**PSFU is a new way of following up some patients with cancer.**

**Personalised stratified follow up (PSFU)**

**information for primary care clinicians**

**Introduction**

This leaflet outlines what PSFU is and what to do if contacted by a patient on PSFU.

**What is PSFU?**

At the end of treatment if a a patient is suitable for PSFU they will continue to undergo routine tests but will may not have regular face-to-face appointments with a nurse or consultant. They will have the freedom to have rapid access back to their medical team as and when they have a problem or concern instead.

Patients will follow a protocol that has been agreed by the relevant pathway board, which is available on the Greater Manchester Cancer Alliance’s website. Each tumour may have several different surveillance test schedules, depending on the patients risk of reoccurrence.

**Why is PSFU being introduced**

The National Cancer Survivorship Initiative found that ‘one-size-fits-all’ routine follow up of cancer patients takes up a good deal of service capacity, time and resources. While individual professionals try to meet the ongoing needs of patients, care has often been organised around the convenience of services, conducted in overstretched clinics, with some people experiencing long waits.

The implementation of PSFU pathways provides better care and experience for patients. By reducing the amount of time that professionals spend seeing patients who are doing well after treatment, it also frees up professionals’ time to focus on other parts of cancer pathways, such as faster diagnosis and treatment, or those with complex post-treatment needs.

Supportive self-management means that patients do not have to make unnecessary trips to the hospital at times when they are feeling well and symptom-free, these appointments can also be costly in time off work and travel expenses.

**When is PSFU starting?**

All Trusts in Greater Manchester are currently working towards offering fully operational PSFU pathways in Colorectal, Breast, Prostate and Endometrial cancer by the end 23/24 as required in the Cancer Operational Planning Guidance.

The pathways have been clinically developed with clear inclusion and exclusion criteria as well as set diagnostic schedules dependent on the pathway and its requirements which align to the national PSFU guidelines as detailed in the attached.

**What does PSFU mean for me as a primary care clinician?**

**Some patients that will have been on a traditional follow up pathway will now be on a PSFU pathway which will most likely mean less face-to-face appointments at set time intervals. This will have been explained to them by their acute care team and the diagnostic schedule with any appointments that are still required as part of that will be arranged and communicated as usual.**

If any of their routine surveillance tests or scans are not within normal limits, their team may take them off PSFU and put them back onto professionally led follow up or move them onto more regular surveillance but still on PSFU.

If a patient needs to re-access their acute care team while on a PSFU pathway for any other reason that is not due to diagnostic results they will have the details of how to do this as part of Treatment Summary letter which should also be available to you on your system (Snomed code of 413737006 or a read code of 8BCF.00).

*A patient may contact you rather than their treating team if they have any symptoms which they are concerned about. Please remind them in the first instance of their treatment summary letter or provide them with another copy which will include information on their pathway and side effects as well as details of their CNS team who they can contact if they have any concerns.*

**How will I know what symptoms should be referred directly back into the treating team?**

A patient will have an end of treatment appointment where all aspects of PSFU will be discussed and their consent to start on a PSFU pathway obtained.

The treatment summary will list signs and symptoms of reoccurrence that a patient should look out for.

If this information is not easily available to you it will also be available on the [FutureNHS collaboration platform](https://future.nhs.uk/GM_CancerAlliance_PCP) or [GM Cancer Alliance website](https://gmcancer.org.uk/programmes-of-work/personalised-care/) along with the protocol for each stratified pathway. A copy of all the treatment summary templates will also be available there.

**How will a patient be given their results?**

A patient will either receive their results by phone from their CNS or by letter. This will vary between tumour groups and individual hospitals.

**Who should I contact if I have a concern about the patient?**

If you review a patient and you feel their symptom/s may indicate possible recurrence of their cancer then the patient should urgently contact their CNS or other contact person to discuss whether they need an urgent clinic review or expedited investigations. If you feel they are not capable of doing this themselves, then you should contact their CNS team directly. This number will on the patient’s treatment summary. The email details for some CNS teams are on the [FutureNHS collaboration platform](https://future.nhs.uk/GM_CancerAlliance_PCP)

A patient’s clinical risk and capacity to manage their own health will be considered when making the decision to put a patient on PSFU. It may be that as their primary care clinician you know more about their ability to self-manage and prioritise their health and may not feel that they are suitable for PSFU and wish to discuss that with their clinician as well.

**Where can I go for more information?**

[NHS England report on PSFU](https://www.england.nhs.uk/wp-content/uploads/2020/04/cancer-stratified-follow-up-handbook-v1-march-2020.pdf)

[GM Cancer Alliance website](https://gmcancer.org.uk/programmes-of-work/personalised-care/)

[FutureNHS collaboration platform](https://future.nhs.uk/GM_CancerAlliance_PCP)

