

Intrathecal Chemotherapy	Policy Register No: 09014 Status: Public
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Developed in response to:	Trust requirements, HSC 2008/001, NPSA RRR004
Contributes to CQC Regulation	12

Consulted With	Post/Committee/Group	Date
Lisa Villiers	Macmillan Oncology CNS & Chemotherapy Lead Nurse/Unit Manager	May 16
Professionally Approved By	Jane Giles, Chief Pharmacist	May 16

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Ratified by:	DRAG Chairman's Action
Ratified on:	7 th June 2016
Trust Executive Sign Off Date	June 2016
Implementation Date	7 th June 2016
Next Review Date	Extension agreed to November 2019
Author/Contact for Information	Jane Giles
Policy to be followed by (target staff)	All Trust staff members and Clinicians
Distribution Method	Trust Website and Intranet
Related Trust Policies (to be read in conjunction with)	Management of Medicines Policy Guidelines for the Management of Medication Errors, Near Misses and Adverse Drug Reactions, Administration of IV Medication and Administration of Chemotherapy Agents. Incident Policy

Document Review History

Version No	Authored/Reviewed by	Issue Date
1.0		2009
2.0	Jane Giles	6 th March 2013
3.0	Jane Giles	7 th June 2016
3.1	Lesley Stuart – 6 month extension request due MSB standardisation	20 th May 2019

Index

- 1. Purpose**
- 2. Aim**
- 3. Scope**
- 4. Policy Statement**
- 5. Training**
- 6. Responsibilities**
- 7. Implementation and Communication**
- 8. Audit and Monitoring**
- 9. References**

1. Purpose

- 1.1 This trust is a “non-intrathecal chemotherapy hospital” .The purpose of this policy is to ensure that the Trust is fully compliant with the requirements of HSC 2008/001 specifically:

“An emergency requiring intrathecal chemotherapy to be carried out in a ‘non-intrathecal chemotherapy’ hospital should be a very rare occurrence. Should this situation arise, for example if a patient is deemed to be too unwell to move, the procedure should only take place following discussion with an NHS organisation that routinely carries out intrathecal chemotherapy (usually with the designated lead for ITC or a clinician on the ITC register) and, if possible, NHS England. Where possible, members of the former should come over to supervise the procedure. The Medical Director and the Chief Executive of the host NHS Trust would need to be involved in the decision and there would need to be clear documentation about why this situation had arisen, actions taken and outcome, which would feed into the risk management arrangements of the Trust. NHS England should be informed that such a procedure has had to take place if they could not be contacted beforehand.”

2. Aim

- 2.1 The aim of this policy is to ensure that all patients of the Trust who require intrathecal chemotherapy receive the best possible care and are treated in line with current national policies and guidelines in a centre regularly delivering this treatment by staff who are appropriately trained and experienced.

3. Scope

- 3.1 All treatment decisions taken in respect of this policy will be taken by either consultant clinical oncologists or consultant haematologists employed by the Trust. In liaison with ITC Consultant. All patients requiring this treatment should initially be referred to these professionals
- 3.2 This policy applies to all healthcare staff employed by the Trust on a substantive or temporary basis who are involved in the prescribing, supply and storage, preparation, administration and monitoring of chemotherapy agents used in the treatment of malignancy.

4. Policy

- 4.1 **It is the policy of the Trust not to undertake any intrathecal chemotherapy and patients requiring this treatment should be transferred to an appropriate centre with the exception of the situation above.**
- 4.2 Specific national requirements exist for the safe storage and handling of drugs for administration by the intrathecal route in those hospitals that undertake chemotherapy protocols that involve intrathecal administration.
- 4.3 The recommendations made in HSC 2008/001 pertaining to “NHS organisations that do not provide an intrathecal chemotherapy (ITC) service are stated in 1.1 and will be fully applied.

5. Training

- 5.1 Only doctors trained and competent in the administration of drugs by the intrathecal route should undertake this procedure if an emergency situation arises.

6. Responsibilities

6.1 Trust Chief Executive

The Chief Executive is responsible for ensuring that systems are in place to ensure the safe delivery of cytotoxic chemotherapy. This responsibility is delegated to the Chief Medical Officer. The CEO will also be involved in any decision to treat as detailed in 4 above.

6.2 Trust Chief Medical Officer

As well as duties defined by this post the CMO will also be involved in any decision to treat a patient in MEHST as detailed on 4 above

6.3 Lead Oncologist

The lead oncologist is responsible for ensuring that this policy is followed by all staff involved in the treatment of cancer patients in MEHST. The lead oncologist will also be pivotal in the decision to undertake treatment in the case of an emergency or exceptional situation as detailed in 4 above.

6.4 Trust Chief Pharmacist

The Chief Pharmacist is responsible for ensuring that intrathecal chemotherapy agents are not supplied or distributed within MEHST unless at the specific request of the lead oncologist and following the agreement of the CMO & CEO as detailed in 4 above.

7. Implementation and Communication

- 7.1 Once professionally approved and ratified, this policy will be made available on the Trust website and placed on the Trust's intranet under "Medicines Management Policy and Trust Formulary" and highlighted via the Trust's weekly Newsletter "Focus"

8. Audit and Monitoring

- 8.1 Pharmacy will monitor national guidelines to ensure that the trust keeps up to date in its policy and practice. Any exceptional administration of intrathecal chemotherapy will require the completion of a Risk Event form.
- 8.2 Any exceptional administration will be investigated and reported to the Medicines Management & Medication Safety Committee (MMSC). The MMSC will review incidents to ensure lessons are learnt and appropriate systems are in place to minimise risk. This may include inclusion on the Trust Risk Assurance Framework.

9. References

- HSC 2008/001
- National Patient Safety Agency, promoting safer use of injectables
- Audit & Monitoring of any changes of National Guidelines.