LSCCN SACT SOP

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1. Scope

The scope of this document is to clarify responsibilities associated with prescribing, pharmacy clinical checking and nursing administration. This applies to all staff members prescribing and administering systemic anti-cancer drugs (SACT) within the four acute Trusts in the Lancashire and Cumbria cancer network.

There is a separate LSCC Network policy for administration of cytotoxic chemotherapy.

2. Introduction

All clinicians who have responsibility within their role to prescribe and administer SACT should maintain the safety of patients, themselves, and other health care professionals. Standardising best practice across the Network ensures clarity for health professional groups and improves efficiency in departments.

3. Statement of Intent

This document provides a robust framework with clear responsibilities for all health professionals to work within.

4. Definition

For the purpose of this protocol, the term SACT (systemic anti-cancer treatment) is used to refer to all drugs with direct anti-tumour activity, including conventional chemotherapy and monoclonal antibodies, immunotherapy as well as targeted treatments and systemic hormone therapy.

5. Responsibilities

5.1 Consultants

- The Department of Health Chemotherapy Peer Review Measures for Chemotherapy (Adult) (available via the NHS England Quality Surveillance Programme) require that “Clinical assessments and the decision to initiate the first cycle of a course of chemotherapy should be restricted to consultant medical staff, medical trainee staff (ST 3 and above) and also NCCG (Non-Consultant Career Grade) medical staff who are assessed as competent for this by their approved training programme. Note this applies to medical oncology, clinical oncology, and haemato-oncology only.” In accordance with Chemotherapy Standards, junior medical staff (i.e., F1, F2, ST1 and ST2) CANNOT prescribe SACT

However, completion of the booking forms and treatment plan can be performed by ST trainees or equivalent with permission for their clinical supervisors.

- All routine prescribing of chemotherapy will be completed on the electronic prescribing system at least 48 hours before the date of administration.

- If a decision to stop chemotherapy is made, this will be actioned on the electronic prescribing system in real time. IQemo will automatically remove the appointment from the schedule.

- Initiating Prescribers are also responsible for ensuring all required Investigations are requested prior to commencing a course of SACT.
- initiating Prescriber's are also responsible for completing all bluteq forms Second and subsequent cycles can be prescribed by all approved chemotherapy prescribers.
- It is the prescriber's responsibility to provide accurate information for PHE SACT upload.

5.2 Nursing staff

- Chemotherapy competent nurses are responsible for checking all blood results relevant to the protocol prior to administration. If the results are abnormal and outside of the relevant parameters on the specific protocol, authorisation must be obtained from a consultant, ST trainee or advanced clinical practitioner.

- All bloods for weekly, two, three and four weekly regimens can be taken 48hrs before chemotherapy administration date unless otherwise directed by treating clinician.

- Prior to cycle one bloods within 14 days are acceptable unless otherwise directed by treating clinician

- If the patient cannot go ahead with chemotherapy. Nursing staff can defer treatment for up to 7 days.

- The 'go ahead' should be given to pharmacy by 12 mid-day the day prior to the date of administration.

- Before the patient can receive chemotherapy, the practitioner designated to administer the drug must make a satisfactory assessment of the patient.

- Subsequent cycles of chemotherapy can be prescribed by a non-medical prescriber competent in prescribing SACT.

5.3 Pharmacy

- All prescriptions for SACT will be verified by a suitable trained pharmacist.
- The pharmacist will check funding is in place prior to preparation.
- The pharmacist will ensure the specific regimen is appropriate for the patient with regards to tumour type, stage and line of treatment
- The pharmacist will check that the regimen is being used in line with the treatment algorithm for that tumour type.
- Deviation from the algorithm/protocol must have been authorised by the Trust lead for chemotherapy/site specific lead consultant. See Network protocol deviation policy.
- Prescriptions for carboplatin must be checked by a pharmacist using a serum creatinine level taken no more than 48 hours prior to administration with the following exceptions.
  1st cycle prescriptions may be checked against serum creatinine levels taken no more than 14 days prior to administration.
  For carboplatin prescriptions to be administered on a Monday, a result from the previous Friday may be used.

6. Follow up

6.1 Telephone triage will be implemented for all high-cost drugs prior to administration.
6.2 Non-medical follow up is appropriate for all patients on treatment when agreed with the consultant, non-medical professional and patient.

7. Monitoring Compliance with this document

Compliance with this SOP is the responsibility of the Trust Lead for chemotherapy, lead chemotherapy nurse and oncology pharmacist at each Trust in combination with the line manager of each staff group.