

PRIMARY CARE 10 TOP TIPS

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Key steps in establishing a locally based chemotherapy service

1 Recognise that this requires a team approach working as a satellite unit of a cancer centre. Agree the scope of the initial service with local oncologists, how suitable patients will be identified and how treatments will be planned/scheduled.

2 Agree policies for pre-chemotherapy clinical assessments and blood tests and how these will be communicated to the cancer centre.

3 Agree mechanisms for triggering the preparation of chemotherapy in the pharmacy and delivery to the local site for administration, ensuring minimum wastage.

4 Agree policies for safe administration (including safeguarding staff), monitoring of patients during administration, disposal of toxic clinical waste and for dealing with possible adverse events, including extravasation. Remember to comply with national regulations regarding administration of chemotherapy.

5 Agree pathways for dealing with complications of treatment, such as neutropaenic sepsis and involve the local primary care community in these discussions. Remember the need for communication to out-of-hours providers. Patients should be given information about support during treatment – the UK Oncology Nursing Society telephone triage system will soon be available.

6 Agree communication channels for patients – they need clear, explicit written information and in particular a “fast-track” number at the oncology centre to obtain advice about any problems.

7 Ensure appropriate training of all staff involved.

8 Examine the whole patient pathway in conjunction with oncologists, so that all can be confident that the proposals are safe and robust.

9 Audit activity from the outset by defining a dataset of “always” factors that must be captured for every treatment administered. Remember the national audits relating to chemotherapy ncepod.org.uk

10 Review performance with the oncology service and consider how the service can develop further.

The aim is to establish a team able to deliver chemotherapy in a local setting operating as a satellite unit of an oncology centre. The patients’ pathway must be clear, comprehensive and safe. The service should be efficient, minimising wastage of patients’ and clinicians’ time, travel and unused chemotherapy drugs. When treatments can only be given in the cancer centre, assessment in the community can identify patients currently unfit for planned treatments, saving time, travel and drug wastage. Oncologists will retain overall clinical responsibility.

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