

<b>Document Title</b>	<b>Lancashire &amp; South Cumbria Standing Operating Procedure for mutual aid and treatment of patients on SACT units in hospitals other than the patients' primary hospital trust</b>
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<b>Replaces</b>	New

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Sign off	LSC COOs Meeting	3 <sup>rd</sup> May 2023
Review & amends	LSC Medical Directors/COOs	
Information	Cancer Alliance	
Sign off	LSC COOs Meeting	

<b>Review Date</b>	August 2023

**Procedures for mutual aid and treatment of patients on SACT units in hospitals other than the patients' primary hospital trust**  
**Version 3.0 3/5/23**

Purpose

This document sets out the responsibilities of each hospital trust when patients need to be treated with SACT at hospital other than the one they would normally be treated in. For the purposes of this document the patient's primary hospital will be referred to as the base hospital and the hospital delivering the SACT will be referred to as the treating hospital.

General principles:

Waiting times for SACT should be continually monitored and discussed at the SACT CRG. To ensure equity across the Alliance if 1 or 2 trusts have longer wait times than others consideration should be given for requests for mutual aid. This should be done officially via the Alliance mutual aid hub and escalated internally at all trusts via appropriate channels.

The base hospital should explore all other options to increase SACT capacity including, extended opening times, weekend working and treating patients at home or in other facilities e.g. private sector. They should provide a clear action plan to the SACT CRG that outlines how long it is anticipated capacity will be a problem, the reasons for this, actions taken and number of patients needing mutual aid.

Attempt should be made to send the patients to the hospital nearest to their address, but it is appreciated that this may not always be possible if several patients need to be referred to other centres.

Patients suitable for transfer ideally should have their own transport or access to transport, performance status 0/1, and receiving treatment for a fixed period- e.g. adjuvant breast/CRC or neoadjuvant therapies. Transfer should be avoided whenever possible for patients on weekly treatment.

The patient should be transferred back to the base hospital once capacity is improved whenever possible, especially if the patient is receiving long term treatments.

For patients receiving adjuvant chemo/Herceptin/pertuzumab every attempt should be made to repatriate the patient to the base hospital after the initial chemotherapy component of the treatment in order to continue the targeted therapy closer to home.

Breast cancer patients receiving adjuvant treatment at another centre should still receive their hormone therapy +/- CDK4 inhibitor at the base hospital.

Patients on clinical trials should continue to be treated at the base hospital where the trial is open.

The primary responsibility for patient care and decision making rests with the treating consultant.

The specialist nurse at the patient's base hospital will remain the key worker for that patient.

All OP follow up visits, radiological investigations, and other interventions required should be performed at the base hospital (see responsibilities below).

### Responsibilities for base hospital

It is the responsibility of the referring base hospital to identify suitable patients for treatment elsewhere, considering their fitness, access to transport and complexity of disease/treatment.

The referring trust should provide the following details:

Patients demographics and contact details, name of SACT, intention of SACT eg adjuvant, palliative etc, specific date by which treatment must be given eg within 8 weeks of surgery for adjuvant CRC patients, Performance status (should be 0/1), details of any investigations or procedures still outstanding eg picc line, DPD, echo, name of prescribing consultant.

Once the date for treatment is confirmed the base hospital should ensure follow up OP appointments are arranged locally between SACT administration.

The referring hospital should ensure the patient is aware of the need to treat elsewhere before they are contacted with an appointment by the treating trust

The referring hospital should keep a clear record of all patients transferred for treatment elsewhere.

All investigations required prior to SACT should be performed locally, including but not limited to, radiological imaging, picc lines, echocardiograms, bloods inc hep B, HbA1c, DPD testing. Results should be uploaded onto iQEMO so they are available for the treating centre.

Consent should be completed at the base hospital on a CRUK SACT specific consent form and uploaded onto documents in iQEMO.

The base hospital is responsible for ensuring timely typing of outpatient records that should be visible on LPRES for the treating hospital. If this is not possible via LPRES then arrangements should be made to upload letters onto documents in iQEMO.

SACT should be prescribed on iQEMO in the normal manner and it is the prescribers responsibility to complete any required blueteq forms.

SACT prescriptions should be completed in timely manner in accordance with the Alliance SACT policies and should be completed at least 4 working days prior to SACT date to avoid unnecessary travel and delays for the patient.

Decisions around dose reductions, treatment discontinuation and delays remains with the treating consultant. Changes to treatment should be clearly communicated on iQEMO or via telephone to the treating hospital.

Details of the patients local SACT helpline will be given to the patient to ensure if they have problems then local assessment/ admission is arranged.

The base hospital should ensure helpline numbers and details of consultant leave are communicated to the treating hospitals.

The base hospital should provide rota details for all consultants and any associated medical staff so the treating hospital (s) know who to call for an queries.

The base hospital should provide a contact number for a named senior nurse(s) on the SACT unit for other units to call upon in case of questions or concerns.

It is the employing organisations responsibility to ensure the prescriber maintains adequate CPD and competencies.

#### Responsibilities of the treating hospital

The treating hospital is responsible for ensuring the patient is registered on their hospital system ie EPR system.

The treating unit will contact the patient with a date and time to start SACT following confirmation from the base hospital that the patient is aware of the need to have SACT elsewhere.

The treating hospital should keep an accurate record of all patients treated from other trusts.

The treating site will ensure patients are preassessed prior to receiving SACT and given the base hospital SACT helpline numbers.

If the patient is unwell on the SACT unit, e.g. treatment reaction, extravasation then the treating unit will ensure the correct treatment and management is completed following local protocols.

The team at the treating hospital should change the location of the treating site on iQEMO in order to book the patient in and alert pharmacy to the prescription

Pharmacy at the treating hospital will be responsible for the pharmacist verification of the prescription, and also the procurement, storage, manufacture, dispensing and transport of the prescribed medicines including any supportive medicines, and disposal of waste medicines.

The treating hospital is responsible for ensuring accurate coding of the treatment visit and appropriate recharge to commissioners.

The treating hospital should ensure they recharge costs for high costs drugs.

Once the treatment is completed the treating hospital will ensure the patient has follow up arranged at the base hospital.

The treating hospital will ensure the primary consultant is updated of any changes or issues via iQEMO.

It is the employing organisations responsibility to ensure the SACT nurses and pharmacy staff maintain adequate CPD and competencies.

Contact details:

BVH Chemo Unit/ Helpline 01253 956835 or 01253 952187  
BVH pharmacy: 01253 955643

UHMB RLI Chemo Unit / Helpline 01524 583085  
UHMB FGH Chemo Unit Helpline 01229 491288  
UHMB Pharmacy 01524 516201 or 01524 516200

EL RBH Chemo Unit/ Helpline 01254 734590  
EL BGH Chemo Unit/ Helpline 01282 805162  
EL Pharmacy 01254 732882

LTH RPH Chemo Unit 01772 522056  
LTH CDH Chemo Unit 01257 525102  
LTH Helpline 01772 523205  
LTH Pharmacy 01772 522339

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Agreed date:

Appendix 1

