National Cancer Control Programme

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

NCCP Guidance:

Making best use of Systemic Anti-Cancer Therapy (SACT) aseptic compounding capacity

Adapted from the NHS SPS document:

National Pharmaceutical Supply Group (NPSG) Communication: Making best use of restricted aseptic compounding capacity, 2018

Available at; https://www.sps.nhs.uk/wp-content/uploads/2018/09/NPSG-Aseptic-Services-Comms-14-September-2018.pdf

Version	Date	Amendment	Approved By
1	24/10/19		Parenteral SACT Resilience Working Group

1 Background

Systemic Anti-Cancer Therapy (SACT) is one of the main cancer treatment options. The continuity of supply of parenteral SACT for the treatment of patients has been a key concern for the HSE, the DoH, the HIQA and patient advocacy groups over the last number of years. For the purpose of this group, parenteral SACT is defined as all drugs with direct anti-tumour activity that are administered for the treatment of cancer. It encompasses all drugs with direct anti-tumour activity and targeted therapies such as the monoclonal antibodies. This includes SACT used in clinical trials and in compassionate use programmes. It excludes hormonal therapy used to treat cancer.

The NCCP, HSE Acute Strategy & Planning and HSE Acute Operations, together with the DoH, the HPRA and other stakeholders have been working to put measures in place to prevent and alleviate any acute supply issues exacerbated by the unknowns of Brexit.

There is a need for greater resilience in the system to minimise the impact of supply issues that could affect patient services. It is important that a proactive approach to planning is taken to ensure continuity of supply of SACT. The NCCP and Acute Operations are keen to support hospitals to develop such resilience. To support this, the NCCP have established a parenteral SACT Aseptic Resilience Group which will consider current status and will provide guidance on assuring resilience in the future.

Establishment of this group will not provide a “quick fix” to the current challenges however it will be critical to identifying and securing essential medium to long term system-wide changes to facilities, services & service efficiency together with staffing and associated logistics.

It is essential that all hospitals review their local activity and practices to ensure that the available services can safely support as many patients as possible. All hospital pharmacy departments should consider how best to manage the continued challenges to services for the

safe supply of aseptically prepared injectable medicines in the immediate, medium and long term.

2 Brexit considerations – preparation for a no-deal scenario

Reliance by some hospitals on external compounding of cancer drugs is an ongoing concern in terms of the market's capacity to supply as well as the additional costs associated with this. Hospitals currently outsourcing from the UK are reminded to consider their options in light of the unknowns of Brexit. Each hospital has previously provided information on compounding activity to facilitate an understanding of the possible impact on service continuity, should any issues arise.

3 Suggested actions for immediate implementation

1. Prioritise local aseptic pharmacy capacity for short shelf-life, very expensive and genuinely clinically urgent items, including ongoing clinical trials and compassionate use items, ahead of long shelf life, less urgent items which could be outsourced or batch manufactured.
2. Ensure continuing engagement and effective communication between teams (medical, pharmacy, nursing and hospital managers).
    - This is vital to manage the current situation safely, efficiently and maximising the quality of care. The wider healthcare team should be aware that aseptic compounding capacity available to the Hospital is a finite resource that is directly influenced by their practice. Local clinical engagement is critical to maximising the opportunity to use batch-manufactured products in preference to patient specific products which represent least efficient use of capacity.
    - Recognise that for outsource providers to work efficiently and minimise costs, they must be able to plan their workload just as our own units do. This places the onus on Hospitals to plan the care processes that generate the demand for these products.

3. Ensure that priorities for use of aseptic compounding be they outsourced or local within the Hospital are focused on continuity of care and patient safety and are considerate of the wider needs of the HSE.
4. Minimise reliance on patient specific products. Patient and patient specific and short turnaround time product demand may reduce commercial supply capability to deliver batch produced products. Hospitals should be aware that short turnaround services may carry a disproportionate cost and contribute to reduced efficiency and supply capacity.
5. Maximise the use of dose banding, rounding and use of standardised products to support the most efficient and cost-effective use of all available compounding capacity. For example dose banded chemotherapy.
6. Service Level Agreements should be put in place with outsource provider companies
7. Ensure that assessment of risks are documented, updated and maintained within Hospitals
8. In the management of any medicines shortages, follow the general principles of good practice which apply and act in the best interests of the patient and the HSE.

4 Suggested actions for medium to long term implementation

The following should also be considered in the medium to long term as means to add resilience to the service;

1. Clarifications of legal framework on intra-hospital transfer
2. Capital planning and minor capital including new units and refresh of existing units
3. Pharmacy Cancer Services Workforce Planning
4. NCIS Implementation

There is a finite amount of aseptic capacity nationally. Hospitals are responsible for ensuring that adequate contingency planning is in place locally to ensure patient safety and continuity of care in the event that any major supplier's service is suspended or severely curtailed for any reason.