

STRIVE

Development of a patient/relative self-administration programme to administer subcut Cytarabine

The Challenge

Low dose Cytarabine is currently the gold standard for non-intensive treatment of Acute Myeloid Leukaemia in the elderly. It is given by sub-cutaneous injection twice daily for 10 days every 4-6 weeks for 4 courses or more, in total 80 contacts. Location of delivery varies according to access to community and primary care services which are essential for delivery and completion of the 10 day twice daily schedule. These patients have a shortened life expectancy so many prefer to spend time at home, not attending numerous hospital appointments with this regimen. Despite their poor prognosis patients are well enough to be treated at home with access to support as required.

Within South Tees NHS Foundation Trust, patients and relatives requested to self/relative administer Cytarabine and the Haematology Chemotherapy team were keen to develop a protocol providing a practice framework to ensure safe delivery of chemotherapy, whilst ensuring a quality service that enabled patients to have effective treatment and choice of treatment delivery irrespective of geographical location with demonstrable improved patient experience, flexibility and quality of life.

Opportunity

At South Tees Foundation Trust they have developed a protocol that provides a practice framework to ensure safe delivery of chemotherapy, whilst ensuring a high quality service that enables patients to have effective treatment and choice of treatment delivery irrespective of geographical location.

Identify inclusion and exclusion criteria, a training package for patients or relatives with an assessment, including risk assessment and manual dexterity.

Action

The Haematology Chemotherapy team developed a protocol providing a practice framework to ensure safe self/carer delivery of chemotherapy, whilst ensuring a quality service that enabled patients to have effective treatment and choice of treatment delivery irrespective of geographical location.

- Feedback demonstrated an improvement in patient experience and quality of life.
- The project also demonstrated better management of capacity and demand.
- The project allowed the team to meet the following criteria in the NHS Outcomes Framework (2012):
 1. Domain 2 - enhancing quality of life for people with long term conditions where cure is not a viable outcome ensuring best possible, quality of life through, where appropriate, delivery of palliative chemotherapy;
 2. Domain 3 - helping people recover from episodes of ill health;
 3. Domain 4 - ensuring that people have a positive experience of care;
 4. Domain 5 - treating and caring for people in a safe environment.