



The safe dispensing of cancer treatment by the community pharmacist.

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Historically

- Most chemotherapy is via the parenteral route
- Prescribed in the hospital
- Dispensed in the hospital pharmacy
- Administered in the hospital
 - Oral chemotherapy is dispensed in the hospital pharmacy

Hospital Pharmacist

Checks prescription

access to prescriber

access to patient's notes

access to patient

Support treatment

- Hospital

- Prescribed in hospital
- Dispensed in hospital or community

- Community

- Prescribed in hospital, dispensed in community
- Prescribed by GP and dispensed in community

Why Change?

- More oral drugs are being developed
- Pressure on hospital pharmacies
- Pressure from government.
- **Patient Preference**

Barriers to community supply

- Chemotherapy regimen
- Condition of patient
- Access to relevant information
- Consistency of community workforce
- Remuneration
 - Additional pre-dispensing checks
 - wastage
- Handling and disposal
- Out of hours support

Errors involving oral chemotherapy

- Incorrect verification of dose
- Pulsed dosing as continuous
- Inability to recognise variations in pulsed dosing for same drug but for different disease
- Wrong strength tablet/capsule dispensed
- Drugs continued where cessation intended
- Inaccurate numbers of tablets dispensed
- Where more than one drug is prescribed, schedules swapped.

Possible solutions

- Standard prescription form
- Prescription checked by specialist pharmacist at cancer centre
- Shared care agreement
- Dispensed only by *Pharmacist with a special interest (PhWSI)*

Shared care partnership

Detailed information sheet containing:

- Details of support available
- Access to details of patient
- Details of current chemotherapy
- Information on drugs to be dispensed
- Detailed descriptions of clinical assessments required
- Intervals that occur between prescriptions
- Reimbursement details

PhWSI

A pharmacist with a special interest supplements their core generalist role by delivering an additional, high quality service to meet the needs of patients. Working in the community, they deliver a clinical service beyond the scope of their core professional role or may undertake advanced interventions not normally undertaken by their peers. They will have demonstrated appropriate skills and competencies to deliver those services without direct supervision.

Dept. of Health; Implementing care closer to home – providing convenient quality care for patients, a national framework for patients with special interests. 2000



Training ?

Handling and disposal of cytotoxic waste

Community pharmacies are obliged to follow COSHH regulations.



Continuity of community pharmacy workforce



Out of hours support

Summary

- Evolution of healthcare policy, changing demographics of the cancer patient require solutions for moving treatment from the secondary to the primary care setting.
- Whilst there are many barriers to successful and safe transmission of chemotherapy dispensing from the secondary to primary setting, frameworks are emerging to facilitate the move.
- BOPA has established a workgroup to study the options of the pharmaceutical care of patients with cancer.
- The RPSGB, NCAT and NPSA are monitoring the transfer of treatments to the primary setting.



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