

### **PSA Monitoring position** (last update 21/1/2025)

PSA monitoring POST PROSTATECTOMY is a contentious area. There is acknowledgement this is NOT GP workload, but the systems within secondary care are not robust enough to independently carry this out (like oncology and haematology SACT). This is historically due to mission creep into primary care and we just absorbed it and then when we pushed back it was harder to undo work we were already carrying out.

Ultimately this is not our responsibility, and the monitoring and most importantly the results handling is the responsibility of secondary care. It appears though that some GPs are still doing this work, and when taking on ICE there is still the option to tick the post prostatectomy blood test so that it is flagged at LAB end. If a GP takes the blood, we retain responsibility for the result and flagging to secondary care.

In order to get the clinical work across the interface document across the line, there had to be acceptance/concessions made and arguably the document may not have been as strict/militant as some may have wanted. The LMC office took the pragmatic decision to get LIG and GP Sub (including PCCO) support for the document with the vision that it would be a better medium to long term win and would allow the document to hold more strategic weight. But it meant in order to do so, we had to compromise on certain parts. PSA monitoring post prostatectomy was one of those areas that could have been more militant. PSA phlebotomy in virtual OP clinics for BPH etc remains within primary care.

**LMC office**