

The True NTH prostate cancer survivorship care programme: development and evaluation of a model for delivering follow up care to men with prostate cancer

Southampton

Richardson A^{1, 2}, Frankland J², Brodie H², Cooke D³, Pickering R⁴, Gage H⁵, Foster R², Foster C²

¹University of Southampton NHS Foundation Trust, Southampton, UK; ²Faculty of Health Sciences, University of Southampton, UK; ³School of Health Sciences, University of Surrey, UK; ⁴Faculty of Medicine, University of Southampton, UK; ³School of Health Sciences, University of Southampton, UK; ⁴Faculty of Medicine, UNIVERSITY Southampton, UK; 5School of Economics, University of Surrey, UK

Background Over the past few decades, there has been a worldwide escalation in incidence of prostate cancer¹. Incidence is highest in countries such as Australia, New Zealand, North America and Western Europe, where testing for Prostate Specific Antigen (PSA) is common practice². The five year survival rate in developed nations is relatively high^{3,4}, and health services are struggling to cope with the increasing number of men who have completed treatment and require follow-up care. Moreover, studies demonstrate that men have a range of physical and psychosocial needs which currently are not being met⁵⁻⁷. New sustainable models of service delivery are required to ensure health systems can respond to this growing challenge.

The True NTH Supported Self-Management and Follow Up Care Programme is an evidence based solution which encompasses self-management and remote monitoring principles. Face-to-face follow up consultations are replaced with patient directed, individually tailored care. The initiative is part of the Movember Foundation's True NTH global programme, facilitated in the UK by Prostate Cancer UK.

December of the latest states and the latest states are states as a second state of the latest states are states as a second state of the latest states are states as a second state of the latest states are states as a second state of the latest states are states as a second state of the latest states are states as a second state of the latest states are states as a second state of the latest states are stated as a second state of the latest states are stated as a second state of the latest states are stated as a second state of the latest states are stated as a second state of the latest states are stated as a second state of the latest states are stated as a second state of the latest states are stated as a second state of the latest states are stated as a second state of the latest states are stated as a second state of the latest states are stated as a second state of the latest states are stated as a second state of the latest states are stated as a second state of the latest states are stated as a second state of the latest states are stated as a second state of the latest states are stated as a second state of the latest stated as a second state of the latest stated as a second stated as a second stated as a second stated as a second stated stated as a second stated as a second stated stated stated as a second stated stated stated stated stated stated as a second stated stat							
Programme model							
Bespoke IT portal, facilitating r		nce and enablirealth care team	ng communication between the				
-		-					
Online needs assessment, monitoring of PSA and provision of information and resources		Survivorship Care Plan with communication of treatment summary and care plan to primary care					
	Management an	upported Self- d Follow Up Care ramme					
System of rapid recall if indicated by PSA, needs assessment or symptoms		Self-management workshop to transition men to Care Programme and introduce resources for self-management					
•		•					
Support worker role in healtho	are team as fir	st point of conta	act for men on the programme				

INPUTS	OUTPUT Activities	S Participation	Short term	OUTCOMES Medium term	Long term
New Supported Self- Management and Remote Monitoring Care Pathway Funding for a support worker role as part of multi- disciplinary team Staff training to run self- management workshops Bespoke IT platform to facilitate care pathway Project management to implement care pathway Supported self-management and remote monitoring evidence base	Men referred onto new care pathway Enrolment of men on IT platform Delivery of self-management workshops Delivery of personalised care through HNA and care planning and access to advice and support from HCPs Monitoring of PSA by Clinical Nurse Specialist in virtual clinics	Men with stable disease, who are judged to no longer benefit from face-to-face clinic follow up and are capable of self-managing their follow up care (identified by clinical criteria)	Men take active role in management of prostate cancer follow up (undertake PSA as required; track results; complete HNA) Men have increased knowledge and understanding of: self-management; signs and symptoms to alert to clinical team; how to access help and support; benefits of healthy lifestyle for survivorship Men know how to contact their clinical team Men have increased skills to self-manage	Men take active role in addressing unmet needs (identify problems; work out strategy to ameliorate problem; set goals; implement strategy) More men set goals to improve health behaviour Men more satisfied with follow up care Men feel more in control of their health and empowered to participate in their health care	Improved prostate cancer related quality of life and emotional wellbeing Improved health behaviours Reduced health service use

Logic model

- 1. Hsing, A. W., Tsao, L. & Devesa, S. S. 2000. International trends and patterns of prostate cancer incidence and mortality International Journal of Cancer, 85, 60-67.
- 2. Globocan. Prostate Cancer. Estimated Incidence, Mortality and prevalence Worldwide in 2012. http://globocan.iarc.fr/old/FactSheets/cancers/prostate-new.asp. Accessed on 21.12.15.
- 3. National Cancer Institute. SEER Stat Fact Sheets: Prostate Cancer. http://seer.cancer.gov/statfacts/html/prost.html Accessed on 21 12 15.
- 4. Office for National Statistics (2015) Cancer Survival in England: adults diagnosed in 2009 to 2013, followed up to 2014. http://www.ons.gov.uk/ons/dcp171778 424443.pdf. Accessed on 21.12.15.
- 5. Paterson, C., et al (2015), Identifying the unmet supportive care needs of men living with and beyond prostate cancer; A systematic review. Eur J Oncol Nurs, 19, 405-18.
- 6. Ream, E., et al (2008). Supportive care needs of men living with prostate cancer in England: a survey. British Journal of Cancer 98, 1903-1909
- 7. Steginga, S. K., et al (2001). The supportive care needs of men with prostate cancer (2000). Psychooncology, 10, 66-75. 8. DH, Macmillan Cancer Support & NHS Improvement (2013). Living with & Beyond Cancer: Taking Action to Improve Outcomes (an update to the 2010 National Cancer Survivorship Initiative Vision). London: DH.
- 9. Curtis L. (2013). Unit costs of health and social care 2013. University of Kent: PSSRU.

For more information, contact Jane Frankland: i.l.frankland@soton.ac.uk For infomation about True NTH, see:

https://uk.movember.com/news/7593/introducing-truenth/?searchscope=local&category id=1 or http://prostatecanceruk.org/for-healthprofessionals/our-projects/truenth

Evaluation aims i) to compare key outcomes for men in the Care Programme with men who have received clinic based follow up care; ii) to compare costs of the Care Programme with clinic based follow up care at both service and patient level; iii) to document health care professionals' and patients' experiences of follow up care iv) to document processes which promote or inhibit the Care Programme's implementation. Evaluation methods Outcome evaluation using a controlled cohort design with pre- and post-test measures. Key outcomes are general and cancer specific quality of life; unmet needs; fear of recurrence; anxiety and depression; skills for self-management; healthy behaviour change; satisfaction with follow up care. Embedded health economics and process evaluations are also being conducted. **Setting** Men are recruited from four regional cancer centres in the UK where the Care Programme is being implemented.









