Health
Western NSW
Local Health District

Section 122 Inquiry of the Health Services Act 1997

Prescribing of Chemotherapy:
Report on patients treated at Western NSW LHD

Implementation of Recommendations – Three Month Report

December 2016

Overview of implementation of recommendations

Number	Recommendation	Status
1. (1)	People whose care has involved reduced doses of chemotherapy (off-protocol 100 mg flat dose carboplatin, reduced dose capecitabine in the setting of the neoadjuvant or adjuvant treatment of bowel (colorectal) cancer) are contacted by the LHD in order to receive an apology for the added uncertainty regarding the likely effect of their treatment on their clinical outcomes. To date, the LHD has contacted the majority of people.	**Complete**
2. (2)	Ensure that every patient or his / her family in the group described in Recommendation 1 is given the opportunity to participate fully in an Open Disclosure process as outlined in NSW Health Policy Directive PD2014_028 and is provided with relevant support.	**Complete**
3. (3)	Establish a process for patients and families who are concerned their treatment may have involved a reduced dose of chemotherapy to contact the LHD.	**Complete**
4. (4)	In the view of the Expert Panel, there is no need for change to clinical follow-up for the cohort of people identified who have had dose reductions.	**No Further action required**
5.	Continue to identify people who potentially were prescribed reduced dose capecitabine as data become available from the Commonwealth Government Pharmaceutical Benefits Scheme.	**Ongoing**
6. (12)	Put in place a communications strategy to ensure clinical staff at all levels and third party providers understand their professional responsibility to use the LHD's escalation processes for issues of clinical concern or professional conduct.	**Ongoing**
7. (23)	Ensure the current structure of cancer services in the LHD enables the building of relationships and mutual trust and respect between cancer clinicians and those managing cancer services. This should include a facilitated program to build relationships and trust within the senior clinical community in cancer services and cancer administration. The new cancer clinical stream should take a leadership role in developing and implementing this program.	**Ongoing**
8. (13)	The LHD must put in place systems to ensure that the oncology pharmacist and the head of medical oncology review any overrides in the electronic prescribing system that may suggest patterns of off-protocol prescribing.	**Complete and ongoing monitoring**
9.	Maintain clinical records for all patients treated in a public hospital or clinic that are comprehensive enough to ensure that the care can be offered safely and that the quality of that care is capable of objective evaluation. This includes where patients are being treated on behalf of the LHD by a third party provider.	**In progress**
Responsible organisation: All LHDs and Specialty Networks		
13.	Review fly-in / fly-out (FIFO) clinical service arrangements to ensure clarity about the relationship between FIFO practitioners and locally-based services including: clinical record-keeping / sharing; clinical care in the absence of the FIFO practitioner; clinical governance; quality improvement initiatives and service planning.	RAHS Review Complete HMO Project In progress
14. (15)	Where multidisciplinary cancer care teams (MDTs) have a single member from a discipline, clinicians consider joint minuted meetings with at least one other MDT after relevant national or international meetings as seminal new evidence emerges that could influence practice.	In progress

Recommendations for Western NSW LHD

Recommendation 1 (1)
People whose care has involved reduced doses of chemotherapy (off-protocol 100 mg flat dose carboplatin, reduced dose capecitabine in the setting of the neoadjuvant or adjuvant treatment of bowel (colorectal) cancer) are contacted by the LHD in order to receive an apology for the added uncertainty regarding the likely effect of their treatment on their clinical outcomes. To date, the LHD has contacted the majority of people.

Status: Complete

Summary of Progress (at 3 months):

Since the release of the Report and its recommendations, all patients or their families who received off protocol 100 mg flat dose carboplatin (5) or reduced dose capecitabine (23) who were identified by the Section 122 Inquiry have been contacted by the LHD and a written apology provided; as well as an offer of ongoing support.

Recommendation 2 (2)
Ensure that every patient or his / her family in the group described in Recommendation 1 is given the opportunity to participate fully in an Open Disclosure process as outlined in NSW Health Policy Directive PD2014_028 and is provided with relevant support.

Status: Complete

Summary of Progress (at 3 months):

All patients or their families who were contacted by the LHD were engaged in the Open Disclosure process as outlined in NSW Health Policy Directive PD2014_028 and an apology was offered to the patients and/or their family.

Recommendation 3

Establish a process for patients and families who are concerned their treatment may have involved a reduced dose of chemotherapy to contact the LHD.

Status: Complete

Summary of Progress (at 3 months):

Since February 2016 Western NSWLHD has established a central point of contact for all enquiries from patients of Dr Grygiel or their families with the Clinical Governance Unit. This point of contact was disseminated to relevant local hospitals and oncology units. It was also included in all media responses and releases.

In August 2016, Western NSW LHD established a Cancer Inquiry telephone line (02 6369 8808) and email address (WNSWLHD-CancerInquiry@health.nsw.gov.au) and these were widely disseminated to media, CINSW, MoH, NSW Parliament website.

The telephone line is attended Monday to Friday 8:30am to 5pm with a designated small team to provide a personalised service. At initial contact the team seek sufficient information to facilitate review of the concerns raised.

All people who contacted the Western NSWLHD with concerns regarding their cancer treatment have been followed up with a medical record review and Open disclosure with the locum medical oncologist and either the Director Clinical Governance or Director Cancer Services and Innovation.

At least monthly telephone contact was provided by the LHD with patients or their families to provide updates, check on wellbeing and offer general and social work support.

Future Actions

The dedicated phone and email lines will remain in operation to ensure they are available for people with concerns.

Recommendation 4

In the view of the Expert Panel, there is no need for change to clinical follow up for the cohort of people identified who have had dose reductions.

Status: No further action required

Recommendation 5
Continue to identify people who potentially were prescribed reduced dose capecitabine as data become available from the Commonwealth Government Pharmaceutical Benefits Scheme.

Status: Ongoing

Summary of Progress (at 3 months):

In early August 2016, during an initial telephone enquiry to the Pharmaceutical Benefits Scheme (PBS), it was requested that the LHD utilise the PBS enquiry email address providing written details of the information sought by the LHD about chemotherapy prescriptions by Dr John Grygiel.

The Section 122 Inquiry provided advice that they had applied to the PBS on behalf of the LHD for capecitabine and temozolomide prescriptions by Dr Grygiel.

In early November the PBS provided both requests for data relating to prescriptions by Dr Grygiel.

A systematic review of these patient's medical records is currently being undertaken by the independent locum Medical Oncologist. To support the timely review, a second independent locum medical oncologist has been engaged short term to assist in this process.

Future actions:

Contact will be made with any patients affected and open disclosure will be provided.

Recommendation 6 (12)
Put in place a communications strategy to ensure clinical staff at all levels and third party providers understand their professional responsibility to use the LHD's escalation processes for issues of clinical concern or professional conduct.

Status: Ongoing

Summary of Progress (at 3 months):

All NSW Health policies are in place across the Western NSWLHD and are available through the Western NSWLHD Intranet.

To strengthen the LHD staff capacity to escalate clinical or professional concerns the Western NSWLHD Living Quality and Safety Plan was launched on 14 October 2016.

Within the patient safety domain of the Plan, a key implementation priority is the capability of staff to 'speak up' wherever there is a concern for patient safety. The "*Speaking up for Safety*" program is a foundational, capacity building requirement to support development of a strong safety culture.

A robust communication and education strategy is being developed to support the implementation of this program. The LHD has engaged the Cognitive Institute to provide the "*Speaking up for Safety*" program which is an evidence based, licenced, train-the-trainer model that equips staff with the ability and tools to raise safety concerns with colleagues in a structured, respectful and supported way.

Training of presenters will occur in two phases:

- 19 and 20 December 2016, intensive training for 12 presenters (groups 1 and 2)
- 17 and 18 January 2017, intensive training for 6 presenters (group 3)
- 19 January 2017 – accreditation of 12 presenters (groups 1 and 2)
- 21 February 2017 - accreditation of 6 presenters (group 3).

Future actions:

Following accreditation of the initial 12 presenters by February 2017, rollout of the training across the LHD will commence. The program has an evaluation framework to enable measurement against key indicators.

Recommendation 7 (23)

Ensure the current structure of cancer services in the LHD enables the building of relationships and mutual trust and respect between cancer clinicians and those managing cancer services. This should include a facilitated program to build relationships and trust within the senior clinical community in cancer services and cancer administration. The new cancer clinical stream should take a leadership role in developing and implementing this program.

Status: Ongoing

Summary of Progress (at 3 months):

The Western NSWLHD Cancer Clinical Stream has been active since being relaunched with a clinician driven workshop in May 2016. This has resulted in increased communication and engagement between cancer clinicians and management across the Western NSW LHD Cancer Services. Sub Committees have been established to progress specific bodies of work identified by the Stream.

The Stream is chaired by a medical clinician who also represents the Stream on the Western NSW District Clinical Council. The District Clinical Council is attended by the Executive with a focus on fostering District wide priorities and approaches to service provision. This is also a forum where issues identified by Clinical Streams can be raised and addressed.

The Stream has been actively involved in the development and endorsement of business cases and briefings developed for the LHD for the development and enhancement of cancer services based on growth in activity and demand. Four additional staff specialists, increased nursing and administration positions have been established and recruitment processes are underway.

Future actions:

The Cancer Clinical Stream is currently embarking on planning activities relating to the development of a new Cancer Plan for the LHD.

Recommendation 8 (13)

The LHD must put in place systems to ensure that the oncology pharmacist and the head of medical oncology review any overrides in the electronic prescribing system that may suggest patterns of off-protocol prescribing

Status: Complete and Ongoing Monitoring

Summary of Progress (at 3 months):

In 2015 Western NSW LHD commenced the staged implementation of MOSAIQ®, with the latest upgrade installed in April 2016.

Western NSW LHD has appointed dedicated Oncology Pharmacists at Orange, Dubbo and Bathurst to review all chemotherapy orders in MOSAIQ® and provide patient medication reviews and education.

Western NSW LHD has developed and implemented a Chemotherapy Prescription Review process guided by Terms of Reference (TOR) with a monthly reporting template.

- All chemotherapy prescriptions (both intravenous and oral) entered into electronic prescribing software (i.e. MOSAIQ®) which are less than 80% of the expected calculated dose are reviewed. The calculated dose is based on agreed standardised chemotherapy prescriptions (as defined by eviQ and/or entered on prescribing software) and patient characteristics.
- Identify any prescription patterns which may indicate variations from protocol causing under dosing.
- Identify reasons for using a varied dose in each affected patient including contacting physicians who have not documented a reason for reducing a dose and asking them to specify a reason either verbally or written to the chair and document this reason in the electronic medical record.

The chair, specialist medical clinician, will rotate on a three monthly basis in order to maintain transparency and reduce bias with decisions related to chemotherapy dose variations against published protocols. Monthly audits are being undertaken and reports provided to the Cancer Clinical Stream regarding prescribing variations from protocols.

Western NSW LHD Cancer Services have developed and published Guidelines for the Prescribing of Chemotherapy, Immunotherapy and/or Other Systemic Treatment Protocols for Patients with Cancer. This document aims to provide an effective and comprehensive clinical guideline for prescribing of cancer therapies and dose variations ensuring that Oncologists and Haematologists provide high quality evidence based care with a consistent approach across Western NSW LHD. Prescribing is only performed by appropriately registered, experienced and trained medical specialists.

Recommendation 9
Maintain clinical records for all patients treated in a public hospital or clinic that are comprehensive enough to ensure that the care can be offered safely and that the quality of that care is capable of objective evaluation. This includes where patients are being treated on behalf of the LHD by a third party provider.

Status: In Progress

Summary of Progress (at 3 months):

Complete medical records for all people with cancer who visit outpatient clinics and receive treatment in the outpatient setting, are now stored in the electronic Oncology Information Systems:

- MOSAIQ® for Medical Oncology and Haematology; and
- ARIA® for Radiation Oncology

Responsible organisation: All LHDs and Specialty Networks

Recommendation 13
Review fly-in / fly-out (FIFO) clinical service arrangements to ensure clarity about the relationship between FIFO practitioners and locally-based services including: clinical record-keeping / sharing; clinical care in the absence of the FIFO practitioner; clinical governance; quality improvement initiatives and service planning

Status: Ongoing

Summary of Progress (at 3 months):

A number of projects have been undertaken or are underway that will culminate in a framework to assess:

- the current situation for fly-in fly-out services (particularly in the north west sector of Western NSW LHD),
- the status of visiting medical practitioners,
- the needs of the community and Western NSW LHD for these types of services,
- a governance structure for the development of services that address a defined need.

It is necessary for Western NSW LHD to work closely with others partners including the Rural Doctors Network (RDN), Royal Flying Doctors Services (RFDS) and the Primary Health Network (PHN) to ensure the effective development and implementation of service improvements.

Throughout reviews and projects surrounding Western NSW LHD fly-in fly-out services, we will respect and value the role of the clinicians who have provided services into communities for the last 20 to 30 years.

1. **Rural Aerial Health Service (RAHS) Review:** Dec 15 – June 16
   This project was established to review the efficiency and efficacy of the RAHS service and provided a stocktake of the services that are currently visiting the north-west sector of the Western NSW LHD on a fly-in fly-out basis. **COMPLETED**

2. **Medical Specialist Outreach Services for the Western NSW LHD**

   Purpose:
   The provision of an equitable, safe and efficient Medical Specialist Outreach Service, to the smaller north Western communities of the Western NSW LHD

   Goals:
   2.1 Agreed levels of Medical Specialist Services to meet the needs of each North Western Region community
   2.2 High levels of Safety and Quality control met for all the Medical Specialist including clinical documentation standards
   2.3 The most cost efficient means of providing the Medical Specialist Outreach Service is in place.

2.4 Formal Contract documentation in place for each Medical Specialist provider, within the Outreach Service: Honorary Medical Officer (HMO) Project – Medical Services

Phase I: Review of current HMO Contracts

1. Identify any doctors utilising facilities without a HMO contract
2. Identify clinicians utilising facilities for "room hire"
3. Ensure all HMOs have contracts and/or licence agreements
4. Review of governance; ensure the quality of service provision.
5. Re-examine the utility of HMO contracts.

Future Actions:

Working Groups have been established to progress the work for each of the identified goals

Completion of the first phase of the HMO Project

Commencement of Phase II of the HMO Project

- Ensure Service Level Agreements are developed with metropolitan hospitals
- Ensure Western NSWLHD facilities audit Medical documentation and have an understanding of escalation process

Recommendation 14 (15)
Where multidisciplinary cancer care teams (MDTs) have a single member from a discipline, clinicians consider joint minuted meetings with at least one other MDT after relevant national or international meetings as seminal new evidence emerges that could influence practice

Status: Ongoing

Summary of Progress (at 3 months):

There are a number of MDTs which are conducted regularly in the Western NSW LHD and to overcome instances of only one clinician of a specific discipline, strategies are in place:

- A district-wide Lung Cancer MDT has been established enabling Respiratory Physicians based at Orange and Dubbo to engage with Medical Oncologists and Radiation Oncologists across the LHD to plan patient care.
- A district-wide Morbidity and Mortality meeting for Cancer Services has been functional for a number of years and enables robust discussion by Medical Oncologists, Radiation Oncologists and Palliative Care Medical Officer regarding patient care. This enables the opportunity for reflection on care provided and education to improve patient experiences.

Following enhancement funding for Cancer Services recruitment is underway for a second Medical Oncologist and second Haematologist for Dubbo where a single member from a discipline is currently in place.

Future Actions:

Progress the appointment of a second Medical Oncologist and a second Haematologist at Dubbo.