

SOP No.

**Short Notice SACT Telephone Assessments Clinics V1.1
(Individual Site Specific Team SST led)**

OBJECTIVE

- ◆ To enable VCC staff to undertake telephone assessments instead of face to face clinics at short notice where the telephone clinic was not planned in advance
- ◆ To describe the procedure for these emergency telephone assessments clinics
- ◆ To ensure clinical robustness and safety

Effective from: 8th March 2020	
Date reviewed: March 2024	Reviewed by:
Date reviewed:	Reviewed by:

STAFF AWARENESS, TRAINING AND COMPETENCIES

◆ Medical Staff	All staff who undertake or support the telephone assessments clinics must familiarise themselves with this SOP.
◆ NMPS Pharmacists and Nurses	
◆ Outpatients staff	
◆ Medical Secretaries and Medical Records staff	
◆ Other staff	

Original written by: Tej Quine

Checked by..... Approved

1. Background

In exceptional circumstances eg a viral pandemic such as COVID 19, patients are understandably reluctant to spend any more time in hospital than is absolutely necessary. There may also be pressure on staff resources as a proportion of the staff may be unwell themselves, or self-isolating, leaving clinics depleted of staff.

On occasion, there may be an unplanned shortage of suitable staff who may review patients and prescribe SACT within an outpatient clinic. As VCC will not have planned for such staff shortages so emergency telephone assessment clinics will need to be undertaken. By not waiting in clinic to be seen and instead just attending for bloods then leaving straight afterwards, the risk of virus transmission will be reduced and the workload of the remaining hospital team members can be planned.

Members within each SST will need to cross cover each other, utilising their various skill sets. This will include members of the SST undertaking these telephone clinics on behalf of each other.

There are various roles detailed within this SOP. It is up to each SST to decide on which member of staff within the SST carries out each function. It is not practical to identify only one member of staff or professional as this is not sustainable in times of AL or sickness. Instead, there should be two or three members of the SST who can carry out the relevant tasks depending on the skill set necessary.

2. Initial contact with the patient. Utilise Appendix 1 as a Checklist

2.1. Select patients suitable for a telephone assessment from the clinic list

This will not be a suitable method of assessment for *all* patients but, but we need to consider the patients risk. Consider those hard of hearing or those patients who need translators. Separate arrangements may be required. Family and friends may need to be utilised.

2.2. Inform patients as soon as possible that their appointment will be a telephone clinic

This can be done by a member of clerical staff, Even someone who has been seconded from non essential roles if necessary.

If this identification occurs more than one week in advance this can be via a letter sent by first class post.(See Patient Information Appendix 3 which is to be copied onto the patient letter.)

If undertaken by a Clinician/ Prescriber or CNS and is near to the original clinic date, it may be appropriate to complete the telephone assessment at this point, rather than telephoning the patient later. See 'Clinic Day' section below for more information on this stage.

If unable to speak to the patient in person, try again a couple of times. If still unsuccessful and there is an answerphone facility clearly stating the patients name, leave a message informing them that their appointment has been changed to a telephone assessment appointment. Inform them that they will need to attend for bloods ONLY, to then leave and expect a follow up telephone call later the same day or following day. Inform them to contact their Consultants Medical Secretary as soon as they get this message so an appointment time can be allocated for Bloods in Velindre (see Bloods section)

2.3. Inform the patient that this telephone call will be the day of bloods or the following day The call will be anytime between 9-5pm

Ask them to try to be available between these hours to take the call. Patients should be self- isolating so should be able to receive the call easily.

Reassure the patient that, if they miss the call, they should not worry as we will keep trying

Ask the patient if they have transport or a translator booked.

Consider if translator still required. This service may be severely affected and may not be available.

Check with patients if transport is still required to attend VCC for bloods. This service may be severely affected and may not be available/ appropriate for bloods only. Patients may need to make alternative arrangements via family and friends.

Take this opportunity to check the patient demographics (address, contact number)

Anno in CANISc Telephone appointment booked for **** patient advised verbally, or confirmation letter sent in the post.

2.4. Bloods:

During the COVID crisis VCC will assume responsibility for the bloods being taken as it is likely that the Phlebotomy services in the local DGH's will be stopped and GP's will not continue this service either. Whilst this may be a great inconvenience to patients to travel to Velindre just for bloods we may not have any other alternative.

Patients need to be booked into the PHLEBO clinic on the relevant day of the original clinic. Book the patient in and give them the time of the appointment. Patients must attend at the time allocated as it is important to avoid a crowded waiting room.

Patients must to be told to have their bloods taken **but not wait to be seen** for a clinic appointment. Patients can come, have their bloods then return home straight away to receive a phone call later that day or next the next day.

Arrange for a blood form to be available in out-patients if required. If working from home please contact VCC Outpatients on 4775 or 6471. Inform the staff member what bloods are needed.

There may be limited if any District Nursing Service and the need to prioritise care may mean that this service is unlikely to be available.

- 2.5. **Ask the patient to access the Velindre Cancer Centre Internet site to read up about telephone assessment clinics (Appendix 2)**
- 2.6. **Transfer the patient's appointment to the individual SST Telephone Assessment Clinic.**

The CANISc code to use will be the individual SACT SST telephone clinic eg Breast TEL. Each SST will have a TEL clinic that runs each day of the week.

This is an important step as, if there are limited members of the SST working that day, it is necessary to have **one list** of all the SACT assessment patients irrespective of which consultant the patient belongs to. If there are more than one member of the SST available that day, the SST team can share the telephone assessment calls out between them. It will be necessary to cross cover each other in times of the COVID Crisis and Consultants, Junior Doctors and NMP's will be making decisions on other teams patients within the SST

3. Clinic day (Use Appendix 1 checklist if unfamiliar with Telephone Clinics)

- 3.1. **Check any contacts with the VCC Treatment Helpline via the "Other" tab on Canisc**

- 3.2. **Check the Welsh Clinical Portal (WCP) for any bloods done since last SACT**

This will act as a Safety Netting process as the patient will have had bloods taken if admitted / unwell anywhere in South Wales.

- 3.3. **Phone the patient**

If contacting a patient from your home phone / own Smart phone, remember to withhold your number using Settings, Or dial 141 before dialling the number. This needs to be done before you dial each patients number.

If unable to get hold of the patient by phone, leave a message to say you will try again later. Patients should be self Isolating so should be available.

Keep trying until you get hold of the patient. The Telephone Assessment Information Sheet on the internet explains this but does ask them to make themselves available.

- 3.4. **Identify yourself and state you are phoning from Velindre Cancer Centre**

- 3.5. **Check the patient's identity using patient name, address and date of birth**

- 3.6. **Assess toxicities using CTCAE criteria. Patients can access the VCC Toxicity sheet off the VCC Internet to aid this consultation.**

Remember to check if there are any other issues which need to be considered.

- 3.7. **Check the patient's blood results**

- 3.8. **Confirm and Authorise SACT or defer if unwell.** If you are not a prescriber then you need to liaise directly with a prescribing member of your SST to Confirm and Authorise. Do not leave the authorising to pharmacy.

3.9. Anno into CANISc.

For routine SACT pre-assessments, Canisc anno is usually sufficient. If a letter to the GP is required, this needs to be clearly stated.

Format / Content of Canisc Anno as below, for example:

Telephone pre-SACT assessment

Treatment regimen and cycle number:

Performance Status:

Toxicities; *All toxicities less than Grade 2 or*

Vomiting grade 2 – ondansetron increased to bd or

Palmar plantar grade 3 - defer for 2/52 and then consider dose reduction

Any other issues: No other concerns reported

Pathology: FBC/RLB are acceptable

Treatment plan: Proceed with planned treatment at current dose

Or Proceed with treatment with a further 20% dose reduction of capecitabine

When next review: See in clinic in 3 weeks' time

For telephone assessment in 4 weeks

Add Clear instructions regarding the next appointment as this will need to be booked by the Medical Secretary based on the anno's instructions?.

State: "annotation only or letter to..."

3.10. Defer patient / treatment if unwell or consider booking into face to face clinic to be reviewed if unwell.

3.11. Inform the patient of the plan. Ensure the patient knows of the date, time and venue of SACT delivery. This can be done using ChemoCare. (Chg TL , 5th Tab on the bottom on Chemocare)

At the end of clinic:

3.12. If treatments are to be deferred, unconfirm / unauthorise and contact The SACT Bookings Team to defer using VCC.Chemo.Booking.Centre@wales.nhs.uk

If you are personally unable to unconfirm/ unauthorise, it is your responsibility to ensure this is done by someone within your SST. If the treatment is deferred, Inform the SST that the treatment has been deferred so a decision can be made regarding the plan.

3.13. Ensure the next clinics (if previously booked) are also deferred. Anno on Canisc

3.14. If SACT goes ahead as planned, ensure the next clinic appointments are booked

It is important that the patient has their next clinic appointment sorted. Anno (or dictate) clearly when the next appointment is to be so the Medical Secretaries can book this, and inform the patient either by phone or mail. During the COVID crisis, the mail may be delayed so if in doubt, contact the patient by phone. When emailing the Medical Secretary

Email: VCCMedicalsecretaries.Team1@Wale s.nhs.uk	Email: VCCMedicalsecretaries.Team2@Wale s.nhs.uk	Email: VCCMedicalsecretaries.Team3@Wale s.nhs.uk
--	--	--

also include then generic email address of relevant Med Sec team incase the individual Medical Secretary is absent.

Appendix 1 – Checklist

Undertaking a short notice telephone pre-SACT assessment clinic. Reminder/ Task Check list

Refer to section “2.0 Initial Contact with the patient” of the SOP for further information

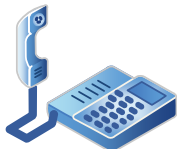
	Task	Suggested team member	Key points	Completed by
1	Identify Identify suitable patient	Prescriber CNS		
2	Inform Inform the patient that their pre-treatment assessment is via telephone and that the call will occur the following day. Check situation with transport or translator . Taking opportunity to check the patient demographics (address, contact number)	Administrative support	If prescriber/ CNS, consider undertaking assessment at this point. Check bloods later to authorise treatment.	
3	Bloods All Bloods to be in VCC. There may be a limited service in PCH Macmillan Unit. Arrange for a blood form to be available in VCC OP if needed	Administrative support		
4	Information Inform the patient that there is information available on the Trust Internet	Administrative support		
5	Transfer Transfer the appointment to the individual SST Telephone Assessment Clinic	Administrative support		
6	Next appointment Ensure the next appointment either face to face or another telephone assessment has been booked.	Administrative support/ Clinician: SST dependent	It is important that the patient has got their next appointment .	

Appendix 2 - Patient Information to go on the Internet re Short Notice Telephone Clinics



Patient Information Telephone Clinics

V1.0



Telephone Assessment Clinics

Velindre Cancer Centre is keen to minimise the amount of time you spend waiting in the hospital Outpatients Department. We still need to check that you are well enough to continue with your treatment and so we will telephone you instead.

If you think that you may have Coronavirus, stay home contact the Treatment Helpline.

Bloods

You will still need to have your bloods done the **day before would normally have been in clinic** (i.e. a couple of days before your treatment).

You will need to have your bloods done **in Velindre** as there is unlikely to be a phlebotomy Service in your local Hospital or at your GP service or via the District Nursing Service during the Corona Pandemic.

Whilst we appreciate it is inconvenient to come all the way to Velindre just for a blood sample, there really is no other alternative during this Corona Pandemic.

Blood form If you already have a blood form bring that one with you. If you do not have a blood form and you are not due in clinic for a week, contact your Consultants Secretary via Velindre switchboard (02920 615888) so one can be posted. Please be aware that the post may take several days so remember to request one in good time.

If you attend without a blood form, do not worry as we can issue you with a blood form when you arrive at Velindre.

Remember to collect your blood form for next time when you have your treatment.

- **If you do not have your bloods done you will be **unable** to go ahead with your treatment.**
- **We will be unable to check your bloods on the day of treatment.**

Telephone Call

You will receive a telephone phone call usually on the day you would normally have been in clinic or the following day, to see if you are OK to have your next treatment.

We will want to know:

- How you are feeling
- If you had any side effects from your last treatment.

Try to be available to answer the phone when we call, however, do not worry if you miss the call as we will keep trying until we get hold of you.

The phone call from Velindre Cancer Centre may come through as a *Withheld Number* so please ensure your phone can accept withheld numbers.

If we are unable to get hold of you on your land line telephone we will use your mobile phone number as well if you have one. If we haven't got hold of you by the **morning before your treatment is due**, please contact your Consultant's Medical Secretary.

Please ensure your answer phone has your name on the message so we can leave you a message. We will be unable to leave a message on an answerphone that has an automated message as we need to be certain we are leaving a message for the right person.

Toxicity Sheets

Toxicity Sheets are on the hospital internet under 'Toxicity Grading Sheet'.

Most patients experience some of these common toxicities during treatment and by grading them yourself it will help during the telephone consultation.

If you do not have access to a toxicity sheet, do not worry, we can still carry out the telephone consultation without it.

To help with this telephone consultation, you can have a look at the Toxicity Sheet on the Velindre Cancer Centre Internet page to grade any toxicities you may have had: (See Appendix 4)

<http://www.velindrecc.wales.nhs.uk/home>

Next Appointment

We will either give you your next appointment when we telephone you or we will post it to you. If you have not heard about your next pre-treatment appointment **10 days after your telephone consultation**, you must contact your Consultant's Medical Secretary via switchboard on 02920 615888.

Appendix 3 – Telephone Assessment Letter to be posted to patients with date of their Blood Test and Telephone Assessment .

Telephone Assessment Clinic.

In order to minimise your risk of infection we are reducing the amount of time you spend in a Hospital. Therefore Your next pre treatment assessment clinic will be **via the telephone so you only need to attend Velindre CC to have your bloods done. You can then leave without waiting.**

Date and Time of Blood Taking Appointment _____ At Velindre Hospital.

You will need to keep to this appointment time as we want to avoid a crowd of people waiting

Please to not attend for bloods if you have symptoms of the Corona Virus. Please contact the treatment helpline from home.

A member of the team will phone you later that day or the following day between 9 am and 3pm.

You will have phone call to see if you are OK to have the next treatment. We will want to know how you are feeling and if you had any side effects from your last treatment.

Try to be available to answer the phone when we call. The phone call from Velindre may come through as a *Withheld Number* so please ensure your phone can accept withheld numbers. However, do not worry if you miss the call as we will keep trying until we get hold of you. We will use your mobile phone as well if you have one. If we haven't got hold of you by the morning before your treatment is due please contact your consultants Medical Secretary via switchboard (02920 615888)

Bloods You will need to have your bloods done **in Velindre** as there is unlikely to be a phlebotomy Service in your local Hospital or at your GP service or via the District Nursing Service during the Corona Pandemic. Whilst we appreciate it is inconvenient to come all the way to Velindre just for a blood sample, there really is no other alternative during this Corona Pandemic

If you do not have your bloods done you will NOT be able to go ahead with your treatment.

Blood form If you already have a blood form bring that one with you. If you do not have a blood form and you are not due in clinic for a week, contact your Consultants Secretary via Velindre switchboard (02920 615888) so one can be posted. Please be aware that the post may take several days so remember to request one in good time. If your clinic is in a few days time, do not worry as we can issue you with a blood form when you arrive at Velindre. Please remember to collect another blood form for next time when you attend for your treatment.

Any queries regarding these appointments please contact your Consultants Medical Secretary via switchboard. 02920 615888 .

Appendix 4 – Toxicity Sheet .

Please grade your toxicities using this sheet, so we can assess how you tolerated your last treatment and if we need to make any alterations to your next treatment prescription.

Toxicity	Grade 0	Grade 1 Mild	Grade 2 Moderate	Grade 3 or more Severe
Nausea (feeling sick)	No problems	Feeling sick but able to eat almost as normal	Unable to eat normal amount but no significant weight loss	Eating and drinking almost nothing. Weight loss noticeable
Vomiting	No problems	1 episode in 24 hours	2-5 episodes in 24 hours	6 or more episodes in 24 hours or need for parenteral rehydration
Diarrhoea	No problems	More than 3 episodes of diarrhoea per day over normal (or Mild increase in ostomy output)	More than 4-6 episodes of diarrhoea per day over normal (or moderate increase in ostomy output)	More than 7 episodes of diarrhoea per day over normal making you feel unwell (or severe increase in ostomy output)
Constipation	No problems	Mild –occasional use of laxatives and or diet change	Moderate – have not had any bowel movement for 2 -3 days over what is normal for you.	Severe– Causing discomfort . Have not had any bowel movement for 3 - 4 days over what is normal for you.
Mouth soreness	No problems	Mild discomfort. Able to eat and drink.	Painful mouth restricting ability to eat and drink much for more than a day	Painful mouth . Eating and drinking very little as a result.
Skin Rash on face or body or Hand and foot syndrome	No problems	Minimal. Rash or redness, may have mild irritation.	Skin very itchy, and/ or have peeling, blisters or cracking present. .	Extensive Ulceration, blistering, severe pain. .
Altered sensation in hands / feet (Peripheral Neuropathy)	No problems	Mild tingling or numbness in fingers, toes, soles of feet lasting only a few days	Tingling or numbness or loss of sensation in your fingers, toes or soles of feet lasting for a few days up to 10 days . Tripping or dropping things. If this has happened in previous treatment cycles - is it worse ?	Tingling or numbness in fingers, toes, soles of feet that is there all the time.
Fatigue (tiredness)	No problems	Mild fatigue – but still able to carry out most normal activities with rest between.	Moderate fatigue lasting less than a week reducing ability to carry out a lot of activities	Severe fatigue unable to carry out most normal activities.

Any comments?

