



24 Hour Chemotherapy Telephone Advice Service: Minimum Service Specification

“Quality and safety for every patient every time”

Document Control

Prepared By	Issue Date	Approved By	Review Date	Version	Contributors/ Reviewers	Comments/ Amendment
Jane Beveridge	12.10.11	NECN Core Chemo Team	12.10.13	1.1		
Jane Beveridge	23.09.13	Chair of NECN Chemotherapy Group	23.09.15	1.2		Re -approved on review by Steve Williamson
	15.10.15	Chemo Group Chair	15.10.17	1.3	Wendy Anderson/ Melanie Robertson	Policy reviewed and reissued. Updated Network name, no content change
	10.06.18	Helen Roe	10.06.2021	1.4	Steve Williamson Helen Roe	Policy reviewed and updated

For more information regarding this document, please contact:

Northern Cancer Alliance
NHS England, Waterfront 4, Goldcrest Way,
Newcastle Upon Tyne, NE15 7NY

1 Purpose

- 1.1 The purpose of this document is to set out the minimum specification for the 24-hour telephone contact service for chemotherapy services across the Northern Cancer Alliance (NCA) that Trusts must adopt.
- 1.2 This document does not include Acute Oncology Services (AOS), however Trusts may wish to use this chemotherapy specification as a template for any AOS telephone advice service.

2 Background

- 2.1 The NHS Quality Surveillance Team (QST) chemotherapy quality measures require the development of an emergency telephone advice service for patients and carers having, or having recently (within 6 weeks) had systemic anticancer treatments (SACT).
- 2.2 This advice should be provided to patients/carers and healthcare professionals by call handlers suitably trained to provide chemotherapy and SACT related advice.
- 2.3 In order to ensure that this service is provided in a safe and equitable manner to all patients and carers across the Alliance, this minimum service specification has been developed by the Chemotherapy Expert Advisory Group.
- 2.4 Each hospital is then required to agree the specification and put in place the specific local arrangements and training as per the quality measures in order to support the service.

3 The North of England Strategic Clinical Networks Service Model

- 3.1 There is **NO** central 24 hour telephone contact number within NCA; rather each Trust within NCA will ensure that there is coverage within their organisation, ensuring that all patients are given a 24 hours telephone helpline. In doing so this contributes to coverage across the whole Alliance.
- 3.2 The detail of each service is to be defined locally, e.g. a Trust may have a Service Level Agreement (SLA) with a neighbouring Trust to provide the telephone advice.
- 3.3 The local Trust 24 hour helplines within the NCA will be available 24 hours a day, 7 days a week, for telephone advice to:
 - Patients and carers having, or having had, chemotherapy/SACT
 - General healthcare professionals (e.g. GPs, District Nurses)
- 3.4 Each helpline will be staffed at any one time by at least one member of staff, who meets the training described in Section 5 (training and competency) (United Kingdom Oncology Nursing Society (UKONS 2016), making up a 24/7 duty rota.
- 3.5 Staff providing 24 hour advice must have a clear pathway to seek additional advice, as necessary, e.g. from consultant oncologist/ haematologist on-call

- 3.6 Each Trust 24 hour helpline service will ensure that no later than the next working day following a call, the consultant and team caring for the patient is contacted informing them of the call, the problem, the advice given and result.
- 3.7 Each Trust 24 hour helpline service will ensure that within 24 hours of the call **either** a return call is made **or** follow up on the advice provided to the patient **to ensure** that all required actions have been taken.
- 3.8 The availability of the service will be clearly detailed in patient information as being for urgent advice only. Patients will be provided with:
- an alert card with helpline contact numbers clearly printed
 - hand held patient record containing contact numbers and personal treatment record

4 Level of training or professional qualifications necessary for staff answering calls

- 4.1 The training and competency requirements of call handlers providing this service are defined in the Oncology/ Haematology 24-Hour Triage Rapid Assessment and Access Toolkit (UKONS 2016). Hard copies of the toolkit have been distributed via the Alliance team to all Trusts; printing details for further copies are available from the UKONS website.
- 4.2 At all hours patients will be able to speak to a registered nurse who is skilled in patient assessment and knowledgeable in the management of chemotherapy/SACT related issues. They must have been assessed as competent by their Trust to provide this function.

5 Documentation of Advice

- 5.1 All calls will be triaged and logged following the “Triage Log Sheet” detailed in the Oncology/Haematology 24-Hour Triage Rapid Assessment & Access Toolkit (UKONS 2016).
- 5.2 The following data should be captured for each call:
- Patient Details (Name, NHS Number, DOB, Telephone Number);
 - Patient History (Diagnosis, Gender, Consultant);
 - Enquiry Details (Date, Time, Name of caller, Contact number, drop in);
 - Reason for call (in patient’s own words);
 - Details of any active treatment, including Regimen, whether part of clinical trial, date of last treatment, patient’s temperature, whether patient has a central line);
 - Significant medical history;
 - Based on assessment/ triage criteria, whether patient has been given telephone advice, advised of a follow up review or brought in for urgent assessment;
 - Action taken;
 - Triage practitioner;
 - Follow-up action taken;
 - Consultant’s team advised y/n

5.3 All of the above details for all calls will then be subject to audit by the Trust Chemotherapy Multi-Disciplinary team for the following purposes:-

- Assessment of call volumes and types to aid the Network Chemotherapy group in future service planning
- Quality Assurance of call handling, advice and subsequent patient outcomes.
- Screening of calls for review at the Alliance Chemotherapy Nurses Group

5.4 To ensure that this data collection happens in a timely manner, each Trust is required to put a process in place which will capture and record the information centrally to make it readily available for review.

NOTE: Although the Northern Cancer Alliance has endorsed the use of the UKONS Oncology/Haematology 24-Hour Triage Rapid Assessment & Access Toolkit each Trust is required to adopt its use at a local level