



Kent and Medway Cancer Network

Network Guidance Document

# Systemic Anti-cancer Therapy Care Pathway

## Out of Hours Emergency Telephone Advice Service

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## Background

The Department of Health and National Cancer Action Team have recommended that there should be provision for patients and families for appropriate and timely access to supportive care throughout and after treatment (NHS Cancer Plan 2000, NCAT 2008, UKONS 2011, National Cancer Acute Oncology Service Measures 2011). In order to minimise the risk to patients, systemic anti-cancer therapy services within the cancer network/trust must have 'agreed minimum service specifications for Out of Hours Emergency Telephone Advice Service' (DOH 2005, NCAG 2008). Such a service ensures that appropriate and consistent advice is offered, which provides early recognition and management of potential emergencies and side effects of treatment.

Systemic anti-cancer therapy services for the Kent and Medway Cancer Network are provided by four acute Trusts: East Kent Hospitals University NHS Foundation Trust, Maidstone and Tunbridge Wells NHS Trust, Dartford and Gravesham NHS Trust and Medway NHS Foundation Trust.

All patients receiving systemic anti-cancer therapy in the Kent and Medway Cancer Network will be given an Out of Hours Emergency Telephone Advice number, which they are advised to contact should they become unwell or suffer side effects from systemic anti-cancer therapy. This service is operated from individual clinical systemic anti-cancer therapy delivery units. It is the recommendation of the Kent & Medway Cancer Network that all Trusts within the Network adopt the UKONS 24hr emergency telephone triage toolkit.

The telephone numbers will be manned 24hrs per day, 7 days per week by experienced systemic anti-cancer therapy competent nurses with appropriate support from the Consultant/SpR on call.

## 1. Introduction

Telephone Advice services and have long been established in the United States in the management of debilitating symptoms of malignancies and side effects of treatments.

The provision of appropriate and timely access to supportive care to patients and their family helps the patient to maximise the benefits of treatment and to live as well as possible with the effects of the disease (NICE 2004, NCEPOD 2008, NCAG 2008).

Telephone management is fast becoming one of the most common ways in managing systemic anti-cancer therapy side effects. Telephone management provides continuity of care, rapid assessment and early symptom or side effect management preventing potentially life-threatening complications (e.g. neutropenic sepsis), psychological support and patient education.

## 2. Education and Training

All systemic anti-cancer therapy competent nurses involved in providing this service must be appropriately trained. They will have completed the academic systemic anti-cancer therapy course, together with the UKONS Competency training pack, and have a minimum of 1years experience in systemic anti-cancer therapy administration. These competencies will then be re-assessed on a 12 monthly basis. As a result of the training each nurse will have a clear understanding of the underpinning requirement to follow the triage pathway, in conjunction with the toxicity tool.

A chemotherapy competent mentor should be available to provide support as required by the nurse for a minimum of 3 months.

The nurse will have demonstrated knowledge of:

- Out of Hours Telephone Emergency Advice Service implications for Haemato-oncology patients
- Professional accountability and competence
- Communication tools
- Patient information/education and the impact thereof
- Oncological emergencies
- Systemic anti-cancer therapy side effect management

The systemic anti-cancer therapy Nurse specialist/Clinical development Nurse/Lead Chemotherapy Nurse will be the designated assessor of competence.

### 3. Documentation

All calls taken should be documented and recorded in the patient records and individual UKONS telephone triage log sheet.

The following information should be recorded as a minimum:

- Patient details
- Staff member details
- Patient contact number
- Reason for call
- Advice given to patient, carer and other health care professionals (A&E staff, doctors)
- Follow up action
- Treatment regime
- Last date of treatment
- If patient is on clinical trial

### 4. Audit

The following areas should be audited retrospectively, every 6 months.

#### i) Systemic anti-cancer therapy Out of Hours Emergency Telephone Advice Service

- Number of Calls received
- Time of Calls
- Type of enquiries
- Source of enquiries (Health Care Professional/Patients/Carer)
- Other calls
- Intervention
- Advice given – to assess it is correct and consistent

#### ii) Systemic anti-cancer therapy Out of Hours Emergency Telephone Advice Service Audit

The audit should focus on:

- The number of patients admitted, where they were admitted and the action taken by the medical team.

- Adherence to Kent and Medway Cancer Network guidelines (refer to local Trust variations/guidelines), including neutropenic sepsis.
- The number of patients discharged after assessments that were triaged with suspected neutropenia, but after investigation did not have neutropenia.
- The number of patients discharged after the initial hospital assessment.
- Patient satisfaction with service
- The number of patients triaged to GP/day unit who require hospital assessment and/or admission
- Adverse incidents in which the telephone triage service was involved

All supporting documentation can be found on the Kent & Medway Cancer Network website at:

<http://www.kentmedwaycancernetwork.nhs.uk/home-page/for-professionals/nursing/>

## Document Administration

### Approval Record

Approval		
Date	Name / Title	Signature
07/05/09	Circulated for comments and feedback to Network Systemic anti-cancer therapy Group, Network Nursing and Pharmacy Group and Local Trust Systemic anti-cancer therapy groups	
21/05/09	Ratified at Network Nursing and Pharmacy Group	
05/12/2011	Ratified by the Nursing sub group of the Network Chemotherapy Group	

### Enquiries

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### Document Location

The document is located in the Kent and Medway Cancer Network office, in hardcopy and in electronic format on the Kent & Medway Cancer Network site at [www.kentmedwaycancernetwork.nhs.uk](http://www.kentmedwaycancernetwork.nhs.uk)

## DATE OF NEXT REVIEW

This document is next due for review in October 2013

## Revision History

Date	Version	Status	Author	Summary of Changes
6/04/09	V0.1	Draft	Bryony Neame	Words 'systemic anti-cancer therapy, cytotoxic, monoclonal' etc. changed to 'systemic anti-cancer therapy' to reflect NCEPOD report
11/04/09	V0.2	Draft	Bryony Neame	Additions to Section 4 Audit as suggested by Dr. Waters – no operational changes
12/05/09	V0.3	Draft	Bryony Neame	Addition of "SpR to liaise with Med Reg on call of admitting hospital" in Triage pathway as requested by Dr Coltart
29/05/09	V0.4	Draft	Bryony Neame	Wording changes made as suggested by Kent Oncology Centre systemic anti-cancer therapy staff. No operational changes
09/2011	V1.1	Under review	Nursing sub-group	Review and update of documentation. Removal of previous guidance and recommendation to follow UKKONS endorsed National Telephone Triage programme.