



NCCP Service Specification for Haemato-oncology Services

Version	Date	Amendment	Approved By
1	25/11/2022		NCCP National Haemato-oncology Clinical Leads Group

All comments and feedback are welcome at oncologydrugs@cancercontrol.ie

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1. Background

The NCCP Systemic Anti-Cancer Therapy (SACT¹) Model of Care recommends that in line with existing national guidance and strategy documents, a SACT Service Specification should be developed (1). This Service Specification will underpin the structure and operation of SACT services going forward. The NCCP have developed this Haemato-oncology Service Specification as a component of the NCCP SACT Service Specification that is currently in development.

2. Introduction

Haematological malignancies span a wide range of neoplasms, with varying levels of complexity. Treatment modalities for haematological malignancies include day case SACT and complex resource intensive treatment regimens requiring inpatient care. The NCCP SACT Model of Care 2022 recommended that the organisation of SACT services in Ireland is defined by types, ranging from Type 1 as the highest complexity to Type 4 as the lowest (1). This range of service types relate predominantly to the complexity of treatments provided and the facilities and resources required to facilitate safe delivery of care. This Haemato-oncology Service Specification will provide guidance on service provision across Type 1-3 service types and minimum standards in terms of service and workforce requirements per service type.

3. Methodology

A literature review of international evidence relating to recommendations and guidelines for haemato-oncology service requirements was undertaken (2, 3, 4, 5, 6, 7, 8, 9, 10). Common themes and key service requirements were identified from international practice and have informed the service specification outlined in this document. The document has been approved by the NCCP National Haemato-oncology Clinical Leads Group.

¹ SACT includes, but is not limited to, chemotherapy, targeted therapies and immunotherapies and can be used on its own or in combination with other cancer treatment modalities such as surgery and radiotherapy as well as being given at various points throughout a patient's cancer journey.

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4. Purpose of document

This document will provide guidance on the provision of haemato-oncology services for Type 1-3 SACT services including workforce requirements, service requirements and required access to support services. Type 4 services are not included in this service specification as the NCCP have developed guidance on the provision of parental SACT and supportive care in Type 4 SACT community services (11). Specific service requirements for paediatric patients are beyond the scope of this document.

5. Haemato-oncology service specification considerations

The categories utilised within this service specification to define standards and requirements per service type are informed by international literature. These categories as detailed in Table 1 are:

- Service description
- Service requirements
- Workforce requirements
- Support services requirements

The minimum requirements for each category are defined in Table 1 for Type 1–3 services. These minimum requirements are based on available evidence and international practice. The minimum requirements per category should be met at each service type to ensure the provision of a safe and quality service. Service types incrementally build on each other i.e. a Type 1 service entails all Type 2 requirements plus Type 1 requirements.

5.1 Service description

The service description includes a brief description of the service including service setting, complexity of SACT² delivered (12) and regimen delivery across service types.

5.2 Service requirements

Service requirements will outline service specific requirements including infrastructure needs, inter-service relationships (tumour conferences, acute oncology service (AOS), referral pathways) and required access to specific expertise and support services across service types.

² SACT complexity refers to the complexity of SACT with consideration to the type of SACT, potential for adverse reactions, severity of the side effects and likelihood of complications.

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In addition to the requirements outlined in Table 1, specific service requirements include:

- All services should adhere to relevant key performance indicators³ (KPIs).
- Evidence-based policies, protocols, procedures and guidelines (PPPGs) covering all aspects of service provision should be in place and adhered to in order to achieve and maintain quality and safety standards. All PPPGs should be in line with national guidance where available.
- Patient experience should be central to all services. Patients should be provided opportunities for input, engagement and feedback on services and should be fully involved in the decision making process relating to their care.
- The NCCP Guidance on the Built Environment of a Haematology/Oncology Day Ward (21) should be adhered to when developing SACT day unit facilities. The design and layout of haemato-oncology ambulatory day units should be aligned with this guidance and updated as required to encompass infection control and prevention advice together with public health guidance.

5.3 Workforce requirements

The workforce requirements describe the medical, nursing, pharmacy and health and social care professionals (HSCPs) relevant to Type 1-3 SACT services.

This service specification does not prescribe staffing ratios, absolute skill mix, or clerical and/or administration workforce requirements for a team providing a service, as these are best determined locally and in accordance with relevant industrial instruments. Where minimum standards, guidelines or benchmarks are available, the requirements outlined in this document should be considered as a guide only. Staffing requirements at each service type reflect the complexity of the treatment regimens and likelihood and severity of associated toxicities.

In addition to the workforce requirements outlined in Table 1, specific workforce requirements include:

³ For patients receiving a new parenteral systemic therapy in the day ward setting, the timeline between the date that it is agreed that the patient is deemed ready to treat and the administration of the new parenteral systemic therapy will not exceed 15 working days. This includes haemato-oncology patients.

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- All staff involved in the provision of care to SACT patients should operate according to the appropriate competencies and standards as relevant to the SACT service being delivered (1).
- All staff involved in SACT should demonstrate evidence of competency in the safe prescribing, administration, handling, preparation and disposal of cytotoxic and related waste, appropriate to their roles.
- All chemotherapy orders should be verified by an appropriately trained clinical pharmacist with access to patient information relevant to the treatment.

5.4 Support service requirements

The support service requirements outlined in Table 2 identify the minimum suite of services and level of access needed to deliver a service at a particular service type.

5.5 Governance and organisation of haemato-oncology services

SACT services are provided in 26 public hospitals within the established hospital groups nationally. Governance of SACT services in Ireland is outlined in detail in the NCCP SACT Model of Care 2022 (1).

In line with Sláintecare recommendations, hospital and community services will be reorganised and integrated into Regional Health Areas (RHAs). It is anticipated that the establishment of RHAs and ongoing work in Sláintecare will result in a more cohesive alignment of SACT services, in particular Type 2 and Type 3 SACT hospitals. Current organisation of SACT services per service type in the 26 SACT hospitals are outlined in the Appendix below.

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Table 1: Haemato-oncology Service Specification: Service description, service and workforce requirements per service type

	Type 3: SACT hospitals	Type 2: SACT hospitals with inpatient care As per Type 3, plus:	Type 1: Cancer Centre As per Type 2, plus:
Service Description	<u>Service provision:</u> <ul style="list-style-type: none"> Provides day treatment with allocated ambulatory treatment spaces May provide nurse-led ambulatory care Provides care under supervision of full time or part time consultant haematologist with sessional commitments Provides supportive care to patients following high intensive SACT regimens Provides conventional doses of SACT 	<u>Service provision:</u> <ul style="list-style-type: none"> Provides inpatient care under consultant haematologist Provides support and consultative services to Type 3 SACT hospital as required May provide early after care to patients receiving autologous transplant at Type 1 hospital 	<u>Service provision:</u> <ul style="list-style-type: none"> Provides certain specialist low volume, often inpatient, high intensity SACT⁴ Acts as a referral centre for low incidence haematological malignancies Has critical mass of haemato-oncology expertise and work volume Some centres will also have nationally centralised services such as bone marrow transplantation and CAR-T services
	<u>Complexity of management</u> <ul style="list-style-type: none"> Provision of low to medium complexity SACT and supportive care 	<u>Complexity of management</u> <ul style="list-style-type: none"> Provision of low, medium and some high complexity SACT 	<u>Complexity of management</u> <ul style="list-style-type: none"> Provision of all complexities of SACT, including specialist referrals
	<u>Regimen Delivery</u> <ul style="list-style-type: none"> Day case SACT and supportive care 	<u>Regimen Delivery</u> <ul style="list-style-type: none"> Inpatient SACT 	<u>Regimen Delivery</u> <ul style="list-style-type: none"> Complex inpatient SACT

⁴ Certain specialist, low volume, often inpatient, more complex SACT regimens may need to be centralised to a limited number of Type 1 and Type 2 SACT hospitals. In line with the National Cancer Strategy 2017-2026¹³. Department of Health. National Cancer Strategy 2017-2026. 2017., the NCCP will designate specific SACT hospitals for this cohort of patients.

	Type 3: SACT hospitals	Type 2: SACT hospitals with inpatient care As per Type 3, plus:	Type 1: Cancer Centre As per Type 2, plus:
	<u>Regimen related neutropenia / Immunosuppression</u> <ul style="list-style-type: none"> Short, < 1 week 	<u>Regimen related neutropenia / Immunosuppression</u> <ul style="list-style-type: none"> Prolonged neutropenia / immunosuppression 	<u>Regimen related neutropenia / Immunosuppression</u> <ul style="list-style-type: none"> Prolonged neutropenia / profound immunosuppression
Service Requirements	<u>Infrastructure:</u> <ul style="list-style-type: none"> Appropriate space should be available for provision of SACT Dedicated space for pre-assessment and counselling of patients Emergency equipment available Availability of NCIS or agreed planned implementation in place Access to inpatient record systems should be available to all clinical staff as required Sufficient ICT infrastructure should be available for clinical operation purposes 	<u>Infrastructure:</u> <ul style="list-style-type: none"> Dedicated inpatient beds in a designated haematology ward Dedicated haematology ward equipped to rapidly assess and manage serious acute toxicities of SACT Dedicated space for intrathecal SACT administration 	<u>Infrastructure:</u> <ul style="list-style-type: none"> Inpatient isolation facilities consisting of single occupancy room with its own bathroom Installation of clean air systems within these facilities Appropriate equipment available for units performing bone marrow transplants and CAR-T services as required
	<u>Pharmacy:</u> <ul style="list-style-type: none"> May have aseptic compounding unit on site or may have access to aseptic compounding services within their hospital group / RHA 	<u>Pharmacy:</u> <ul style="list-style-type: none"> Aseptic compounding unit on site 	<ul style="list-style-type: none"> No additional requirements

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	Type 3: SACT hospitals	Type 2: SACT hospitals with inpatient care As per Type 3, plus:	Type 1: Cancer Centre As per Type 2, plus:
	<p><u>Tumour conference</u></p> <ul style="list-style-type: none"> Local tumour conference linked in with tumour conference in Type 1 or Type 2 SACT hospitals 	<p><u>Tumour conference</u></p> <ul style="list-style-type: none"> Local tumour conference or linked in with tumour conference in Type 1 hospital Coordinates all definitive diagnostics and development of treatment plans that may take place on site or in Type 3 SACT hospitals 	<p><u>Tumour conference</u></p> <ul style="list-style-type: none"> Centralised expert tumour conference for management of complex malignancies providing access across all types of SACT services Coordinates all definitive diagnostics and development of treatments plans that may take place on site or in Type 2 or Type 3 SACT hospitals
	<p><u>Research</u></p> <ul style="list-style-type: none"> Linked with academic institutions for education and training All patients should have access to a clinical trial where clinically appropriate, clinical trials will be linked with Type 1 or Type 2 SACT hospitals 	<ul style="list-style-type: none"> No additional requirements 	<ul style="list-style-type: none"> No additional requirements
	<p><u>Acute Oncology Service (AOS)</u></p> <ul style="list-style-type: none"> 24 hour access to AOS with agreed PPPGs in place for access to emergency care Dedicated assessment areas should be available to the AOS for triaging of patients 	<ul style="list-style-type: none"> No additional requirements 	<ul style="list-style-type: none"> No additional requirements

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	Type 3: SACT hospitals	Type 2: SACT hospitals with inpatient care As per Type 3, plus:	Type 1: Cancer Centre As per Type 2, plus:
	<p><u>Laboratory Support</u></p> <ul style="list-style-type: none"> • Access on site to haematology and biochemistry routine laboratory tests. • Expedited laboratory turnaround times in order to manage complications of treatment • Access to specialist diagnostic procedures and testing to guide diagnostic, prognostic and treatment decisions e.g. immunophenotyping / cytogenetics / molecular diagnostics • Rapid availability of blood products for transfusion 	<ul style="list-style-type: none"> • No additional requirements 	<ul style="list-style-type: none"> • No additional requirements
	<p><u>Support Services</u></p> <ul style="list-style-type: none"> • Access to support services as outlined in Table 2 as required • Access to central venous access service 	<ul style="list-style-type: none"> • No additional requirements 	<ul style="list-style-type: none"> • No additional requirements

	Type 3: SACT hospitals	Type 2: SACT hospitals with inpatient care As per Type 3, plus:	Type 1: Cancer Centre As per Type 2, plus:
Workforce Requirements (minimum)	<p><u>Medical</u></p> <ul style="list-style-type: none"> • Access (on site or visiting) to Consultant Haematologist from Type 1 or Type 2 SACT hospitals for advice regarding all aspects of care • Access to microbiology specialist 	<p><u>Medical</u></p> <ul style="list-style-type: none"> • 24 hour access to Consultant Haematologist • 24 hour access to microbiology support • Consultant Haematologist may provide consultative services to Type 3 SACT hospitals including initial assessment and long term follow up of patients 	<p><u>Medical</u></p> <ul style="list-style-type: none"> • Consultant Haematologist may provide consultative services to Type 2 SACT hospitals including initial assessment and long term follow up of patients • Consultant Haematologist with competence and experience in centralised national services such as bone marrow transplant and CAR-T as required

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	Type 3: SACT hospitals	Type 2: SACT hospitals with inpatient care As per Type 3, plus:	Type 1: Cancer Centre As per Type 2, plus:
	<p><u>Nursing</u></p> <ul style="list-style-type: none"> • Appropriate staffing levels for service type⁵ • Access to specialist nursing expertise and advice from Type 1 or Type 2 SACT hospitals as required • Link with clinical facilitators in Type 1 and Type 2 SACT hospitals for competency development • Nursing staff involved in the administration of SACT should have completed the ‘National Systemic Anti-Cancer Therapy (SACT) Competency Programme for Nurses Working in Cancer Care’ or equivalent • Ambulatory day units should be managed by a CNM2 or equivalent at a minimum 	<p><u>Nursing</u></p> <ul style="list-style-type: none"> • ANP Haematology • CNS Haematology • Clinical Skills Facilitator 	<p><u>Nursing</u></p> <ul style="list-style-type: none"> • Nursing staff with competence in all aspects of centralised services such as bone marrow transplantation and CAR–T as required: <ul style="list-style-type: none"> - Collection of peripheral blood progenitor cells - Support patients following high dose SACT during and following transplantation - Apheresis • Designated transplant coordinator as required
	<p><u>Pharmacy</u></p> <ul style="list-style-type: none"> • On site access to hospital pharmacy cancer services with appropriate staffing levels for the service type 	<p><u>Pharmacy</u></p> <ul style="list-style-type: none"> • Pharmacy to support intrathecal administration of chemotherapy as required and in line with the NCCP National Intrathecal Guidance 	<p><u>Pharmacy</u></p> <ul style="list-style-type: none"> • Hospital pharmacy cancer services provided with participation in ward rounds, tumour conferences and outpatient services

⁵ There is currently ongoing work within the NCCP to assess and describe appropriate nursing staffing levels for provision of SACT day ward services.

	Type 3: SACT hospitals	Type 2: SACT hospitals with inpatient care As per Type 3, plus:	Type 1: Cancer Centre As per Type 2, plus:
	<ul style="list-style-type: none"> All staff should have completed the applicable training programmes and be assessed as competent as relevant to the scope of their work within SACT services *The NCCP have developed a National Competency Framework for Pharmacists working in Cancer Care Policies in place locally to detail pharmacy support to be provided out of hours 		<ul style="list-style-type: none"> Ideally on call pharmacy support provided 24/7 with out of hours access to pharmacy team Policies in place locally to detail aseptic services and preparation/ supply of SACT to be provided out of hours. Consider need for weekend service provision.
	<p><u>Health and Social Care Professionals</u></p> <ul style="list-style-type: none"> Access to HSCPs as required 	<ul style="list-style-type: none"> No additional requirements 	<ul style="list-style-type: none"> No additional requirements

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Table 2: Access to Support Services requirements per SACT Service Type

	Type 3		Type 2		Type 1	
	On Site	Accessible	On Site	Accessible	On Site	Accessible
Cardiac		✓	✓		✓	
Fertility Preservation		✓		✓		✓
Hereditary Genetics		✓		✓		✓
Intensive Care		✓	✓		✓	
Medical Imaging	✓		✓		✓	
Nuclear Medicine		✓	✓		✓	
Pathology	✓		✓		✓	
Palliative Care		✓	✓		✓	
Pyscho-oncology		✓	✓		✓	
Radiation Oncology		✓		✓		✓
Renal		✓	✓		✓	
Respiratory		✓	✓		✓	

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6. References

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7. Appendix

Appendix 1: Key themes identified from international literature

	NICE Haematological Cancers: Improving Outcomes	Queensland Health – Cancer services haematological malignancy	South Australia Health - Cancer services haematological malignancy	Haematological Cancer: Wales	NHS Standard Contract for cancer: chemotherapy	BSSH Haematology Taskforce: Levels of care	ECC Catalogue of Requirements Haematology
Service Requirements:							
MDT/Pathology review	Yes	Yes	Yes	Yes	yes	Yes	yes
Integrated Haemato-oncology diagnostic service (Cytogenetics, molecular, immunophenotyping)	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Minimum caseload	Yes	No	No	Yes	Yes	No	No
Admission pathways	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Isolation facilities	Yes	Yes	Yes	Yes		yes	Yes

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	NICE Haematological Cancers: Improving Outcomes	Queensland Health – Cancer services haematological malignancy	South Australia Health - Cancer services haematological malignancy	Haematological Cancer: Wales	NHS Standard Contract for cancer: chemotherapy	BSSH Haematology Taskforce: Levels of care	ECC Catalogue of Requirements Haematology
Dedicated space for assessment and administration of SACT including dedicated area for intrathecal	Yes	Yes	Yes	Yes	No	No	Yes
Centralised cytotoxic drug reconstitution	Yes	No	No	Yes	Yes	yes	Yes
Access to dedicated IP bed	Yes	Yes	Yes	Yes	Yes	yes	Yes
Access to emergency diagnostics	Yes	Yes	Yes	Yes	Yes	yes	Yes
Access to ICU and acute specialties	Yes	Yes	Yes	Yes	yes	yes	Yes
Research, training and education	No	Yes	Yes	Yes	Yes	yes	Yes
Clinical policies and protocols	Yes	Yes	Yes	Yes	Yes	yes	Yes
Audit	Yes	Yes	Yes	Yes	Yes	yes	Yes
Referral pathways to radiation oncology	No	Yes	Yes	Yes	Yes	yes	Yes
Allogenic transplant services	No	Yes	No	Yes	No	yes	Yes
Access to clinical/medical genetics	No	Yes	Yes	Yes	No	yes	Yes

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	NICE Haematological Cancers: Improving Outcomes	Queensland Health – Cancer services haematological malignancy	South Australia Health - Cancer services haematological malignancy	Haematological Cancer: Wales	NHS Standard Contract for cancer: chemotherapy	BSSH Haematology Taskforce: Levels of care	ECC Catalogue of Requirements Haematology
CVAD service	Yes	Yes	Yes	Yes	No	yes	Yes
SACT pharmacy service	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Laboratory support	Yes	Yes	Yes	Yes	Yes	yes	Yes
Blood transfusion and tissue typing services	No	No	No	Yes	No	yes	Yes
<u>Workforce Requirements:</u>							
24 hour consultant cover	Yes	Yes	Yes	Yes	Yes	yes	Yes
Adequate trained nursing staff	Yes	Yes	Yes	Yes	Yes	yes	Yes
Access to consultant level microbiological advice	Yes	Yes	Yes	Yes	Yes	yes	Yes
Access to Consultant Medical Oncologist	Yes	Yes	Yes	Yes	Yes	yes	Yes
Dedicated staff to support entry to clinical trials	Yes	Yes	Yes	Yes	Yes	yes	Yes
Access to allied health	Yes	Yes	Yes	Yes	Yes	yes	Yes

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	NICE Haematological Cancers: Improving Outcomes	Queensland Health – Cancer services haematological malignancy	South Australia Health - Cancer services haematological malignancy	Haematological Cancer: Wales	NHS Standard Contract for cancer: chemotherapy	BSSH Haematology Taskforce: Levels of care	ECC Catalogue of Requirements Haematology
Access to palliative care/pain management	Yes	Yes	Yes	Yes	Yes	yes	Yes
Pharmacy service	Yes	Yes	Yes	Yes	Yes	yes	Yes
Counselling and support services	Yes	Yes	Yes	Yes	Yes	yes	Yes
Patient education and counselling	Yes	Yes	Yes	Yes	Yes	yes	Yes
Access to AOS	Yes	Yes	Yes	Yes	Yes	yes	Yes

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NCCP Service Specification for Haemato-oncology Services

Approved: 25/11/2022

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Appendix 2: Organisation of SACT services per Type, including the 26 SACT hospitals.

Type 1 SACT Service	Type 2 SACT Service	Type 3 SACT Service	Type 4 SACT Service
CHI at Crumlin (Paediatrics and AYA)	Tallaght University Hospital	University Hospital Kerry	Community infusion clinics
Beaumont Hospital	Sligo University Hospital	Portiuncula University Hospital	Primary care centres
Cork University Hospital	Letterkenny University Hospital	St Luke's Hospital Rathgar	GPs
University Hospital, Limerick	Midlands Regional Hospital, Tullamore	Mayo University Hospital	Home
University Hospital Waterford	Mercy University Hospital	Tipperary University Hospital	
St James's Hospital		Cavan General Hospital	
Mater Misericordiae University Hospital		St Luke's General Hospital, Kilkenny	
St Vincent's University Hospital		Wexford General Hospital	
University Hospital Galway		Naas General Hospital	
		Connolly Hospital	
		Our Lady of Lourdes Hospital, Drogheda	
		South Infirmary Victoria University Hospital	

Appendix 3: Abbreviations

ANP	Advance Nurse Practitioner
AOS	Acute Oncology Services
CAR-T	Chimeric Antigen Receptor-T Cell
CNM	Clinical Nurse Manager
CNS	Clinical Nurse Specialist
CVAD	Central Venous Access Device
HSPC	Health and Social Care Professional
ICT	Information and Communications Technology
ICU	Intensive Care Unit
IP	Inpatient
KPI	Key Performance Indicator
MDT	Multidisciplinary Team
NCIS	National Cancer Information System
PPPGs	Policies, Protocols, Procedures and Guidelines
SACT	Systemic Anti-cancer Therapy
RHA	Regional Health Area