Chemotherapy Services in England: Ensuring quality and safety

Prof. Mike Richards

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Chemotherapy services: Background

1. Massive increase in utilization of chemotherapy: Around 60% in 4 years.
    - Undoubted benefits for many thousands of patients
2. Significant concerns about quality and safety of some services:
    - NPSA alert on oral chemotherapy 2008
    - Cancer Peer Review – national overview report 2008
    - NCEPOD report 2008

Chemotherapy services: Concerns (1)

- NPSA Rapid Response Alert on oral chemotherapy: January 2008
  - 3 deaths and 400 incidents reported over 4 years
  - Wrong dosage, frequency, quantity or duration
  - Particularly important as oral drug usage is likely to increase

Chemotherapy services: Concerns (2)

- Cancer Peer Review: 2004-2007
  - 163 clinical chemotherapy services appraised
  - Concerns regarding leadership arrangements for emergency admissions and standards of safety and dignity in some facilities
  - Only 46% of services had network wide lists of agreed acceptable regimens
  - Only 40% had e-prescribing

Chemotherapy services: Concerns 3

- NCEPOD report: November 2008

- 35% - care judged as good
- 49% - room for improvement
- 8% - unsatisfactory

- Need to get the basics right –
  e.g. consent, performance status, investigations, recording of toxicities, prescribing
- Need to focus on management of complications

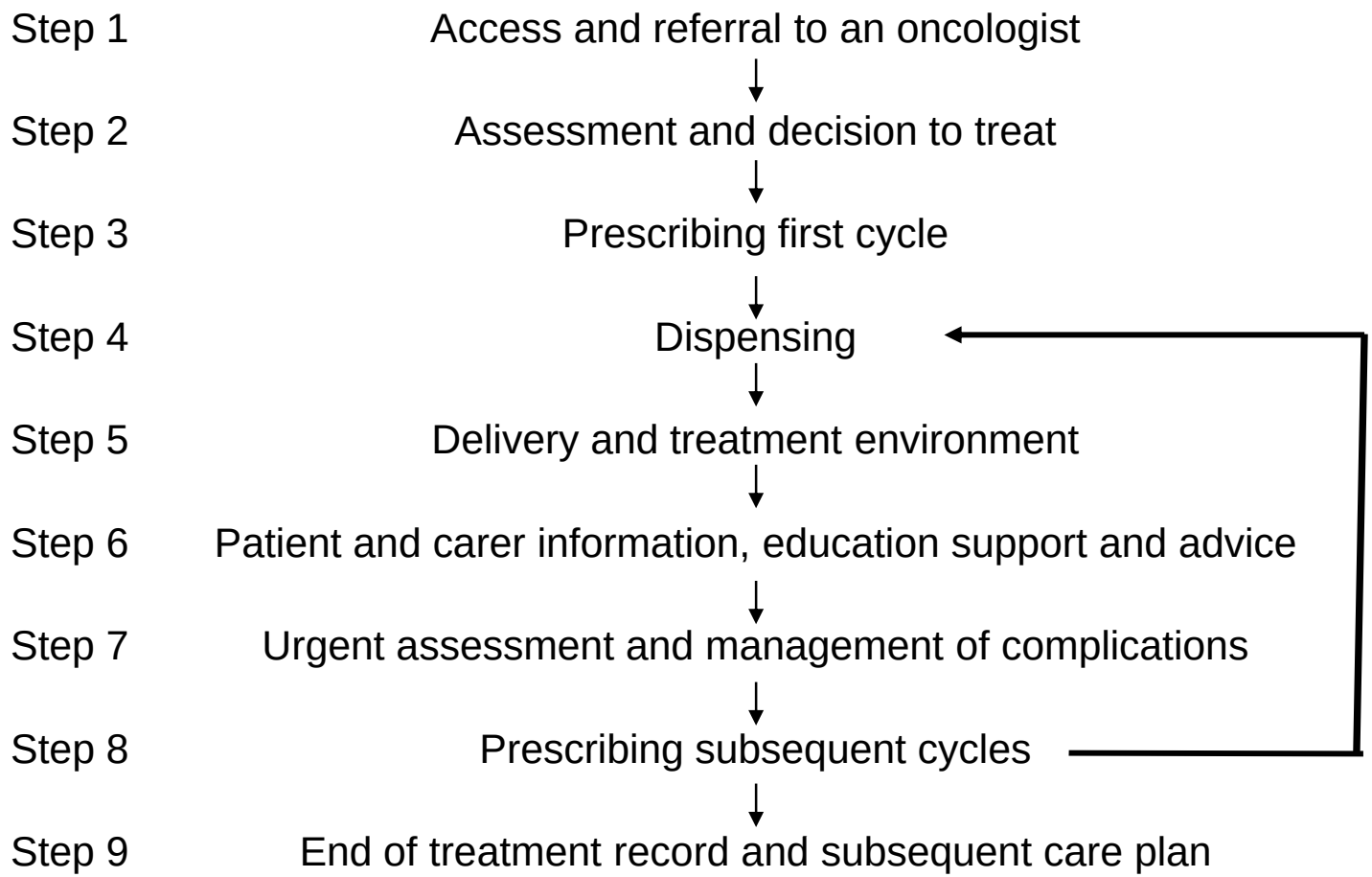
National Chemotherapy Advisory Group

- Draft report – “Chemotherapy Services in England: Ensuring Quality and Safety”
- Consultation to start November 2008
- Sets out actions which are needed to respond to NPSA, Cancer Peer Review and NCEPOD
- Does not deal with improving access to cancer medicines or variations in uptake of NICE approved drugs. These are being dealt with elsewhere

Chemotherapy Services in England: Ensuring Quality and Safety

- Introduction
- Chemotherapy Care Pathway
- Models of service delivery
- Infrastructure (leadership, clinical governance, workforce and training, data and IT)
- Commissioning

The Chemotherapy Care Pathway



Key recommendations

- Actions related to:
  1. Elective chemotherapy services
  2. Acute oncology (management of complications and management of emergency admissions with previously undiagnosed cancer)
     - Involves A&E and acute medicine as well as oncology disciplines

Acute oncology

- All hospitals with an A&E should establish an ‘acute oncology service’ bringing together emergency medicine, acute medicine and oncology disciplines
  - Local policies and procedures (agreed with network)
  - Training of junior doctors and other staff
  - 24 hour access to specialist oncological advice
  - Routine audit of emergency admissions with cancer

Assessment, decision to treat and consent

- Consultants to initiate programmes of chemotherapy – unless circumstances are exceptional
- Standardised consent forms with recording of both common and severe toxicities (and copies for patients)
- Provision of written information mandatory

Prescribing and dispensing

- Up to date lists of designated staff for prescribing (first and subsequent cycles), verification and dispensing
- Protocols to be agreed across networks – and to be readily available and kept up to date
- Eliminate handwritten prescriptions for parenteral chemotherapy

Delivery: Improving patients' experience

- Good capacity planning (C-PORT)
- Localise services where clinically appropriate
- Streamline services to minimise delays
- Ensure facilities are fit for purpose

Information, education, support and advice

- All patients should receive written and verbal information about treatment, side effects and who to contact (day and night)
- All patients should have access to 24 hour telephone advice and triage
- Proactive telephone follow up to detect problems early should be strongly considered

Urgent assessment and Management of Complications

- All patients should know where to go (day or night)
- All hospitals with A&E to have an acute oncology service (may be treat and transfer)
- Policies for complications (e.g. neutropenic sepsis)
- Acute oncology team to be informed within 24 hours of presentation to A&£ and/or acute admission

End of treatment record

- Summary of treatment – for case records, GP and patient
- Subsequent care plan

Models of service delivery

- Level 3: Comprehensive 24/7 service covering all cancers and all forms of systemic treatment
- Level 2: 24/7 services for a more limited range of cancers/treatments
- Level 1: A satellite service providing non-complex chemotherapy closer to home

Note: Levels 2 and 3 should both include an “acute oncology service” if provided on a site with A&E

Leadership teams

- Elective chemotherapy services
- Acute oncology services

Roles:

- Capacity planning; clinical governance; workforce and training; patient information and support; financial management; facilities and IT

Clinical governance and peer review

- All chemotherapy services to reassess themselves urgently against current peer review measures and take account of NCAG recommendations
- Peer Review measures to be updated/expanded
- Further self assessment followed by peer review

Workforce and training

- NCAT and cancer networks to develop routine collection of workforce numbers for chemotherapy nurses and oncology pharmacists
- New competencies to be developed – especially for acute oncology
- New training programmes to be developed
- New roles (e.g. consultant nurses/pharmacists and chemotherapy support workers) to be encouraged

Data and IT

- Core chemotherapy dataset to be defined
  - Collection will then be mandatory (commitment made in the Cancer Reform Strategy)
- E-prescribing strongly recommended

Summary

- There are very real concerns about the quality and safety of some chemotherapy services
- The NCAG report responds to these concerns and requires urgent action from commissioners and providers