National Cancer Control Programme

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

NCCP Non-COVID-19 Guidance on the Provision of Parenteral Systemic Anti-Cancer Therapy and Supportive Care in Community Services

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1	21/10/2020		NCCP Executive

All comments and feedback are welcome at oncologydrugs@cancercontrol.ie

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1 Introduction

The practice of systemic anti-cancer therapy (SACT[1]) has changed in recent years, with many new advances in treatments, resulting in improved outcomes and increased survival for many cancer patients. Coupled with this, the method of delivery of SACT has developed with many medical oncology and haemato-oncology treatments now suitable for administration in the community (1). In addition, many aspects of supportive care for patients receiving SACT are well suited for provision in the community[2].

In Ireland, as in many other developed countries, the number of cancer patients is projected to increase and there is also a projected increase[3] in the volume of SACT activity to 2045 (2).

Delivering SACT closer to the patient's home and away from the acute hospital setting is acknowledged internationally as important for both the patient experience during their cancer treatment as well as for relieving capacity issues in hospital-based day wards (1, 3).

A key focus of the National Cancer Strategy 2017-2026 is the achievement of an integrated continuum of care for patients through primary, secondary and tertiary care (4). Central to this is the provision of appropriate cancer care services in the community, including SACT. The provision of clinically appropriate care as close to home as possible is also consistent with the objectives of Sláintecare (5).

There are a number of community SACT services available in Ireland. Recently a number of these services were developed in response to Covid-19. A number of stakeholders identified the need for an overarching guidance document on the establishment and provision of these services. This document aims to provide this guidance.

1.1 Models of service delivery

A number of different service models have been considered internationally to meet the objective of providing SACT outside of acute hospital settings (1, 6). These include services provided in community clinics, mobile units, or directly to patients in their homes. There are a number of

[1] For the purpose of this document, SACT involves parenteral systemic treatment for cancer, including but not limited to chemotherapy, targeted therapies and immunotherapies.

[2] More detail on supportive care for SACT patients is provided in section 2.1 Scope.

[3] The 2019 NCR report "Cancer incidence projections for Ireland 2020-2045" projects an increase of 81% in the number of male patients undergoing chemotherapy and a 58% increase in females undergoing chemotherapy within one year of their diagnosis, up to 2045

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common themes outlined internationally to direct the provision of safe and high quality SACT services in the community. These include:

- Patient choice (7, 8)
- Clear governance structures (7, 9)
- Policies and procedures for the management of referrals to the community (8-10)
- Patient selection criteria based on treatments and care appropriate to community settings (8, 9)
- The management of side effects, including acute oncology pathways (1, 3, 7, 9, 10)

In Ireland, a number of examples of community SACT are already in place with a number of further services in development. These include;

- The NCCP Community Oncology Nursing Programme which enables community nurses to deliver some aspects of care to oncology patients in their community
- Community infusion clinics providing services for oncology patients such as low-risk infusions, pre-SACT blood tests and supportive care for SACT patients
- The provision of SACT directly to patients by third party/private providers under contract with the hospitals/HSE

2 Purpose and scope of this document

The purpose of this document is to provide guidance on the provision of adult[4] SACT services to medical oncology/haemato-oncology patients in community settings within the Irish health services.

2.1 Scope

For the purposes of this document, community settings are defined as any out of hospital setting, including primary and community care settings such as primary care centres, community infusion clinics, community hospitals and health centres, as well as patients' homes. In each of these settings, it is possible that services may be operated and provided by the HSE or through a third party provider under contract to the HSE.

This guidance document covers services such as parenteral SACT and supportive care[5]. It is expected that these will be locally identified[6] following a risk assessment and that these will include

[4] Paediatric oncology and haematology services are provided by Children's Health Ireland and under shared care arrangements with other acute hospitals nationally, and include the administration of SACT in the patients' home by their parents/guardians.

[5] Supportive care for patients receiving SACT includes, but is not limited to, bisphosphonates, phlebotomy, pump disconnections, intravenous access flushes and dressings.

[6] This may be further informed by National Guidance

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treatments that are deemed to be clinically appropriate for community administration. Oral Anti-Cancer Medications (OAMs) or medications administered by patients are outside the scope of this document[7].

The content of this Guidance document aligns with existing National HSE guidance[8].

2.2 Intended audience

The intended audience for this document is:

- Managers and clinical leaders in hospital and community services that have developed or are considering establishing community SACT services.
- Private third party providers who are delivering SACT on behalf of the HSE[9].

2.3 Methodology

This guidance document was developed by the NCCP following a review of relevant international literature, policy documents and guidelines and in consultation with existing community SACT service providers. The document was also circulated to key stakeholders for feedback. See Appendix 1 for detail.

3 General principles for community SACT Services

1. **Regional/Networked:** Community SACT services should be developed and provided as part of a regional or a network approach to SACT services and should be integrated with overall SACT service delivery. Formal links between community SACT services and SACT hospitals should be in place to ensure clear governance structure and alignment of clinical pathways, as well as clear communication channels between health professionals.
2. **Integrated/Seamless:** A seamless pathway between hospital and community services should be established, which should include transitions from hospital services. This must be underpinned by good communications policies including access to relevant electronic systems where available such as Healthmail. For the duration of community SACT, the SACT hospital and relevant medical oncologist or haematologist will retain overall responsibility for the patient until the patient is discharged from the SACT service.
3. **Quality Service:** The patient should be assured of the same standard of care in a community SACT setting as in a hospital setting. The patient's treatment pathway should remain the

[7] Refer to the Oral Anti-Cancer Medications Recommendations. NCCP HSE 2018.

[8] https://www.hpsc.ie/

[9] While OAMs are outside the scope of this document, in cases where OAMs are delivered through third party providers, this document may be used to provide guidance for the service.

same, with any clinician reviews, scans, phlebotomy appointments occurring as would be the case had the patient opted for treatment in a hospital setting.

4. **Referrals/Access:** Patient referrals should consider clinical suitability and patient choice. Patients should be able to access out of hours' services, outreach services and patient supports (e.g. dietetics and other therapies) as required and on the same basis as those patients receiving SACT in a hospital.

3.1 Policies, procedures, protocols and guidelines (PPPGs)

Agreed policies, procedures, protocols and guidelines (PPPGs) must be in place as appropriate to the community SACT service and associated acute SACT hospital(s). These PPPGs should align to national advice, guidelines and regimens where available. The following areas at a minimum should be detailed in the PPPGs put in place locally:

1. The management and administration of patients during their community SACT treatment, including discharge or onward referral. A NCCP template for patient referral to Community SACT will be available at https://www.hse.ie/eng/services/list/5/cancer/
2. The range of services, including treatments, that can be safely and appropriately provided in the specific community setting
3. Patient selection criteria relevant to the particular service
4. The roles and responsibilities for staff, including staff in the community and hospital settings
5. The education and training requirements of staff
6. Communication pathways between health professionals in the community, as well as with the acute referring hospital
7. Information and education to be provided to the patient
8. Contact details to be provided to patients, including phone numbers for advice and emergencies
9. The accessing, recording and transmission of patient data both on paper and electronic systems, as appropriate to the service
10. The management of adverse incidents and near misses. This will include the reporting of such incidents in line with HSE policies. Risk management must also be conducted to ensure that the service adequately plans for potential risks
11. Referral to medical oncology/haematology services or acute oncology services, including out of hours' services, when necessary
12. The collection and disposal of clinical and cytotoxic waste products. This includes the management of cytotoxic spillages

3.2 Governance

The governance of the community SACT services will be determined and aligned with national HSE governance arrangements[10]. In most cases this will be through governance arrangements for community services. The governance arrangements will include funding and procurement arrangements including the supply and dispensing of medication.

As outlined in Section 3, the overall responsibility for the patient remains with the medical oncologist or haematologist and the SACT hospital.

Community services that are subcontracted to third party providers will have clearly defined service level agreements (SLAs) in place with the HSE. The SLA will detail the governance structures, which should be in line with this guidance document.

3.3 Patient selection criteria

The patient selection criteria for the administration of SACT in a community service should be detailed in the local PPPGs. These should align to National Advice, Guidelines and Regimens where available. The service specific criteria should take into account a range of factors, including:

- The type and range of services as set out in the PPPG, including the services that are clinically appropriate for each service location
- Patient specific factors, including patient condition and suitability for community treatment
- Patient preferences and other personal perspectives such as proximity to community location.

4 Performance and evaluation

The monitoring of implementation of the community SACT service will be the responsibility in the first instance of the relevant SACT hospital / hospital group or HSE community services as outlined in the governance arrangement for the service. This may include metrics such as:

- Patient experience
- Patient activity numbers
- Expenditure data
- Target access times

The service will also support education and research activities as required, as well as data to facilitate audit.

[10] HSE structures are in transition to new regional health areas, which will include community, as well as acute services

Appendix 1. Guidance Development Group

Stakeholders	Details
NCCP Covid-19 SACT Advisory Group	IHS/ISMO/AYA
Ms Deirdre Carroll	CNM 3, Community Intervention Team, Dublin North City and North County
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Noreen Curtin	HSE CIT OPAT Programme Manager
Dr David Hanlon	HSE National Clinical Advisor and Programme Group Lead
David Walsh	HSE National Director Community Operations
Virgina Pye	HSE National Lead for Public Health Nursing
Liam Woods	HSE National Director of Acute Hospitals
Dr Philip Crowley	HSE National Director Quality Improvement
Dr Colm Henry	HSE Chief Clinical Officer
Dr Deirdre O'Mahony Prof Janice Walshe	ISMO
Dr Denis O'Keefe Dr Derville O'Shea Dr Liam Smyth	IHS
Rosemarie Murphy	IANO
Fionnuala Kennedy	HPAI
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Jacinta Byrne	HAI Nursing President
Janice Richmond	ANP, Letterkenny University Hospital
Dr Una Kennedy	GP Advisor to the NCCP
CEOs	Hospital Groups

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8. Cancer Care Ontario. Quality Person-Centred Systemic Treatment in Ontario 2014-2019. 2014.

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