

# **Non-Medical Prescriber (NMP) Run Telephone and Virtual Clinics for Myeloproliferative Diseases Treated with Hydroxycarbamide Standard Operating Procedure**

**V2.0**

**July 2023**

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### **Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation**

The Trust has a duty under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team

Royal Cornwall Hospital Trust [rch-tr.infogov@nhs.net](mailto:rch-tr.infogov@nhs.net)

## 1. Introduction

- 1.1. Essential Thrombocythaemia (ET), Polycythaemia Vera (PV) and Primary Myelofibrosis (PMF) belong to a heterogeneous group of malignant haematological disorders called myeloproliferative neoplasms (MPN), which are subcategorised as the classical Philadelphia negative MPN's (Rumi & Cazzola, 2017). These disorders are characterized by the proliferation and accumulation of terminally differentiated blood cells of myeloid, erythroid, and megakaryocytic origin; and it is the accumulation of these cells and the symptoms/risks resulting that is treated using the oral therapy Hydroxycarbamide.
- 1.2. Hydroxycarbamide is classed as an antimetabolic medication, which functions by inhibiting the enzyme ribonucleoside reductase (RNR); as a result, Hydroxycarbamide disrupts the DNA replication process of dividing cells and prevents these cells from leaving the G1/S phase of the cell cycle, resulting in cell death (Wheeler, 2004).
- 1.3. Hydroxycarbamide is a powerful myelosuppressive with considerable side effects and contra-indications when not managed effectively. Accordingly, patients on this therapy require regular assessment and clinical tests to ensure their safety. The implication for the haematology service at RCHT is that this need takes considerable consultant led resources and once a stable regime of treatment for these patients is established this assessment could be undertaken by competent clinical nurse specialists.
- 1.4. This version supersedes any previous versions of this document.

## 2. Purpose of this Standard Operating Procedure

- 2.1. This document provides a SOP for approved non-medical prescribers in Haematology to conduct telephone and virtual clinics for patients with these specific myeloproliferative disorders; ET, PV and PMF, this SOP has been written as a supportive document only; and must defer in all cases to:
  - The RCHT Hydroxycarbamide for Myeloproliferative Disorders Shared Care Guideline.
  - Relevant NICE guidance.
  - The BNF.
  - ABPI summary of product characteristics.
- 2.2. For patients meeting the inclusion criteria the detailed objectives are as follows:
  - To utilise consultant clinical time more effectively.
  - To reduce the time spent by patients in Haematology clinic waiting areas.
  - To minimise the disruption to patients' lives and work.

- To reduce the necessity for patients to travel long distances for routine review.
- To improve patient quality of life and compliance with therapy.

### **3. Ownership and Responsibilities**

This procedure has been drawn up by a multidisciplinary group representing clinicians, nurses and pharmacists.

#### **3.1. Role of the Consultants Haematologists**

Consultant Haematologists are responsible for:

- Delegating appropriate patients to this telephone clinic, providing oversight through the on-call haematologist to support the safe operating of this procedure and nurse led clinics.
- Ensuring registered nursing staff are properly trained in the application of this procedure.

#### **3.2. Role of Pharmacists and Pharmacy Technicians**

All pharmacists and pharmacy technicians are responsible for:

- Following the instructions in this procedure relating to the assessment and supply of medications for use by patients.

#### **3.3. Role of Approved Non-Medical Prescribers**

Non-Medical Prescribers are responsible for:

- Following the instructions in this procedure and assessing their competency to practice the procedure.

### **4. Standards and Practice**

#### **4.1. Patient Inclusion**

Patient inclusion shall be determined by meeting the following inclusion criteria and assessment of their suitability will be undertaken by the patient's consultant haematologist.

Patient should be asked whether they wish to participate with nurse led telephone or virtual clinics.

#### **4.2. Inclusion criteria**

- Patients with appropriate MPN only (ET, PV, PMF).
- Patients whom appropriate members of the multidisciplinary team (e.g., Consultant, Named & Nurse) deem to be suitable.

- Patients who have demonstrated a stable period of disease control on Hydroxycarbamide for not less than 4 months.
- Patients consenting to participate.

#### 4.3. Exclusion criteria

- Patients at risk of self-harm.
- Patient deemed unable to participate due to lack of capacity\* as defined under the Mental Capacity Act (2005).
- Patients who decline to participate.
- Patients who fail to maintain a period of stable control for their disease over a 9-month period.
- Patients not reviewed by Consultant Haematology within preceding 12 months.
- Patient who are repeatedly failing to arrange their own blood tests appropriately.
- Patients whose review bloods are failing the required limits.

\*Note: If there is any doubt about the patient's capacity to make decisions, further guidance can be found in the RCHT Mental Capacity Act Policy.

#### 4.4. Clinic Appointments, Telephone Assessment and Review

##### 4.4.1. Clinic Appointments

Following patient consent to telephone or virtual clinic, the patient will be entered on the Non-Medical Prescriber list which will be available on a Wednesday afternoon, with the note 'telephone or virtual review' and the appropriate blood request forms and clinic instructions sent via post to the patient.

##### 4.4.2. Telephone/virtual clinic bloods will consist of the minimum:

- FBC, U&E and LFT every 3-4 months

Clinic appointments and outcomes will be booked and recorded on the ARIA pharmacy system for administration.

Patients have to attend a yearly consultant review

The Clinical Nurse Service (CNS) contact details are available to patients in the event that any instructions to them are not clear or they require advice on any aspect of their treatment regime.

The 24-hour SACT telephone triage service is available to patients should they need support for any immediate concerns

relating to their therapy at out of hours times when the CNS service is not available.

#### **4.5. Telephone Assessment or virtual assessment**

- 4.5.1. The following aspects are the minimum requirement for the telephone assessment and will be undertaken by an approved NMP with haematology specialism only.
- 4.5.2. All outcomes and data from the assessment must be recorded in the patient's medical notes.

#### **4.6. Review**

- 4.6.1. On the basis of the assessment data the NMP will review the patients hydroxycarbamide regime and advise.
  - Any adaptations to the patient's regime.
  - Instructions for next clinic appointment and issue of appropriate ICE blood forms.
  - Prescription of resulting hydroxycarbamide and issue to pharmacy for dispensing.
    - Please confirm with patient required dispensing address.
- 4.6.2. Following review, the outcome must be documented in the patient medical records and a dictated clinical letter will be produced by the reviewing CNS for the update of the patients GPP and the Haematology database.

#### **4.7. Monitoring data and dose adjustment**

- 4.7.1. Dose adjustment for patients on treatments for MPN's are individualised and are made on the basis of trend data of toxicity levels and blood results. No specific formula for dose adjustment is appropriate, dose adjustments are completed in accordance with the ARIA protocol or product summary of characteristics (SPC).
- 4.7.2. However, decisions to interrupt treatment for the purpose of blood count or toxicity recovery will be referred to the on-call haematologist for oversight and confirmation.
- 4.7.3. Hydroxycarbamide dose interruption criteria. See table on next page.

Criteria	Actions for NMP
RBC <80 x 10 <sup>9</sup> /l Platelets <100 x 10 <sup>9</sup> /l WBC <2.5 x 10 <sup>9</sup> /l	Treatment with hydroxycarbamide to be interrupted and blood counts monitored by CNS service  Treatment may be resumed within 3 days, at prior dose, if:- WBC >2.5 x 10 <sup>9</sup> /l and/or Platelets >100 x 10 <sup>9</sup> /l and or RBC >80 x 10 <sup>9</sup> /l  If blood count remains low hydroxycarbamide must restart at a dose agreed with patient's consultant haematologist
Any Non-Haematological toxicity grade 3-4	Treatment with hydroxycarbamide to be interrupted and blood counts
Commenced or plan to commence combination retrovirals	For urgent review with patient's consultant haematologist.

#### 4.8. Responsibility of the Patient

- 4.8.1. The patient must inform the department of any change in address or contact details.
- 4.8.2. It will be the patient's responsibility to arrange their own blood tests at their GPP using with the forms provided by the NMP.
- 4.8.3. It will be the patient's responsibility to answer all NMP enquiries accurately to the best of their knowledge and ensure they inform the NMP of any changes in medical history and treatment regimens commenced by their general practitioner.
- 4.8.4. It is the patient's responsibility to inform the NMP if they are no longer taking the medications for any reason; and to report any adverse effects which they may attribute to the medication.

## 5. Dissemination and Implementation

- 5.1. The document is available on the document library. Significant updates will be communicated via Trust wide email.
- 5.2. Implementation of the procedure will be via Trust wide communication and supported by appropriate training for the relevant members of staff.

## 6. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Availability of blood test result. Appropriate prescribing decision.
Lead	Specialty NMP
Tool	Adherence to guidelines will be monitored as part of the ongoing audit process within the department on a Word or Excel template specific to the topic.
Frequency	2 yearly
Reporting arrangements	Haematology Department
Acting on recommendations and Lead(s)	Haematology MDT will be responsible for making any recommendations, these will be documented within the minutes of governance meeting.
Change in practice and lessons to be shared	Any changes to practice will be agreed by Haematology MDT and CNSs. Relevant staff would be informed by email.

## 7. Updating and Review

- 7.1. The document review process is managed via the document library. Document review will be every three years unless best practice dictates otherwise. The author remains responsible for the policy document review. Should they no longer work in the organisation or in the relevant practice area then an appropriate practitioner will be nominated to undertake the document review by the designed director.
- 7.2. Revision activity will be recorded in the versions control table to ensure robust document control measures are maintained.

## 8. Equality and Diversity

- 8.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#)
- 8.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

## Appendix 1. Governance Information

Information Category	Detailed Information
<b>Document Title:</b>	Non-Medical Prescriber (NMP) Run Telephone and Virtual Clinics for Myeloproliferative Diseases Treated with Hydroxycarbamide Standard Operating procedure V2.0
<b>This document replaces (exact title of previous version):</b>	Non-Medical Prescriber (NMP) Run Telephone Clinics for Myeloproliferative Diseases Treated with Hydroxycarbamide Standard Operating Procedure V1.0
<b>Date Issued / Approved:</b>	June 2023
<b>Date Valid From:</b>	July 2023
<b>Date Valid To:</b>	July 2026
<b>Author / Owner:</b>	John Botfield – Clinical Nurse Specialist, Haematology.
<b>Contact details:</b>	01872 253239
<b>Brief summary of contents:</b>	SOP covering management of patients receiving hydroxycarbamide via a nurse led telephone clinic.
<b>Suggested Keywords:</b>	Non-Medical Prescriber, Hydroxycarbamide Myeloproloiferative
<b>Target Audience:</b>	<b>RCHT:</b> Yes <b>CFT:</b> No <b>CIOS ICB:</b> No
<b>Executive Director responsible for Policy:</b>	Chief Medical Officer
<b>Approval route for consultation and ratification:</b>	Haematology Departmental Team Meeting
<b>Manager confirming approval processes:</b>	Ian McGowan

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Information Category	Detailed Information
<b>Name of Governance Lead confirming consultation and ratification:</b>	Suzanne Atkinson
<b>Links to key external standards:</b>	None required
<b>Related Documents:</b>	The RCHT Hydroxycarbamide for Myeloproliferative Disorders Shared Care Guideline V3.0
<b>Training Need Identified:</b>	No
<b>Publication Location (refer to Policy on Policies – Approvals and Ratification):</b>	Internet and Intranet
<b>Document Library Folder/Sub Folder:</b>	Clinical / Cancer Services

### Version Control Table

Date	Version No	Summary of Changes	Changes Made by
27 April	V1.0	Initial issue	Caroline Edwards, Haematology Cancer Nurse Specialist
June 2023	V2.0	Slight amendments to include virtual clinics	John Botfield – Haematology Clinical Nurse Specialist

**All or part of this document can be released under the Freedom of Information Act 2000**

**All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.**

**This document is only valid on the day of printing. Controlled Document**

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

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## Appendix 2. Equality Impact Assessment

### Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team [rcht.inclusion@nhs.net](mailto:rcht.inclusion@nhs.net)

Information Category	Detailed Information
<b>Name of the strategy / policy / proposal / service function to be assessed:</b>	Non-Medical Prescriber (NMP) Run Telephone and Virtual Clinics for Myeloproliferative Diseases Treated with Hydroxycarbamide Standard Operating Procedure V2.0
<b>Department and Service Area:</b>	General Surgery and Cancer Services, Cancer Services.
<b>Is this a new or existing document?</b>	Existing.
<b>Name of individual completing EIA</b> (Should be completed by an individual with a good understanding of the Service/Policy):	John Botfield – Haematology Clinical Nurse Specialist.
<b>Contact details:</b>	01872 253239

Information Category	Detailed Information
<b>1. Policy Aim - Who is the Policy aimed at?</b> (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	To provide a structure for Non-Medical Prescribers to manage patients on hydroxycarbamide via a telephoneservice.
<b>2. Policy Objectives</b>	To ensure safe practice.
<b>3. Policy Intended Outcomes</b>	Safe prescription of hydroxycarbamide based on current evidence.
<b>4. How will you measure each outcome?</b>	Audit.
<b>5. Who is intended to benefit from the policy?</b>	Haematology patients.

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Information Category	Detailed Information
<b>6a. Who did you consult with?</b> (Please select Yes or No for each category)	<ul style="list-style-type: none"> <li>• Workforce: Yes</li> <li>• Patients/ visitors: No</li> <li>• Local groups/ system partners: No</li> <li>• External organisations: No</li> <li>• Other: No</li> </ul>
<b>6b. Please list the individuals/groups who have been consulted about this policy.</b>	<b>Please record specific names of individuals/ groups:</b> Haematology Departmental Team Meeting.
<b>6c. What was the outcome of the consultation?</b>	Agreed.
<b>6d. Have you used any of the following to assist your assessment?</b>	<b>National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys:</b> No.

## 7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
<b>Age</b>	No	
<b>Sex</b> (male or female)	No	
<b>Gender reassignment</b> (Transgender, non-binary, gender fluid etc.)	No	
<b>Race</b>	No	
<b>Disability</b> (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
<b>Religion or belief</b>	No	

Protected Characteristic	(Yes or No)	Rationale
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

**A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.**

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment:

John Botfield – Haematology Clinical Nurse Specialist

**If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:**

[Section 2. Full Equality Analysis](#)