

Impact and evaluation of the Primary Care Network Directed Enhanced Specification on Prostate Cancer 2022-2024



**PROSTATE
CANCER UK**

IMPACT AND EVALUATION OF THE PRIMARY CARE NETWORK DIRECTED ENHANCED SPECIFICATION ON PROSTATE CANCER 2022-2024

We've been working with Primary Care Networks (PCNs) across England to support with the delivery of the NHS' Primary Care Network Directed Enhanced Specification (PCN DES) on prostate cancer.

The elements of the PCN DES regarding prostate cancer were originally defined to help recover diagnosis rates which dropped off as a result of the COVID-19 pandemic.

We collaborated with GP practices within PCNs, to set up projects, where they sent a text message to their patients at high risk of prostate cancer. These patients were men aged 50-70, Black

men aged 45-70 and men with a family history of prostate, breast or ovarian cancer. The text message included a link to our online [risk checker](#).

The PCNs were provided with a bespoke URL specific to them. This allowed them to understand how many men completed the risk checker within their PCN area.

As of May 2024, 163 PCNs have received bespoke risk checker URLs and 30,130 additional men have completed the risk checker thanks to this collaboration.

WHAT'S NEXT FOR THE PRIMARY CARE NETWORK(S)?

We want to share the results of this project so far with you. We are also updating our [existing PCN DES resource](#) to align with the [Core20PLUS5](#) approach addressing health inequalities and the [NHS Long Term Plan](#) which aims to diagnose 75% of cancers at an early stage (stage one or two).

We're now also embarking upon [TRANSFORM](#), a £42 million research trial which aims to identify better ways to screen for prostate cancer. This will provide definitive evidence about how we should screen all men to find more aggressive prostate cancer in time for a cure, improving the UK's cancer care for the better. The exact sites and recruitment for this trial, whether through primary or secondary care, are being worked on by lead researchers. If you have any questions, would like to know more and keep up to date with this trial, please [visit our website](#).



THE IMPACT OF THIS PARTNERSHIP

Risk checker results

Since July 2022 to May 2024, 163 PCNs have received bespoke risk checker URLs and 30,130 men have completed the risk checker, therefore being informed of their risk and the pros and cons of the PSA blood test.

The project engaged with 29,622 high-risk men with only 508 falling outside of that definition so understood as low-risk. GP practices have attempted to reduce the number of low-risk men using the risk checker by only texting men in the age range of 45-70 years old.

The low-risk men who have completed the risk checker have likely been forwarded it by one of the high-risk men. It is also possible that some practices' systems have mis-identified these men.

Another positive finding from men being sent the risk checker via their GP practice, was that 85% of men stated that they were able to make an informed decision about their health and that they would speak to their GP.

GP practices expressed initial concern about an influx of men contacting their surgery to request PSA blood tests, after receiving their text message. It's important to note that this concern did not come to fruition. We found that men typically asked for PSA blood tests when they were seeing their GP for another matter and so surgeries were able to successfully manage these requests easily.

TOTAL SUBMISSIONS

30,130

High Risk
29,622

Low Risk
508

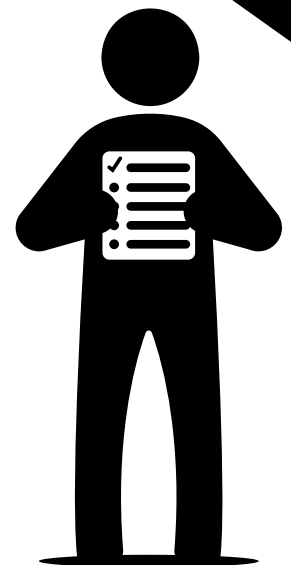
INFORMED CHOICE

I have all the info I need and will speak to my GP

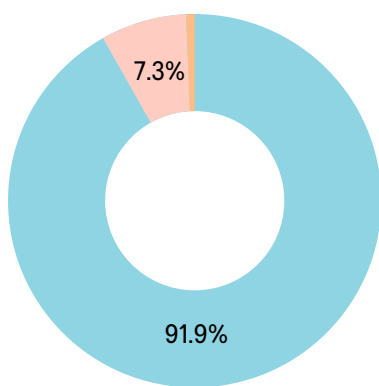
16,402 85.29%

I have all the info I need and do not want a PSA test

1,050 5.46%

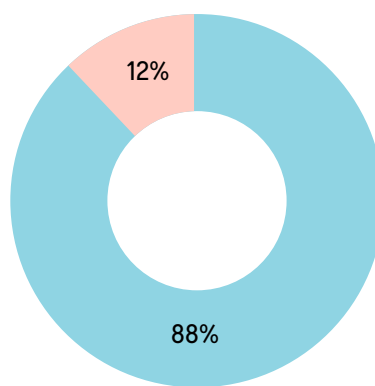


Age



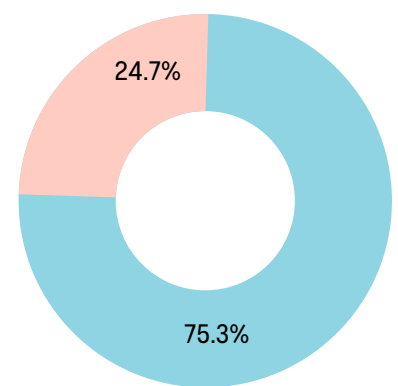
50+ 45-49 Under 45

Family connection

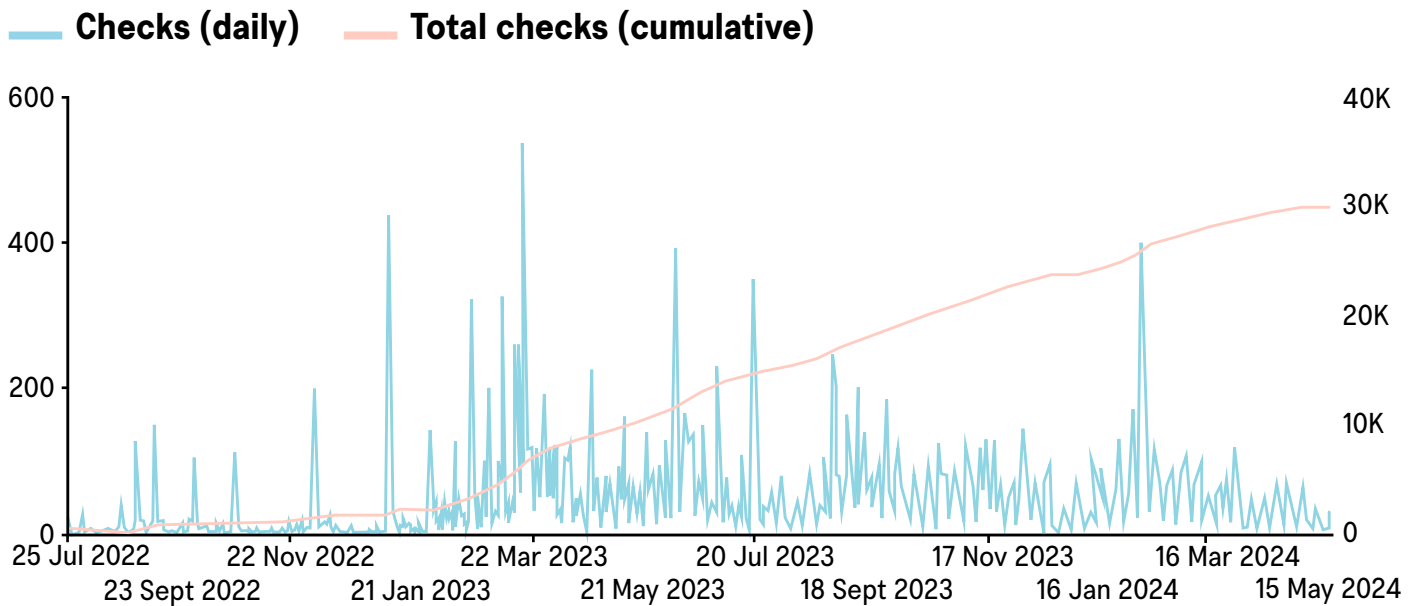


No (or don't know) Yes

Ethnicity



No Yes

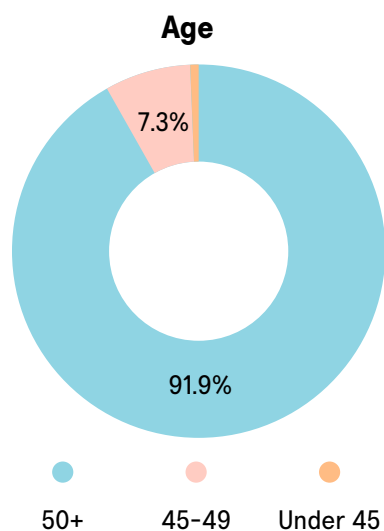


The impact of age on men’s risk

27,684 (91.9%) of men who completed the risk checker were aged 50-70 and 2,207 (7.3%) men who completed the risk checker were aged between 45-49.

238 (0.8%) men who completed the risk checker were younger than 45 and fall into the low-risk category.

The data shows adopting a risk stratified approach has targetted the right men with getting accurate health information at the right age. Men, as a result, are able to make proactive informed decisions about their health.



Ethnicity and risk

24.7% (7,433) of men who completed the risk checker reported as being Black or mixed Black ethnicity.

1 in 4 Black men will get prostate cancer in their lifetime and are more likely to get prostate cancer than other men, who have a 1 in 8 chance of getting the disease.

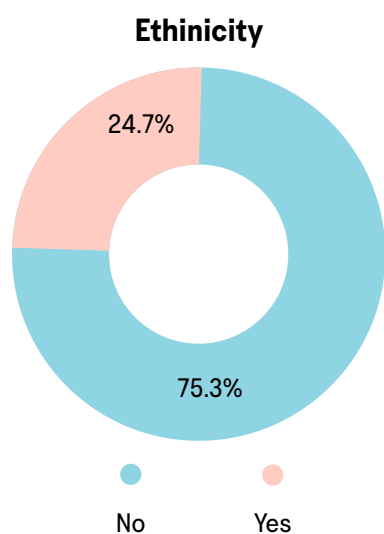
The number of Black men who have engaged with this project is particularly promising as our national online risk checker, which is advertised on social media, at bus stops, on billboards and other locations has a completion rate of 4.35% among Black men. It is important to note that this NHS based project has seen more engagement amongst Black communities compared to existing awareness raising campaigns by Prostate Cancer UK. By providing our online risk checker and providing it in a text message, from within a NHS setting, demonstrates the power of collaborating on projects like this to help drive and improve engagement with different ethnicities.

Prostate Cancer UK recognise that more work needs to be done with Black men and their families to build trust and improve engagement so that we can reach as many Black men as possible and ensure they know about their risk.

This project reached Black men in part due to the targeted work that PCNs have been doing to promote engagement with Black men and their families. Hertfordshire & West Essex ICB had a particular interest in reducing health inequalities and increasing access to cancer services. They

supported PCNs by setting up training around prostate cancer in Black men, helping practice staff to utilise the risk checker, as well as creating scripts if patients called to ask about the PSA blood test.

They also worked with local communities and with patient participation groups to further raise awareness. Several other projects also took adapted approaches to this collaboration, for example, by adapting Prostate Cancer UK's [1 in 4 Black men poster](#) with an image of a Black man from that PCN. This aimed to create a rapport and comfort among Black men in the community. You can [learn more](#) about Herts and West Essex and other projects.

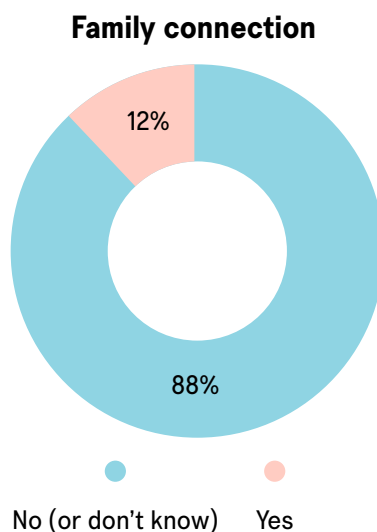


Family history and risk

3,604 (12%) of men who completed the risk checker reported that they have a family history of prostate cancer, whereas the remaining 26,526 (88%) reported that they did not or were not aware of a family history.

Men with a family history are at a higher risk of developing prostate cancer. Men whose father or brother have had prostate cancer are two and a half times more likely to get prostate cancer, compared to a man who has had no relatives diagnosed with prostate cancer. A man's chance of getting prostate cancer may be even greater if their father or brother was under 60 when they were diagnosed, or if a man has more than one close relative (father or brother) with prostate cancer. The risk of getting prostate cancer may also be higher for men with a mother or sister that has had breast or ovarian cancer.

The number of men reporting that they have a family history is particularly positive as we know that GP practices have difficulty in finding men recorded with a family history of prostate cancer. We've heard anecdotally from PCNs that the number of men in their PCNs recording in the risk checker that they have a family history of prostate cancer often is a larger number than the number of men they have in their system with a recorded family history. Prostate Cancer UK, is not able to share nor ascertain individual data to inform a practice if a patient has stated that they have a family history, due to data agreements and regulation.



Informed choice

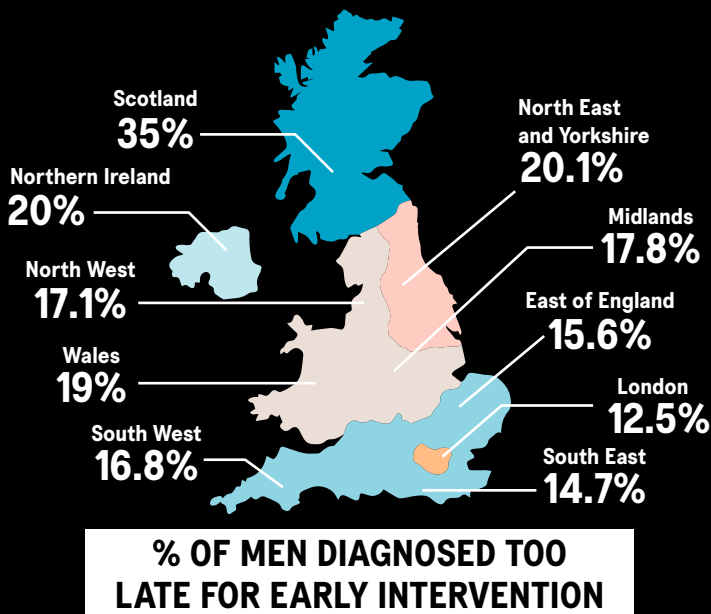
The aim of this project was to inform men of their risk of prostate cancer while also letting them know about the pros and cons of the PSA blood test. This way they can make an informed decision/choice about whether they wish have one.

16,402 (85.29%) men felt that the risk checker provided them with all the information they needed to speak to their GP about the PSA blood test. The remaining men either felt they had all the information they needed and didn't want a PSA test (5.46% or 1,050 men), were unsure and felt they needed more information (7.31% or 1,433 men) or stated that they didn't find the risk checker helpful (1.49% or 287 men). This data shows that the majority of men who took the risk checker felt that they had the sufficient information they needed to make an informed choice around the PSA blood test.

IMPACT OF PCNS ON PSA BLOOD TESTS AND DIAGNOSES OF PROSTATE CANCER

We followed up with ten PCNs to gather data from them on how many PSA blood tests and subsequent diagnoses of prostate cancer occurred as a result of this project.

We wanted to get a varied picture from across England and so we picked PCNs from various locations; Norfolk, West Yorkshire, North-East London, two in Cheshire and Merseyside, Northamptonshire, three in West Midlands and Essex. We particularly focussed on PCNs in Cheshire and Merseyside and West Midlands as there are a larger number of men being diagnosed too late for early intervention.



PSA Blood tests

Once high-risk men were identified by PCNs, they were sent a text with a bespoke risk checker link, inviting men to have a PSA blood test once they had made an informed choice about whether they wanted one or not.

In the 10 PCNs analysed, 10,955 text messages were sent out to men and of these 2,977 (27%) had a PSA blood test. Much like the pilot of this project where Montpelier Health Centre in Bristol sent out text messages to high-risk men in July 2022, 2,626 text messages were sent, and 542 PSA blood tests (20.6%) were completed. The number of men that were then put onto a 2-week wait referral due to an elevated PSA level was 147, or 4.9% of those who had a PSA. This data

is from 9/10 of the PCNs as one didn't report on this question. Again these results are similar to the Bristol pilot in which 16 referrals were made following the 542 PSA tests (or 3%).

Diagnoses

6 out of the 10 PCN's reported on the number of prostate cancer diagnoses and there was a total of 25 prostate cancer diagnoses. Of these 6 PCN's, 4 reported on the number of clinically significant prostate cancer diagnoses and reported a total of 14 men with clinically significant cancer with Gleason scores >7 (3+4 or 4+3). This is pertinent to the purpose of this project as it shows that some men being identified at high risk yet asymptomatic are later diagnosed with cancer that requires treatment.

There is some concern among clinicians that men having the PSA blood test does more harm than good as they go on to be diagnosed with clinically insignificant cancers. This means that some men, because they're anxious or worried about their cancer, choose to receive radical treatment. The side effects of which do more harm to them than the prostate cancer would have. Or they have the potential anxiety and poor mental impact of having a diagnosis and being placed on active surveillance.

This collaboration opens up a question as to whether more men at high risk would be diagnosed with clinically significant prostate cancer if the risk checker invitation was implemented in GPs across the UK.

What's clear is that by working together primary care and a specialist cancer charity can make a difference.

Through this project we increased impact to the benefit of patients by providing expertise, support, and resources from an NHS setting which magnified the engagement and trust among the target population.

By pursuing a targeted risk stratified approach to prostate cancer awareness messaging the right men were contacted and neither primary nor secondary care saw unmanageable surges in demand.

CASE STUDIES

Three PCNs agreed to be case studies for this project to share their experiences. These PCNs were selected as they are located in areas that have higher levels of inequalities and poorer outcomes for prostate cancer.

A Cheshire and Merseyside PCN

In the North-West of England 17.1% of men diagnosed with prostate cancer are diagnosed too late for a cure. This Cheshire and Merseyside PCN informed 3,000 high risk men of their risk and the PSA blood test. As a result of this work, they have diagnosed 7 asymptomatic men with prostate cancer. These men who were asymptomatic, are now on pathways to receive treatment and otherwise wouldn't have known about their prostate cancer.

A West Midlands PCN

This PCN based in the West Midlands area focused on Black men due to their risk of developing prostate cancer being twice that of white men. They sent the Prostate Cancer UK risk checker to over 300 men, 77 of those went on to have a PSA blood test, and of those, 1 asymptomatic man went on to receive a diagnosis of prostate cancer.

North-East London PCN

This PCN invited around 2,500 high risk men to take part in their project. 447 went on to have a PSA blood test and of those, 9 went on to receive a diagnosis of prostate cancer. In the future they plan to join a regional PSA programme so that they can continue informing men at highest risk about prostate cancer.

(This project) made it really simple to prioritise high risk men, the whole process was streamlined and easy.

I feel we have completed a really good piece of work that has benefited many. Even those that have not initially responded to the offer of a PSA blood test will know they are in a high-risk group and may encourage them to come forward in the future.

We had numerous patients who came into our surgery and said they were grateful for the invitation.

While the PCN DES specification for prostate cancer has not been renewed for another year, we still strongly advocate for raising awareness of prostate cancer among men at risk. If you would like to engage with this activity, promote our risk checker or deliver public messaging around prostate cancer, please get in [touch with us](#) and we'd be eager to help.

INSIGHTS OR REFLECTIONS

There are a number of insights and reflections that we can draw from the research that we have conducted with PCNs who've worked collaboratively with us in achieving the PCN DES specification on prostate cancer.

1. Collaboration with a specialist cancer charity makes a difference. We were able to provide expertise, 1-2-1 support, resources, bespoke links.
2. Texting patients from within a NHS setting with our risk checker increased engagement with Black men.
3. A targeted risk stratified approach to prostate cancer risk awareness messaging is effective. The right men were contacted based on their risk factors.
4. Neither primary or secondary care partners saw surges in services, providing reassurance that workloads were not affected.
5. Surgeries saw improved patient engagement. Patients gave feedback regarding receiving their text message/s which were positive and ones of gratitude.

It's important to note that this project has proactively engaged with men and has provided information to them, which otherwise, they may not have become aware of. Whilst we know that the PCN DES specification for prostate cancer has not been renewed, it's imperative that risk awareness messaging continues for patients at risk, and that poster campaigns and opportunistic conversations become the norm within a primary care setting.

WE WOULD LIKE TO THANK THE PCNS WHO WE WORKED WITH OVER THE YEARS.

If you would like to find out more about our risk awareness work, promote our risk checker or want to deliver public messaging around prostate cancer, please get in [touch with us](#) and we'd be eager to help.

