Mid Essex Hospital Services NHS
NHS Trust

Management of documentation relating to the adoption of external Guidelines for Safe Prescribing, Handling and Administration of Systemic Anti- Cancer Therapy	**Policy Register No: 12010 Status: Public**

Developed in response to:	NCAG 2009; Manual for Cancer Services- Chemotherapy Measures 2011; For better, for Worse? NCEPOD SCAT report 2008.
Contributes to: CQC	2;4;9;12

Consulted With	**Individual/Body**	**Date**
Sophie Wahlich	Principal Clinical Pharmacist – Oncology and Haematology	23/02/17
Lisa Villiers	Macmillan Nurse Consultant Chemotherapy/SACT	23/02/17
Matt Riddleston	Macmillan Lead Nurse Cancer & Palliative Care	23/02/17
Dr Vijoy Chowdhury	Consultant haematologist	23/02/17
Dr G Srinivasan	Associate specialist medical oncology	23/02/17
Professionally Approved By	MEHT SACT Lead Clinician - Dr Waseem Nagi	23/02/17

Version Number	2.0
Issuing Directorate	Cancer Services
Ratified by:	DRAG Chairmans Action
Ratified on:	6th March 2018
Executive Management Board Sign Off Date	March/April 2018
Implementation Date	23 March 2018
Next Review Date	February 2021
Author/Contact for Information	Matt Riddleston/Lisa Villiers
Policy to be followed by (target staff)	All Staff
Distribution Method	Intranet & Website
Related Trust Policies (to be read in conjunction with)	Trust policies for Management of Medicines 08081; Guidelines for Reporting Medication Errors, Near Misses 06021; Incident Policy09100; Injectable medicines 09060; Consent to Examination or Treatment Policy 04080; Standard Infection Prevention Precautions 04071; Waste Management Policy 04088,Blood Borne Virus Policy

Document Review History

Version No	Authored/Reviewed by	Active Date
1.0	Matt Riddleston	6th May 2012
2.0	Matt Riddleston/Lisa Villers	23rd March 2018

Index

1. Purpose of Document
2. Aims
3. Scope
4. Roles and Responsibilities
5. Equality and Diversity
6. Approval Process for Guidelines for Safe Prescribing, Handling and Administration of Systemic Anti- Cancer Therapy Documents
7. Audit
8. Communication and Implementation
9. References

Appendix 1

London Integrated Care Systems (ICSs) Guidelines for Safe Prescribing, Handling and Administration of Systemic Anti- Cancer Therapy (July 2015)

1. Purpose of Document

1.1 The purpose of this policy is to provide a framework for the approval, ratification and adoption of The London Integrated Care Systems (ICSs) Guidelines for Safe Prescribing, Handling and Administration of Systemic Anti- Cancer Therapy **(Appendix 1)**

1.2 The guidelines will be reviewed in its entirety by the MEHT SACT group.

2. Aims

2.1 To ensure there is a complete audit trail for all documentation relevant to the Safe Prescribing, Handling and Administration of Systemic Anti- Cancer Therapy.

2.2 To ensure that the approval process is objective, appropriate and robust.

3. Scope

3.1 This policy applies to all documentation that provides guidance on the Safe Prescribing, Handling and Administration of Systemic Anti- Cancer Therapy - listed in Appendix 1 & 2, but have not been ratified by the Document Ratification Group (DRAG).

The document is:

- London Integrated Care Systems (ICSs) Guidelines for Safe Prescribing, Handling and Administration of Systemic Anti-Cancer Therapy V2.0

4. Roles and Responsibilities

4.1 Interim Divisional Director Cancer & Clinical Support Services

- Has overall responsibility for ensuring that there is appropriately approved and managed policies, clinical guidelines and treatment advice sheets available to clinical staff working within clinical chemotherapy service

- Delegates responsibility for the authorship of clinical guidelines as required, as appropriate

- Provides professional approval to all policy and clinical guidelines being submitted to DRAG

4.2 Chemotherapy lead clinician

4.2.1 The management of treatment advice documents that are not already covered by existing Trust Clinical Guidelines are the responsibility of the Chemotherapy lead clinician who will:

- Identify additional treatment advice documents from outside the Trust and/or commission additional Clinical Guidelines from within the Trust to provide clinical advice and guidance not available from current the Trust documents

- Make appropriate arrangements for consultation and approval of all treatment advice documents relating to the Safe Prescribing, Handling and Administration of Systemic Anti- Cancer Therapy

- Manage the review of all related documents to ensure they are up to date and reflect best practice

5. Equality and Diversity

5.1 The Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.

6. Approval Process for Treatment Advice Documents

6.1 The clinical chemotherapy service has to be able to demonstrate that the documents set out in 3.1 have been approved for use before they are made available to clinical staff via the Trust intranet. The approval process for the document is as follows:

Guidelines produced outside the Trust

6.2 The original author is identified and the Clinical chemotherapy lead clinician confirms permission from the author for the Guidelines to be used by the clinical chemotherapy service at the Trust. Once permission is given, the document is read and approved by the Trust SACT quality group including:

- Clinical chemotherapy lead clinician
- Lead Nurse Chemotherapy
- Principal Clinical Pharmacist – Oncology and Haematology
- Consultant oncologist

6.3 Changes to the document cannot be made locally and only the authors of the original document are permitted to make changes.

6.4 The name(s) of the individuals who approved the document, and the date(s) of approval, are written under the title at the top of the first page, together with a review date, the name of the person responsible for the review, and the version number. An acknowledgement to the author is written as a footnote at the bottom of the first page.

6.5 Approval to adopt the guideline is given by the Trust SACT quality group who:

- Oversee the implementation of the Cancer peer review measures for chemotherapy and ensure that the clinical chemotherapy service adopts and implements measures as they are published.

- Ensure that MEHT NHS Trust Clinical chemotherapy services are of a high quality and follow local, Network and National guidance for the prescribing, preparation, administration and care of patients receiving SACT

- Authorise and implement guidelines for the prevention, treatment and management of chemotherapy specific side-effects and potential side-effects

6.6 Hard copy and electronic versions of the Guidelines will be available in all areas where chemotherapy is manufactured and administered.

6.7 Where appropriate, the chemotherapy lead clinician will review or commission new Clinical Guidelines relevant to the prescribing, preparation, administration of chemotherapy and submit them to the SACT group to replace existing documents when indicated.

7. Audit

7.1 All documentation will be reviewed and revised annually by the SACT group led by the lead chemotherapy clinician as part of the national peer review process.

7.2 The responsibility for ensuring the review is performed rests with the lead clinician for chemotherapy

8. Communication and Implementation

8.1 This will be directed through the SACT group and communicated to relevant stakeholders via usual channels of Trust communication i.e.

- Trust email
- Team meetings
- Audit presentations – where relevant
- Divisional and departmental meetings
- Trust intranet

9. References

Manual for Cancer Services - Chemotherapy Measures
Version 1.0 National Cancer Peer Review Programme: April 2014

National Chemotherapy Advisory Group (National Cancer Action Team 2009)

Appendix 1

London Integrated Care Systems (ICSs) Guidelines for Safe Prescribing, Handling and Administration of Systemic Anti- Cancer Therapy (July 2015)

London Integrated Care Systems (ICSs)