

Cancer services

Open Access Follow-Up (OAFU) Information for GPs

Introduction

We are sending you this leaflet because one of your patients who has received treatment for cancer is now moving onto the Open Access Follow-Up (OAFU) programme at Imperial College Healthcare NHS Trust.

What is OAFU?

OAFU is a service delivered by Imperial College Healthcare for patients who have completed cancer treatment and are suitable for a stratified follow-up pathway. Routine follow-up appointments in clinic are replaced with 1-2 scheduled calls per year with our team of cancer support workers (CSWs) alongside any necessary scans or blood tests. The service enables patients and their GP to report any worries, concerns or symptoms of possible progressive disease via a dedicated helpline or email. The helpline is available during working hours (08.00 to16.00, Mon-Fri) with a response within 1 working day if no-one is available to respond immediately. Emails will be responded to within 2 working days at most. The CSWs also work in partnership with the clinical team so patients may be booked in for a call with a clinical nurse specialist (CNS) or offered an appointment with one of our consultants if assessed as appropriate to do so.

OAFU provides a service that facilitates effective on-going follow-up for patients in a way that can fit with life beyond cancer, whilst also providing rapid access to the expertise of our clinical teams as and when needed. This type of follow up service has been successfully implemented in many hospitals across the country and can be an empowering experience for patients to regain their independence and self-management after diagnosis and treatment.

What information will my patient be given?

Your patient will have a consultation with their doctor or CNS during which the OAFU service will be explained. The following topics will be covered:

- patient diagnosis and treatment
- any medication and possible side effects
- arrangements for follow-up tests and /or scans and how results will be communicated
- body awareness as well as related health, lifestyle and wellbeing advice
- sources of further help and support

signs and symptoms to look out for that might indicate a return or spread of the disease
and how to contact the OAFU team to alert us to. It is important that any of these
symptoms are reported via the dedicated helpline without delay. This can be done by
a GP or next of kin on behalf of the patient.

What is expected of you?

It is unlikely that you will need to change the way you care for patients, although the enclosed treatment summary gives details of the medication that you will need to continue to prescribe and the duration, as well as any additional tests that you may need to arrange for them. Please keep this for your records. Your patient also has a copy of this information.

If your patient has any problems or if there is any proposed change in their medication, these will need to be highlighted with our team and will be discussed at our dedicated OAFU MDT. All outcomes will be shared via CDL and we will write to you of any changes to their treatment or medication.

How can I find out more about OAFU?

If you have any questions, please get in touch via the helpline (**020 3312 3426**) or email and a member of the team will be in touch as soon as possible.

Monday – Friday, 08.00 – 16.00 (Closed on bank holidays)

Breast: Imperial.OAFUbreast@nhs.net

Prostate: Imperial.OAFUprostate@nhs.net

• Colorectal: Imperial.OAFUcolorectal@nhs.net

Gynaecological: Imperial.OAFUgynae@nhs.net

Breast OAFU

Unless specified otherwise, patients will be seen for annual mammograms for 5 years or more if they are not yet eligible to join the NHS Breast Screening programme (when they turn 50). The mammograms will be coordinated by the hospital and results sent to you and the patient by post within 2-3 weeks of the scan. If bone density scans are required, this will be indicated in the patient's treatment summary. You will need to arrange these locally at the times indicated, provide the results and act on any recommendations made. The exception to this is baseline scans and those at 5 years when patients are considered for extended adjuvant endocrine treatment, which are organised by the hospital.

Signs and symptoms

The following should be reported to the OAFU team:

- a lump, thickening or swelling in the breast(s), in the area of a mastectomy, above the collarbone or in the neck, or under the arm
- any skin changes, red areas or raised spots on the breast or mastectomy scar
- nipple discharge

- a change in the shape or size of the breast(s)
- onset (beginning) or recurrence of lymphoedema
- any new, on-going pain in any part of the body, especially in the back or hips, that does not improve with painkillers and which is often worse at night
- pins and needles and/or a loss of sensation or weakness in the arms or legs
- unexplained weight loss and a loss of appetite
- a constant feeling of nausea (feeling sick)
- discomfort or swelling under the ribs or across the upper abdomen (stomach)
- a dry cough or a feeling of breathlessness
- severe headaches which are usually worse in the morning

Once patients complete their follow up with OAFU, they will be eligible for the national breast screening programme to continue receiving mammograms every 3 years. Patients under 71 are automatically enrolled, provided they are registered with a GP. For patients aged 71 and over, they will need to contact their local breast screening service.

Prostate OAFU

Your patient will need to have regular PSA tests (6 or 12 month intervals) until further notice after their treatment. The PSA tests will be coordinated by the hospital and, in some circumstances, we may ask you to facilitate these at your practice. Results from the hospital will be shared with the GP and patient within 2-3 weeks of the test being completed.

Signs and symptoms

The following should be reported to the OAFU team:

- continuous aches and pains in bones, lasting more than 1 week
- swelling in legs
- unexplained weight loss
- pain when urinating
- change in controlling and passing urine
- passing blood in urine or faeces (poo)
- numbness or pins and needles in legs or arms that does not go away
- weakness in arms or legs, difficulty in standing or walking
- back pain which may move to the lower back or legs

Colorectal OAFU

Your patient will receive a combination of investigations at varying intervals for a 5-year period, all coordinated by our team and taking place within our Trust. Results will be shared with both the GP and patient within 2-3 weeks of the investigation(s) being completed.

- CEA blood monitoring every 6 months
- CT scans every 6 months for years 1 and 2 on OAFU, then every year for the last 3 years
- A colonoscopy will be booked for years 1 and 4 on OAFU

Signs and symptoms

The following should be reported to the OAFU team:

- any new bleeding from the back passage, stoma or in the urine
- continuing pain that does not go away with usual painkillers
- any unexplained lumps, bumps or swelling around the scar or stoma
- a change in bowel habit that lasts for six weeks or more especially if waking in the night with loose stools (poo)
- unexplained weight loss, lack of appetite, a constant feeling of nausea (feeling sick) or increase in waist measurement
- bleeding or discharge from the operation site
- any physical problem that interferes with daily life, e.g. fatigue, difficulty in sleeping or any new problem with sexual function

Please note if your patient has severe symptoms, such as heavy bleeding or severe and persistent abdominal pain they will have been told to contact their GP immediately or attend their local A&E department.

Gynaecological OAFU

Your patient will be asked to have a Ca125 blood test every 3 months for the first year, then every 6 months for the next 2 years, then yearly for the next five years. All tests will be coordinated by our team and take place within the Trust. If after any of the tests it is felt that the patient needs to be seen at the hospital, the patient will be contacted by the gynaecological CNS with an appointment within 14 days. This will also be communicated to you as their GP.

Signs and symptoms

The following should be reported to the OAFU team:

- any new bleeding or discharge from the vagina or back passage or any blood in the urine
- new or continuing pain that does not go away with usual painkillers

- any unexplained lumps, bumps or swelling around your abdomen (stomach) or groin
- a change in bowel or bladder habit that lasts for 3 weeks or more
- unexplained loss of weight, lack of appetite or a constant feeling of nausea (feeling sick)
- any physical problem that interferes with daily life, e.g. fatigue, difficulty in sleeping or any new problem with sexual function

Please note if your patient has severe symptoms, such as sudden heavy bleeding or severe and persistent abdominal pain they will have been told to contact their GP immediately or attend their local A&E department.

How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3312 7777** (10.00 – 16.00, Monday to Friday). You can also email PALS at imperial.pals@nhs.net The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Alternatively, you may wish to complain by contacting our complaints department:

Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street London W2 1NY

Email: ICHC-tr.Complaints@nhs.net

Telephone: 020 3312 1337 / 1349

Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team: imperial.communications@nhs.net

Wi-fi

Wi-fi is available at our Trust. For more information visit our website: www.imperial.nhs.uk

Cancer services
Published: November 2021
Review date: November 2024
Reference no: PIL5072
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