Service	NHS Nottingham & Nottinghamshire CCG Primary Care Monitoring of Amber 1 Shared Care Protocols and Patients with Stable Prostate Cancer v2
Commissioner Lead	Rachael Harrold, Primary Care Commissioning Manager
Provider Lead	GP Practices of Nottingham & Nottinghamshire
Period	1 April 2020 to 31 March 2022
Date of Review	December 2020
Next Review Date	December 2021

1. Population Needs

1.1 National/local context and evidence base

Shared Care Protocol Monitoring

Shared Care Protocols (SCPs) outline initiation, prescribing and monitoring responsibilities of these therapies for the secondary care specialist and the GP. Care is transferred to primary care once the patient is stable and agreed as clinically appropriate according to the individual shared care document and in agreement between clinicians.

Shared care drug administration following an approved SCP, allows prescribing to be taken on by a patient's GP and by doing so care is provided closer to the patient's home using local facilities within primary care providers whilst reducing waiting times in secondary care. This improved access is important especially for less mobile patients that have severe conditions that affect their ability to travel. The service will give patients choice, encouraging those that are suitable to participate in shared care whilst recognising that some patients may wish to continue using acute services. Local management against a defined quality standard ensure consistency in practice and broader access to treatment. Both have a long term effect on driving up quality and reducing inequalities.

Stable Prostate Cancer

Prostate cancer is one of the most common cancers in men. Each year about 47,000 men are diagnosed with prostate cancer and about 11,000 die from the disease. It is predominantly a disease of older men but around 20% of cases occur in men under the age of 65 years. The condition of many patients with prostate cancer can be stable for a number of years post diagnosis, or post radical treatment. Historically these patients have been followed up on a regular basis in secondary care. This specification establishes a formal agreement between primary and secondary care to ensure patients are monitored and managed in the most appropriate setting. This is in accordance with NICE guidance.

This enhanced service incorporates the historic local enhanced services commissioned by the six CCGs of Nottingham and Nottinghamshire:

- Prostate Specific Antigen (PSA) Monitoring
- The Provision / Administration of Gonadorelin (GnRH) Analogues (Decapeptyl / Zoladex)
- Shared Care Drug Administration
- DMARD Monitoring
- Primary Care Monitoring of Amber 1 Shared Care Protocols

Regular Monitoring of a Secondary Care Patient outside of a Shared Care Protocol
In addition to requests for monitoring under a SCP, adhoc requests are received throughout the year for general practice to provide monitoring for a registered patient under the care of a secondary care clinician or team, which is additional work for the practice that is not covered by the GMS/PMS/APMS contract, another Local Enhanced Service and has not been factored into the development of or a change in service or guidance. To acknowledge this additional work it is proposed that it be included in this LES for 2021/22 on a prior approval basis.

The request for regular, face to face, monitoring should only be carried out where it is clinically appropriate for the patient's registered GP, Practice Nurse or similar clinical nurse position to do so and should not be viewed as an opportunity for services to transfer monitoring to primary care, bypassing the Service Change Cell process or consideration by the Nottinghamshire Area Prescribing Committee.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	
Domain 2	Enhancing quality of life for people with long-term conditions	x
Domain 3	Helping people to recover from episodes of ill-health or following injury	
Domain 4	Ensuring people have a positive experience of care	x
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	x

2.2 Local defined outcomes

- Provide a local point of contact, which is accessible, timely and promotes continuity of care
- Fewer hospital appointments and reduction in follow ups
- Effective and efficient use of financial resources
- Reduced waits for treatments and clinics
- Patients value appointments with GP and nurses in a familiar surroundings

3. Scope

3.1 Aims and objectives of service

Aims

- To provide choice for patients encouraging those that are suitable to access care in a primary care setting which is often more convenient and reduces unnecessary hospital appointments for blood tests
- To continue to provide a safe effective service in a primary care setting
- Use primary and secondary care resources efficiently

Objectives

- To extend the range of services available within primary care, ensuring a seamless transition for patients from secondary to primary care
- To deliver reduced waits and a responsive service with fewer hospital appointments for patients
- Accommodate the working population and deliver a variety of clinic times freeing up resources and capacity in the acute setting allowing them to deal with more complex cases

3.2 Service description/care pathway

This service is designed to cover the enhanced aspects of clinical care of the patient all of which are beyond the scope of essential services. No part of this specification by commission, omission or implication defines or redefines essential or additional services.

This service covers:

- Patients that require monitoring of Nottinghamshire APC classified Amber 1 medicines when used as part of an SCP in the treatment of the indications as listed in Appendix 1
- Men with stable prostate cancer that require, as set out in Appendix 1:
  - Administration and monitoring of hormonal therapy (GnRH)
  - Monitoring only, including watchful wait

3.2.1 Shared Care Protocols (SCP)

Patients registered with a Primary Care Provider signed up to the Amber 1 Shared Care Protocol Monitoring Enhanced Service, and have been initiated and stabilised in secondary care after diagnosis, will be encouraged to move to shared care for blood tests, monitoring and repeat prescribing in primary care. Once agreement has been reached between the specialist, registered GP and patient, the initiation of shared care arrangements will take place in line with the SCP approved by the Nottinghamshire Area Prescribing Committee where the drug is classified as Amber 1 under the Traffic Light Classification for the condition being treated.

Providers must adhere to the criteria laid down within the Nottinghamshire APC approved SCPs. Copies of all SCPs and drug information sheets can be found on the Nottinghamshire APC website http://www.nottsapc.nhs.uk/shared-care-protocols

Stable Prostate Cancer

The service will be provided to patients deemed suitable for discharge from secondary care based follow up as identified by the PSA Pathway Guidance for the On-going Monitoring of Patients with Stable Prostate Cancer, reviewed December 2020. This will include patients already monitored and managed in primary care.

PSA Monitoring:

- Undertake 3-6 monthly PSA blood testing and follow-up appointments
- Follow-up appointments, face to face, telephone or online, will be carried out by the GP or appropriately qualified nurse to review symptoms. PSA results may be discussed at that consultation.

GnRH Injections:

- Prescribe and administer GnRH on a 3-6 monthly basis
- Follow up patients who do not attend at the required interval for a repeat injection
- Keep a record electronically in the patient's notes of the date of administration and the batch number and expiry date of the drug
- Record any adverse reactions to the drug
- Seek specialist advice regarding any complications of treatment
- Ensure that there is adequate back up/contingency plans in place for the continued provision of the service in the event of breakdown of equipment, key staff absence or supply chain problems.

Providers must adhere to the PSA Pathway Guidance for the On-going Monitoring of Patients with Stable Prostate Cancer, reviewed December 2020.

3.2.2 Prescribing

Shared Care Protocol Monitoring

The secondary care specialist will be responsible for providing the initial prescription for 28

days' supply of medication following consultation or until such time as the patient is stable as set out in the SCP. The primary care provider will be responsible for subsequent prescribing of medication in primary care in line with the Nottinghamshire APC approved shared care guidelines.

For those patients who wish to remain within the secondary care setting for their monitoring arrangements, the secondary care specialist will retain responsibility for monitoring and prescribing.

Stable Prostate Cancer
Gonadorelin Analogues (GnRH)
It will be the responsibility of the provider to ensure that patients will be administered GnRH injections in line with current Nottinghamshire Area Prescribing Committee (APC) guidance. Please note: Triptorelin (Decapeptyl SR®) products are recommended in Nottinghamshire as the preferred GnRH analogues for prostate cancer. **Patients may be prescribed Triptorelin (Decapeptyl SR®) even if this is different from the GnRH analogue originally recommended by secondary care.** Therapy should be switched when the next dose of Gonadorelin analogue is due. Please refer to the APC website for further information including the APC Position Statement (www.nottsapc.nhs.uk).

3.2.3 Referral Criteria for this Service

- Only those patients prescribed a listed medication where the drug is classified as Amber 1 under the Nottinghamshire Traffic Light Classification for the condition being treated will be considered for the service
- Only those patients discharged from secondary care follow-up into primary care follow-up in line with the PSA Pathway Guidance for Community Monitoring of Patients with Stable Prostate Cancer, reviewed December 2020, will be eligible for inclusion within this service
- Patient choice
- Patient selection criteria stated within the shared care / pathway guidelines
- Patients registered primary care provider has signed up to this enhanced service
- Primary Care Provider has explicitly agreed to the request for shared care / monitoring and management

The secondary care specialist will contact the registered GP practice to ask if the GP is willing to participate in shared care prior to initiating therapy so that follow on prescribing arrangements can be made. In the case of patients with Stable Prostate Cancer, the secondary care specialist will refer the patient to their registered GP practice who will have diagnosed and staged the disease and recommended a management plan.

The secondary care specialist is responsible for talking through the patient's roles and responsibilities as part of their discussion on whether to start therapy and that the patient / carer agree to undertake the monitoring requirements.

On the rare occasion the Primary Care Provider will not accept shared care / monitoring and management for valid reasons the patient's monitoring and prescribing arrangements will remain with secondary care. Individual cases must be discussed between the GP and Consultant. The GP is responsible for contacting the consultant in writing to give their agreement to (or declining of) acceptance on to the practice based register.

3.2.4 Patient Register

- The Provider must create and maintain a register of patients
- The register must provide the data required for monitoring purposes to support the practice in claiming
- There must be a robust, systematic call & recall system in place to ensure monitoring and reviews occur as per the requirements of the SCP or PSA Pathway Guidance

- The Provider should have mechanisms in place to manage non-attendees of monitoring appointments
- Implement a process that ensures patients are informed of their test results
- Implement a system that ensures patients who do not attend are contacted at least three times by different means. If the patient does not wish to attend, the reason must be documented.

3.2.5 Individual Management Plan

The Provider must ensure that each patient has an individual management plan created in conjunction with the specialist and the patient, and includes the reason for the treatment, planned duration and monitoring timetable (including therapeutic range if possible).

3.3 Population covered

The service will be available to patients registered with a Nottingham or Nottinghamshire GP practice

3.4 Any acceptance and exclusion criteria and thresholds

Exclusion criteria

- Patients where the drug is classified as Red under the Nottinghamshire Traffic Light Classification for the condition being treated and /or no Nottinghamshire APC SCP is in place
- Patients that are not on medication listed in Appendix One for the indication being treated
- Patients that are registered with a provider that has not agreed to deliver the service
- The patient's wellbeing would not benefit from shared care arrangements as determined by the consultant
- Patients who consistently fail to attend for monitoring and therefore not compliant with the monitoring requirements, and the GP has determined the patient care may suffer as a result
- Patient choice
- Active surveillance, which is defined as the active monitoring of patients with prostate cancer, with a view to treatment with curative intent if there are signs of progression. Patients within this group will continue to be followed up in secondary care

Referral back to secondary care

The Provider will re-refer the patient to the relevant secondary care specialist if the criteria as set out in the Shared Care Protocol; PSA Pathway Guidance or discharge letter are reached.

3.5 Interdependence with other services/providers

Establish key working relationships and interdependencies with:

- Appropriate Secondary Care Consultants
- Specialist Nurses
- Pharmacists

3.6 Regular Monitoring of a Secondary Care Patient outside of a Shared Care Protocol

Prior Approval Criteria

The Provider will be required to apply for prior approval (Appendix Two) in order for funding to be confirmed. This should not however delay the patient receiving clinical care. The monitoring requested by secondary care should meet the following criteria:

- Minimum interval of quarterly

- Minimum term of six months
- Requires the patient to attend face to face appointments for monitoring by a GP, Practice Nurse or similar clinical nurse position
- Monitoring includes, but not limited to, BT, BP, pulse, height, weight, ECG or similar primary care provided routine NHS monitoring
- Registered GP practice has accepted the request for shared care
- Annual review completed prior to anniversary of monitoring start date

Prior approval is required from the Primary Care Commissioning Team who will liaise with other CCG commissioning and contracting teams to ensure monitoring does not sit within a commissioned service or should be considered by the Service Change Cell or Nottinghamshire Area Prescribing Committee. If prior approval is approved, funding will start in the quarter the approval is confirmed (i.e. approved in June, payment to commence Q1). Funding will not be approved for monitoring undertaken whilst awaiting the outcome of a commissioning or Nottinghamshire APC decision. Funding for the monitoring of Green Traffic Light classified medications initiated and/or managed in primary care are excluded from this service.

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

The provider must ensure that they are aware of, compliant with, and can provide evidence if required, to demonstrate compliance with all relevant standards including adherence to the relevant NICE guidelines where applicable.

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

The provider must ensure they are aware of, compliant with and provide evidence if required to demonstrate compliance with any relevant standards.

4.3 Applicable local standards

The provider must ensure that they are aware of, compliant with, and can provide evidence if required to demonstrate compliance with all local policies, procedures and guidance. CQC registration is completed and the essential 16 standards achieved. Staff involved in delivering this service should be adequately trained and supervised as determined by the provider and must have suitable indemnity.

Serious Incidents (SI's) and Patient Safety Incidents (PSI's)

It is a condition of participation in this service that providers will report all Serious Incidents that relate to primary care services to the appropriate CCG, in line with NHS England's Serious Incident Framework, March 2015 (new Patient Safety Incident Response Framework (PSIRF) in development, anticipated roll out Autumn 2022). If it is not clear whether or not an incident fulfils the definition of a serious incident, providers and commissioners must engage in open and honest discussions to agree the appropriate and proportionate response. If deemed to be a Serious Incident the incident will be logged by the CCG on the current serious incident management system STEIS (the Strategic Executive Information System) or any other data base as directed by national guidance.

Safety Alerts

Providers must ensure that they are aware of and have a process in place for managing any safety alerts from the following sources that apply to any equipment or patient safety concerns associated with this enhanced service and that these are acted upon:

- Medicines and Healthcare products Regulatory Agency (MHRA) http://www.mhra.gov.uk/#page=DynamicListMedicines
- Central Alerting System (CAS) https://www.cas.mhra.gov.uk/Home.aspx
- Local or national clinical guidance
- National and local formularies

Where requested details of action taken must be reported back to the CCG within the designated timescale.

4.3.1 Infection Prevention and Control

Good infection prevention and prudent antimicrobial use are essential to ensure that people who use health and social care services receive safe and effective care. Effective prevention of infection must be part of everyday practice and be applied consistently by everyone (The Health Act 2008) Registered providers should meet the requirements of The Health and Social Care Act 2008. The provider should:

- Have systems in place to manage and monitor the prevention of infection, including regular audit and training. Infection prevention and control training for all staff every 2 years and hand hygiene yearly for all clinicians
- Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections and meets national estates guidance and local IPC guidance
- Ensure appropriate antimicrobial use to optimize patient outcomes and to reduce the risk of adverse events and antimicrobial resistance
- Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/medical care in a timely manner
- Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to others
- Systems to ensure that all care workers are aware of and discharge their responsibilities in the process of preventing and controlling infection
- Provide adequate isolation facilities
- Secure adequate access to laboratory support
- Have and adhere to infection prevention and control policies that are based on national and local guidance
- Have a system in place to manage the occupational health needs and obligations of staff in relation to infection
- Have robust systems and processes in place to manage pandemics at a practice level including the management and reporting of staff outbreaks

Safeguarding

All staff working in this service area will be trained and competent in safeguarding children and adults as outlined in the Intercollegiate Guidance: -

Children: https://www.rcpch.ac.uk/resources/safeguarding-children-young-people-roles-competencies

Looked After children
https://www.rcpch.ac.uk/sites/default/files/Looked_after_children_Knowledge__skills_and_competence_of_healthcare_staff.pdf

Adults: https://www.rcn.org.uk/professional-development/publications/pub-007069

All staff will comply with Nottingham and Nottinghamshire safeguarding children and adult procedures which can be accessed via these links: -

Safeguarding Children Procedures City & County:
https://nottinghamshirescb.proceduresonline.com/

Safeguarding Adult Procedures Nottinghamshire : -

https://nsab.nottinghamshire.gov.uk/procedures/

Safeguarding Adult Procedures Nottingham City: - https://www.nottinghamcity.gov.uk/information-for-residents/health-and-social-care/adult-social-care/adult-safeguarding

5. Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements (See Schedule 4 Parts A-D)
The provider will be expected to complete a declaration and self–assessment form on an annual basis as part of the performance management framework.

5.2 Applicable CQUIN goals (See Schedule 4 Part E)
To be agreed by commissioner

6. Location of Provider Premises

The Provider's Premises are located at:
The Service will be provided within the boundaries of Nottingham & Nottinghamshire CCG. Providers must have adequate mechanisms and facilities including premises and equipment as are necessary to enable the proper provision of this service.

Location(s) of Service Delivery
The Provider is required to carry out the service within a recognised primary care setting registered for the purpose of healthcare.

Days/Hours of operation
As a minimum the service will operate Monday to Friday 8am to 6.30pm, GP core contract opening hours. The service will be expected to provide a variety of clinic times providing choice for the patient and will vary from provider to provider.

7. Contract

The contract will run from 1 April 2020 to 31 March 2022. This service specification has been updated following the review at nine months (December 2020). The changes are as follows:

- Adhoc requests for regular monitoring of a secondary care patient outside of a shared care protocol at the request of secondary care – criteria apply, prior approval required

The notice period is three months for termination under General Condition 17.2.

3.6 Remuneration and Outcome Measures

Providers will receive a payment of £25.00 per patient per quarter.

Where a patient is under primary care monitoring of a Shared Care Protocol and monitoring of stable prostate cancer, the practice would claim twice per quarter for that one patient.

If a patient is prescribed one medication for two separate conditions, the practice would claim once per quarter for the monitoring of that one patient.

If a patient is prescribed two medications for two separate conditions, the practice would claim twice per quarter for the monitoring of that one patient.

Providers should claim only once per patient per quarter irrespective of the number of patient contacts

or injections / PSA tests given in that quarter.

If a patient is referred back to the secondary care specialist for their condition, and therefore leaves primary care management, under the terms of this service no payment will be made for that quarter until the patient re-enters primary care management.

Payment will be made in arrears on production of the following quarterly data set for monitoring purposes in relation to this service:

Required for all patients:

- Practice can produce and maintain a register of all patients being monitored under this service which identifies the data required for monitoring purposes
- Name of GP Lead(s) responsible for care co-ordination
- Assurance that the practice accessed training prior to offering the service
- Run a 3 monthly audit to ensure patients are seen as per the agreed guidelines for each pathway

Shared Care Protocol Monitoring

Quarterly:

- **A)** Total number of patients on the register identified using as 'Shared Care' or 'Shared Care prescribing'
- Number of patients on the register broken down by drug and specialty
- **B)** Number of patients on the register identified as 'Shared Care Prescribing Declined' or 'Shared Care Prescribing Referred Back to Hospital'
- **A minus B =** the number of patients monitored in that quarter by the Provider and can be claimed for

Annually:

- Providers will be asked to complete an Annual Declaration and Self-Assessment for Shared Care Drug Administration

F12 - SCP1: Patients on Shared Care Drugs Monitored under a Shared Care Protocol

SystmOne

For SystmOne practices, as part of F12 there is a report for SCP in the F12 Local Enhanced Services Claims folder which makes it simple to find the numbers for claiming. These reports show patients coded as below (consider using the F12 LES templates for the service where green stars indicate the codes to add for claiming purposes). The F12 reports *will* account for any current active patients AND any deducted *within* that quarter where you have been caring for them.

EMIS

Unfortunately, EMIS reports cannot be shared centrally in the same way as SystmOne, therefore practices will need to write these searches for themselves currently– the same codes and criteria should be used for reporting purposes, however.

<table>
<tr><th>Report Name</th><th colspan="2">Criteria and requirements</th><th>F12 Template</th></tr>
<tr><td rowspan="3">SCP1: Patients on Shared Care Drugs

NOTE: Although the code of shared care is used to identify claimable patients they should also have a coded indication as to why they are on the</td><td colspan="2">Any patient on a repeat of any of:</td><td rowspan="3">Shared Care Drug Monitoring</td></tr>
<tr><td>• Atomexetine
• Azathioprine
• Ciclosporin
• Dexamfetamine
• Leflunomide
• Lisdexamfetamine</td><td>• Mercaptopurine
• Methotrexate
• Methylphenidate
• Penicillamine
• Sodium aurothiomalate
• Sulfasalazine</td></tr>
<tr><td colspan="2">AND coded at any time with
Shared care (301781000000101) OR
Shared care prescribing (415522008)</td></tr>
</table>

drug (e.g. Rheumatoid Arthritis etc.) which can be evidenced if payment verification is required	**WITHOUT** a later code of Shared care prescribing declined (415523003) Shared care prescribing referred back to hospital (415524009)	

Men with Stable Prostate Cancer

- **A)** Total number of patients on the prostate cancer register
- Total Number of Patients who have undertaken ≥ one of the following:
  - GnRH injection given (in the last 3mths)
  - PSA test done (in last 3mths)
  - Reviewed as part of the PSA Patient Pathway
- **B)** Total number of patients declined or referred back to secondary care
- **A minus B** = the number of patients monitored in that quarter by the Provider and can be claimed for

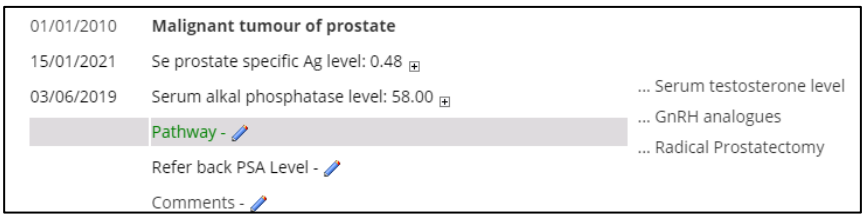
F12 - PSA1:Stable Prostate Cancer Monitoring

SystmOne

For SystmOne practices, as part of F12 there is a report for PSA in the F12 Local Enhanced Services Claims folder which makes it simple to find the numbers for claiming. These reports show patients coded as below (consider using the F12 LES templates for the service where green stars indicate the codes to add for claiming purposes). The F12 reports *will* account for any current active patients AND any deducted *within* that quarter where you have been caring for them.

EMIS

Unfortunately, EMIS reports cannot be shared centrally in the way we as SystmOne, therefore practices will need to write these searches for themselves currently– the same codes and criteria should be used for reporting purposes, however.

Report Name	Criteria and requirements	F12 Template
PSA1: Prostate Monitoring	Any patient with Prostate cancer coded **AND** coded at any time with Shared care (301781000000101) OR Shared care - consultant and GP (268529002) **WITHOUT** a later code of Shared care prescribing declined (415523003) Shared care prescribing referred back to hospital (415524009) **NOTE! This LES also requires data to be input into the eHealthScope record as there are pathway requirements that cannot be added via SystmOne or EMIS.**  **SystmOne practices should use the link direct from the F12 prostate cancer template**  **EMIS practices can use this link to access the e-Healthscope GP register and then add the pathway information - https://ehsweb.nnotts.nhs.uk/default.aspx?tabid=343**	F12 Prostate Assessment & Ca Prostate Review eHealthScope pathway editor

Appendix 1 v3 (March 2021)

Shared Care Protocols
Nottinghamshire APC classified Amber 1 medicines when used as part of a SCP in the treatment of the indications as listed below.

This list will be updated and circulated to providers on approval (with funding identified) of additional Shared Care Protocols (highlighted in yellow).

Drug	Speciality	Indication
Azathioprine	Dermatology	Psoriasis, Eczema
	Gastroenterology	Inflammatory Bowel Disease Auto-Immune Hepatitis
	Rheumatology	Rheumatoid Arthritis Connective Tissue Disease
	Neurology	Neuro-inflammatory conditions
Ciclosporin	Rheumatology	Rheumatoid Arthritis
Leflunomide	Rheumatology	Rheumatoid Arthritis Psoriatic arthritis
Mercaptopurine	Gastroenterology	Inflammatory Bowel Disease
Methotrexate	Dermatology	Psoriasis, Eczema
	Rheumatology	Rheumatoid Arthritis Connective Tissue Disease
Penicillamine	Rheumatology	Rheumatoid Arthritis
Sodium Aurothomalate	Rheumatology	Rheumatoid Arthritis
Sulfasalazine Monitoring required for 1st 2 years	Rheumatology	Rheumatoid Arthritis Sero-negative spondyloarthropathy
Sustanon	Endocrinology (Paeds)	Growth Hormone Constitutional delay in growth & puberty and hypogonadism in children & adolescents
Methylphenidate Hydrochloride	Mental Health (Paeds) Mental Health Adults	ADHD (6yrs to 18yrs) ADHD (Adults)
Atomoxetine Hydrochloride		
Lisdexamfetamine		
Dexamfetamine		

Prostate Specific Antigen (PSA) Monitoring and GnRH

GnRH Admin & Monitor	Secondary care initiate, patient discharged to GP for monitoring and repeat GnRH three or six monthly
Watchful Wait	Test and assess patient six monthly
Monitor Discharged Patients 2yrs Post Surgery	Test and assess patient six monthly
Monitor Post Radical Therapy	Serum PSA and testosterone six monthly for three years, then Serum PSA annually lifelong

Please refer to PSA Pathway Guidance for the On-going Monitoring of Patients with Stable Prostate Cancer, reviewed December 2020, for details

Appendix Two: Prior Approval Template – Requests for Regular Monitoring of a Secondary Care Patient Outside of a Shared Care Protocol

Practice Name		**Practice Code**	
Practice Contact Name		**Date Submitted**	
Diagnosed Condition & Speciality			
Name & Contact Details of Secondary Care Consultant / Team			
Monitoring Requested Please provide full details of monitoring requested. Missing or incomplete information may delay consideration by the Primary Care Commissioning Team			
Monitoring start and, if known, end date			
Confirmation shared care request will be accepted and undertaken by GP or Practice Nurse (or similar clinical nursing role)			Yes / No
Monitoring Interval (minimum quarterly) Payment set at £25 per quarter irrespective of the number of patient contacts during the quarter			
Monitoring Term (minimum six months)			
Details of face to face primary care monitoring to be undertaken BT, BP, pulse, height weight, ECG or similar routine primary care NHS monitoring			
If monitoring a prescribed medication, please note the drug name and Traffic Light classification Drugs classified as Green are excluded from this service			

Office Use ONLY Date Received by PCCT:

Does the request meet the minimum requirements? If no, decline request	Is monitoring part of a commissioned service? Seek advice from CCG Contract Lead
Is monitoring required for a prescribed medication? Refer to APC Website and seek clinical advice	Does the request for monitoring relate to a group of patients and therefore an identified commissioning gap? If yes, seek advice from Contracts Team
What is the impact of not approving the funding request? Seek independent clinical advice	
Outcome & Date Practice Notified	

Please send completed form to nnccg.primarycarenotts@nhs.net