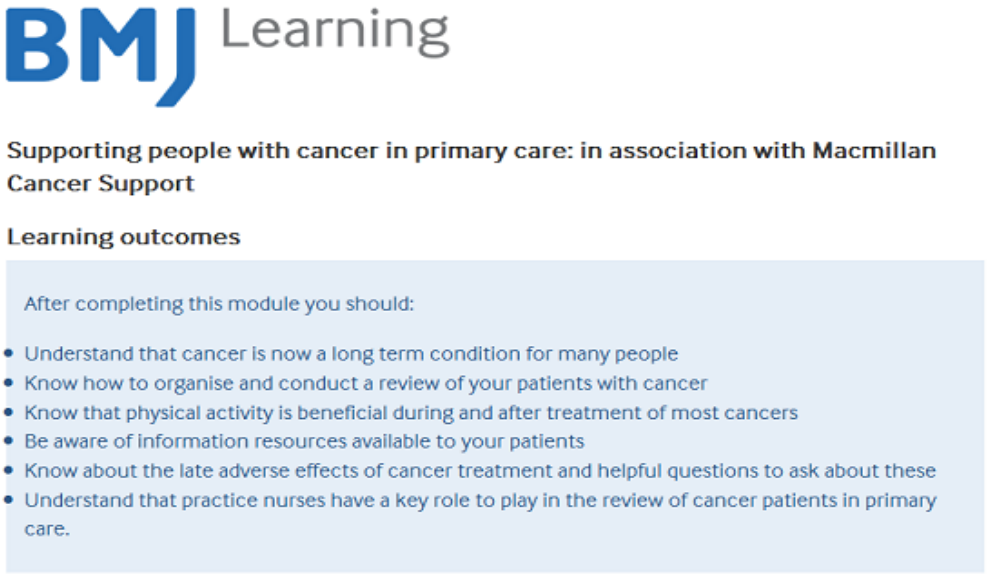
## ***Recommended modules:***

1. ***Understanding the pathway***




*Available at: http://prostatecanceruk.org/health-professionals/education/courses/e-learning-prostate-cancer-patient-pathway-and-treatment-options?workintypes=12603&organisedbytypes=12599&r=9458 1 hour, accredited by BMJ learning (See instructions above to access BMJ learning)*

2. ***Supporting people in Primary Care***



**Supporting people with cancer in primary care: in association with Macmillan Cancer Support**

**Learning outcomes**

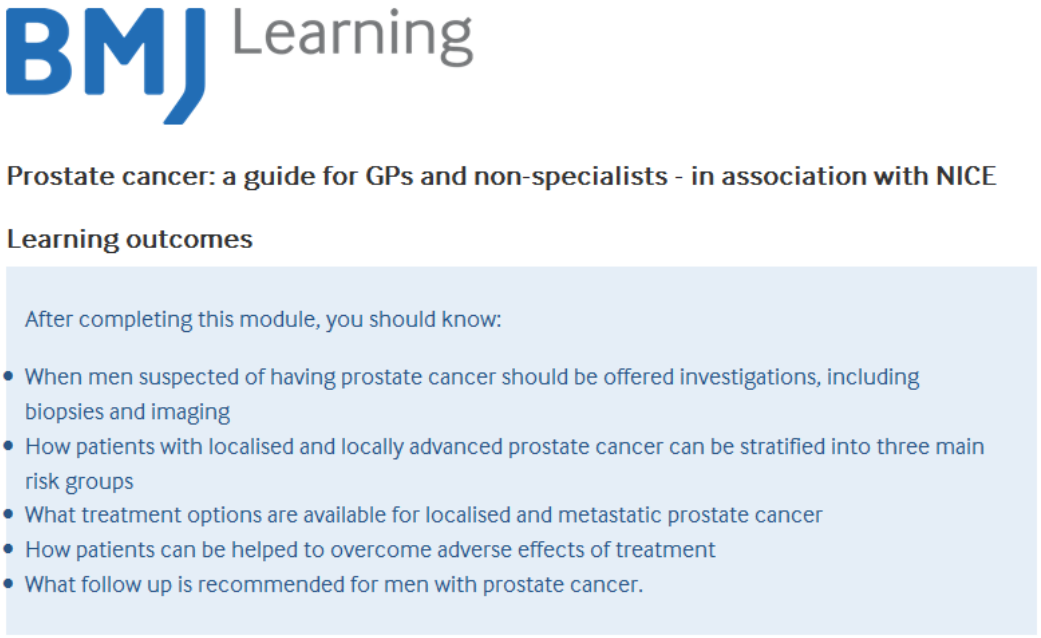
After completing this module you should:

- Understand that cancer is now a long term condition for many people
- Know how to organise and conduct a review of your patients with cancer
- Know that physical activity is beneficial during and after treatment of most cancers
- Be aware of information resources available to your patients
- Know about the late adverse effects of cancer treatment and helpful questions to ask about these
- Understand that practice nurses have a key role to play in the review of cancer patients in primary care.

*1 hour accredited by BMJ learning.* *See Instructions of how to access BMJ learning on page 1.*

## ***Additional Modules:***

***3. Prostate Cancer: a guide for GPs and non-specialists –in association with NICE***



**Prostate cancer: a guide for GPs and non-specialists - in association with NICE**

**Learning outcomes**

After completing this module, you should know:

- When men suspected of having prostate cancer should be offered investigations, including biopsies and imaging
- How patients with localised and locally advanced prostate cancer can be stratified into three main risk groups
- What treatment options are available for localised and metastatic prostate cancer
- How patients can be helped to overcome adverse effects of treatment
- What follow up is recommended for men with prostate cancer.



*Provides more in depth understanding of treatment options, and management of long term consequences of treatment, requires some understanding about staging of prostate cancer and treatments. Follow instructions below to access BMJ learning modules.*

***4. Cancer of the Prostate: Organised by Prostate Cancer UK and CancerNursing.org***

*CancerNursing.org offers a free online course on prostate cancer which was developed in partnership with, and supported by an educational grant from, Prostate Cancer UK.*

*This course has been designed for professionals with an interest in prostate cancer management and care. You can undertake the entire course, or select modules relevant to your area of practice.*

*The aim of the 'Cancer of the Prostate' course is to provide nurses and allied health professionals with an evidence based resource, learning about the trajectory of the disease and to highlight the care, support and information requirements of men affected by prostate cancer and those who care for them.*

*Learning Outcomes:*
*•Describe the anatomy and function of the prostate*

*•Describe the aetiology and epidemiology of prostate cancer*

*•Describe and discuss the different tests used to assess the risk of prostate cancer, determine a diagnosis and stage the spread of the disease*

*•Discuss the available treatment options for men with prostate cancer*

*•Discuss the palliative care needs of men with advanced prostate cancer and the importance of adopting a holistic approach to care*

*•Discuss the impact of the disease and its treatment on the men and their families and the implications for professional practice*

*•Discuss the controversy surrounding the prostate cancer screening debate*

*•Discuss the future for prostate cancer, identifying key areas of research and practice development currently being undertaken.*



*Available: http://prostatecanceruk.org/health-professionals/education/courses/free-online-prostate-cancer-course?workintypes=12603&organisedbytypes=12600&r=*
*Provides more detail on staging of the disease and treatment options, less technical in language used than the above (3). Gives an outline of policy context and the role of primary care in relation to cancer diagnosis, support during treatment and follow-up. Useful tools for primary care clinicians on safety netting, and planning for future care of patient.1 hour accredited by BMJ learning*

***5. Introduction to sex, sexuality and prostate cancer*** *(Prostate Cancer UK and University of West of England) Available by following instructions here: http://prostatecanceruk.org/health-professionals/education/courses/introduction-to-sex-sexuality-and-prostate-cancer?workintypes=12603&organisedbytypes=12600&r= Uses clinical scenarios to demonstrate issues around erectile dysfunction and relationships in relation to prostate cancer and treatments.*

## Introduction to: Sex, sexuality and prostate cancer

**Organised by Prostate Cancer UK and The University of the West of England**

We are proud to launch our new online, interactive learning resource for health professionals.

These online modules use simulated 'virtual patient scenarios' to introduce and explore key issues around prostate cancer care, such as sex and relationships. These patient scenarios are primarily aimed at registered nurses and healthcare assistants, and are particularly suitable for those new to working with patients affected by prostate cancer.

This particular module is an **introduction** to **sex, sexuality and prostate cancer care.**


In this short module you will follow the case of a 'patient' called Stephen Davey.

By following Stephen's patient scenario you will:

- Identify possible long term consequences of prostate cancer treatment
- Explore how cancer treatment can affect sex and relationships
- Consider how communication styles can elicit or inhibit patients revealing personal information about sexuality
- Explore the potential barriers to discussing sex and sexuality in clinical practice.

*6.* ***Introduction to side effects and prostate cancer treatment*** *(Prostate Cancer UK and University of West Of England)*

## Introduction to: Side effects and prostate cancer treatment



**Organised by Prostate Cancer UK and The University of the West of England**

We are proud to launch our new online, interactive learning resource for health professionals.

These online modules use simulated 'virtual patient scenarios' to introduce and explore key issues around prostate cancer care. These patient scenarios are primarily aimed at registered nurses and healthcare assistants, and are particularly suitable for those new to working with patients affected by prostate cancer.

This particular module is an **introduction** to potential **side effects of prostate cancer treatment**.


In this short module you will follow the case of a 'patient' called Andrew Hill.

By following Andrew's patient scenario you will:

- Revise treatment options for prostate cancer
- Identify possible side effects of hormone therapy for prostate cancer

Available by following instructions here: [http://prostatecanceruk.org/health-professionals/education/courses/introduction-to-side-effects-and-prostate-cancer-treatment?workintypes=12603&organisedbytypes=12600&r=](http://prostatecanceruk.org/health-professionals/education/courses/introduction-to-side-effects-and-prostate-cancer-treatment?workintypes=12603&organisedbytypes=12600&r=) Uses clinical scenarios to outline both side effects of treatment and possible approaches to support patients.

# 7. Appendices

# Useful resources

*General Practice Nursing Competencies (2012) available here:*
*http://www.rcgp.org.uk/membership/practice-teams-nurses-and-managers/~/media/Files/Membership/GPF/RCGP-GPF-Nurse-Competencies.ashx*

*International Prostate Symptom Score, validated tool for assessing lower urinary symptoms. Available here: http://www.usrf.org/questionnaires/AUA_SymptomScore.html*

*NICE (2014) Clinical Guideline 175. Prostate Cancer: diagnosis and treatment. Available here: http://www.nice.org.uk/guidance/cg175*

*Northern Ireland cancer Network (2014) Guidelines for Nurse Led Assessment and follow-up of patients with stable prostate cancer. Aimed at specialist nurses working in secondary care environment, available here:*
*http://www.cancerni.net/files/file/Transforming%20Cancer%20Follow%20Up/Guidelines%20for%20nurse%20led%20follow%20up%20prostate%20cancer%20pathways%20DEC%2013%20version%203%20FINAL.pdf*

# Prostate Cancer Holistic Care Plan

We have asked you to complete a Holistic Needs Assessment. This provides us with information to give you the best support to manage your condition. This survey lists some issues / concerns. Please indicate if any apply to you and if so which you would like to discuss at your next prostate cancer review with your GP/Practice Nurse.

| **Physical Concerns** | **Yes** | **No** | **Discuss** |
|---|---|---|---|
| Problems when urinating or loss of bladder control | ☐ | ☐ | ☐ |
| Loss of Bowel control | ☐ | ☐ | ☐ |
| Constipation or diarrhoea | ☐ | ☐ | ☐ |
| Bleeding from the bowel | ☐ | ☐ | ☐ |
| Poor appetite | ☐ | ☐ | ☐ |
| Indigestion | ☐ | ☐ | ☐ |
| Bone pain | ☐ | ☐ | ☐ |
| Feeling tired | ☐ | ☐ | ☐ |
| Poor sleep | ☐ | ☐ | ☐ |
| Problems getting or keeping an erection | ☐ | ☐ | ☐ |
| No or loss of sex drive | ☐ | ☐ | ☐ |
| Unplanned weight gain or feeling swollen | ☐ | ☐ | ☐ |
| Unplanned weight loss | ☐ | ☐ | ☐ |

| **Practical Concerns** | **Yes** | **No** | **Discuss** |
|---|---|---|---|
| Caring for others | ☐ | ☐ | ☐ |
| Housing or finances | ☐ | ☐ | ☐ |
| Parking or transport | ☐ | ☐ | ☐ |
| Work or education | ☐ | ☐ | ☐ |
| Grocery shopping or making food | ☐ | ☐ | ☐ |
| Bathing or dressing | ☐ | ☐ | ☐ |
| Laundry or housework | ☐ | ☐ | ☐ |
| Information needs | ☐ | ☐ | ☐ |
| **Emotional Concerns** | | | |
| Loneliness or isolation | ☐ | ☐ | ☐ |
| Sadness or depression | ☐ | ☐ | ☐ |
| Worry, fear or anxiety | ☐ | ☐ | ☐ |
| Helplessness | ☐ | ☐ | ☐ |

| **Relationship Concerns** | **Yes** | **No** | **Discuss** |
|---|---|---|---|
| With children | ☐ | | |
| With partner | ☐ | ☐ | ☐ |
| With others | ☐ | ☐ | ☐ |

**Please write down anything else you wish to discuss with the GP or Practice Nurse:**

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Prostate Holistic Care Plan for_____ (Patient's name.)

*With thanks to STAR Project Team Southampton University Hospital, London Cancer and London Cancer Alliance for allowing us to adapt their assessment tool.*

**After discussing my holistic needs these issues were identified and discussed:**

| Number | issue | Summary of discussion | Action required /by (name and date) |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

Signed (Patient) _____Date_____

Signed (Healthcare professional) _____Date_____

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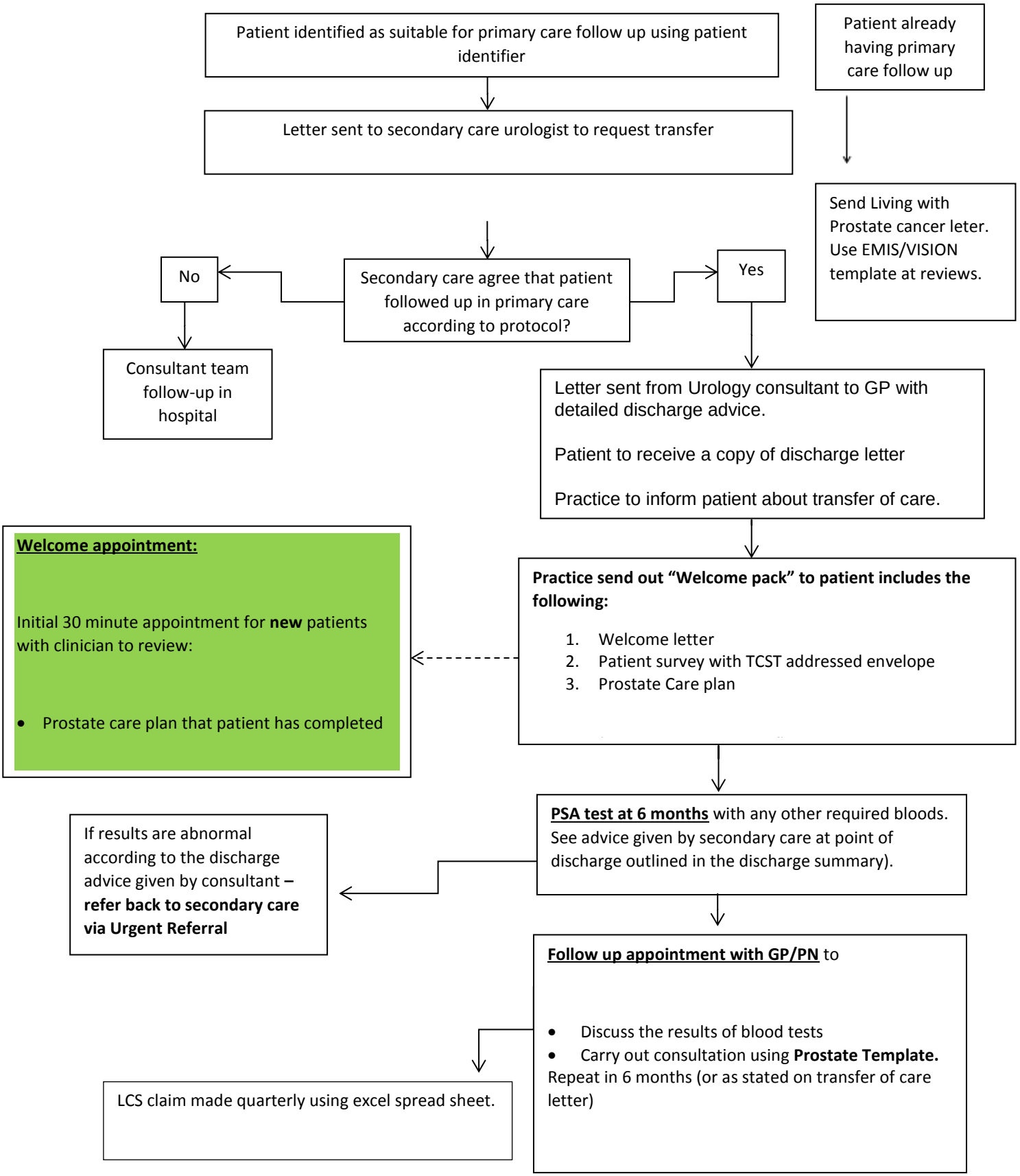
Appendix B

# Operational Flowchart Prostate Cancer LCS ( Version 2 April 2015)



# About the Author

Sandra is the Nurse Lead for the Prostate Cancer UK sponsored primary care prostate cancer follow-up project in Croydon. She is employed by Transforming Cancer Services Team for London. Sandra has been in this post since April 2014 and has been developing an enhanced primary care-led and delivered pathway for stable patients with prostate cancer alongside the project team that includes a sessional GP, Croydon CCG and led by the Transforming Cancer Services Team for London. As part of this project she has developed this tool kit for primary care nurses.

Sandra is an Advanced Nurse Practitioner and has lots of experience in the care of patients with long term conditions having worked in community and primary care settings for the majority of her 27 years in the NHS. Her clinical interests include developing the role of primary care and community nurses, long term condition management and hospital avoidance for high risk patients and end of life care. She conducted her MSC research on the role of community nurses in leading discussions on advanced care planning for patients with long term conditions.



**The Transforming Cancer Services Team for London (TCST), led by Teresa Moss, former Director of the National Specialised Commissioning Team and Director of Modernisation at the National Cancer Action, was set up in April 2014 to support accelerated delivery of the Five Year Cancer Commissioning Strategy for London that was published in April 2014.**

**The Five Year Cancer Commissioning strategy, together with its predecessor document, 'The Model of Care' (2010), made a compelling case for accelerating the pace of transforming cancer services so that every Londoner receives a world class experience from prevention, through early detection to treatment, subsequent support through treatment, survivorship and end of life care.**

**The TCST combines both a strategic leadership role across the system; as well as an operational role, providing expertise and support to CCGs and NHSE commissioners on their cancer agendas. The TCST is accountable to the pan London Cancer Commissioning Board (CCB).**