



# Quality Standards: Prostate Cancer

**tackle**  
prostate cancer  
Action for patients

Supported by



Developed by patients for  
patients

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**This is a joint working initiative between The Quality Standard Working Group for Prostate Cancer and Ipsen Limited.  
Editorial content belongs to members of the working group.**

+ In association with:



**WE ARE  
MACMILLAN.  
CANCER SUPPORT**



**NHS**  
*England*

Project management by **WICKED MINDS**  
WE SOLVE WICKED PROBLEMS

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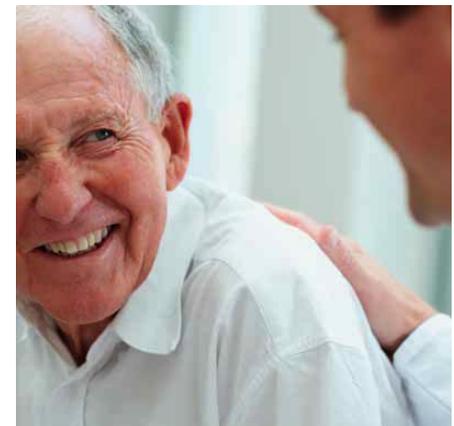
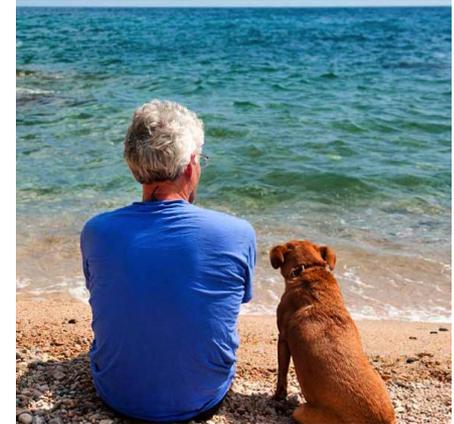
\*Acting as an advisor, rapporteur and project manager to the working group



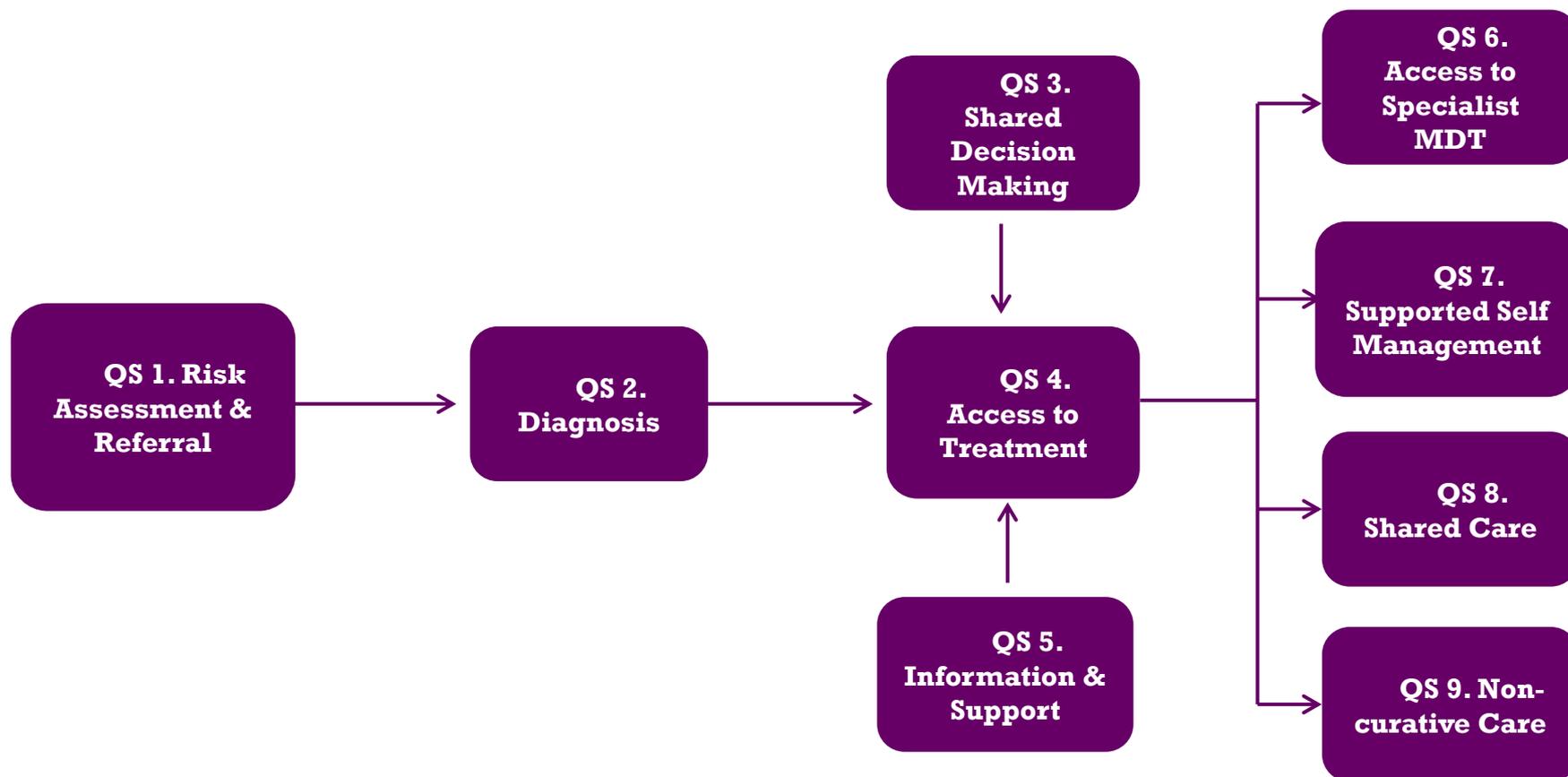
## Aim

This quality standard aims to ensure all men with prostate cancer have a right to have the best possible care and support regardless of where they live.

Through this quality standard the group wish to give patients and their partner/carer a more powerful voice and active involvement in setting priorities for service improvement and in improving access to cutting edge diagnostics, innovative treatments and clinical trials.



- + The following quality statements have been developed as aspirational yet achievable markers of quality care in prostate cancer



# + Quality statement 1: Risk assessment and referral

- **Men over 50 or (or black men over 45) requesting a PSA test or presenting in primary care with symptoms suggesting prostate cancer are risk assessed, counselled and offered a PSA test. If considered appropriate they should be referred to a specialist centre.**

- **What this means to the patient:**

*“Assurance that my symptoms and concerns have been taken seriously, and if I am at risk of prostate cancer it will be diagnosed sufficiently early to give me the best possible outcome.”*

# + Quality statement 2: Diagnosis

- **Men referred with suspected prostate cancer are offered the full range and access to the most up to date and clinically effective diagnostic technologies.**

- **What this means to the patient:**

*“Assurance that I will receive the most effective diagnostic options for my condition to be accurately graded and staged no matter where I live.”*

# + Quality statement 3: Shared decision-making

- **Men with prostate cancer have the opportunity to talk through all available treatment options and are provided with comprehensive information on the risks and benefits by members of their multi-disciplinary team (MDT) in order to make an informed decision.**

- **What this means to the patient:**

*“Assurance that my treatment options, whilst primarily driven by clinical expertise take into consideration my personal circumstances and lifestyle preferences. I feel comfortable with the information presented to me, such that I can make an informed decision on my treatment.”*

# + Quality statement 4: Access to treatment

- **Men with prostate cancer (regardless of stage of disease) have access to their treatment of choice, including clinical trials if deemed clinically appropriate, regardless of geographical location.**

- **What this means to the patient:**

*“Assurance that I will have access to treatments offering me the best chance of controlling my cancer and that gives me the best quality of life regardless of where I live.”*

# + Quality statement 5: Information and support

- **Men with prostate cancer are provided with a written personalised care plan that is regularly reviewed by their assigned clinical nurse specialist. They are signposted or referred to support groups and specialist services that are appropriate to their stage of disease to manage their physical, emotional, psychological and sexual health.**

- **What this means to the patient:**

*“Assurance that I have a personalised care plan that provides me with a ‘roadmap’ of what lies ahead and that I have been consulted on the preparation of my care plan. I understand the process for reviewing it with my CNS.”*

# + Quality statement 6: Access to other specialist care

- **All men with prostate cancer (and where relevant their partner/carer) have access to specialists to support the prevention and management of their complications arising from their disease, whether physical, social, emotional or psychological, arising from the disease and its treatment.**
- **What this means to the patient:**

*“Assurance that my on going care will include identifying and accessing any specialist services or support that I and/or my partner will require to manage the consequences of my treatment. This should give me the best chance of returning to ‘normal’ either after my cure or whilst living with my cancer.”*

# + Quality statement 7: Supported Self-management

- **Men with prostate cancer receive guidance and a package of care to support self-management of the side effects from their treatment, if they wish to do so.**

- **What this means to the patient:**

*“Assurance that, taking account of my personal circumstances and capabilities, I have the opportunity to take control of my condition and treatment, while still being supported by appropriate medical experts.”*

# + Quality statement 8: Shared care

- **Men living with prostate cancer benefit from an integrated and seamless approach to their care and wellbeing appropriate to their stage of disease for the rest of their lives. This will include clear accountability and responsibility across primary and secondary care.**

- **What this means to the patient:**

*“Assurance that there is joined-up thinking in the on going support and advice I receive, irrespective of who I need to contact, so that I benefit from a holistic approach to all aspects of my care and will not fall between specialisations.”*

# + Quality statement 9: Non-curative care

- **All men receive and benefit from non-curative care at the appropriate stage of their disease, which is not limited to end of life care or restricted to being associated with hospice care.**

- **What this means to the patient:**

*“Assurance that I have access to all the services that will help me achieve the best quality of life at this time, enabling me to come to terms with situations that I have never had to face before. This means I don’t have to wait until I need end of life care to get the help that I need now.”*



## Moving forward

It is our expectation that commissioners, healthcare professionals, social services, patients, partners, and their carers consider this quality standard for local implementation to improve local services for men at risk of and living with prostate cancer.