

Ref: FOIA Reference 2020/21-250

Date: 27<sup>th</sup> October 2020

Email [foi@uhnm.nhs.uk](mailto:foi@uhnm.nhs.uk)

Dear

I am writing in response to your email dated 25<sup>th</sup> September 2020 (received into our office 28<sup>th</sup> September) requesting information under the Freedom of Information Act (2000) regarding impact of COVID-19 on prostate cancer diagnosis

As of 1<sup>st</sup> November 2014 University Hospitals of North Midlands NHS Trust (UHM) manages two hospital sites – Royal Stoke University Hospital, and County Hospital (Stafford). Therefore the response below is for the two sites combined from that date where appropriate.

**Q1 Did you suspend your MRI before biopsy service for patients with suspected prostate cancer as a result of the COVID-19 pandemic?**

- a. Yes
- b. No
- c. We did not offer MRI before biopsy before the pandemic

A1 b) There was no suspension of cancer 2ww service. The MRI department performed all clinically non routine examinations requested.

**Q2 If yes, have you now resumed MRI before biopsy for patients with suspected prostate cancer?**

- a. Yes
- b. No
- c. No, but we refer patients elsewhere (Please state the referral area)
- d. N/A

A2 d) N/A

**Q3 Do you currently use a pre-MRI clinical triage for patients with suspected prostate cancer? By pre-MRI clinical triage, we mean a process, often Clinical Nurse Specialist led, that determines patient suitability for MRI before biopsy**

- a. Yes
- b. No

A3 a) Yes

**Q4 Has your radiology department introduced any new MRI exclusion criteria for patients with suspected prostate cancer as a result of COVID-19?**

- a. Yes (please specify)
- b. No

c. N/A

A4 b) No

**Q5 If yes, do you plan to maintain any of these exclusion criteria once restrictions to limit patients' COVID-19 risk are lifted?**

- a. Yes (please specify)
- b. No
- c. N/A

A5 c) N/A

**Q6 Did you stop conducting biopsies for patients with suspected prostate cancer as a result of COVID-19 infection risks?**

- a. Yes
- b. No

A6 No, although patients were stratified as to the risk of significant prostate cancer and low risk biopsies were postponed for a short time. High risk patients went ahead with immediate biopsy.

**Q7 If yes, have you resumed biopsy services for patients with suspected prostate cancer?**

- a. Yes
- b. Yes, but only for a subset of patients (please specify)
- c. No
- d. No, but we refer patients elsewhere for prostate biopsy (Please state the referral area)

A7 Yes, normal biopsy services have resumed.

**Q8 Do you offer transperineal biopsy under local anaesthetic?**

- a. Yes
- b. No
- c. No, but we plan to in future (please specify when if possible)

A8 No, but we plan to implement in the near future.

**Q9 Following an MRI scan for suspected prostate cancer, what criteria do you use to select patients for biopsy? Please include all that apply:**

- a. Patients with a PI-RADSs or Likert score of 1 or greater
- b. Patients with a PI-RADS or Likert score of 2 or greater
- c. Patients with a PI-RADS or Likert score of 3 or greater
- d. Patients with a PI-RADS or Likert score of 3 or greater, but only if PI-RADS or Likert score 3 patients have other clinical indications (such as age, ethnicity, PSA density) that make them higher risk
- e. Patients with a PI-RADS or Likert score of 4 or greater
- f. We do not offer MRI before biopsy
- g. We do not currently biopsy patients

A9 See below:

a. Patients with a PI RADSs or Likert score of 1	if PSAD>0.12 or there is strong family history, or if
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	patient requests a biopsy after counselling
b. Patients with a PI RADS or Likert score of 2	if PSAD>0.12 or there is strong family history, or if patient requests a biopsy after counselling
c. Patients with a PI RADS or Likert score of 3 or greater	Not applicable
e. Patients with a PI RADS or Likert score of 4 or greater	Not applicable

**Q10 Did you delay radiotherapy treatment for prostate cancer patients as a result of COVID-19?**

- a. Yes
- b. No
- c. Partially (please specify)
- d. N/A (please specify)

A10 We delayed approximately 22 patients and very quickly cleared the backlog when we were able to. Also these patients had already been started on hormones and we continued with this treatment. All Stoke and County patients are treated at the Royal Stoke, so it affected all these patients equally.

**Q11 If yes, have you cleared your backlog for prostate cancer radiotherapy treatment?**

- a. Yes
- b. No
- c. N/A – We did not delay prostate cancer radiotherapy treatment

A11 As answer 10

**Q12 Did you delay radical prostatectomy for prostate cancer patients as a result of COVID-19?**

- a. Yes
- b. No
- c. Partially (please specify)
- d. N/A (please specify)

A12 Partially, A very limited radical prostatectomy service was delivered for patients with high risk disease and no other choice of treatment. The vast majority of patients waiting for surgery were temporarily delayed (with or without treatment with anti-androgen therapy)

**Q13 If yes, have you cleared your radical prostatectomy backlog?**

- a. Yes
- b. No
- c. N/A – We did not delay radical prostatectomy for prostate cancer patients

A13 Yes, we have waiting times similar to pre-Covid waiting times

**Q14 To address your backlog did or are you using a protocol to risk stratify patients and prioritise patients with high-risk and locally advanced prostate cancer for treatment within 3 months?**

- a. Yes
- b. No
- c. No, we did not have a sufficient backlog to require patient prioritisation

A14 Yes, we risk stratified the high risk patients with a view to prioritising in front of low risk patients

**Q15 Does your protocol apply to new patients with high-risk and locally advanced prostate cancer with the intention to radically treat them within 3 months of diagnosis?**

- a. Yes
- b. No
- c. N/A - We do not have a protocol for patient prioritisation

A15 N/A we treat all patients at earliest opportunity

**Q16 Do you have prostate cancer Personalised Stratified Follow Up (PSFU) protocols in place?**

- a. Yes
- b. No
- c. We are in the process of developing PSFU protocols

A16 Yes

**Q17 If yes, do you have a digital remote monitoring system in place for follow up?**

- a. Yes (Please specify the name of the system used: e.g. My Medical Record, Patient Knows Best)
- b. No

A17 Yes, we initially used an in house system and are currently transferring to use Somerset RMS software

**Q18 If no, do you plan to implement a digital remote monitoring system for follow up?**

- a. Yes - (Please specify the name of the system you plan to implement: e.g. My Medical Record, Patient Knows Best)
- b. No

A18 Not applicable

**Q19 Which of the following criteria are part of your follow up protocols? (Please mark all that apply)**

- a. Patients have access to a Support Worker who acts as their key worker for the duration of their follow up care.
- b. Patients have access to an online patient service that allows them to check test results, complete assessments, view patient information and message their clinical team.
- c. Patients attend a 4-hour supported self-management workshop with a group of 8 to 10 men to develop knowledge, skills and confidence to self-manage their condition
- d. Patients do not need to attend routine appointments unless an issue arises.

A19 See below:

- a. Patients have access to a Support Worker who acts as their key worker for the duration of their follow up care.
- d. Patients do not need to attend routine appointments unless an issue arises.

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This letter confirms the completion of this request. A log of this request and a copy of this letter will be held by the Trust.

If you have any queries related to the response provided please in the first instance contact my office.

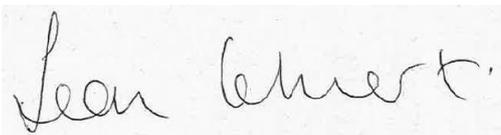
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The Information Commissioner may be contacted at:

Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF or via [www.ico.org.uk](http://www.ico.org.uk).

If following review of the responses I can be of any further assistance please contact my secretary on 01782 671612.

Yours,





**University Hospitals  
of North Midlands**  
NHS Trust

Jean Lehnert  
**Data, Security & Protection Manager**

