## Standard Operating Policy

**Day case and outpatient**  
*Cancer Care and Haematology Unit,*  
*Stoke Mandeville Hospital*

**CSS 3 v4**

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## Document History

### Title

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### Associated documents

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1. Introduction

The Buckinghamshire Healthcare NHS Trust (BHT) serves a population of approximately half a million. There are two acute hospital sites, Wycombe and Stoke Mandeville, which are located in the most densely populated areas. In 2009 the Community and Acute Trusts merged to become one large organisation with the opportunity to create high quality efficient and effective care pathways. The Trust has four additional community bases situated in Marlow, Thame, Buckingham and the Chalfonts. Marlow and Thame have recently been developed into Community Hubs to provide a wide choice of support services to the local community.

The current service provision for cancer patients includes two day case/outpatient Chemotherapy units, one at Wycombe Hospital (WH) and one at Stoke Mandeville Hospital (SMH). There is an inpatient haematology service at Stoke Mandeville Hospital Including chemotherapy and autologous peripheral blood stem cell transplantation and provision for Teenage and Young Adults (TYA).

Since August 2017 there has been a SACT (Systemic Anti-Cancer Therapy) outpatient clinic at Marlow community hub providing cancer care closer to home. This is planned to extend in 2019 in to additional community bases. There are surgical and medical pathways for many of the common solid tumours. There is an A&E department at SMH which provides 24 hour emergency access for cancer patients with acute oncological problems and a seven day acute oncology service. The Trust sits within the Thames Valley Cancer Alliance.

The growth in population within Buckinghamshire is above the national rate with the greatest growth age range being 65 years and above.

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Cancer is primarily a disease of older people and with more than 3 times as many older people living with cancer by 2040 this will have a huge impact on local resources. Nationally the number of cancer survivors in the UK is projected to increase by approximately one million per decade from 2010 to 2040; resulting in four million people living with cancer in 2030.

This document outlines the environment and working practices for the Cancer Care and Haematology Unit (CCHU) within Buckinghamshire Healthcare NHS Trust (BHT) serving the population of Buckinghamshire.

The unit treats a range of patients from the age of 19 years upwards offering Systemic Anti-Cancer Therapy (SACT) and supportive treatments to patients with cancer or haematological diagnosis. The unit has outpatient facilities with allocated clinics for both haematology and oncology. From the main entrance patients are welcomed and booked in by reception staff who show the patient to the appropriate place within the unit. Patients within the outpatient clinics are reviewed by the consultant or their medical team and supported by specialist nurses treatment. There is a facility for ambulance access for emergency care.
Patient Treatment Activity

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The combined facilities allow patients and their relatives to receive a holistic approach to treatment and supportive care.

The cancer services work in conjunction with the Thames Valley Strategic Clinical Network (TVSCN) and all treatments and procedures comply with Network approved protocols and guidelines. The Regional Cancer Centre within the Thames Valley Cancer Alliance is Oxford.

E-Prescribing is used within the TVSCN, ARIA is the prescribing system for chemotherapy treatments and provides detailed medical information and assessments for each patient’s SACT treatment. This system reduces risks in the planning, treatment and care of patients attending the unit and improves links with the Regional Cancer Centre in Oxford. There are a number of consultant oncologists based in Oxford who attend outpatient clinics within BHT. There are 4 Trust based consultant oncologists, two of these provide Acute Oncology Medical cover four days per week for the Trust. The haematology consultants are based and work across BHT.

2. Philosophy of Service

2.1 Mission Statement

“Our mission is to provide safe and compassionate care, every time with a focus on providing right care, right place, right time, first time.”

2.2 Aims and Objectives

- To provide clinical areas in which the patients can receive SACT and supportive treatments in a comfortable and supportive environment.
- To provide acute oncology assessment and treatments for cancer patients who become acutely unwell due to their disease or treatment.
- For all patients, relatives, carers and healthcare professionals within BHT to have access to a resource information centre, complementary therapies, wig fitting and specialist advice.
- To provide outpatient facilities for planning, investigations and for the follow up of patients with either a cancer or haematology diagnosis.

3. Outpatient/daycase facilities

- There are currently outpatient clinic rooms with two waiting areas all based on the ground floor.
• These facilities in the unit are for Consultant, pharmacy and nurse-led outpatient clinics to undertake procedures and investigations that may be required as part of an outpatient appointment.
• The unit has a purpose built individual treatment room, for the treatment of Teenage and Young Adults (TYA) aged 19-24. (see link TYA SOP)
• Within the day case treatment area there are 18 reclining chairs, arranged in bays of six for patients requiring planned treatment for a cancer or haematology diagnosis.
• The unit has a private room identified for patient isolation, the administration of treatments and confidential examination. Patients being followed up after autologous stem cell transplants can be seen in this room.
• The unit has a designated intrathecal chemotherapy room.
• The unit has a dedicated and integrated pharmacy area where the SACT and supportive medicines can be dispensed. (Room 6)
• The unit has facilities for provision of refreshments, complementary therapies, cancer information, wig fitting, psychology appointments and dietetic advice.
• The unit has two quiet rooms to provide a private area for counselling and support of patients and their carers, these are non clinical rooms.
• There is a landscape garden and courtyard areas for the benefit of patients.

4. Outpatient/daycase criteria

• Referrals to the treatment areas are only accepted from the oncology and haematology teams within BHT.

• Patients receiving treatment within both day units should have a World Health Organisation (WHO) performance status 0-2. Performance status will be assessed with each episode of care. Treating patients with poorer performance status in the units will be exceptional and would require the patient’s consultant to discuss the treatment with the nurse in charge. These patients should have a risk assessment prior to attending the unit to ensure safe provision of their care needs, can be accommodated.

• Planned treatment time must not exceed 6 hours (8 hours with extended opening on longer days) on any one day.

• Patients should be mobile and self caring to receive treatment within the outpatient/day care unit. Mobile patients who require some assistance should be accompanied by their carer throughout their stay. No beds are available for patients within the treatment rooms. Treatments are administered in a reclining or upright chair.

4.1 Opening Hours of the Cancer Care and Haematology Unit

Monday, Thursday and Friday 0845 – 1700 hours
Tuesday and Wednesday 0800 – 1900 hours to accommodate long day chemotherapy regimes.

SACT which needs to be made on the day of administration will not be available for approximately one hour after receiving satisfactory blood results.

The unit is not open at weekends or Bank Holidays. Patients must refer to their out of hours telephone number at these times.
4.1.1 High Intensity Patients

High intensity chemotherapy in the ambulatory care setting. It is the responsibility of all staff working within cancer and haematology clinical teams to comply with Ambulatory Care of Haematology SOP.

Ambulatory Care for Haematology High Intensity Chemotherapy, Patients will be booked into a slot in the CCHU treatment room for all monitoring reviews. One slot will be reserved on a Monday, Wednesday and Friday to accommodate this, if further slots are required then it is the responsibility of the nurse in charge to identify another patient that may be moved to release a slot. Patients will be reviewed and have planned treatment within the side room in the treatment area if possible to provide patient isolation. (See link above).

4.2 Referrals

Patient referrals for treatment are made by the relevant consultant oncologist/haematologist or appropriately experienced registrars. Referrals for cancer treatments are generated electronically using the e-prescribing system which is used throughout the network. Referrals for transfusion support are made using the day case referral form, by the relevant Oncology/Haematology medical team.

Referrals to haematology or oncology clinics are made through the consultants’ secretaries.

Nurse-led care is provided within the unit with a pre-treatment assessment including assessment of toxicities and performance status, cannulation and the administration of SACT being organised by the nursing staff in conjunction with the TVSCN protocols.

GP’s are informed of day case patient’s treatment and on completion with an electronic discharge summary.

4.3 Acute Oncology Service

Patient receiving SACT should have emergency contact numbers to call Acute Oncology on a red alert card.

Patients should telephone the Triage Line if they become unwell and require specialist access to receive appropriate information regarding their complications and side effects of SACT.

The triage advice line is managed by the Acute Oncology Team, Monday – Friday 8am-6pm (excluding bank holidays) – 01296 315139.

4.3.1 Oncology patients - In hours

The triage nurse receiving a patient call will perform a rapid initial assessment of the situation directly. This will be performed by using the UKONS Assessment Tool.

Any patients contacting the service that requires emergency care will be advised to go to the nearest A&E department (Stoke Mandeville Hospital (SMH)/Wexham Park Hospital (WPH).

Patients requiring a medical review may be directed to their GP practice.
4.3.2 Oncology patients - Out of hours

Patients will continue to use the 24/7 Acute Oncology Triage contact number based at Oxford Churchill Cancer Centre 01865 572192 from 6pm to 8am including Bank holidays and weekends.

4.3.3 Haematology patients - In hours

These patients will be seen within the Cancer Care and Haematology Unit. These patients will have access to a haematology consultant or registrar on the SMH site.

4.3.4 Haematology patients - Out of hours

Patients will continue to use the 24/7 Ward 5 contact number (01296 316336) 6pm – 8am including weekends and bank holidays

4.3.5 Communication cascade for Medical Review

See attached appendix 1

4.3.6 Contact details

Contact numbers for the oncology, haematology and acute oncology consultants will be kept in a folder in the CCHU, with access gained by the nurse in charge.

The bleep number for the general medical doctor is 623.

5. Medical Staffing

5.1 Oncology Medical Staff

A team of Consultant oncologists / associate specialists providing outpatient care for oncology patients. Some consultants are based in Oxford and visit Bucks for 1-2 days per week. Two Bucks-based consultants provide acute (emergency) inpatient care as well as specialist clinics. Some registrars (doctors in higher specialist training) take part in the clinics, but the bulk of medical care is consultant delivered.

Oncology treatment within Bucks is offered for patients with cancers of the breast, upper and lower gastro-intestinal tract, lung, gynaecological and urological systems, brain and unknown primary. Rarer tumours, such as sarcomas, are best managed in a larger centre, and the majority of such patients from Bucks are treated in Oxford. However, acute oncology support is given at Stoke Mandeville Hospital for any patient with cancer, regardless of type.

The links with Oxford include using shared treatment protocols, ensuring that up to date care is delivered when patients are treated locally. Research is integrated into clinical practice, primarily by contributing to national randomised trials.

All oncologists work within site-specific multi-disciplinary teams, a system that builds strong working relationships between all the health care professionals involved in diagnosing and treating cancer. This team working has allowed robust links to be established between oncology and most other departments in the Trust.
5.2 Haematology Medical Staff

There are 8 Haematology Consultants who work across both Wycombe Hospital and Stoke Mandeville, 2 Haematology Registrars rotating from Oxford (one on each site), 2 CMT doctors (one on each site) and an F1 doctor based on ward 5 at SMH.

At SMH Haematologists hold clinics on Monday, Wednesday and Friday mornings. There are Thrombosis advice clinics on a Thursday. Urgent patients are seen as needed outside of these times. There is also a day case procedures list (bone marrows and lumbar punctures) on Thursday mornings. A consultant conducts a stem cell transplant clinic with the CNS on Wednesday mornings (in the main clinic).

At WH the Haematologists hold clinics on the 5a Sunrise unit every day and in the main outpatients on a Tuesday morning. Thrombosis advice clinics are on a Wednesday. Day case procedures are on Tuesday afternoon.

6 Emergency care

6.1 Immediate emergency care

In the event of a cardiac arrest or peri-arrest situation the crash team will be called on 2222.

6.1.2 Emergency care

Examples of reasons for patient requiring unplanned medical review:

This is not an exhaustive list of reasons for medical support

- Neutropenic sepsis
- Patient presented unwell to unit
- Allergic reaction to medication/blood product
- Rigors post line flush
- An acute change in the patient’s condition, eg drop in blood pressure or oxygen saturations, raised temperature
- Central Line problems, infection, phlebitis, positioning of line, clot
- Side effects following treatment, eg vomiting, diarrhoea, rashes, stomatitis
- Acute side effect to treatment, eg laryngeal spasm, extravasation
- Deranged blood results which may require patient to be admitted
- Patients requiring admission for symptoms

6.1.3 Expectations of response time for medical review

This will be dependent on the clinical emergency situation, and the assessment made by the nurse (should be available to respond within 30 minutes of call).

6.1.4 Frequency of call for emergency medical call out – Long Days

The frequency of nursing staff requesting assistance is variable, unpredictable and will fluctuate with activity.

The expectation is not for the medical staff to advise on oncological disease but to treat the emergency, resuscitate and make the situation safe.
Should a patient have a reaction to a product, once advice has been received from the patient’s own haematology/oncology consultant and the patient has been triaged by the nurse co-ordinator, if the patient is stable a further medical review may not be necessary. Clear information must be given to the patient of what to do should there be further concerns following the incident, post discharge. All of this event must be documented in the notes, on the e-discharge to the GP if applicable and a Datix to be completed.

6.1.5 Treat and Transfer

If a patient has suspected neutropenic sepsis or is found to be neutropenic and is symptomatic in either the Oncology /Haematology outpatients clinic, I/V antibiotics need to be administered in the unit if capacity allows, following discussion and agreement with the co-ordinator and a further discussion for treat and transfer. The Acute Oncology Team need to be informed immediately.

If a patient is acutely unwell, the patient needs an emergency response ambulance to A&E from the clinic.

6.1.6 Nursing triage of emergency medical review requests

There is a process in place to ensure that only essential/emergency calls go through to the covering doctors from medicine. The nurses caring for the patient will commence emergency treatment care and request advice and help from the coordinator.

The coordinator will triage and agree to call for emergency medical review.

Appropriate investigation, observation and administration of emergency drugs will be completed by the nurse caring for the patient with support from the coordinator.

Any treatment/medication that may be exacerbating the problem will be stopped by the nurse.

Commencement of any aspects of the treatment pathway that can be done by the nursing team will be carried out, for example by applying heat/cold packs or ordering medical photography.

6.1.7 Non-emergency cover

Medical support and advice for non-emergency situations may be sought through the referring Haematology/Oncology consultant and their medical team.

7 Nurse Staffing

The CCHU is managed by a Macmillan Chemotherapy Clinical Nurse Specialist and Unit Manager who has studied Cancer/Haematology at degree level and holds the specialist chemotherapy qualification. The Unit Manager is also the designated CNS for Teenage and Young Adults (TYA) in accordance with the TYA peer review measures. The service is managed by the Macmillan Matron for Cancer and Haematology and supported by the Lead Chemotherapy Nurse for Buckinghamshire Healthcare NHS Trust.

There is an allocated co-ordinator each day who will be in charge of the unit. This will be a chemotherapy trained nurse band 6 or above. (see appendix 2)
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The nurses working within the CCHU are IV competent and any staff required to administer chemotherapy hold the specialist chemotherapy / SACT qualification. Nurses participate in an ongoing training programme which provides information on new treatments and regimes. Nursing staff also receive extensive training in the management of oncological/haematological emergencies. For example:

- Neutropenic sepsis
- Anaphylaxis
- Extravasation
- Spillage of cytotoxics
- Cardiac Arrest

Each member of staff undergoes annual competency assessments for chemotherapy, and the BHT three yearly revalidation training.

The nursing teams in both Chemotherapy Units and SACT Team work closely together to support the service and staff participate in cross-site working.

Each site has a blood transfusion nurse assessor who is responsible for assessing competency for staff participating in the blood transfusion pathway and link nurse roles as required.

Nursing staff undertaking an extended role will receive the appropriate training and competency assessment prior to independent practice.
Patients requiring insertion of PICC or CVADs are referred directly to the Radiology team who are trained inserters.

8 Clinical Trials

Research & Innovation team work closely with Cancer & Haematology staff to recruit patients and deliver allocated treatments in line with the trial protocol. The team work flexibly between sites to meet the needs of the service.

The Clinical trials portfolio covers a variety of specialties. Each specialty has a dedicated principal investigator (usually a consultant) who is responsible for patients care.

9 Pharmacy Team

The treatment of cancer patients is supported by a pharmacy team. The pharmacists are involved in multi-disciplinary teams to review, monitor and plan treatment. After the chemotherapy has been prescribed by one of the clinicians, it receives a validation check by a specialist cancer pharmacist. For chemotherapy given by injection the pharmacy team within the aseptic unit, then prepares the chemotherapy within a special environment to protect the product and staff. Once prepared a pharmacist then checks the final chemotherapy product to ensure it has complied with our quality standards.

For oral chemotherapy or supportive medicines given with the chemotherapy, these are dispensed by the pharmacy aseptic team. The chemotherapy is then sent to the day unit for administration by the cancer nurses.

The preparation of chemotherapy within the aseptic unit is externally reviewed by an External Quality Assurance Pharmacist every 18 months under EL52(97).

Pharmacists are trained to degree level and then undergo further in-house training and have to demonstrate competency in order to be able validate chemotherapy prescriptions and / or final release chemotherapy products.

Pharmacy technicians are trained to NVQ3 level and the Pharmacy Senior Assistants are trained to NVQ2 level. Both technicians and senior assistants undergo in-house training and have to demonstrate competency to prepare products aseptically. Student pharmacy technicians as part of their two year training are trained under supervision to prepare chemotherapy and also undertake the same in-house training programme. Pharmacy Assistants working within the aseptic units to support the preparation of chemotherapy, but do not undertake the manipulation role.

The pharmacy aseptic units are each managed by Pharmacy Aseptic Unit Managers, who are technicians. The specialist cancer pharmacists are managed by Lead Cancer Pharmacist. The pharmacy cancer service is managed by the Assistant Director of Pharmacy for Patient Services.

10 Cancer Education, Information and Support Service

The integration of the CEISS within the cancer service areas (CCHU & Sunrise Unit) enables users (including patients, relatives, carers and friends) to have ready and easy access to the information and support services available. The CEISS also act as a resource for healthcare professionals and other staff working with cancer patients and their carers. The CEISS is staffed by Macmillan Education, Information and Support Facilitators who work across the Trust and are supported by trained volunteers.
The information and support services available include access to a wide variety of specialist cancer booklets, a Macmillan Citizen’s Advice out-reach advisor, complementary therapies, wig supply and fitting and supply service, the Moving on with Confidence course (for people who have completed active treatment), relaxation sessions, creative arts sessions. Support groups are also held within the Cancer Information area at the Cancer Care & Haematology Unit, Stoke Mandeville Hospital, (i.e. the Sunflower Club (for people with lung cancer or mesothelioma and their carers); the Lavender Girls Support Group (for women with gynaecology cancers); the Aylesbury Lymphoma Association Support Group, the Myeloma Support Group, etc.

11 Clinical Nurse Specialists (CNS)

The Clinical Nurse Specialist (who also acts as the patient’s key worker), works closely with the Chemotherapy Units, doctors and other healthcare professionals to maximise the independence, dignity and quality of life of people suffering from cancer. They also liaise closely with community carers and family doctors (GP) to ensure the highest quality of care at home.

The CNS’s are located within the Trust and work Cross site:

- A contact point for people at any stage of their cancer.
- Advice and support to patients, their relatives, carers and friends.
- Help with physical symptoms such as pain, fatigue or nausea.
- Advice about treatments such as radiotherapy, chemotherapy and surgery.
- Specialist information about the patient’s cancer.
- Advice on continuing care at home.
- Someone to talk to about worries or problems.
- Advice on relationships, fertility or sexual problems.
- Advice and help on how to manage financial problems, eg Macmillan grant.
- Refer to other healthcare and Macmillan professionals as necessary eg Dietitian, District Nurses, Citizens Advice Bureau Advisor.
- Acute oncology CNS visits patients who are admitted to SMH with symptoms as a consequence of their cancer/cancer treatment within 24 hours of admission (during normal working hours).
- Invite patients for a Holistic Needs Assessment using an established and validated screening tool.

12 Video conference/meeting room

Video conferencing is available across site for meetings and for specialist MDT meetings to other hospitals.

13 Teenager and Young Adults

The CCHU SMH is the designated area for treating Teenager and Young adults (TYA) with a Oncology / Haematology cancer diagnosis. Teenager and Young Adult” applies to patients who are treated for malignancy. See link above. In some cases patients who are 16 and above may be offered supportive therapies within the CCHU in agreement with the Trust TYA lead and TYA CNS.
Appendix 1 Communication cascade for Medical Review

Room 10, Stoke
Mandeville Hospital

Triage by nurse co-ordinator

Immediate emergency, eg
cardiac arrest

Emergency care

Contact Oncology/ Haematology
referring Consultant and inform
Acute Oncology Team

Non emergency: Haematology/
Oncology referring Consultant.
However between 08.00-09.00 and
17.00-19.00 for
Oncology/Haematology patients call
Ward Registrar for Medicine

For stroke or
cardiology problem contact
on-call
stroke/cardiology doctor

To be admitted to WH

Phone 2222

To go home – no further immediate action
GP follow up
Out-patient/oncology follow up

General medical problem, (non
stroke/cardiology problem) contact on-
call medical reg, SMH
or Haematology
consultant or haem
registrar (for haem
patients)

Primary Oncology/
Haematology problem eg
patient unwell and unsure
whether to proceed with chemo:
contact cascade:
1. Referring Consultant
2. Acute Oncology team
3. Oncology registrar of the
week in Oxford

For stroke or
cardiology problem contact
on-call
stroke/cardiology doctor

To go home – no further immediate action
GP follow up
Out-patient/oncology follow up

Primary Oncology/
Haematology problem eg
patient unwell and unsure
whether to proceed with chemo:
contact cascade:
1. Referring Consultant
2. Acute Oncology team
3. Oncology registrar of the
week in Oxford

Time critical (within 19
mins to 1 hour)

A+E SMH

Ward 5, SMH (All
Haematology Patients)

Acute Oncology
Problem, eg neutropenic
sepsis, spinal cord
compression (SCC),
extravasation

Contact Acute Oncology
team and Haem
consultant or haem reg
(for haem patients)

To be admitted. If sepsis 6
trigger commence sepsis
pathway

For stroke or
cardiology problem contact
on-call
stroke/cardiology doctor

To go home – no further immediate action
GP follow up
Out-patient/oncology follow up

Primary Oncology/
Haematology problem eg
patient unwell and unsure
whether to proceed with chemo:
contact cascade:
1. Referring Consultant
2. Acute Oncology team
3. Oncology registrar of the
week in Oxford

Time critical (within 19
mins to 1 hour)

A+E SMH

Ward 5, SMH (All
Haematology Patients)
Appendix 2 - The Role of the Co-ordinator

The Role of the Co-ordinator -

Chemotherapy and Haematology Day Unit – CCHU SMH & Sunrise Unit 5a WH.

To be responsible for the daily organisation for the treatment area and outpatient clinics and to be the identified individual for liaising with the wider team. This position should be a Band 6 chemotherapy nurse or above.

It should be clearly documented in the unit who will be coordinating for the day, where staffs are allocated to work, their breaks and who will be completing all mandatory checks and monitoring.

- To be responsible for co-ordinating twice daily Safety huddles within the unit.
- To have an overall awareness of patients receiving treatment and by whom they are being treated.
- To ensure the completion of all checks and monitoring by the nominated person each day.
- To liaise closely with the aseptic pharmacist to ensure the smooth running of the chemotherapy treatment in a timely manner.
- To organise breaks using a structured system and indicated on the allocation white board.
- To be the identified person to take messages / referrals/ information from the wider team such as the unit clerk, doctors, specialist nurses, wards etc.
- To check and action Joint Chemo E-mail on a daily basis (see guidance).
- To liaise with the cancer / haem outpatient nursing team to ensure smooth running of the service, cover and timing of breaks.
- To liaise with the Acute Oncology Team as appropriate.
- To inform the reception / data entry clerks if a patient is not going ahead.
- To ensure the unit is safe in the event of staff absence, reporting any issues to a more senior staff in charge if necessary.
- To ensure completion of prescriptions and organise preparation for the following working day. That includes checking blood results and interpreting them according to the TVSCN protocols, and if necessary then delaying treatment, documenting clearly and informing the relevant people. This includes out-reach clinics/community HUBS. Allocation of patient and staff to bays as appropriate.
- To check communication book/referral folder daily.
- To ensure patient’s drinks/ lunches are done in the absence of a volunteer.
- To maintain clinical practice.
- If at any point you feel unsure how to deal with a situation or need further advice this does not take away utilising the staff you are working with for advice or seeking more senior support.

January 2019