

Dear GP colleagues

Re: New pre-chemotherapy bloods done in the community

New national requirements for out-patient Systemic Anti-Cancer Therapy (SACT) bloods

New arrangements for Oncology to receive phoned results for ALL pre-chemotherapy bloods

We are contacting you to ask for a small extension in the number of pre-chemotherapy bloods taken by practices for Oncology. You will be aware that GPs already undertake these for 'standard' Oncology patients on the understanding that they are reviewed on the Oncology ward at the WGH the following day, and any actions required taken by that team. As you know, GPs receive payments for phlebotomy (practice- and domiciliary-) and it has always been anticipated that these would cover Oncology bloods.

A smaller group of patients receive OUT-PATIENT ORAL CHEMOTHERAPY, and until now have had their blood bundles done in the clinic on the day of attendance: the results were often not available till after their treatment, and some patients had to wait for results where indicated, neither ideal. Most of these patients have haematological malignancies. However there is a new national standard for Systemic Anti-Cancer (SACT) blood results being available prior to administration of such oral chemotherapy: the new standard is mandatory, pharmacists only being allowed to issue the treatment if the results are available. A consequence is that patients are now kept waiting - often for many hours -and some are then not able to have their treatment at all, or have to return the next day. There is an average of 60 SACT outpatients per week for Lothian and the view of the GP Sub-Committee is that we should accept this work, but still very firmly seek alternative arrangements for the many other requests which come our way from other specialties.

The SACT bloods would need to be done 24-72 hours in advance and the logistics are more complex than the 'standard' Ward One (Oncology) bloods we do now. There are multiple SACT blood bundles, depending on the type of treatment, and we were keen that these could be ordered on GPOC-ICE for efficiency and accuracy. They also need to be clearly identified as SACT bloods.

Following some joint work with laboratory managers, we have therefore agreed that:

- At the start of the requirement for SACT bloods a letter will be sent to the GP outlining the agreed arrangements, including the blood bundle required. The complex blood details in the guide will not be displayed on GPOC-ICE giving a simple array on screen (see attached).
- Subsequently SACT clinicians will give every patient a form outlining what is required at next phlebotomy (also attached). The form gives a diagrammatic representation of the GPOC/ICE screen and comprises of SACT bloods 1-8 with a SACT default option (see below). Tick boxes will be used to indicate required option, with a second small set of tick boxes for the tumour markers (which are not required each time).
- The phlebotomist changes the clinician to either oncology or haematology – and again the required option will be ticked on the form.
- IF there is uncertainty the default core blood bundle option can be used until details are confirmed at the next appointment (eg if the patient forgets the form or details are not clear). This is not necessarily the ideal blood bundle for the patient, but is acceptable as an interim measure, to save phlebotomists having to spend time clarifying with others what bloods should be taken.

However we have also negotiated some improvements which should make the whole pre-chemotherapy phlebotomy system work better both from the patient and the GP point of view:

- For standard chemotherapy, bloods can now be taken up to 2 days before the Oncology appointment, giving some leeway for when patients come in. Patients could be encouraged to come in 48 hrs before their appointment (and for any taken the day before the patient should ideally come in early). This allows for treatment cancellation when the bloods are abnormal. Chemotherapy regimens are expensive, toxic and time-consuming to make up and it would reduce NHS waste and bring significant benefits to the patient who would not attend thinking that they would be getting treatment when that wasn't the case.
- It has now been agreed that ALL bloods sufficiently abnormal to be phoned by the laboratories will now be phoned directly to Oncology and NOT to GPs in hours or LUCS out-of-hours. This service is available 24 hours per day and the phone numbers -should they ever be needed - are in the accompanying document.
- GPOC-ICE does not give the option of the result going directly to a destination outwith the practice – it is intrinsically linked to the practice (analogous to SCI Gateway). Nevertheless, the preferred option remains GPOC-ICE as it useful, safe and efficient,

automatically giving our phlebotomists the correct combinations of tests and the appropriate labels for the test tubes. However we now have the absolute assurance of the Oncology team that they will deal with all chemotherapy-Oncology results and a comment to this effect will be added to GPOC-ICE screens. The laboratories will TURN OFF EDT (electronic document transfer) for these bloods, meaning that practices will no longer receive them back through docmans. This will therefore free practices of managing these as they do currently, but unfortunately cannot be extended to those who use Mail Merger to manage results for technical reasons.

- There may be some situations where paper forms / labels are needed, if the electronic system is not available and the accompanying chart will then need to be used.

The GP Sub-Committee is very mindful that this is a further transfer of work to practices, but feels that this is a very vulnerable group of patients and the tight timelines mean that there are few other options without causing difficulty for patients. We hope that this will be offset to some extent by the new arrangements round the results handling. In the long run it may be that the evolving Community Treatment and Care Services will take up this sort of work.

Thank you so much for your support.

With best wishes from us both,



Dr Drummond Begg
(Chair Lothian GP Sub-Committee)



Dr Zor Maung
(Associate Medical Director, Cancer Services)