

Eastbourne District General Hospital

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FOI REF: 20/400

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20th October 2020

Via email to: request-692839-f2e6c737@whatdotheyknow.com

Dear Sir

FREEDOM OF INFORMATION ACT

I am responding to your request for information under the Freedom of Information Act. The answers to your specific questions are as follows:

We ask that you please indicate your answer by marking with an "X" next to any answers that apply or by deleting all answers that do not apply. Please avoid answering by italics, underlining or bold, as these do not show up when we process your response.

- 1. 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 X
 - c. We did not offer MRI before biopsy before the pandemic
- 2. 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 X

| 3. | 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 X |
| | b. No |
| 4. | 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 X |
| | c. N/A |
| 5. | 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 X |
| 6. | Did you stop conducting biopsies for patients with suspected prostate cancer as a result of COVID-19 infection risks? |
| | a. Yes X |
| | b. No |
| 7. | If yes, have you resumed biopsy services for patients with suspected prostate cancer? |
| | a. Yes X |
| | 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:) |
| 8. | Do you offer transperineal biopsy under local anaesthetic? |
| | a. Yes X |
| | b. No |
| | c. No. but we plan to in future (please specify when if possible:) |

| 9. | 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 X | | |
| | 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 X | | |
| | e. | Patients with a PI-RADS or Likert score of 4 or greater X | | |
| | f. | We do not offer MRI before biopsy | | |
| | g. | We do not currently biopsy patients | | |
| 10. | Did you delay radiotherapy treatment for prostate cancer patients as a result of COVID-19? | | | |
| | a. | Yes | | |
| | b. | No | | |
| | c. | Partially (please specify:) X | | |
| | d. | Not Applicable. Radical radiotherapy delayed on individual patient basis. Some palliative radiotherapy delayed, on individual patient basis (for example palliative RT to prostate) | | |
| 11. | | es, have you cleared your backlog for prostate cancer radiotherapy ment? | | |
| | a. | Yes X | | |
| | b. | No | | |
| | c. | Not Applicable. We did not delay prostate cancer radiotherapy treatment | | |
| 12. | | you delay radical prostatectomy for prostate cancer patients as a result of ID-19? | | |
| | a. | Yes | | |
| | b. | No | | |
| | C. | Partially (please specify:) X (depending on cancer profile and patient COVID risk) | | |
| | d. | N/A (please specify:) | | |

| 13. | If ye | yes, have you cleared your radical prostatectomy backlog? | | | |
|-----|-------|---|--|--|--|
| | a. | Yes X | | | |
| | b. | No | | | |
| | C. | N/A – We did not delay radical prostatectomy for prostate cancer patients | | | |
| 14. | and | address your backlog did or are you using a protocol to risk stratify patients prioritise patients with high-risk and locally advanced prostate cancer for tment within 3 months? | | | |
| | a. | Yes X | | | |
| | b. | No | | | |
| | C. | No, we did not have a sufficient backlog to require patient prioritisation | | | |
| 15. | pros | es your protocol apply to new patients with high-risk and locally advanced state cancer with the intention to radically treat them within 3 months of gnosis? | | | |
| | a. | Yes | | | |
| | b. | No X | | | |
| | C. | N/A - We do not have a protocol for patient prioritisation | | | |
| 16. | | you have prostate cancer Personalised Stratified Follow Up (PSFU) tocols in place? | | | |
| | a. | Yes | | | |
| | b. | No X | | | |
| | C. | We are in the process of developing PSFU protocols | | | |
| 17. | If Ye | es, 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 X | | | |
| 18. | If no | o, do you plan to implement a digital remote monitoring system for follow | | | |
| | a. | Yes - (Please specify the name of the system you plan to implement: e.g My Medical Record, Patient Knows Best) | | | |

Patient Knows Best.

b. No

- 19. 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. X
 - 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.

If I can be of any further assistance, please do not hesitate to contact me.

Should you be dissatisfied with the Trust's response to your request, please write to Lynette Wells, Director of Corporate Affairs, East Sussex Healthcare NHS Trust (lynette.wells2@nhs.net) quoting the above reference.

Yours faithfully

Linda Thornhill (Mrs) Corporate Governance Manager esh-tr.foi@nhs.net