



## INTRATHECAL CHEMOTHERAPY POLICY

|                         |   |
|-------------------------|---|
| Policy Type             | Clinical  |
| Directorate             | Clinical  |
| Policy Owner            | Chief Nurse including Midwifery and Allied Health Professionals           |
| Policy Author           | Clinical Chemotherapy Group / Lead Cancer Nurse / Chemotherapy Sister     |
| Next Author Review Date | 1 <sup>st</sup> August 2021   |
| Approving Body          | Corporate Governance and Risk Sub-Committee<br>11 <sup>th</sup> July 2017 |
| Version No.             | 2.0   |
| Policy Valid from date  | 1 <sup>st</sup> July 2017   |
| Policy Valid to date:   | 31 <sup>st</sup> January 2022   |

**‘During the COVID19 crisis, please read the policies in conjunction with any updates provided by National Guidance, which we are actively seeking to incorporate into policies through the Clinical Ethics Advisory Group and where necessary other relevant Oversight Groups’**

## DOCUMENT HISTORY

(Procedural document version numbering convention will follow the following format. Whole numbers for approved versions, e.g. 1.0, 2.0, 3.0 etc. With decimals being used to represent the current working draft version, e.g. 1.1, 1.2, 1.3, 1.4 etc. For example, when writing a procedural document for the first time – the initial draft will be version 0.1)

| Date of Issue | Version No. | Date Approved | Director Responsible for Change                                 | Nature of Change  | Ratification / Approval                         |
|---------------|-------------|---------------|---|---|---|
| 14/11/2011    | 1           | 02/07/2012    | Executive Director of Nursing                                   | No change, new format   |   |
| 24/06/2015    | 1.1         |               | Executive Director of Nursing                                   | For Clinical Standards Group  | Approved  |
| 21/07/2015    | 1.2         | 21/07/2015    | Executive Director of Nursing                                   | For Policy Management Group   | Approved and ratified - Policy Management Group |
| 01/04/2017    | 1.3         |               | Executive Director of Nursing                                   | No change. Review and adopt new template.   |   |
| 26/05/2017    | 1.3         |               | Executive Director of Nursing and Quality                       | For ratification  | Clinical Standards Group                        |
| 11/07/2017    | 2.0         | 11/07/2017    | Executive Director of Nursing and Quality                       | For Approval  | Corporate Governance & Risk Sub-Committee       |
| 26/03/2020    | 2.0         |               | Executive Director of Nursing and Quality                       | Extension to review date for 3m approved via Chairs Action at   | Policy Management Sub-Committee                 |
| 18/09/2020    | 2.0         |               | Executive Director of Nursing and Quality                       | Extension to review date until end of Jan 2021 approved via   | Policy author from Policy Lead Director         |
| 21/01/2021    | 2.0         | 11/07/2017    | Chief Nurse including Midwifery and Allied Health Professionals | 12 month blanket policy extension due to covid 19 applied with author review date set 180 days prior to Valid to Date | Quality & Performance Committee                 |
| 11/05/2021    | 2.0         | 11/07/2017    | Chief Nurse including Midwifery and Allied Health Professionals | Extended policy uploaded and linked back with new cover sheet   | Corporate Governance                            |

NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust

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## **1 Executive Summary**

- 1.1 Intrathecal chemotherapy (ITC) is **NOT** routinely provided within this Trust and would only be carried out in exceptional and unplanned circumstances. For example; if a patient is deemed too unwell to be transferred to an ITC Trust.
- 1.2 This policy sets out the process to be followed and actions to be taken by all nursing and medical staff in the event of an emergency or urgent requirement for the administration of ITC.

## **2 Introduction**

- 2.1 National guidance concerning intrathecal chemotherapy was issued in November, 2001 and up-dated in 2003 and 2008.
- 2.2 A Cancer Peer Review assessment of St Mary's Hospital in February 2003 highlighted concerns regarding the maintenance of clinical competence in intrathecal chemotherapy due to low numbers. Discussion with key clinicians led to a decision in December 2003, that St Mary's Hospital would no longer offer an intrathecal chemotherapy service.
- 2.3 Intrathecal chemotherapy for Isle of Wight patients requiring this procedure is undertaken within the cancer centres, University Hospitals Southampton and Portsmouth Hospital Trusts. These two cancer centres provide the clinical and medical oncology consultant support to the Isle of Wight.
- 2.4 As a designated "non ITC Trust", The Manual for Cancer Services: Chemotherapy Measures (Version 1.0) states the requirement for the Trust to have in place a policy supporting when ITC can be administered in exceptional circumstances.

## **3 Definitions**

- 3.1 Intrathecal – Route of administration of drugs via an injection into the spinal canal.
- 3.2 Chemotherapy – The treatment of disease by the use of chemical substances especially the treatment of cancer by cytotoxic and other drugs.
- 3.3 Haematologist – Branch of medicine involving study and treatment of the blood.
- 3.4 Oncologist – A medical practitioner qualified to diagnose and treat tumours.

## 4 Scope

- 4.1 This policy applies to all Trust employed staff involved in the process of identifying and assessing a patient's need for ITC, and those involved in the preparation and administration of ITC. This policy applies to adult patients only.

## 5 Purpose

- 5.1 The aim of this policy is to set out the process to be followed and actions to be taken by all staff should the need for intrathecal chemotherapy occur.

## 6 Roles and Responsibilities

- 6.1 **The Chief Executive** is accountable for ensuring that a policy is in place within the Trust. The policy identifies the circumstances in which ITC can be administered in exceptional circumstances, and must be consulted and involved in the decision to treat of individual cases, or their designated deputy.
- 6.2 **The Medical Director, Lead Cancer Nurse and Lead Chemotherapy Pharmacist** or designated deputies must be consulted and involved in the decision to treat individual cases.

## 7 Policy detail/Course of Action

- 7.1 ITC will only be considered for administration within the Trust if the following criteria have been met:
- it is considered impossible or impractical to move the patient in time;
  - and*
  - the treatment is urgent;
  - and*
  - the decision to treat with ITC is taken in consultation with the Medical Director of the Trust or the Chief Executive Officer in his absence, and an ITC registered consultant from another Trust, which is an ITC Trust;
  - and (whenever possible)*
  - the ITC administration is carried out or supervised by ITC registered personnel from the ITC Trust referred to above.
- 7.2 In the event of an emergency/urgent requirement for intrathecal chemotherapy the following process must be followed:
- The consultant caring for the patient must make the decision, in consultation as described above, regarding the emergency and record this.
  - The consultant must contact the relevant cancer centre and the appropriate oncologist caring for the patient or specialising in the patient's disease.
- NB:** *Referral routes for Isle of Wight patients to the cancer centres are very clear and are dependent on the disease site*

- The senior nurse (nurse in charge of the ward/area where the patient is being cared for) should arrange urgent transport to the cancer centre. This may be:
    - \_ Ambulance/ferry
    - \_ Helicopter
  - Transport must be arranged following relevant hospital protocols
  - The senior nurse will ensure all relevant patient records accompany the patient
- 7.3 In the case of severe weather conditions when transfer within a reasonable timescale is not possible.
- The consultant haematologist must be called
  - The haematologist will liaise with the consultant oncologist / consultant haematologist at the cancer centre to facilitate a joint decision as to the need to undertake administration of intrathecal chemotherapy.
  - An experienced pharmacist, capable of undertaking the necessary aseptic techniques in drug preparation, must be made available.
  - The chemotherapy drugs must be prepared in the aseptic suite in Pharmacy. Preparation should be directly supervised by a senior pharmacist experienced in aseptic preparation and in oncology.
- 7.4 If the decision is that intrathecal chemotherapy must be administered on the Isle of Wight, an ITC registered consultant haematologist/oncologist from the cancer centre should travel to St Mary's Hospital to administer the intrathecal chemotherapy. If this is not possible the consultant haematologist may administer the intrathecal chemotherapy.
- The Isle of Wight consultant haematologist may seek support from any appropriate colleagues with expertise in spinal drug administration, e.g. anaesthetists.
  - The chemotherapy must be prepared and administered in line with HSC 2008/01 guidance.
  - All discussion, decisions and actions taken will be fully documented, including the reason why the patient could not be transferred to a cancer centre.
  - The patient will be transferred to the cancer centre OR the consultant oncologist or consultant haematologist from the Cancer Centre will attend the Isle of Wight to assess the patient, at the earliest opportunity.
- 7.5 In the event of such an administration taking place the following actions will be taken, coordinated by the Clinical Chemotherapy Group
- Documentation is provided on why it had to take place, the remedial actions taken and the outcome;
  - The documents are reviewed according to the Trust's risk management arrangements;
  - The Wessex Area Team Medical Director is informed, if not informed prior to the administration.
  - The administration of intrathecal chemotherapy will be reported to the Medical Director of the Cancer Network.

## **8 Consultation**

- 8.1 This policy has been reviewed by
- Lead Cancer Nurse
  - Lead Chemotherapy Pharmacist
  - Lead Chemotherapy Nurse
  - Clinical Chemotherapy Group
- 8.2 The policy will be Approved by the Corporate Governance & Risk Sub-Committee.

## **9 Training and Dissemination**

- 9.1 This policy will be distributed to all consultant medical oncologists, clinical oncologists, haemato-oncologists, Cancer Clinical Nurse Specialists, Chemotherapy Unit and the Chair of the Drugs Advisory Committee.
- 9.2 This Intrathecal Chemotherapy policy does not have a mandatory training requirement or any other training needs.
- 9.3 When approved this document will be available on the Intranet and will be subject to document control procedures. Approved documents will be placed on the Intranet within five working days of date of approval once received by the Risk Management Team.
- 9.4 When submitted to the Risk Management Team for inclusion on the Intranet this document will have fully completed document details including version control. Keywords and description for the Intranet search engine will be supplied by the author at the time of submission.
- 9.5 Notification of new and revised documentation will be issued on the Front page of the Intranet, through e-bulletin, and on staff notice boards where appropriate. Any controlled documents noted at the Policy Management Group will be notified through the e-bulletin.
- 9.6 Staff using the Trust's Intranet can access all procedural documents. It is the responsibility of managers to ensure that all staff are aware of where, and how, documents can be accessed within their areas of work.
- 9.7 It is the responsibility of each individual who prints a hard copy of any document to ensure that the printed hardcopy is the current version. Current versions are maintained on the Intranet.

## **10 Monitoring Compliance and Effectiveness**

- 10.1 The implementation of this policy will be assessed by exception reporting through the Incident Reporting process.
- 10.2 Any administration of ITC will be reviewed by the Clinical Chemotherapy Group to assess adherence to the policy.
- 10.3 This policy will be reviewed every two years or earlier if guidance changes are required to be considered. The review will be subject to approval and ratification in line with the Trust Procedural Document Management Policy.

## **11 Links to other Organisational Documents**

- 11.1 Chemotherapy Services in England: Ensuring quality and safety (National Chemotherapy Advisory Group, 2009)  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH\\_104500](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_104500)  
[online]
- 11.2 Using Vinca Alkaloid Minibags (Adult/Adolescent Units) - (National Patient Safety Agency 2008)  
<http://www.nrls.npsa.nhs.uk/resources/?EntryId45=59890> [online]

## **12 References**

- 12.1 HSC 2008/001 - Updated national guidance on the safe administration of intrathecal chemotherapy. (Department of Health, 2008)  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Healthservicecirculars/DH\\_086870](http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Healthservicecirculars/DH_086870) [online]
- 12.2 The Manual for Cancer Services: Chemotherapy Measures Version 1.0 – (National Cancer Action Team, 2011)  
<http://www.cquins.nhs.uk/?menu=resources> [online]

## **13 Appendices**

- Appendix A** Financial and Resourcing Impact Assessment on Policy Implementation
- Appendix B** Equality Impact Assessment (EIA) Screening Tool



## Financial and Resourcing Impact Assessment on Policy Implementation

*NB this form must be completed where the introduction of this policy will have either a positive or negative impact on resources. Therefore this form should not be completed where the resources are already deployed and the introduction of this policy will have no further resourcing impact.*

|                       |  |
|-----------------------|--|
| <b>Document title</b> | <b>Intrathecal Chemotherapy Policy</b> |
|-----------------------|--|

| <b>Totals</b>                      | <b>WTE</b> | <b>Recurring £</b> | <b>Non-Recurring £</b> |
|------------------------------------|------------|--------------------|------------------------|
| Manpower Costs                     | <b>0</b>   |                    |                        |
| Training Staff                     | <b>0</b>   |                    |                        |
| Equipment & Provision of resources | <b>0</b>   |                    |                        |

### Summary of Impact:

No impact on implementation of this policy, as no major changes from previous policy.

### Risk Management Issues:

No new issues

### Benefits / Savings to the organisation:

Improved patient safety.

### Equality Impact Assessment

- Has this been appropriately carried out? YES
- Are there any reported equality issues? NO

If "YES" please specify:

**Use additional sheets if necessary.**

Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure

you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.

| <b>Manpower</b>           | <b>WTE</b> | <b>Recurring £</b> | <b>Non-Recurring £</b> |
|---------------------------|------------|--------------------|------------------------|
| Operational running costs | 0          | 0                  | 0                      |
|                           |            |                    |                        |
| <b>Totals:</b>            |            |                    |                        |

| <b>Staff Training Impact</b> | <b>Recurring £</b> | <b>Non-Recurring £</b> |
|------------------------------|--------------------|------------------------|
|                              |                    |                        |
| <b>Totals:</b>               | 0                  | 0                      |

| <b>Equipment and Provision of Resources</b> | <b>Recurring £ *</b> | <b>Non-Recurring £ *</b> |
|---|----------------------|--------------------------|
| Accommodation / facilities needed           | 0                    | 0                        |
| Building alterations (extensions/new)       | 0                    | 0                        |
| IT Hardware / software / licences           | 0                    | 0                        |
| Medical equipment                           | 0                    | 0                        |
| Stationery / publicity                      | 0                    | 0                        |
| Travel costs                                | 0                    | 0                        |
| Utilities e.g. telephones                   | 0                    | 0                        |
| Process change                              | 0                    | 0                        |
| Rolling replacement of equipment            | 0                    | 0                        |
| Equipment maintenance                       | 0                    | 0                        |
| Marketing – booklets/posters/handouts, etc. | 0                    | 0                        |
|   |                      |                          |
| <b>Totals:</b>                              | 0                    | 0                        |

- Capital implications £5,000 with life expectancy of more than one year.

|   |  |
|---|--|
| Funding /costs checked & agreed by finance:               |  |
| Signature & date of financial accountant:                 |  |
| Funding / costs have been agreed and are in place:        |  |
| Signature of appropriate Executive or Associate Director: |  |



### Equality Impact Assessment (EIA) Screening Tool

|   |   |
|---|---|
| Document Title:   | Intrathecal Chemotherapy Policy   |
| Purpose of document   | The aim of this policy is to set out the process to be followed and actions to be taken by all staff should the need for intrathecal chemotherapy occur.  |
| Target Audience   | This policy applies to all Trust employed staff involved in the process of identifying and assessing a patient's need for ITC, and those involved in the preparation and administration of ITC. This policy applies to adult patients only. |
| Person or Committee undertaken the Equality Impact Assessment | Lead Cancer Nurse   |

1. To be completed and attached to all procedural/policy documents created within individual services.
2. Does the document have, or have the potential to deliver differential outcomes or affect in an adverse way any of the groups listed below?

If no confirm underneath in relevant section the data and/or research which provides evidence e.g. JSNA, Workforce Profile, Quality Improvement Framework, Commissioning Intentions, etc.

If yes please detail underneath in relevant section and provide priority rating and determine if full EIA is required.

|               |                               | Positive Impact | Negative Impact | Neutral |
|---------------|-------------------------------|-----------------|-----------------|---------|
| <b>Gender</b> | Men                           |                 |                 | x       |
|               | Women                         |                 |                 | x       |
| <b>Race</b>   | Asian or Asian British People |                 |                 | x       |
|               | Black or Black British People |                 |                 | x       |
|               | Chinese people                |                 |                 | x       |
|               | People of Mixed Race          |                 |                 | x       |

|  |  |  |  |   |
|--|--|--|--|---|
|  | White people (including Irish people)  |  |  | x |
|  | People with Physical Disabilities, Learning Disabilities or Mental Health Issues |  |  | x |
| <b>Sexual Orientation</b>                            | Transgender  |  |  | x |
|  | Lesbian, Gay men and bisexual  |  |  | x |
| <b>Age</b>   | Children   |  |  | x |
|  | Older People (60+)   |  |  | x |
|  | Younger People (17 to 25 yrs.)   |  |  | x |
| <b>Faith Group</b>                                   |  |  |  | x |
| <b>Pregnancy &amp; Maternity</b>                     |  |  |  | x |
| <b>Equal Opportunities and/or improved relations</b> |  |  |  | x |

Notes:

Faith groups cover a wide range of groupings, the most common of which are Buddhist, Christian, Hindus, Jews, Muslims and Sikhs. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

### 3. Level of Impact

|  |  |            |           |
|--|--|------------|-----------|
| If you have indicated that there is a negative impact, is that impact: |  |            |           |
|  |  | <b>YES</b> | <b>NO</b> |
| <b>Legal</b> (it is not discriminatory under anti-discriminatory law)  |  |            |           |
| <b>Intended</b>  |  |            |           |

If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.

|  |
|--|
| 3.1 Could you minimise or remove any negative impact that is of low significance? Explain how below: |
|  |
| 3.2 Could you improve the strategy, function or policy positive impact? Explain how below:           |

|  |       |
|--|-------|
|  |       |
| 3.3 If there is no evidence that this strategy, function or policy promotes equality of opportunity or improves relations – could it be adapted so it does? How? If not why not? |       |
|  |       |
| Scheduled for Full Impact Assessment   | Date: |
| Name of persons/group completing the full assessment.  |       |
| Date Initial Screening completed   |       |

Uncontrolled when printed