Anglia Cancer Network

Agenda Item: **6a**

From: **Tonia Dawson (Nurse Director)**

BOARD REPORT E-Prescribing Update

1 Purpose

To provide the Board with the current position and new standards issued in June 2011.

2 Background

In June 2008 the National Cancer Peer Review Report 2004-2007, whilst identifying many instances of good practice in Cancer services, highlighted a number of areas of key concern, one of which was that Oncology pharmacy services had poor availability of computer generated cytotoxic prescribing.

The National Clinical Enquiry into Patient Outcomes and Deaths (NCEPOD) report, published in November 2008, highlighted significant concerns relating to the equity and safety of chemotherapy services across the UK, chapter 5 of which is dedicated to the safe prescribing and administration of SACT.

In January 2008 the NPSA Rapid Response Alert on Oral Chemotherapy report was issued, highlighting that, over a four year review period, the most frequent incidents resulting in deaths and the reporting of Serious Untoward Incidents (SUIs) and near misses, involved the wrong dosage, frequency, quantity and/or duration of treatments.

In response to these reports the National Chemotherapy Advisory Group (NCAG) was established and, in August 2009, it published a report focused on the development and delivery of high-quality chemotherapy services.

A number of recommendations within this report highlight the need to improve the quality of Chemotherapy E-Prescribing, and in support of the above findings, recommend that handwritten prescriptions for parenteral chemotherapy should be replaced as soon as possible by pre-printed forms or, preferably, fully validated electronic prescribing systems.

In June 2011 the chemotherapy measures were published by the National Cancer Action Team, in line with the NCAG report recommendations. Within these measures it states that each Trust should have a database-driven, electronic prescribing platform in use.

3 General Benefits of E-Prescribing and its Implementation within each Network Trust

- Hand-written prescriptions and the associated safety issues will be significantly reduced or potentially eradicated;
- Prescribing errors will be significantly reduced or potentially eradiated;

- E-Prescribing is a key element in linking regimens with C-PORT and OPCS 4.5 commissioning data reporting, the OPCS 4.5 Regimen Codes being due for release from April 2012;
- E-Prescribing significantly facilitates the automated collection of the Minimum Chemotherapy Dataset, due for release in 2012;
- E-prescribing could contribute to the implementation of equitable acute oncology services through access to information regarding treatment of oncology patients across all Network providers;
- Prescribing is from an agreed list of regimens resulting in decreased off-protocol prescribing, ensuring that Trusts are compliant with the Approved List of Regimens and that funding for activity undertaken can be assured.
- It enables accurate patient-activity collection for PBR, thereby providing more reliable information to enable a greater understanding of the financial aspects of treatment, achieved through the capture of more-detailed information on the treatment of individual patients, as well as recording full details of diagnosis and staging;
- It provides a significant opportunity to reduce drug wastage and related costs. According to a Cancer Research UK Study, this saving can be approx £1m prescribed per annum, average drug cost, reduction in the number of inappropriate prescriptions and resulting reduction in the additional required visits;
- It routinely collates data for clinical audit (prospective and retrospective).
- It provides evidence of doses, staging, performance status, investigation results and toxicities;
- It contributes to the check that oral chemotherapy is dealt with in exactly the same way as parenteral chemotherapy;
- If the same system is used i.e. Varian it ensures availability of patient records, on demand, across the network. NCAG recommendation.

4 Summary Background within the AngCN

The requirement for a Network-wide E-Prescribing system was a quality standard documented in the draft Chemotherapy Peer Review measures. Given that the Norfolk and Norwich and Addenbrookes have both implemented the ARIA E-Prescribing system, the Network has been working with VARIAN – its supplier – to explore and quantify the approaches and related benefits of each approach, across the Network.

The broad costing for the implementation of the system across the Network is £100k per Trust. There were discussions about this being part funded by the Network but this was not agreed by the Network Board.

The release of the published measures now places the requirement to provide this system as a quality standard that all Trusts should comply with.

From this point forward it is therefore the responsibility of each Trust to take forward its implementation of E-Prescribing in a way that suits the needs of each Trust and that is fully-compliant with the quality standards outlined in Appendix 1 to this paper.

5 Recommendations

- That the Board be informed that the National Cancer Action Team has advised that OPCS 4.5 Chemotherapy Regimen Codes will enter use from April 2012.
- That the Board agrees with the Network's position with regards to the funding and agrees a plan to ensure that this is consistently communicated back into the PCTs and Trusts.

- That the Board be informed that the PCTs need to address E-prescribing and the national dataset collection within their current contracts with the Trusts and that decisions now need to be taken as to how PCTs will work with their Trusts to ensure that the dataset and regimen codes can be collected. The dataset is now available to Trusts in draft form for them to prepare for implementation.
- Given the above, that consideration is given as to what support can be offered to the Trusts with regard to the implementation. An example of this is whether Addenbrookes and Norfolk & Norwich could work with their cancer units to assess the possibility of them providing additional licences to link in with the ARIA system that both centres currently use.

6 Conclusion

E-prescribing needs to be recognised as a key priority to all PCTs to ensure that Trusts can manage its implementation.

Now that E-prescribing is a requirement of the Trusts indicated in the new measures released in early June 2011, the PCTs need to work with their Trusts to ensure that the measures are met. This will allow greater transparency of the chemotherapy being delivered and the costs across the Network.

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APPENDIX 1

MEASURE DETAILS & DEMONSTRATION OF COMPLIANCE	
	Notes: *The exact definition of "normal working hours" should be agreed locally as part of the policy.* *It is widely accepted and strongly recommended that chemotherapy should, as far as possible, take place during normal working hours. It is more practical, however, from the point of view of a precise review measure, to define and agree the few exceptions to this rule.*
Compliance:	The policy agreed by the head of service, the lead pharmacist(s) of the supporting oncology service(s) and the relevant hospital manager(s).
ELECTRONIC PRESCRIBING	
Computer Generated Prescriptions	
11-3S-139	There should be a database driven, electronic prescribing platform in use which at least fulfills the following: • it enables electronic prescribing using approved protocols; • it provides an auditable record of chemotherapy, prescribed and administered; the record encompassing the proposed national mandatory chemotherapy dataset; • it enables data extraction using Business Objects/Data Warehousing.
Compliance:	The reviewers should view the output of the system and enquire of the working practice of the service.
STANDARD OPERATING PROCEDURES FOR ELECTRONIC CHEMOTHERAPY PRESCRIBING SYSTEM	
Local Configuration of the Electronic Prescribing System	
11-3S-140	There should be local configuration of the electronic prescribing system to allow electronic interfacing between and integration of, (i) patient demographics, (ii) laboratory test results and (iii) dispensing. This should enable the potential removal of manual transcription. *Note:* *Compliance with this measure does not require the department to have actually removed manual transcription, yet.* There should be a procedure for the exceptional manual entry of laboratory test results and manual patient registration onto the system. The procedure should be approved by the NCG. *Note:* *This is a quality assurance device. The NCG should only agree the procedure if it considers it to be fit for purpose.*
Compliance:	The reviewers should view the output of the system and enquire of the working practice of the service. The procedure, agreed by the lead clinician of the chemotherapy service and the chair of the NCG.
Consideration of Suggested Variations to the Use of the Electronic Prescribing System	
11-3S-141	There should be a standard operating procedure (SOP) for the process of consideration of suggested new variations to the system's use, including new regimens and/or modifications of regimens. The SOP should include specification of the categories of personnel with their minimum qualifications and/or competencies which should be mandatorily involved in the process. *Note: This measure is not referring to the process of accepting new regimens onto the list of treatment algorithms. This measure deals with the incorporation of regimens into*

MEASURE DETAILS & DEMONSTRATION OF COMPLIANCE	
	the electronic prescribing system.
Compliance:	The SOP agreed by the lead clinician of the chemotherapy service.
Validation of the Incorporation of Individual Regimens Onto the Electronic Prescribing System	
11-3S-142	There should be a SOP for the validation of the system's use with regard to individual regimens and /or modifications of regimens or protocol variations prior to their being first released for prescribing to patients. The SOP should include specification of the following: • validation of the system protocol against the local, agreed treatment protocol; • validation of any drugs new to the system, included in the protocol. If drugs are set up locally this must be covered in the SOP; • validation of the chemotherapy prescription generated, against local prescription formats and protocols; • validation of the pharmacy worksheet generated, against local pharmacy protocols; • the categories of personnel with any minimum qualifications and/or competencies which should be mandatorily involved in the validation process; • the requirement that the validation process should be checked by a person(s) acting independently of the one(s) carrying out the initial incorporation into the system.
Compliance:	The SOP agreed by the lead clinician of the chemotherapy service.