1. Introduction and Who Guideline applies to

This Standard Operating Procedure (SOP) is designed to formally illustrate how the 'Prostate Cancer Nurse Led Triage' process can provide consistant standards of care and service to patients who have a suspected diagnosis of prostate cancer. This group of patients are referred via the Two Week Wait (2WW) Suspected Urology Prostate pathway from primary care.

Having a nurse led triage service would:

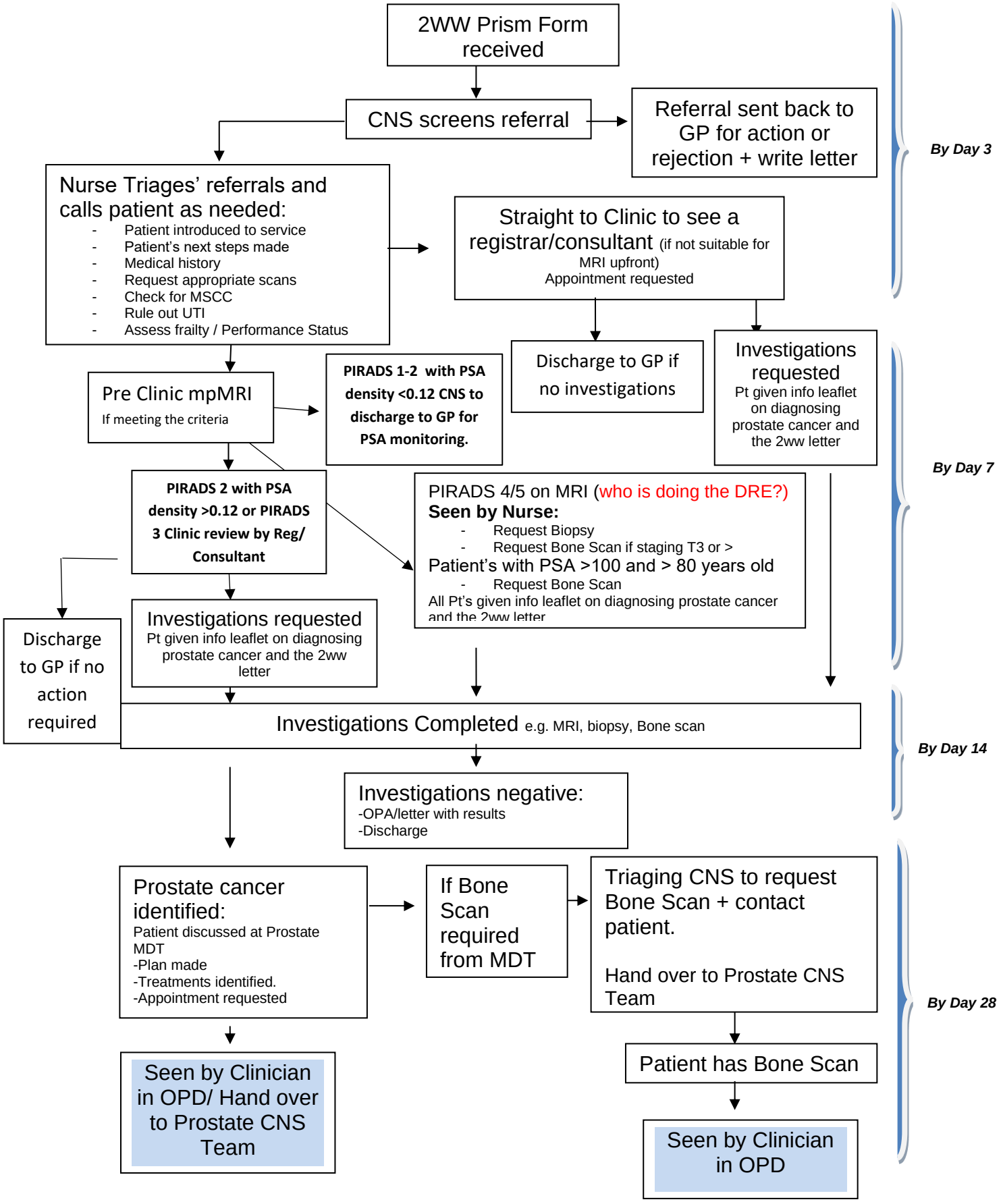
- Speed up the diagnostic pathway for prostate cancer patients, helping to meet the current national targets and guidelines:
    - Achieving World-Class Cancer Outcomes: A Strategy for England 2015-2020
    - Implementing the Cancer Taskforce Recommendations: Commissioning Person Centred Care for People Affected by Cancer (April 2016)
    - NICE guidance for the management of prostate cancer (2019)
    - NHS England: Rapid diagnostic and assessment pathways – Implementing a timed prostate cancer diagnostic pathway (2018)
- Reduce and streamline the number of clinic appointments needed for patients on the prostate cancer pathway.
- Discharge patients that are confirmed as not having cancer in a more timely manner
- Creating continuity of care and a better experience for the patient.

All referrals for suspected prostate cancer would be triaged by a Prostate Cancer Triage Nurse Specialist, who will use their expert clinical knowledge and skills to make autonomous decisions in the triaging of referrals supported by clinically approved guidelines.

This document applies to all consultants, junior medical staff, nursing staff and administration staff responsible for the care of prostate cancer patients within the University Hospitals of Leicester NHS Trust (UHL).

2. Guideline Standards and Procedures

2.1 Patient Pathway Flow Chart – 28 days to diagnosis



2.2 Process Summary

a. Receive referral form (PRISM 2WW Urology Prostate) from primary care. These referrals come via the 2WW admin office based in the Cancer Centre.

b. Triage Nurse to review referral on ERS worklist and decide:

   I. Patient's referral does not meet the referral criteria and is referred back for GP action. Direct communication with the GP will need to be undertaken by telephone and a letter is dictated.

   II. Patient's referral does meet the referral criteria and patient is booked for a nurse led telephone appointment.

c. Nurse led telephone appointment. The aim of this will be to introduce the service and explain the diagnosistic pathway, as well gathering information that may not have been gained from the PRISM referral

   - Introduction to the service
   - Allergies – Any Drug or food allergies?
   - Past Medical History – Urological/Cardiac/Respiratory/Diabetes/Cancer. Annotating on the triage from any conditions which may affect suitability for prostate cancer treatments.
   - Check Performance Status of the patient and frailty using the Rockwood Frailty Assessment tool.
   - Check for Urinary Tract Infection (UTI) symptoms
   - Current Medication – Prescription/Supplements/Recreational
   - Family History – Cancer History
   - Check Contraindications for MRI/Bone Scan and explain the rationale for these investigations.
   - Check for pain and red flag sigs of Metastatic Spinal Cord Compression. See guidelines.
   - Any communication issues/cultural issues – would their pathway need to be altered to accommodate this? Any interpreter needed?

     I. If the patient meets the criteria for a mpMRI then the triage nurse will request this.

     Exclusion criteria for mpMRI at triage stage:

     - >79 Years
     - Clinical Frailty Score > 3
     - PSA < 2.5 or >50MI in the last year/ Cardiac Failure/ Arteriopathy
     - Previous Prostate Referral
     - UTI
     - Advanced COPD/ Home O2
     - Those with Multiple Sclerosis/Parkinson's are not exempt from mpMRI but would require the CNS to identity if they can lie still for the duration of the scan.

II. If the patient meets any of the exclusion criteria, then they triaged to be seen by a doctor as an outpatient in clinic.

d. Imaging requests are submitted or an OPA clinic appointment is requested for those that do not meet the inclusion criteria.

I. All patients that have had an mpMRI will go down the following route:

1. Patients with an mpMRI reported with a PIRADS 4 or 5 lesion in the prostate will be seen by the triage nurse in the cancer clinic/ telephone appointment, where a biopsy will be discussed with the patient and template biopsy requested.
2. In the instance that the MRI staging ≥ T3, a bone scan will be requested if appropriate.
3. Patients will be counselled that further imaging appointments such as bone scans or others may be needed depending on the histology results. These appointments will be telephoned through or will come through the post.
4. Patient with an mpMRI reported with a PIRADS lesion ≤ 3 are booked to clinic and seen by a consultant/SpR.

e. Patients mpMRI, biopsy and bone scan results are discussed on the Urology Cancer MDT. From MDT there would be the following outcomes:

I. Patients with a Gleason score ≥ G4+3=7 or a PSA above 20, will be booked for a bone scan straight from MDT. These requests will be completed by the triage nurse. Bone Scan will be requetsd before attending clinic to receive all results.

II. All other patients will have an OPD requested with a clinician.

III. Patients with a new diagnosis of prostate cancer will be handed over from the Triage CNS (Clinical Nurse Specialist) to the prostate CNS team.

IV. Those with negative results will be discharged at either an outpatient's appointment or via letter. These will be identified from the PTL

3.0 Education

3.1 Induction: A robust induction programme including:

3.1.1 Shadowing through all areas of the patient pathway in order to have a clear understanding of the patient's journey.

3.1.2 Meet key capabilities and be signed off by the Lead Prostate Consultant as per competencies Appendix 1.

3.2 Clinical Supervision: A period of shadowing will need to take place with the current clinical lead consultant/ Present Triage CNS and planned progress meetings.

3.3 Triage CNS will need to complete a 1 day study day in order to request specific imaging – mpMRI, Bone Scan and CT.

3.4 Dictate IT Training is completed.

3.5 Complete relevant e-learning modules including:

3.5.1 Rockwood Clinical Frailty Training:

https://www.scfn.org.uk/clinical-frailty-scale-training

4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Patient Experience	National Cancer Experience Survey	TBC	Annually	TBC
Pathway Timings	Audits/PTL	TBC	After 3 months	TBC

5. Supporting References (maximum of 3)

If NONE say NONE

6. Key Words

List of words, phrases that may be used by staff searching for the Guidelines on PAGL. If none – state none.

CONTACT AND REVIEW DETAILS	
Guideline Lead Joanne Bishop Clinical Nurse Specialist	**Executive Lead Katherine Hodgson**
Details of Changes made during review:	