The role
Debbie Mccrae, Nurse Specialist Prostate Cancer UK.
Mr Steve Leung, Consultant Urological Surgeon.

Who we are
The Urology Department, NHS Fife, Victoria Hospital, Kirkcaldy.

What we’re doing
Creating a first point of contact for men referred to the Urology Service for investigations with a suspicion of prostate cancer. Providing consistent support for men during their prostate cancer journey.

Who is involved?
• NHS Fife Cancer Services
• Prostate Cancer Hormone Service
• Senior Nursing Management
• Urology Department
• NHS Fife.

What we’re trying to achieve
The prostate cancer service in Fife, before Debbie was appointed, lacked the support and continuity required by patients diagnosed with the disease. This was mainly due to the reduction in hours worked by our established prostate cancer CNS.

Engaged with the prostate cancer support group and the overwhelming feedback was that patients felt they could do with a single point of contact. A person that they could phone and discuss concerns with at any time during their care. We therefore wrote a proposal based on a single point of contact model.

Since Debbie has been in post, this model has evolved significantly and now Debbie is not only the point of contact for these patients, but she co-ordinates investigations and appointments for these patients, keeps consultants and Urologists abreast of the patient’s progress and has recently been delivering results to the patients in her own clinics.

Debbie’s role in the prostate cancer service has raised the standard of care given to our patients. In addition, there are significant benefits to the service in terms of efficiency of investigations, timely results given and quicker treatment decisions made.

How it will benefit men?
Patients now receive a 30-minute appointment with Debbie before they undergo a TRUS biopsy. During this appointment Debbie explains in greater detail about the prostate, prostate cancer and why they have been referred. As a result they feel better educated regarding the reason for biopsy. They also have a single point of contact following the biopsy and are now receiving their diagnoses from Debbie. In addition, Debbie’s involvement allows the patient to have a significantly reduced pathway as investigations are ordered promptly.

Any learnings or discoveries so far?
Give patients a 30-minute appointment at the biopsy clinic has many benefits not just to the patient but also to the service as a whole. Patients have more time to discuss the investigations and possible outcomes and any worries, questions or concerns they might have.

One of the most important aspects of the work has been to utilise audit figures from the project reporting to construct a robust business case to ensure the sustainability of the post.

Biggest challenge?
Leaving work at work is one of the biggest challenges.

Changing the histology clinic from a consultant led to nurse led clinic met with some resistance at first. We addressed this by agreeing to a trial period at first. The trial period proved successful and this helped with agreement for this change long term.

Monitoring and evaluation
Before Debbie was in post, it would take on average 12 weeks from biopsy to meeting the consultant and discussing treatment options. Patients were sent away from the biopsy clinic with no return clinic appointment booked in the diary and the consultation would take place with a number of different healthcare professionals.

Her role provides continuity of care by a designated individual as she meets them at each stage of their journey; at the time of biopsy, results and to discuss treatment options. Debbie then organises staging investigations, multi disciplinary meeting, review appointments and dictate letters to their consultant and General Practitioners. Debbie’s role is central to managing the patient’s pathway. Her role has reduced the whole process on average to six weeks, half the time as before.

The team will continue to monitor and evaluate the projects impact.

Sustainability plans
The team plan to submit a business case to create a substantive post of a specialist nurse in prostate cancer to continue the excellent work done so far.

The evidence of reduced time from biopsy to meeting the consultant and discussing treatment options will be used to support the business case.

How to find out more
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To find out more about the Prostate Cancer UK professionals support programme visit prostatecanceruk.org/professional-support

Case study
I received a telephone call from a patient querying increasing pain in his lower back, he had been to see his GP regarding this two days previous and was given Tramadol, the Tramadol wasn’t helping and he wanted some advice. He was newly diagnosed with prostate cancer two weeks previous and was waiting on an MRI and Bone scan. I delved a little deeper and asked him to describe his symptoms, he said that the back pain was so bad he could hardly walk any distance, he was needing to take baby steps to steady his walking. I asked if he had any numbness, or pins and needles down his legs and feet and he did, his toes felt numb as well, he was off work with the pain. I reassured him but shared my concerns regarding cord compression. I phoned his GP to organise an emergency home visit. I explained my concerns with the GP, and he agreed after some persuasion to visit this man at home rather than in the practice. Later on that day his wife phoned to say he had been admitted to Western General Hospital Edinburgh with a confirmed cord compression and had been started on LHRH treatment and was going to have five fractions of radiotherapy. The man phoned me two weeks later to arrange a face-face consultation, he walked into the clinic, and was planning to return to work on treatment. He said it hadn’t of been for the 1st point of contact facility available his cord compression would have gone undiagnosed and possibly with a very different outcome.

Debbie