Trust-wide Document

Great Western Hospitals NHS Foundation Trust

Clinical Chemotherapy Service Operational Policy

Document No	D&O – 00011	**Version No**	2.0
Approved by	Policy Governance Group	**Date Approved**	14/01/2020
Ratified by	Medicines Assurance Committee	**Date Ratified**	02/01/2020
Date implemented (made live for use)	28/01/2020	**Next Review Date**	02/01/2023
Status	LIVE		
Target Audience- who does the document apply to and who should be using it. - The target audience has the responsibility to ensure their compliance with this document by: • Ensuring any training required is attended and kept up to date. • Ensuring any competencies required are maintained. • Co-operating with the development and implementation of policies as part of their normal duties and responsibilities.	Employees directly employed by the Trust, whether permanent, part-time or temporary (including fixed-term contract). It applies equally to all others working for the Trust, including private-sector, voluntary-sector, bank, agency, locum, and secondees. For simplicity, they are referred to as 'employees' throughout this policy		
Special Cases	Chemotherapy drugs for non-cancer indications are not included in this policy.		
Accountable Director	Medical Director		
Author/originator – Any Comments on this document should be addressed to the author	Head of Chemotherapy Service		
Division and Department	Diagnostics and Outpatients. Cancer Services		
Implementation Lead	Head of Chemotherapy Service		
If developed in partnership with another agency ratification details of the relevant agency	Trust Prescribing Committee		
Regulatory Position	This policy adheres to the standards described in the Manual for Cancer Services 2011 Chemotherapy Measures (Ref 4), and any amendments to it, to the Department of Health document Improving Outcomes: A Strategy for Cancer (Ref 14) and with National Patient Safety Agency guidance (Ref 15).		
Review period. This document will be fully reviewed every three years in accordance with the Trust's agreed process for reviewing Trust -wide documents. Changes in practice, to statutory requirements, revised professional or clinical standards and/or local/national directives are to be made as and when the change is identified.			

Contents

1 Introduction & Purpose

1.1 Introduction & Purpose

The Great Western Hospitals NHS Foundation Trust (the Trust) provides a chemotherapy service to patients with solid tumours and haematology malignancies from Swindon and the surrounding area. The Trust is part of the Thames Valley Strategic Clinical Network (TVSCN) and this policy has been developed in conjunction with the TVSCN chemotherapy policies and protocols.

The Clinical Chemotherapy Service (CCS) provides the following chemotherapy services to the Trust:

- Inpatient chemotherapy for haematology patients;
- Day care chemotherapy;
- Outpatient oral chemotherapy;
- Outpatient intravesical chemotherapy;
- Outpatient bolus and short infusion chemotherapy for Paediatric patients;
- Outpatient supportive care;
- Outpatient follow-up;
- Inpatient supportive care including care of adults and children with febrile neutropenia.

This policy refers to the use of chemotherapy in the treatment of malignant disease in adults and children and has been developed in line with the National Cancer Peer Review Programme Manual for Cancer Services: Chemotherapy Measures (Ref 4).

This policy does not deal with cytotoxic agents or monoclonal antibodies specifically for any other indication including that for immunosuppression purposes or for the treatment of non-malignant disease e.g. methotrexate for rheumatoid arthritis.

The purpose of this document is to set out the structure, function and governance arrangements associated with the CCS at Great Western Hospital (GWH).

For the purposes of this policy the term ‘chemotherapy’ and ‘cytotoxic’ are used interchangeably and refers to all systemic anti-cancer therapy (SACT). Anti-cancer treatments in this context can refer to cytotoxic drugs, immunotherapies, monoclonal antibodies, protein kinase inhibitors and immunomodulating drugs.

There are particular hazards associated with cytotoxic chemotherapy as these drugs may have genotoxic, oncogenic, mutagenic and teratogenic properties. Their use therefore poses certain risks to those handling and receiving them. This policy must be used in conjunction with the Prescription, Safe Handling and Administration of Cytotoxic Chemotherapy Drugs in Adults and Children Policy (Ref 1), Intrathecal Chemotherapy for Adults at the GWH Policy (Ref 2), TVSCN Policy for safe handling and administration of cytotoxic drugs in adults in with cancer (Ref 13) and Policy for the safe handling and administration of cytotoxic drugs for Children, Teenagers and Young Adults with Cancer (Ref 19),

GWH is a Paediatric Oncology Shared Care Unit (POSCU) Level 2, working with Oxford University Hospitals (OUH) as the Principal Treatment Centre (PTC). Chemotherapy services for children are specifically dealt with in the Children’s Oncology Shared Care Unit Operational Policy (Ref 3)

1.2 Glossary/Definitions

The following terms and acronyms are used within the document:

%	Per cent
ARIA©	Electronic Prescribing System for Prescribing Chemotherapy
BOPA	British Oncology Pharmacy Association
CAG	Network Cancer Alliance Group – Chemotherapy (Previously called Network Chemotherapy Group NCG)
CCNCG	Children's Cancer Network Coordinating Group
CCS	Clinical Chemotherapy Services
CCT	Certificate of completion of training
ChemoCare©	Chemotherapy Electronic Prescribing System
CNS	Central Nervous System
COSHH	Control of Substances Hazardous to Health
CUP	Cancer of Unknown Primary
CVC	Central Venous Catheters
CWG	Chemotherapy Working Group
DTU	Day Therapy Unit
EBMT	European Society for Blood and Marrow Transplantation
EPMA	Electronic Prescribing and Medicines Administration
GCP	Good Clinical Practice
GI	Gastrointestional
GWH	Great Western Hospital
ISCT	International Society for Cellular Therapy
ITC	Intrathecal Chemotherapy
JACIE	Joint Accreditation Committee of the International Society for Cellular Therapy and European Society for Blood and Marrow Transplantation
M&M	Morbidity and Mortality
MCU	Mobile Chemotherapy Unit
MDT	Multidisciplinary team
MHRA	Medicines Healthcare Regulatory Authority
NCAG	National Chemotherapy Advisory Group
NHS	National Health Service
NICE	The National Institute for Health and Care Excellence
NPSA	National Patient Safety Agency
NPT	New Patient talk
OUH	Oxford University Hospitals
OUH IM&TS	Oxford University Hospital Information Management & Technology Services (Previously known as OHIS)
PICC	Peripheral Inserted Central Catheter (
PODG	Provider based operational delivery group
POSCU	Paediatric Oncology Shared Care Unit
PPE	Personal Protective Equipment
PSQ	Patient Safety Quality Group
PTC	Primary Treatment Centre
SACT	Systemic Anti-Cancer Therapy
SOP	Standard Operating Procedure
The Trust	A register of Medical and Non-Medical Prescribers Authorised to Prescribe First

chemotherapy register	Cycle and Subsequent cycles of Chemotherapy.
TVSCN	Thames Valley Strategic Clinical Network (previously Thames Valley Cancer Network)

2 Main Document Requirements

2.1 Chemotherapy Multi-professional Team

Chemotherapy prescribing, handling, and administration must be provided by a multi-professional team in which doctors, specialist nurses and pharmacists work to approved protocols to provide integrated care.

There is a single multi-professional operational group for the service in the form of the Chemotherapy Working Group (CWG) which includes the following membership:

- Consultant Oncologist – Head of Chemotherapy Service/Trust Chemotherapy Lead
- Consultant Haematologist
- Lead Chemotherapy Nurse
- Lead Pharmacist in Cancer Services
- Cancer Services Manager

The full membership of the group is set out in the Terms of Reference (Ref 5).

CWG is the team responsible for coordinating the multi-professional opinion across the service, and for advising the Head of Chemotherapy Service on the following:

- Implementation of the chemotherapy measures (Ref 4);
- Monitoring of off protocol treatments;
- Clinical governance, audit, quality assurance and quality control and documentation and investigation of incidents;
- Risk management;
- Change management, including introduction of new protocols, techniques and technologies;
- Maintenance of training and competency and matching employees functions to competency.

The CWG reports to Chemotherapy Management Group and the Trust's Prescribing Committee.

The CWG sends a representative to at least two thirds of the Network Cancer Alliance Group – Chemotherapy (CAG) meetings (see Annual Report for attendance record). Minutes are available from the TVSCN website.

2.2 Chemotherapy Facilities

The administration of chemotherapy for the treatment of cancer must take place in designated and appropriately equipped areas. Each of these areas must have access to:

- The regimen details as per the TVSCN Network Chemotherapy Protocols (Ref 6);
- Policy documents and equipment for the management of emergencies including at least anaphylaxis, extravasation, spillage of chemotherapy and cardiac arrest;
- An area for temporary storage and organisation of chemotherapy dispensed from Pharmacy, and for tasks involved in preparation and delivery of treatment.

All documents are maintained electronically for adequate version control. GWH site specific documents are found through the Cancer Services intranet pages or for Trust wide policies by searching on T:\Trust-wide Documents. TVSCN Network protocols and associated documentation can be found on www.tvscn.nhs.uk.

Designated areas for the administration of chemotherapy to treat cancer at GWH are:

For adults receiving parenteral chemotherapy:
• Dove Ward, Level 3 (inpatient) • Osprey Unit – Day Therapy Unit and Coate Water Unit, Level 3 (Day Case) • Shalbourne Ward, Brunel Treatment Centre (inpatient and outpatient for private patients)
For adults receiving intravesical chemotherapy:
• Ampney Ward, Level 3 • The Day Services Unit, Level 1
For Children Receiving Oral or Parenteral Chemotherapy:
• Can be administered in a room designated solely for that purpose at the required time on either the Children's ward, paediatric assessment unit or within paediatric outpatients, all currently located on level 2
For Adults Receiving Oral Chemotherapy:
• Oral chemotherapy can be delivered on any ward; for example a patient is admitted for another condition but is also receiving oral chemotherapy.

Parenteral chemotherapy must not be given anywhere other than the wards specified above, or if a patient's condition warrants it on the Intensive Care Unit. The prescribing consultant must complete an appropriate risk assessment with the help of Lead Pharmacist in Cancer services. For full procedures for organising administration of chemotherapy in non-designated areas, refer to Prescription, Safe Handling and Administration of Cytotoxic Chemotherapy Drugs in Adults and Children Policy and Appendix B. Such request must be reviewed and sanctioned by the Trust Chemotherapy Lead and Lead Chemotherapy Nurses before treatment can proceed. This approval must be reported in due course to the CWG.

2.3 Timing of Chemotherapy Administration

Chemotherapy must only be given or commenced during the normal working day i.e. between 8.00am and 6.00pm, Monday – Friday when more employees are available. If the treatment is for more than 5 days, e.g. RCODOX-M, R IVAC regimen, chemotherapy can be given at weekends, but must not be commenced during the weekend excepts the following circumstances:

Chemotherapy may only be given out of hours when:

- It is the continuation of a defined infusional regimen;
- Where chemotherapy is administered for more than five consecutive days;
- Timed chemotherapy;
- Chemotherapy given more than once a day;
- Emergency chemotherapy.

Only in exceptional circumstances, where a clear medical need can be demonstrated, should new prescriptions be initiated out of hours, and then by a consultant. Likely indications are:-

- Rapidly progressive lymphomas and acute leukaemias;
- Imminent organ dysfunction or vascular obstruction secondary to a malignant process.

Under these circumstances, the Consultant must satisfy him/herself that it is a genuine emergency, prescribe the chemotherapy and ensure that it is dispensed and administered in line with all other aspects of this policy. Chemotherapy treatment should take place on the haematology inpatient ward.

2.4 Workload Arrangements

In the event that the chemotherapy workload is judged unsafe in either the Osprey Unit, Dove Ward or Pharmacy the Lead Chemotherapy Nurse and/or Lead Pharmacist in Cancer Services, in consultation with the Head of Chemotherapy Service will agree to limit the number of patients to be treated for a

defined time period. This is as according to an agreed prioritisation list (see Appendix D), and should be reported to and reviewed by the CWG.

2.5 Chemotherapy Capacity and Scenario planning

The Trust has previously used CPORT for capacity and scenario planning, however this system is no longer supported. The Trust is awaiting further national guidance from the Aseptic Services Review Board.

2.6 Training and Assessment

Chemotherapy may only be prescribed, clinically verified, prepared, dispensed, released and administered by employees trained and certified competent in this task. The policy covers training for: medical, clinical and haemato-oncologists, nurses, pharmacists and pharmacy employees.

All employees must demonstrate completion of training in their area of practice, including familiarity with local, network and national policies, competence in their designated role and be formally certified in these competencies, including reassessment and recertified on an annual basis.

2.6.1 Medical Training and Chemotherapy Competency

Medical employees and non-medical prescribers will only prescribe chemotherapy after completing training, demonstrating competence and after receiving training in the e-prescribing system ARIA© or ChemoCare©. Training will include familiarity with local, network and national policies, such as the cancer network protocols and algorithms for chemotherapy, local and network protocols for the management of complications of chemotherapy and local mandatory training.

Training

There are three main groups of medical chemotherapy prescribers at GWH: Consultant oncologists/haematologists, Specialist Registrars in training and Speciality Doctors. Training for each group is detailed below. For training relating to intrathecal chemotherapy refer to Intrathecal chemotherapy for Adults at the GWH Policy (Ref 2).

Consultants

Consultant haematologists and oncologists complete a 4-5 year registrar training programme, which includes competence in chemotherapy prescription. Completion of training and competence is confirmed by the gaining of a certificate of completion of training (CCT) in the speciality. Consultants arriving at GWH will receive training in ARIA© or ChemoCare© (only applicable to Consultant Paediatrician) before being able to prescribe chemotherapy. New consultants will then be added to the trust register of Medical and Non-Medical Prescribers Authorised to Prescribe First Cycle and Subsequent cycles of Chemotherapy (The trust chemotherapy register).

Specialist Registrars

Specialist registrars are doctors currently undergoing consultant training, usually at the Severn or Oxford deaneries.

For visiting Oxford oncology registrars, during their first year they cannot prescribe chemotherapy until the Oxford chemotherapy workbook has been completed, including undertaking 10 supervised prescriptions. They are then signed off by their supervising consultant in Oxford and are able to prescribe second and subsequent cycles both in Oxford and at GWH if they are working at GWH. More senior registrars are able to see new patients and prescribe first cycles after discussion with their consultant.

Haematology registrars rotate through GWH from the Severn deanery. They undertake a mandatory chemotherapy training day at the start of ST3 and then every two years throughout their training. A similar chemotherapy workbook/chemotherapy training passport is in development. The first cycle of chemotherapy will be prescribed by a consultant. More senior registrars may be permitted to prescribe first cycle but only under direct supervision. Registrars are required to be familiar with national and local intrathecal guidelines and are required to pass a local competency assessment prior to being able to prescribe or administer intrathecal chemotherapy.

Registrars arriving at GWH who have not previously used ARIA© will receive training in ARIA© before being able to prescribe chemotherapy. Competent registrars will be added to the trust chemotherapy register.

Specialty Doctors

Speciality doctors in oncology at GWH cannot prescribe chemotherapy until there has been a period of clinical training, the Oxford chemotherapy workbook has been completed, including undertaking 10 supervised prescriptions and an assessment of competence has been made in a meeting with the Trust Chemotherapy Lead/Oncology Lead. The length of training will depend on the previous experience of the doctor. Those without chemotherapy experience will have a longer period of training including teaching clinics. Those with previous extensive experience may be able to progress through the programme more rapidly.

Once trained, the Chemotherapy Lead / Oncology Lead undertaking training will inform the Lead pharmacist that the doctor can prescribe second and subsequent cycles under supervision and can be added to the chemotherapy prescribing register. More senior Specialty Doctors may be able to see new patients and prescribe first cycles after discussion with the Trust Chemotherapy Lead/Oncology Lead. Speciality doctors will also receive training in ARIA© before being able to prescribe chemotherapy.

Non-Medical Prescribers

Non-medical chemotherapy prescribers have an extensive and individualised training programme with consultant supervision. Non-medical prescribers may only prescribe in their specific area of competency and following agreement by the Trust Chemotherapy Lead/and Consultant Haematologist where applicable. Refer to the Non-Medical Prescribing Policy (Ref 16) for further information on training required. Once trained, the Trust Chemotherapy Lead undertaking training will inform the Lead Pharmacist in Cancer Services that the non-medical prescriber can prescribe second and subsequent cycles under supervision and can be added to the trust chemotherapy register

Annual Assessment of Competency

Once doctors have been designated as competent to prescribe chemotherapy, their competency will be assessed annually through the appraisal system and through the Incident Notification Form (Previously known as IR1 reporting system).Any errors in prescribing should be included in appraisal evidence and discussed at appraisal with adequate reflection.
Any errors in chemotherapy prescribing reported via the Incident Notification Form will also be discussed with the individual prescriber, at the oncology clinical governance meeting for group learning and at the CWG to review risk management. If a prescriber makes serious or repeated errors, the Trust Chemotherapy Lead will contact their line manager to discuss whether further training is required. If there were concern regarding competence, the prescriber would be temporarily removed from the prescribing register whilst retraining takes place.

Register of Chemotherapy Prescribers

A register of Medical and Non-Medical Prescribers Authorised to Prescribe First Cycle and Subsequent cycles of Chemotherapy is managed by the Lead Pharmacist in Cancer Services and is available on the Pharmacy/Cancer Services pages on the intranet.

2.6.2 Nursing Training and Chemotherapy Competency

Training

Each new employee will:

- Be allocated a named chemotherapy nurse preceptor
- Attend the Systemic Anti-Cancer Therapy (SACT) course for safe delivery of chemotherapy
- Hold all other relevant competencies:
  - Venepunture, cannulation and Venesections
  - Intravenous medicine administration
  - Blood products administration and transportation
  - Peripheral Inserted Central Catheter (PICC) and Central Venous Catheters (CVC)
  - Portacath Management
  - Biological Therapies
  - Cytotoxic Administration
  - Management of 24 hours triage helpline
  - Scalp Cooling
  - Use of Entonox
  - JACIE specific competences: Stem cell thawing and stem cell reinfusing
  - Checking of intrathecal chemotherapy prior to administration
- Complete the Nursing chemotherapy workbook
- Complete other training tracker modules required to support delivery:
  - Anaphylaxis
  - Basic life support

Be signed off as competent to deliver chemotherapy and supportive interventions (Triage, New Patient Talks) by a competent practitioner at band 7 or above. For competency of disconnecting chemotherapy containing infusor/pump in the community, it can be signed off by a competent practitioner at Band 6 or above who has achieved the nursing chemotherapy competency.

All employees will be expected to attend a university accredited course for Safe Administration of Chemotherapy as soon as possible. The department supports two employees attending the course twice per year.

Annual Assessment of Competency

A record of competency for each nurse will be maintained in each individual employees folder. A training matrix is maintained by the chemotherapy educators detailing each employees competency held and the expiry date. Further details on the training matrix can be obtained by contacting the Lead Chemotherapy Nurse or Chemotherapy Educators.

All chemotherapy nurses will be re-assessed annually through the appraisal system and they will go through their competency with the Chemotherapy Educators and re-evaluate their competences, including attending an annual update day in-house. Any errors should be included in appraisal evidence and discussed at appraisal with adequate reflection. Any errors reported via the Incident Notification Form will also be discussed with the individual nurse, Lead Chemotherapy Nurse and at the CWG to review risk management. If a nurse makes serious or repeated errors, the Lead Chemotherapy Nurse will contact their line manager to discuss whether further training is required and if there were concern regarding competence, the nurse would be temporarily removed from the register whilst retraining takes place.

Register of Employees Authorised to Administer Chemotherapy

A register of employees authorised to administer chemotherapy (as part of the training matrix described above) is managed by the Chemotherapy Educator. It is available at the request of the Chemotherapy Educator or the Lead Chemotherapy Nurse. Employees not on the authorised list and not undergoing formalised training may not administer chemotherapy.

2.6.3 Pharmacists and Chemotherapy Competency

Prior to verification of chemotherapy each pharmacist is required to achieve a competency for safe technical and clinical verification of chemotherapy prescriptions. Each pharmacist must complete a recognised chemotherapy competency and training program, which follow TVSCN and British Oncology Pharmacy Association (BOPA) Guidance. All new employees are expected to work under the supervision of a trained cancer pharmacist at all times. All pharmacists who are involved in research e.g. Verification of trial prescriptions, dispense and release of chemotherapy for the use of clinical trials must complete Good Clinical Practice (GCP) training and appropriately experienced to perform the specific tasks they are being asked to undertake. GCP is the international ethical, scientific and practical standard to which all clinical research is conducted.

Once pharmacists have been designated as competent to verify chemotherapy prescriptions, their competency will be assessed.

Employees are prohibited from verifying chemotherapy prescriptions, or providing support or assessment of patients where chemotherapy is the primary treatment unless they hold a current chemotherapy competency.

Training

Training and competency assessment is divided into the following levels:

Level 1 – Complete the technical and clinical verification under supervision of a minimum 50 prescriptions, including 10 first cycle. The range of prescriptions should cover adult oncology and haematology prescriptions**,** adult clinical trial prescriptions and parenteral prescriptions for urology and rheumatology. Supervision must be carried out by a band 6 pharmacist or above who has a minimum of 6 months verification experience. The first 5 and last 5 prescriptions the trainee verifies must be supervised by the Lead Pharmacist in Cancer Services or delegate.

Level 2 – This applies to more complex prescriptions and includes JACIE prescriptions, paediatric oncology and haematology prescriptions and paediatric clinical trial prescriptions. The employees must complete the technical and clinical verification under supervision of a minimum of 20 prescriptions. The trainee must have passed the competency for level 1 and have a minimum of 6 months screening experience. Supervision must be carried out by a band 7 pharmacist or above who has a minimum of 6 months screening experience at level 2.

The Lead Pharmacist in Cancer Services and Deputy act as assessors of competence for chemotherapy practice relating to pharmacy.

Annual Assessment of Competency

A record of competency for each pharmacist will be maintained in each individual employees folder, including a training matrix detailing each employees competency held.

Once pharmacists have been designated as competent to verify chemotherapy prescriptions, their competency will be reviewed annually through the appraisal system and through the Incident Notification Form. Any errors must be included in appraisal evidence and discussed at appraisal with adequate reflection. Any errors reported via the Incident Notification Form will also be discussed with the individual Pharmacist, Pharmacy Board and at the CWG to review risk management. If a pharmacist makes serious or repeated errors, the Lead Pharmacist in Cancer Services will contact their line manager to discuss whether further training is required and if there were concern regarding competence, the pharmacist would be temporarily removed from the register whilst retraining takes place.

Register of Employees Authorised to Clinically Verify Chemotherapy

A register of employees authorised to clinically verify chemotherapy prescriptions is managed by the Lead Pharmacist in Cancer Services and it is accessible via the Lead Pharmacist in Cancer Services.. Employees not on the authorised list and not undergoing formalised training may not clinically verify chemotherapy.

2.6.4 Pharmacy Employees

All Pharmacy employees involved in the handling, preparation, dispensing or release of chemotherapy will complete an in-house recognised chemotherapy competency and training programme. Competencies are role specific and will include the health risks associated with cytotoxic drugs and waste.

Pharmacy will maintain a register of employees holding a certificate of the above competence and will ensure their training is updated at appropriate intervals. The Aseptic Services Manager, Lead Pharmacist in Cancer Services and their deputy act as assessors of competence for chemotherapy practice related to pharmacy activities. This register is accessible via the Lead Pharmacist in Cancer.

2.6.5 Housekeeping Employees

All housekeeping employees (including agency employees) involved in cleaning duties in clinical areas must have received training and education on the health risks associated with cytotoxic drugs and cytotoxic waste, and the consequences of ineffective cleaning.

2.6.6 Portering Employees

All portering employees involved in transporting chemotherapy must have received training and education on the health risks associated with cytotoxic drugs and cytotoxic waste. They must be familiar with the procedures for handling cytotoxic spillages.

2.6.7 Other Employees in Clinical Areas

All other employees in clinical areas involved in the administration, preparation or transporting of chemotherapy drugs (including volunteers) must undergo an induction to ensure they are aware of the risks associated with chemotherapy.

2.6.8 Training Records

Training records are kept of individual employees area of competence. Employees authorised as competent will have to demonstrate completion of training in their area of practice, including familiarity with local and national policies, competence in their designated role, be formally certified in these competencies and reassessed and recertified on an annual basis.

2.7 Network Agreed Treatment Algorithms and Protocols

The CWG has agreed the network list of treatment algorithms and treatment protocols (Ref 6), refer to the TVSCN website www.tvscn.nhs.uk for a full list. This list is compatible with the site-specific treatment algorithms produced by the CAG. For oral and parenteral systemic chemotherapy for treatment of cancer, wherever possible, the regimen must be taken from the appropriate TVSCN or Children's Cancer Network Co-ordinating Group (CCNCG) agreed list of regimens agreed for use within the Trust and cancer network(s).

Adult regimen selection must be in line with TVSCN treatment algorithms.

The protocols include details of the indication, drug regimen (drug, dose, route of administration), therapeutic intent, number of cycles, length of cycle and number and timing of administrations within a cycle, cycle frequency, dose modifications and their indications, tests and investigations required prior to starting a course and prior to individual cycles, concurrent supportive medication, emetogenicity, adverse effects and regimen specific complications.

Treatment protocols for Clinical Trials are available in trial specific investigator site files and they should be used for all clinical trials related activities including prescribing, pharmacist verification of chemotherapy prescription, nurse administration and on-going monitoring of treatment.

2.7.1 Recording of Deviation from Network Agreed Treatment Protocols

Non-Trust and non-TVSCN approved regimens and deviations from the TVSCN treatment algorithms may be used in exceptional circumstances such as:

- When a patient has not responded to or tolerated the regimen(s) approved for that indication and there is clinical evidence that a response may be achieved from another therapy;
- A regimen may show a clinical advantage but has not yet been assessed by CAG.
- An alternative regimen is more suitable for the patient.

Under these circumstances, the TVSCN Guidelines for the use of non-Thames Valley or Nationally approved chemotherapy regimens in exceptional circumstances in adults with cancer (Ref 7) must be followed:

- The regimen must be prescribed by a Consultant;
- The protocol or written documentation for deviation from the algorithm together with supporting documentation (e.g. references and reason for using a non-TVSCN protocol) must be submitted to Chair of the CWG for approval (Chairman's action). If the regimen is considered to be outside of the expertise of the chair of the CWG, additional opinion must be sought from the appropriate network Multi-Disciplinary Team (MDT) or Tertiary Centre;
- Funding must be identified prior to use of the drug(s).

If the Chair of the CWG approves use of an alternative regimen and deviation from the TVSCN treatment algorithm, the following information must be supplied to the Pharmacy:

- Protocol (in full) to be used;
- Patient details;
- Treating consultant;

- Indication;
- Reason for using a non-TVSCN approved regimen/algorithm deviation;
- Intended date of treatment
- Details of agreed funding source;

These details must be recorded by the Pharmacy Department and supplied to the TVSCN Lead Pharmacist every three months. These will then be reviewed by the TVSCN Chemotherapy Crosscutting Group.

Non-TVSCN approved protocols may be used for three patients in exceptional circumstances. Following treatment of three patients the protocol must be submitted to the relevant CAG for approval as a TVSCN protocol prior to further use.

2.7.2 Chemotherapy Services Guidelines and Protocols

There are guidelines/protocols on the following issues that are used throughout the hospital:

- Cytotoxic administration techniques;
- The care of those aids to venous access used in the hospital, including the treatment of line complications;
- The use of drug delivery devices:
- The use of devices to prevent alopecia

These can be all accessed via the Intranet by searching Cancer Services – Haematology/Oncology.

2.7.3 Protocols for Systemic Therapy Acute Oncology Presentations

There are protocols for systemic acute oncology presentations which include the following:

- The recognition and treatment of cytotoxic extravasation;
- The recognition and treatment of allergic reactions including anaphylaxis;
- The recognition and treatment of neutropenic sepsis;
- The prevention and treatment of cytotoxic induced emesis;
- The prevention and treatment of stomatitis, other mucositis and diarrhoea.
- The recognition and management of immune-related adverse events secondary to immunotherapy agents (Ref 23).

These can be accessed via the Intranet by searching under Cancer Services – Acute Oncology, see Appendix C – List of Acute Oncology Protocols for full list or the http://tvscn.nhs.uk/

2.7.4 JACIE Protocols

The Trust has received JACIE accreditation to undertake stem cell transplants by the Joint Accreditation Committee of the International Society for Cellular Therapy (ISCT) and the European Society for Blood and Marrow Transplantation (EBMT). Accreditation requires the implementation of a quality management system, which includes specific JACIE documentation and standard operating procedures (SOP) for patients receiving chemotherapy for stem cell mobilisation or undergoing autologous stem cell transplant. These have been checked for consistency with the Trust's chemotherapy protocols and are available via the Trust's shared t drive (t:/JACIE/SOPS).

2.8 Prescribing, Pre-treatment and Checks (NPT)

For information on requirements for prescribing, pre-treatment consultations and checks commencing chemotherapy refer to the Prescription, Safe Handling and Administration of Cytotoxic Chemotherapy Drugs in Adults and Children Policy (Ref 1).

2.9 24-Hour Telephone Advice Service

The hospital has a 24 Hour Nursing Telephone Advice Service for adult patients who have received chemotherapy treatment in accordance with the TVSCN Guidelines for 24 hour telephone advice service for adults (Ref 8).

Between 09:00hrs and 17:00hrs Monday to Sunday calls are taken by an appropriately qualified Registered Nurse in the Day Therapy Unit (01793 604348). At other times the calls are taken by an appropriately qualified Registered Nurse on Dove ward (01793 604400). All patients receiving chemotherapy treatment are given a National Chemotherapy / Neutropenic Sepsis Alert Card at the time of their 'New Patient Talk' which contains advice and the telephone numbers they must use.

The GWH POSCU has agreed the minimum service specification with the Oxford University Hospital PTC for a 24-hour telephone advice service for families/carers of children with cancer. Refer to the Oxford University Hospitals Childrens' Principal Treatment Centre Operational Policy (Ref 9), which specifies;

- The contact number to be used, which is Kamran's Ward at OUH on 01865 234068/9;
- The specified employees provided, and for which parts of a 24-hour rota;
- The locally applicable policy for instructions to patients and carers.

2.10 Patient Information

Patients/carers must be offered the opportunity to be actively involved in decision making about their treatment. Prior to commencing a course of chemotherapy, written information must be provided for patients and carers specific to the regimen. This will routinely be in the form of Macmillan cancer support leaflets, clinical trial patient information sheet or paediatric family shared care diary (Ref 8). These will include potential side effects, any necessary precautions and 24 hour contact details for use in an emergency.

It will also cover the action patients must take, whom they must contact for advice, and the symptoms that must prompt this, with regards to the following complications of chemotherapy:

- Neutropenic sepsis;
- Cytotoxic extravasation;
- Nausea and vomiting;
- Stomatitis, other mucositis and diarrhoea.

All information is provided in a chemotherapy folder that is given to patients at their new patient talks. Patients will be offered documentation in other languages and formats as required.

Patients receiving infusional cytotoxic therapy at home will also be given written information regarding the management of chemotherapy spillage, TVSCN Guidelines on Management of Chemotherapy Spillage at Home (Ref 10) and a spillage kit.

Relevant primary healthcare employees will be informed when a patient is being treated with infusional chemotherapy in the community

2.11 Patient Experience

At a minimum the CCS will bi-annually undertake a survey of its patients' experience of the services offered by the team. This practice is supported by the Lead Chemotherapy Nurse and members of the Trust's Cancer Services Management Team. The results of the survey are presented at a CWG meeting and any action points arising from the survey are agreed and included in the Work Programme as specified in the Manual of Cancer Services, 2011, Chemotherapy Measures (Ref 4).

2.12 Electronic Prescribing

The Trust uses two electronic chemotherapy prescribing systems/ information management systems for the management of prescribing, pharmacist screening and administration of chemotherapy.

- **ARIA©** - For all Adult Oncology/Haematology Patients
- **ChemoCare©** - For all Paediatric Oncology/Haematology Patients

Prescriptions for adult oral and parenteral chemotherapy are to be generated using ARIA©. This enables electronic prescribing using network approved protocols, provides an auditable record of chemotherapy prescriptions and administration, and is used to extract data for the national mandatory chemotherapy dataset. There is local configuration of the electronic prescribing system which allows electronic interfacing of patient demographics, laboratory test results and pharmacy dispensing.

The master prescriptions on ARIA© are entered by an accredited TVSCN e-prescribing pharmacist, in accordance with the TVCSN SOPs. This includes validation of the system's use with regards to individual regimens and/or modifications to regimens or protocol variations prior to their being a first release for prescribing to patients. These documents are available on the TVSCN website.

The paediatric prescription templates are set up on ChemoCare© by the Lead pharmacist for Paediatric ChemoCare© in accordance with the TVSCN Oncology and Haematology Protocols (ref 19).

The Trust is supported by a third Party provider, Information Management and Technology Services) at the Oxford University Hospitals NHS Trust OUH IM&TS that is contracted to provide support for both ARIA© and ChemoCare© in the event of a service disruption resulting from a failure of their systems of any kind (Ref 20 and 21) during the hours of 09:00 – 17:00 Monday to Friday, excluding public holidays; this includes responding to a major incidence within 15minutes with expected duration of up to 5 hours to fix the problem (Ref 22).

Prescriptions for Topical and Intravesical chemotherapy are completed via hand using manual prescription pending implementation of EPMA© in these areas. This is pending the implementation of EPMA© in these areas.

2.13 The Chemotherapy Dataset

The CCS collects a defined framework of data on its patients referred to as the SACT Information Standard. This is mandatory as required by the National Contract for Acute Services and is as agreed with the CAG.

All data relating to parenteral and oral chemotherapy is recorded on the chemotherapy prescribing system (ARIA© and ChemoCare© and can be electronically retrieved for routine reporting or as required. For areas not using ARIA©, data is currently retrieved manually pending implementation of an electronic prescribing system.

2.14 Error Classification and Recording

All chemotherapy errors are reported via the Trust incident reporting process (Ref 12). Errors classified as moderate and above (Orange incidents, red incidents, and Serious Incidents Requiring Investigation) are reported both to the CWG and to the CAG.

2.15 Pharmaceutical Aspects of the Chemotherapy Service

The provision of Pharmacy Chemotherapy services is currently undertaken by a team of Specialist Cancer Pharmacists, Aseptic Pharmacists and Aseptic Technical team.

The Lead Pharmacist in Cancer Services is responsible for the oncology and haematology pharmacy service, this include the provision of a pharmaceutical service to designated wards and Osprey Unit, and the clinical screening of all chemotherapy prescriptions. Only designated pharmacists who have undertaken Trust competency assessment can clinically screen anti-cancer treatments.

The Aseptic Services Development Principal Pharmacist and the Aseptic Services Manager oversees all aspects of chemotherapy preparative services which include procurement, dispensing and labelling and releasing of bought-in chemotherapy. The chemotherapy preparative service for chemotherapy is currently provided by pharmacy via an external agency. This external agency will be an aseptic preparation facility licensed by the Medicines and Healthcare products Regulatory Agency (MHRA) who will audit every two years. The Aseptic Services Development Principal Pharmacist is responsible for the contract with the external agency.

3 Monitoring Compliance and Effectiveness of Implementation

The arrangements for monitoring compliance are outlined in the table below: -

Measurable policy objectives	Monitoring or audit method	Monitoring responsibility (individual, group or committee)	Frequency of monitoring	Reporting arrangements (committee or group the monitoring results is presented to)	What action will be take if gaps are identified
Number of deviations from TVSCN agreed list of regimens	CCS to record	Lead Chemotherapy Pharmacist	As they occur	CWG, NCG	Submit to NCG for addition to network regimen list
All Intrathecal chemotherapy treatments recorded on Pharmacy t-drive.	Numbers of ITC tasks for each registered employees provided for re-certification	Lead Chemotherapy Pharmacist	As they occur	CWG	Risk assessment performed if outside min or max numbers
Participate in annual Peer Review	Self Assessment / Internal Validation or External Review	CWH and National Cancer Peer Review team	Annually	CWH, PSQ, CEO	Any non compliance identified added to work programme for specific MDT
Meet 100 per cent (%) compliance of the SACT dataset	Monthly report on compliance with SACT (report run by informatics)	Cancer Management (data from informatics)	Monthly	CWG	Root cause of gap identified, prescribing issues to be addressed with prescriber, ARIA© issues to go to TVSCN to address with provider
Patient survey is undertaken bi-annually	Summary report of patient survey findings	Lead Chemotherapy Nurse (supported by clinical audit dept)	At least bi-annually	CWG	Following any significant areas of concern in the results an action plan will be developed to address these and will be monitored and reviewed at the CWG.

100% incidents relating to chemotherapy services will be reported via an Incident Notification Form	Database is reviewed for trends relating to all trust incidents for chemotherapy services	CWG	All incidents relating to chemotherapy services will be reported via an Incident Notification Form	CWG, NCG	Incident Notification Formtrended, Review of documentation and training if trends identified
Ensure all chemotherapy related Morbidity and Mortality M&M is discussed at appropriate forum	All cases relating to chemotherapy related M&M minuted at meeting	Head of Chemotherapy Service	Ensure all chemotherapy related M&M is discussed at appropriate forum	CWG	Review of documentation and training and any exceptions escalated by the chair of the M&M

4 Duties and Responsibilities of Individuals and Groups

4.1 Chief Executive

The Chief Executive has overall responsibility for the implementation of this document.

4.2 Head of Chemotherapy Service

There is a designated Head of Chemotherapy Service (Appendix E) for the GWH CCS, who has agreed a list of responsibilities with the Trust's Lead Cancer Clinician. The responsibilities of the Head of Chemotherapy Service is in the role's job description, however key responsibilities of the role are documented in Appendix G.

4.3 Lead Chemotherapy Nurse

The designated Lead Chemotherapy Nurse (Appendix E) is responsible for the education and development of nursing employees in the handling, administration and disposal of cytotoxic drugs. The Lead Chemotherapy Nurse has regular, personal involvement in the administration and reviews of chemotherapy as part of their weekly timetable. The list of responsibilities for the role is agreed with the Head of Chemotherapy Service and Lead Chemotherapy Nurse's line manager as per the role's job description. Key responsibilities of the role are documented in Appendix H.

4.4 Lead Pharmacist in Cancer Services

The designated Lead Pharmacist (Appendix E) is responsible:

- Oncology pharmacy services to the named wards/areas/outpatient facilities used exclusively or preferentially for chemotherapy and aseptic procedures;
- Oncology pharmacy services to the outpatient services on the days they are used for chemotherapy;
- Cytotoxic chemotherapy;
- Compliance of SACT dataset requirement

The CCS has identified further designated pharmacists to fulfil the following roles:

- Overall responsibility for clinical trials

The list of responsibilities for the role is agreed with the Trust Lead Cancer Clinician and Director of Pharmacy as per the role's job description. Key responsibilities of the role are documented in Appendix I.

4.5 The Aseptic Services Development Principal Pharmacist

The Aseptic Services Development Principal Pharmacist oversees all aspects of chemotherapy preparative services which include procurement, dispensing and labelling and releasing of bought-in chemotherapy.

4.6 Lead Paediatric Clinician

The designated GWH Lead Paediatric Clinician (Appendix E) is also the head of service for paediatric chemotherapy. Refer to the GWH POSCU Operational Policy (Ref 3) for details of the paediatric oncology service.

4.7 Document Author and Document Implementation Lead

The document Author and the document Implementation Lead are responsible for identifying the need for a change in this document as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and resubmitting the document for approval and republication if changes are required.

4.8 Target Audience

The target audience has the responsibility to ensure their compliance with this document by:

- Ensuring any training required is attended and kept up to date.
- Ensuring any competencies required are maintained.
- Co-operating with the development and implementation of policies as part of their normal duties and responsibilities.

Managers must identify any employees who may come into contact with chemotherapy and ensure those employees have information on the risks, safe working practices and managing unexpected scenarios (spills etc).

Senior employees in each department where chemotherapy is handled will contact the Occupational Health department to carry out health surveillance of employees exposed to cytotoxic chemotherapy as necessary.

All employees involved with the care and treatment of patients receiving chemotherapy must be encouraged to challenge colleagues if, in their judgement, either protocols are not being adhered to or the actions of an individual may cause potential risk to a patient. Challenging of a colleague must not be seen as adversarial, but as an additional check to improve patient safety and reduce risk. Under these circumstances, an incident notification form must be completed.

5 Further Reading, Consultation and Glossary

5.1 References, Further Reading and Links to Other Policies

The following is a list of other policies, procedural documents or guidance documents (internal or external) which employees must refer to for further details:

	Document Title	Document Location
1	Prescription, Safe Handling and Administration of Cytotoxic Chemotherapy Drugs in Adults and Children Policy	T:\Trust-wide Documents
2	Intrathecal Chemotherapy for Adults at the GWH Policy	T:\Trust-wide Documents
3	Great Western Hospitals NHS Foundation Trust Children's Oncology Shared Care Unit Operational Policy	T:\Trust-wide Documents
4	Manual of Cancer Services, 2011, Chemotherapy Measures (and updates)	www.cquins.nhs.uk
5	Chemotherapy Working Group Terms of Reference	T:\Trust-wide Documents
6	TVSCN Oncology and Haematology Protocols (includes each Tumour Site Specific Group; Breast, CNS, Colorectal, Gynaecology, Haematology, Head and Neck, Lung, Paediatrics, Rare Tumours, Sarcoma, Skin, Upper GI, Urology)	www.tvscn.nhs.uk
7	Guidelines for the use of non-Thames Valley or Nationally approved chemotherapy regimens (including deviations from treatment algorithms) in exceptional circumstances in adults with cancer	www.tvscn.nhs.uk
8	TVSCN Chemotherapy Guidelines for 24 hour advice service for adults receiving chemotherapy	www.tvscn.nhs.uk
9	Oxford University Hospitals Children's Principal Treatment Centre Operational Policy	OUH Intranet
10	TVSCN Chemotherapy Home Spillage	www.tvscn.nhs.uk
11	SACT Chemotherapy Dataset, Chemotherapy Intelligence Unit website	www.chemodataset.nhs.uk
12	Incident Management Policy	T:\Trust-wide Documents
13	TVSCN Policy for the Safe Handling and Administration of Cytotoxic Drugs in Adults with Cancer	www.tvscn.co.uk
14	Department of Health Policy Improving Outcomes: A Strategy for Cancer, 2011	www.gov.uk
15	NPSA relevant guidance and standards	www.npsa.nhs.uk
16	Non-Medical Prescribing Policy	T:\Trust-wide Documents

	Document Title	Document Location
17	Immuno-Oncology Agent Immune-Related Adverse Event Clinical Guideline - Clinical guidelines for the recognition and management of immune-related adverse events secondary to immuno-oncology agent. *Agreed by the Thames Valley Acute Oncology Provider Based Delivery Group and the Chemotherapy Provider Based Delivery Group for it to be adopted throughout the Thames Valley.*	www.tvscn.nhs.uk
18	Paediatric Oncology/ Haematology Shared Care Standard Operating Policy for ChemoCare®	http://ouh.oxnet.nhs.uk/
19	Policy for the safe handling and administration of cytotoxic drugs for Children, Teenagers and Young Adults with Cancer	http://ouh.oxnet.nhs.uk/PaedHaemOnc
20	Service Level Agreement between Oxford University Hospitals NHS Foundation Trust and Great Western Hospitals NHS Foundation Trust. 19/21	T:\Cancer Services\
21	IM&T Support for ChemoCare as provided by OUH IM&T for ChemoCare© v 5.3.4	T:\Cancer Services\
22	Business Continuity Plan for Electronic Chemotherapy Prescribing System ARIA© and ChemoCare© Policy	T:\Trust-wide Documents
23	Immuno-Oncology Agent Immune-Related Adverse Event Clinical Guideline - Clinical guidelines for the recognition and management of immune-related adverse events secondary to immuno-oncology agent. *Agreed by the Thames Valley Acute Oncology Provider Based Delivery Group and the Chemotherapy Provider Based Delivery Group for it to be adopted throughout the Thames Valley.*	www.tvscn.nhs.uk

5.2 Consultation Process

The following is a list of consultees in formulating this document and the date that they approved the document:

Job Title / Department.	**Date Consultee Agreed Document Contents**
Chemotherapy Working Group	To be discussed on 8.1.19
Consultant Haematologist	4.12.19
Consultant Oncologists	4.12.19
Lead Chemotherapy Nurse	4.12.19
Lead Clinician Chemotherapy / Trust Chemotherapy Lead	4.12.19
Lead Pharmacist in Cancer Services	4.12.19
Trust Intrathecal Lead	4.12.19
Aseptic Services Development Principal Pharmacist	4.12.19
Consultant Paediatrician	4.12.19
End User (Pharmacist)	4.12.19

6 Equality Impact Assessment

An Equality Impact Assessment (EIA) has been completed for this document and can be found at Appendix A.

Appendix A - STAGE 1: Initial Screening For Equality Impact Assessment

At this stage, the following questions need to be considered:			
1	What is the name of the policy, strategy or project? Clinical Chemotherapy Service Operational Policy		
2.	Briefly describe the aim of the policy, strategy, and project. What needs or duty is it designed to meet? This policy is intended to improve and safeguard patient's safety through describing systems and accountabilities of all healthcare professionals and employees involved in the provision of patient care within cancer services.		
3.	Is there any evidence or reason to believe that the policy, strategy or project could have an adverse or negative impact on any of the nine protected characteristics (as per Appendix A)?		**No**
4.	Is there evidence or other reason to believe that anyone with one or more of the nine protected characteristics have different needs and experiences that this policy is likely to assist i.e. there might be a *relative* adverse effect on other groups?		**No**
5.	Has prior consultation taken place with organisations or groups of persons with one or more of the nine protected characteristics of which has indicated a pre-existing problem which this policy, strategy, service redesign or project is likely to address?		**No**

Signed by the manager undertaking the assessment	Tiffany Chan
Date completed	25/11/19
Job Title	Lead Pharmacist in Cancer Services

On completion of Stage 1 required if you have answered YES to one or more of questions 3, 4 and 5 above you need to complete a STAGE 2 - Full Equality Impact Assessment

Equality Impact Assessment

Are we Treating Everyone Equally?

Define the document. What is the document about? What outcomes are expected?

Consider if your document/proposal affects any persons (Patients, Employees, Carers, Visitors, Volunteers and Members) with protected characteristics? Back up your considerations by local or national data, service information, audits, complaints and compliments, Friends & Family Test results, Staff Survey, etc.

If an adverse impact is identified what can be done to change this? Are there any barriers? Focus on outcomes and improvements. Plan and create actions that will mitigate against any identified inequalities.

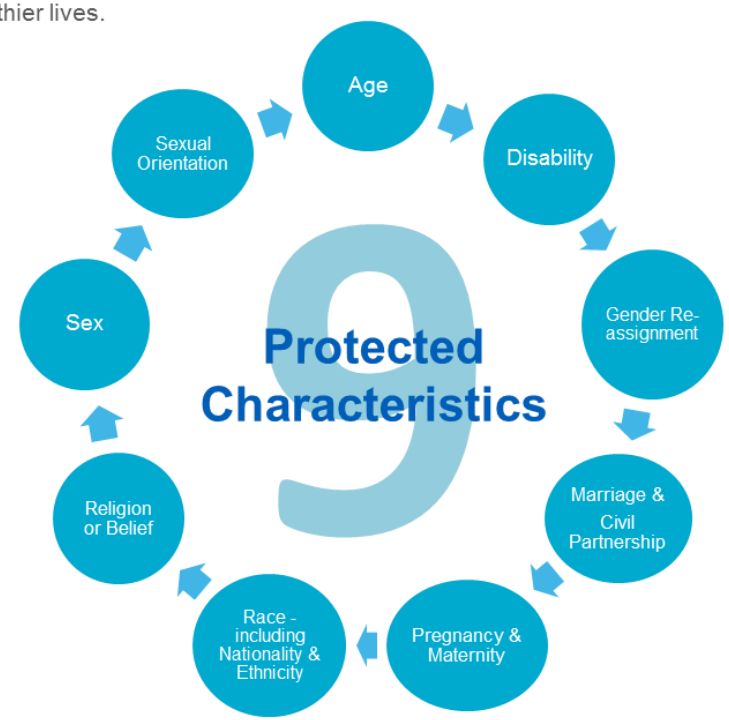
If the document upon assessment is identified as having a positive impact, how can this be shared to maximise the benefits universally?

Trust Equality and Diversity Objectives

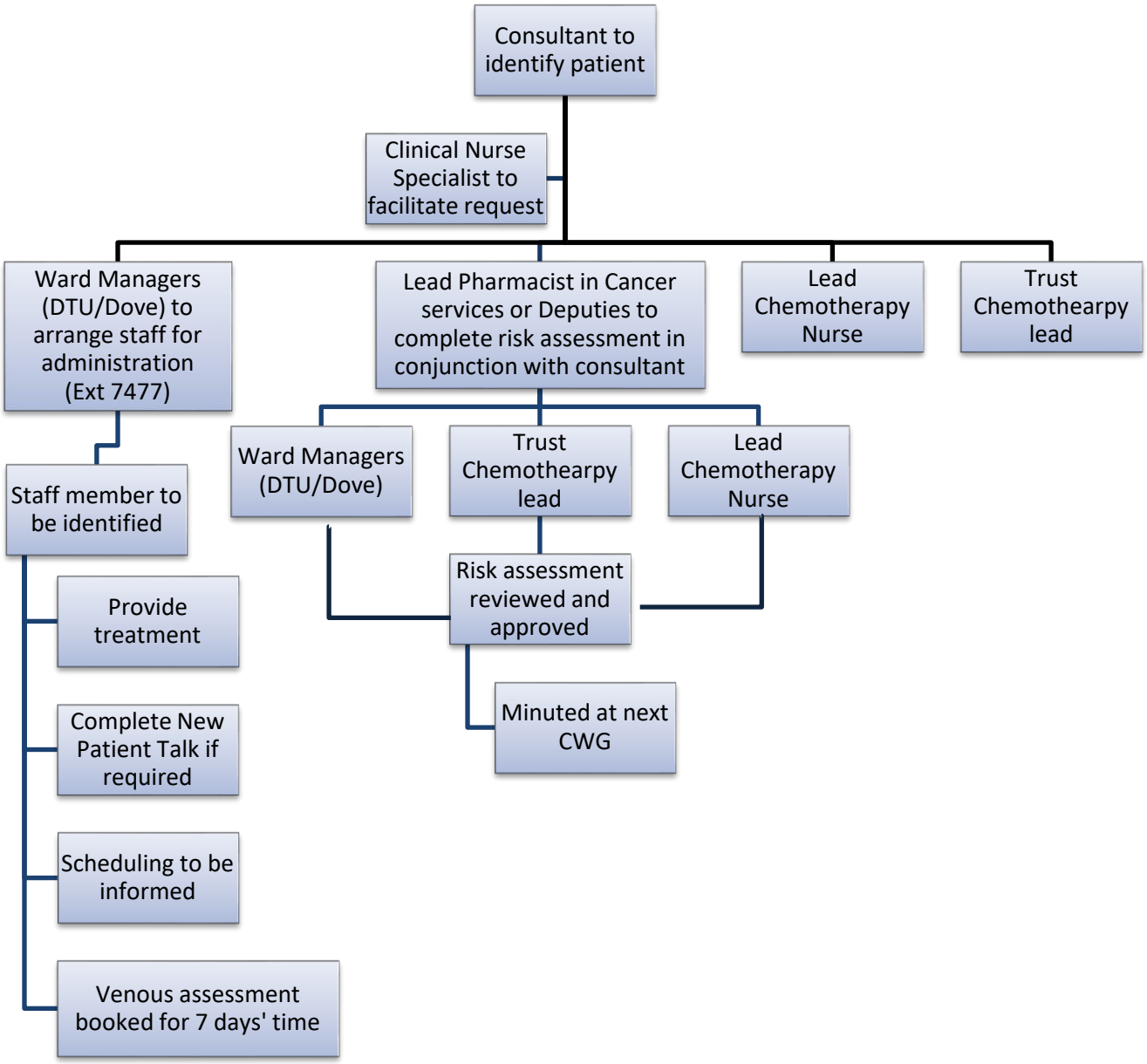
Better health outcomes for all	Improved patient access & experience	Empowered engaged & included staff	Inclusive leadership at all levels

Our Vision

Working together with our partners in health and social care, we will deliver accessible, personalised and integrated services for local people whether at home, in the community or in hospital empowering people to lead independent and healthier lives.



Appendix B - Flow Chart of Organising Administration of Chemotherapy in Non-designated Areas



Appendix C – List of Acute Oncology Protocols

Systemic Treatment of Cancer Protocol

Neutropenic Sepsis

Uncontrolled nausea & vomiting

Extravasation injury

Acute hypersensitivity reactions including anaphylactic shock

Complications associated with venous access devices

Uncontrolled diarrhoea

Uncontrolled mucositis

Hypomagnesaemia

Arthralgia

Fatigue

Cancer of Unknown Primary (CUP) care pathway

Plantar Palmer Erythema (PPE)

Bleeding and Bruising

Immuno-Oncology Agent Immune-Related Adverse Event Clinical Guideline

Radiotherapy Protocol

Acute skin reactions

Uncontrolled nausea & vomiting

Uncontrolled diarrhoea

Uncontrolled mucositis

Acute radiation pneumonitis

Acute cerebral / other CNS, oedema

Malignant Disease and presenting as an urgent acute problem Protocol

Pleural effusion

Pericardial effusion

Lymphangitis carcinomatosa

Superior mediastinal obstruction syndrome, including superior vena cava obstruction

Abdominal ascites

Hypercalcaemia

Spinal Cord Compression including MSCC

Cerebral space occupying lesion(s)

Appendix D – Prioritisation List for Osprey Unit

The following list aims to provide guidance to employees on Osprey when booking patients for chemotherapy. The list will also support decisions made around prioritisation of patients.

Immediate 24 hours	**Urgent 1 week**	**Priority 1 2 weeks**	**Priority 2 2 weeks**
Platelets	Small Cell Lung Cancer	Adjuvant	Palliative chemotherapy for solid non-haematological tumours unless they meet the urgent/priority 1 criteria (small cell, testicular, trials, symptoms that need urgent palliation)
	Neo-adjuvant	Adjuvant Herceptin	Metastatic bladder
	High grade NHL Indolent NHL &CLL with end organ damage/pressure eg.Ureteric obstruction.	Indolent NHL &CLL	NSCLC standard 1st line
	Hodgkin's Lymphoma	Palliative if in a trial that specifies 2 weeks	Prostate – Docetaxol
	Testicular	Trial patients	
	Palliative with symptoms that need palliation (i.e. SVCO)		
	Trial patients		
	Campath – twice weekly		
	Blood components		
	Neo-adjuvant Bladder	All Other bladder	

Note trial patients are listed twice as protocol with dictate treatment time.
Please note this is a guide only. If there are any queries please refer to the clinician.

Appendix E – List of Designations

Role	Name
Head of Chemotherapy Service /Trust Chemotherapy Lead	Dr Sarah Lowndes
Head of Paediatric Chemotherapy Service	Dr Victoria Howard (whilst Dr Francine Toussaint is on Maternity Leave)
Lead Chemotherapy Nurse	Helen Anderson
Lead Pharmacist in Cancer Services	Tiffany Chan
The Aseptic Services Development Principal Pharmacist	Katherine Jacob
Designated Pharmacist for Clinical Trials	Lynsey Kyeremeh

Appendix F – Role: Head of Chemotherapy Service

Key responsibilities:

1. Clearly defined leadership and organisational arrangements: forming and chairing a Clinical Chemotherapy Services (CCS) Group, representing the CCS at the Trust's Prescribing Committee and liaising with relevant Thames Valley Cancer Network (TVSCN) Groups regarding chemotherapy issues.
2. Ensuring implementation and adherence to the TVSCN Policy for the safe handling and administration of cytotoxic drugs in adults.
3. Provision of dedicated and suitably equipped areas for the administration of chemotherapy.
4. Coordination and control over the use of chemotherapy regimens specified within the Network.
5. Supervision of chemotherapy prescribing by appropriate specialists (clinicians and pharmacists) and administration of chemotherapy by appropriately trained employees, ensuring maintenance of a register of medical employees competent to prescribe chemotherapy, of pharmacy employees competent to screen chemotherapy prescriptions and of all employees involved in the administration and safe handling of chemotherapy.
6. Use of guidelines for the prevention and treatment of side effects and complications of chemotherapy.
7. Minimising delay in starting treatments.
8. Provision of facilities for aseptic reconstitution of cytotoxic agents.
9. Clear and comprehensive documentation of chemotherapy delivery.

Appendix G – Role: Lead Chemotherapy Nurse

Key responsibilities:

1. In collaboration with the Head of Chemotherapy Service advise on the strategic direction and development of chemotherapy services within the Trust ensuring they are safe, efficient and cost effective
2. Ensure the Trust delivers a chemotherapy service that meets and complies with National Standards and Guidelines, is IOG compliant and is responsive to central reports (eg Cancer Reform Strategy) and recommendations from national safety reports including NPSA, NCAG and NCEPOD
3. Identifies training needs of workforce and develops and delivers action plans to meet these to ensure the work force is competent and that succession planning strategies are in place
4. Demonstrate advanced clinical skills, and work as an independent practitioner acting as a role model for the workforce and an agent for change
5. Demonstrate independent practice and excellent clinical skills administering cytotoxic chemotherapy regularly to maintain clinical competence
6. Deliver a high standard of nursing care for all patients receiving cytotoxic chemotherapy by providing clinical leadership, direction, education supervision and mentoring
7. Ensure accurate records are kept, confidentiality maintained and that effective communication is encouraged within the Multi-Disciplinary Team
8. Ensure patients have access to 24hr support, advice and information and that chemotherapy related emergencies are dealt with in an appropriate and timely manner
9. Liaise with Facilities and Infection Prevention and Control to maintain a safe and clean environment.
10. Work with the Lead Cancer Clinician and the Cancer Management team to coordinate the Chemotherapy Peer Review process, monitoring progress against local and national targets and identifying and implementing any necessary action plans to achieve these targets.
11. Lead and participate in service improvement in collaboration with the wider Cancer Management Team. This will involve being proactive in the provision of specialist nursing advice to inform business planning and strategic development, as well as responsibility for coordinating and monitoring specific improvement projects.
12. Review clinical delivery of cytotoxic chemotherapy in the Trust and ensure all practices are safe and compliant with policies and guidelines
13. Advises the Trust on implications both financial and manpower of new NICE approved drugs/regimes
14. Leads further development of Nurse Led clinics for cytotoxic chemotherapy review and pre chemotherapy assessment
15. Initiate and review clinical guidelines and standard operating procedures in order to maintain high standards of care, ensuring the achievement of the Chemotherapy specific National Quality Measures
16. Work collaboratively with the Lead Pharmacist Cancer and Aseptic Services to ensure manufacture and delivery of drugs is safe timely and cost effective
17. Ensure that the patients' chemotherapy records and verification process, prior to administration of chemotherapy, comply with agreed policies and protocols. Be involved with the implementation and ongoing use of ARIA©, the electronic prescribing system for cytotoxic chemotherapy.
18. Work with Clinical Risk Dept and investigate all adverse incidents involving cytotoxic cytotoxic chemotherapy, investigate and review practice in light of such incidents

Appendix H – Role: Lead Pharmacist in Cancer Services

Key responsibilities:

1. To be responsible for the provision and development of clinical pharmacy services to adult and paediatric Oncology/Haematology in-patients, day cases and out patients in line with local and national cancer standards.
2. To have overall responsibility for cytotoxic chemotherapy.
3. To have overall responsibility for the aseptic chemotherapy preparation facilities for the pharmacy
4. To be responsible for ensuring compliance with Control of Substances Hazardous to Health (COSHH) Regulations and associated legislation within their designated areas
5. To ensure that Oncology/Haematology prescribing follows network guidelines and to record and report prescription of regimens not on the agreed network/Trust list of acceptable regimens.
6. To monitor chemotherapy workload and, in discussion with the head of the chemotherapy service and the lead chemotherapy nurse to limit the number of chemotherapy patients being treated when the workload is judged to have reached unsafe levels.
7. To be responsible for the development of a strategic plan for Oncology/Haematology Pharmacy Services and to influence prescribing to ensure the Oncology/Haematology Pharmacy Services is safe, effective and adequately resourced to meet the local needs and national standards.
8. To be responsible for the production and updating of protocols, guidelines, policies, specific individualized chemotherapy regimen's and information for patients and carers in line with best clinical practice, network and national guidance and ensure they are implemented across the Trust.
9. To lead on the development of Trust policies, protocols, regimens and guidelines relating to Oncology/Haematology patients and services.
10. To participate in meetings and working groups in the development of clinical services or policies relating to Oncology/Haematology patients as determined by changing need or local national directives.
11. To act as lead trainer and competency assessor in pharmacy for chemotherapy services (including intrathecal chemotherapy).
12. To act as Pharmacist lead trainer in provision of Intrathecal chemotherapy services
13. To be responsible for maintaining the Chemotherapy Register for clinical, nursing and pharmacy employees.
14. To be a member of the Trust chemotherapy group and relevant cancer network chemotherapy groups.
15. To attend and advise Trust Oncology/Haematology Chemotherapy committees and external audits as required to provide advice to medical employees on medicines usage and expenditure.
16. To co-ordinate with the Trust research team in the setting up and running of clinical trials involving cytotoxic drugs.
17. To participate in clinical audit involving Oncology/Haematology treatment including the audit requirements national guidelines and protocols e.g. NICE.
18. To participate in the weekly paediatric Oncology/Haematology prescribing meeting.
19. To be an extended member of the Haematology MDTs
20. Attend Clinical Oncology/Haematology Governance meetings.
21. Setting up new NICE Oncology/Haematology guidelines.

22. Provision of budget information/usage relating to Oncology/Haematology.
23. Acting as the Trust lead for electronic prescribing.
24. To provide clinical pharmacy services and co-ordinate chemotherapy supply to the inpatient Oncology/Haematology ward prioritising activity as appropriate.
25. Work closely with the Aseptic Services Development Principal Pharmacist whilst the new aseptic services facility is built and commissioned