Non Medical Prescribing of Systemic Anti Cancer Therapy - Developing a West of Scotland Cancer Network Competency Framework

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Background
The West of Scotland Cancer Network (WoSCAN) Strategic Review of Systemic Anti Cancer Therapy (SACT) services demonstrated a year on year increase in demand for SACT, with a 35% increase from 2013 to 2017, and estimated further increase of 40% by 2025. The Strategic Review concluded that Non Medical Prescriber (NMPs) should play a greater role in pre-assessment and prescribing of SACT to ensure cost-efficient roles and optimisation of NMP and medical workforce.

WoS SACT Prescribing, 2017

Outcomes and Next Steps
The Regional SACT NMP Competency Framework was ratified by the Regional SACT Executive Group.

Regional funding has been secured to backfill nursing and pharmacy posts across WoSCAN to increase NMP in SACT.

A group has been convened to pilot and further develop the Framework, including: establishing a SACT NMP forum and training matrix.

Levels of NMP in SACT will be regularly reviewed to assess performance against the regional aim of 50% of SACT prescribing by 2020 and beyond.

The Change Process for Increasing NMP in SACT

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<tr>
<th>Action</th>
<th>Rationale</th>
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<tr>
<td>Develop SACT NMP Best Practice</td>
<td>To review current NMP in SACT practice, related literature, guidance and frameworks to develop key best practice principles to generate regional discussion and agreement to inform development of a regional NMP SACT competency framework and service development toolkit.</td>
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<td>Risk stratify levels of NMP SACT prescribing to develop tiers of practice</td>
<td>To develop tiers of NMP in SACT to ensure a safe, consistent and supported approach across WoSCAN considering governance, the future workforce and career progression.</td>
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<td>Develop SACT prescribing competencies aligned to tiers of practice</td>
<td>To ensure a consistent governance structure to ensure NMPs prescribing SACT have ongoing support from the appropriate oncologist / haematologist while achieving competencies to enhance mutual respect and trust within tumour specific teams. Templates for mini Clinical Evaluation Exercise (mini-CEX) and Case Based Discussion (CBD) developed.</td>
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<td>Develop a clinic service agreement template</td>
<td>To ensure NMPs prescribing SACT have roles clearly identified. Ensure parameters of practice are clearly documented and pathways for patient escalation are in place. Consider appropriate access to clinic space, IT, patient case notes, clerical and clinic nurse support. These agreements should be signed off by the NMP, consultant, Lead SACT nurse / pharmacist and line manager.</td>
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<tr>
<td>Develop a regional NMP SACT audit tool</td>
<td>Ensure NMPs prescribing SACT across WoSCAN have practice audited in a consistent manner.</td>
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Currently NMPs clinical scope and ability has relied on self-regulation. The requirement for a more formal governance structure was therefore identified to ensure safe, effective and comparable service provision across WoS.

Aims:
- Ensure that SACT pre-assessment/prescribing is provided in a safe, effective and consistent manner across WoSCAN.
- Ensure strategic target of 50% SACT prescribing across WoS by 2020 is achieved.

Methodology
A literature search was undertaken and best practice from across the UK was collated to form the basis of the framework. A Regional multi-disciplinary group of key stakeholders was convened to agree the principles and content of the framework. Table outlines the key steps involved in the process.

References
The Royal Pharmaceutical Society competency framework for all prescribers;
The Medical Oncology Specialty Training Curriculum for systemic Chemotherapy;
The British Oncology Pharmacy Association (BOPA) Oncology/Haematology Pharmacy Non-Medical Prescribing Guidelines;