PSA MONITORING AND ADMINSTRATION LHRH ANALOGUES FOR TREATMENT CANCER OF PROSTATE

SERVICE SPECIFICATION

01/04/2025 – 31/03/2030

Version Control	
V1.0 2025	07 October 2025

Contract for Enhanced Service
1 April 2025 - 31 March 2030

Contents

PSA MONITORING SERVICE SPECIFICATION

1 INTRODUCTION

This Service Specification forms the Local Enhanced Service for the safe PSA monitoring of Urology patients in primary care, and the administration of LHRH Analogues for treatment of prostate cancer in General Practices and forms part of the Contract for the provision of Enhanced Services under the Primary Medical Service Act (2004).

This Service Specification will run from 1st April 2025 and contributes towards Scottish Government priorities and NHSH Annual Delivery Plan (ADP): Outcome 3, Stay well and Outcome 4, Anchor well.

Service Aims
To provide a PSA monitoring and treatment service designed to be one in which:

(i) A local guideline provides greater clarity and consistency on the management of patients subject to PSA monitoring.
(ii) The implementation of an additional Enhanced Service contract will better resource practices in the management of these patients.
(iii) Patients will be managed closer to home with PSA testing and administration of LHRH undertaken at local ITRs or GP Practices.
(iv) The model presents best value for money and avoids the additional costs associated with patient travel.
(v) PSA monitoring is for two groups. Firstly patients who have had negative investigations for prostate cancer for whom serial PSA is recommended with aim of picking up those with possible false negative investigations. Secondly as part of "watchful waiting" strategy for prostate cancer or monitoring of those on LHRH Analogues for metastatic cancer of prostate.
(vi) LHRH analogue injection service is for all of these injections for treatment of prostate cancer.

2 CLINICAL SPECIFICATION

Purpose
The purpose of this Local Enhanced Service (LES) is to provide a systematic, safe and reliable approach to PSA monitoring to ensure patient care and safety. The patients identified for PSA on Discharge from the Urology Service will be clearly identified within clinical correspondence to Primary Care including the relevant section from Table 1 "Patients Monitoring Requirements" set out below. This is further supplemented by the publication of the local guidance on the TAM site. This LES does not cover PSA testing initiated in primary care either following patient requests or as part of GP led investigations as these would be part of essential GMS.

Table 1. Patients Monitoring Requirements

Patient Group	Proposed PSA Monitoring
Patients with confirmed high grade PIN on biopsy (this can be a pre-cursor for prostate cancer) PIN – prostatic intraepithelial neoplasia Leaflet is attached for reference	• PSA testing in primary care 6/12 for 2 years then annually thereafter if PSA stable • If 1 x rise, repeat in 3/12 and if 2 x sustained rises above baseline, please re-refer • If DRE done and any changes or concerns, please re-refer
Patients who have had a prostate biopsy which was negative for malignancy	• PSA testing in primary care 6/12 for 2 years or longer only if specifically requested by urology. • If 1 x rise, repeat in 3/12 and if 2 x sustained rises above baseline, please re-refer • If patient wishes to continue PSA monitoring after the 2 year period, this would be decided between the GP and the patient and annual testing would be reasonable. This would be out with this SLA ie remove code for this patient • If DRE done and any changes or concerns, please re-refer
Patient opts to continue PSA monitoring after prostate assessment clinic having been offered MRI +/- biopsy	• 3/12 PSA testing for 1 year under care of urology with phlebotomy requested through ITR (no code under SLA). At the end of 1 year urology will discharge for PSA testing in primary care 6/12 for a further 2 years or longer only if specifically requested by urology. • If 1 x rise, repeat in 3/12 and if 2 x sustained rises above baseline or if patient now wishes investigation, please re-refer • If patient wishes to continue PSA monitoring after the 2 year period, this would be decided between the GP and the patient and annual testing would be reasonable. This would be outwith this SLA i.e. remove code for this patient • If DRE done and any changes or concerns, please re-refer
Patients who have had a normal MRI after prostate assessment	• PSA testing in primary care 6/12 PSA testing for 2 years or longer only if specifically requested by urology

	• If 1 x rise, repeat in 3/12 and if 2 x sustained rises above baseline, please re-refer • If patient wishes to continue PSA monitoring after the 2 year period, this would be decided between the GP and the patient and annual testing would be reasonable. This would be outwith this SLA ie remove code for this patient. • If DRE done and any changes or concerns, please re-refer
Watchful Waiting (WW) – Patients who have been discharged to Primary Care on watchful waiting (full definition below table 1)	• PSA testing in primary care 6/12 PSA testing • Re-refer if PSA doubles from time of last staging or start of WW or signs/symptoms of metastatic disease.
Metastatic prostate cancer (not on second line therapy i.e on long term LHRHa only)	• PSA testing in primary care with PSA testing at time of LHRH injection • Re-refer if 2 x successive rises from time of last staging. Prior to referral please check early morning testosterone to ensure patient is castrate. If patient is not castrate then they may have missed an injection. *NB; When patients are re-referred they will likely be restaged and may be offered additional treatment.*

Watchful waiting is usually offered to patients who are unlikely to benefit from radical treatment but where ongoing monitoring is recommended. (non curative treatment may be commenced if disease progresses to metastases.)

Service Criteria
Definition - For the purposes of this enhanced service, PSA is defined as:
Monitoring of the groups of patients as described in Table 1 Affected Patients.

Enhanced service requirement
From 1st April 2025 the practice must:
Ensure correct clinical coding is used to ensure compliance with the recording and monitoring requirements of the enhanced service. (see detail under Recording Information)
Call and recall Ensure that a systematic call and recall is in place for patients under read code *9N1I "Seen in Urology Clinic"
Professional links To work together with other professionals when appropriate. Any health professionals involved in the care of patients should be appropriately trained.
Referral policies When appropriate to refer patients promptly to other necessary services and to the relevant support agencies using locally agreed guidelines where these exist.

Premises Practices must have infection control policies that are compliant with national guidelines, including the handling of sharps and disposal of clinical waste.
Record keeping To maintain adequate records of the performance and result of the service provided.

Training

The service shall have an appropriate staffing structure in terms of skill, experience and numbers and shall be delivered by appropriately qualified and trained individuals.

The provider will ensure that clinical staff meet the CPD requirements of their professional and regulatory bodies, that they are competent to deliver the service and that their skills are regularly updated.

Clinicians administering LHRH injections should be competent in resuscitation with evidence of a resuscitation update within the last 18 months, must be trained to recognise an anaphylactic reaction and familiar with IM adrenaline treatments.

Records of clinical staff training should be filed in their HR records.

Sources of training, education and information:

1. Prostate Scotland: For healthcare professionals - Prostate Scotland
2. Prostate Cancer UK: Online learning | Prostate Cancer UK
3. Free patient resources Prostate Cancer UK: Tests | Prostate Cancer UK Shop

Useful links
Guidance for PSA monitoring of patients in primary care:-

1. NHSH TAM Guidance: PSA (prostate-specific antigen) follow-up monitoring (Guidelines) | Right Decisions (scot.nhs.uk)
2. Prostate Cancer UK: NICE NG12 and PCRMP Guidelines | Prostate Cancer UK
3. NICE Prostate Cancer Management: Scenario: Management | Management | Prostate cancer | CKS | NICE
4. Prostate cancer screening with prostate-specific antigen (PSA) test: a clinical practice guideline | The BMJ

Recording Information

New more specific READ codes have been requested to be created. If this request were accepted some of the READ codes would change to the new codes. Changes will be communicated in an updated specification and toolbar version.

The following read codes will be used for monitoring and payment purposes:

Read code	Screen description	Read code description	When to be used
Diagnosis codes:			
B46..	Malignant neoplasm of prostate	Malignant neoplasm of prostate	Diagnosis of Prostate Cancer **Toolbar** **Claim**
R15y0	Prostate specific antigen above reference range	Raised PSA	Raised PSA **Toolbar**
B8341	Prostate Intraepithelial Neoplasm		**Toolbar**

Enhanced Service claim trigger codes:			
9N1I*	Seen in Urology Clinic	PSA Monitoring Enhanced Service Started	When patient commences service – **Claim** **Toolbar**
*This code should be backdated for when the patient commenced on the service if patient was monitored under the service prior to April 2025			
7G2A9	Subcutaneous injection of hormone antagonist	Injection of gonadorelin analogue	Hormone injection administered to patient **Claim** **Toolbar** The maximum of one claim per patient per month
8A90	Prostate Specific Antigen Monitoring	Prostate Specific Antigen Monitoring	Prostate specific antigen monitoring recorded same date as PSA **Claim** **Toolbar**– enter on date PSA taken & result recorded to signify the PSA result was for purpose of this Enhanced Service.
43Z22	Serum Prostate Specific Antigen	Serum PSA (prostate specific antigen) level	Prostate specific antigen monitoring recorded same date as PSA **Claim** Not for toolbar – labs code The maximum of one claim per patient within a 10 week period
9NJp	Complete PSA service	PSA Monitoring Enhanced Service Stopped	When patient is no longer under the care of the PSA service **Cease claim** **Toolbar** Service will no longer accept claims after maximum of 2 years of patient on the service. Where Urology request the service be extended for

			specific patients, the patient can be enrolled back onto the service using 'Commence PSA service' code and remove on notification from Urology (this code). Toolbar to include this instruction.

Additional audit or service recording codes:			
8CR..	Clinical Management Plan		At point of receiving letter from urology, record the monitoring required under this service

The diagnosis codes (B46 or R15y0 or B8341) are audit codes (for clinical information but not required for claim) and one (or more) should be coded prior to the patient commencing the PSA service.
The combination of three codes (9N1I + 8A90 + 43Z22) are required to claim for a PSA blood test under this service. Codes 8A90 + 43Z22 are expected to have the same occurrence date, confirming the blood test is part of this service.
The combination of two codes (B46 + 7G2A9) are required to claim for hormone injection under this service.
Other codes are to support audit and clinical care.

The maximum of one PSA blood test claim per patient within a 10 week period. Where a claim is triggered sooner, the claim will fail as the 10 week period has not lapsed.

The maximum of one hormone injection claim per patient per month. Where a claim is triggered sooner, the claim will fail as it falls within the same month.

The maximum period a patient will remain on the PSA service is two years. Patients can be added to the service in future at the requests of Urology, this would be for a further two years, or less, as specified by Urology. In the case of urology requesting monitoring to continue for more than two years, practices will re-record the 9N1I service starting code.

If urology had advised to stop PSA monitoring under the SLA at a specific time but GP thought testing should continue under the SLA, we would only anticipate testing continuing under SLA IF urology were consulted at that time AND urology were of the opinion that monitoring should continue under the terms of SLA (i.e. as detailed within section 2 - Clinical specification and covered by SLA).

3 QUALITY

- Practices will be expected to cooperate with urology department audits to confirm patients receiving service are eligible for service, this would involving review files of patients enrolled for service that urology department think are ineligible for service.

- Continually improve the quality-of-service delivery, for example, in response to audit, user and staff feedback (complaints, compliments, suggestions) and incidents.

- Continually review and be aware of relevant new and emerging guidance and recommendations and take the appropriate steps to assess and improve services to achieve current best practice

4 FINANCE

Contract value

Practices will be paid a fee per registered patient being monitored in primary care for a maximum two year period. This can be extended on request by Urology and practices re-register the patient on the service.

The payment for patients being monitored in general practice will be £25.82 per PSA blood test. Maximum of one PSA blood test claim per patient within a 10 week period.

The payment for patients prescribed and administration of LHRH analogue hormone in injection will be £30.66. The maximum of one hormone injection claim per patient per month period.

No payment can be claimed for patients being monitored under secondary care.

All contractual criteria and standards are subject to quality assurance / payment verification as detailed in Part 1, Paragraph 5 of the overall contract. The practice will provide evidence in instances of unmet standards. Failing to demonstrate intent will result in recoveries as detailed in Part 1, Paragraph 5.3 of the overall contract.

Payment

Payment is subject to the practice meeting the terms and conditions of the Clinical Specification.

5 CONTRACT MONITORING

Specific Requirement

The practice will collect information as per the specification. The practice is responsible for ongoing coding and providing data extracts to the Urology Department.

Contract monitoring of this enhanced service will be based on the monthly submission. ESCRO reports will include patient CHI. Urology Department will verify claims and ensure accuracy of data. Urology will consider a proportion of patients who have had the service extended beyond two years to understand the specific circumstances.

Contract Review

Quality indicators are as detailed in section 3.0 of the contract. For the Contract period the contract review element of the Annual Review will be on the items covered in Section 2.0

Verification

Ad hoc post payment verification will take place as per 4.2 of the contract agreement.