

Guidance for remote SACT consent: Options for Consent to SACT

1. Background

This guidance has been put in place by members of the National Steering Group for CRUK Regimen-specific Consent Forms in response to the COVID-19 pandemic.

Examples of guidelines developed by UCLH and a framework by the NHS Wales Cancer Collaborative (link) is shown in Appendix 1a and Appendix 1b.

The patient will have been identified as needing discussion regarding SACT either as a new patient, or having additional treatment or having progressed on a previous treatment. This guidance describes potential scenarios with the aim of reducing the number of visits and the amount of time a patient spends at the hospital.

The consultations include three potential scenarios which individual Trusts may wish to adopt. The scenarios include:

- **Scenario 1** Initial face to face to consultation (followed by telephone for consent)
- **Scenario 2** Initial telephone consultation (followed by a face to face consultation)
- **Scenario 3** Consent entirely done from a virtual clinic (for details please see UCLH SOP and <https://www.theacp.org.uk/resources/covid-19> developed by Lancashire Teaching Hospitals) or see Appendix 1a and c

Where possible **the email address of the patient/carer** should be recorded to facilitate ongoing communication, particularly with the tumour- specific cancer nurse specialists.

2. Initial face to face to consultation

2.1 Scenario 1: The HCP will ensure that the patient has had the following by the time the consultation has finished (see Appendix 2a for flow chart):

1. Height and weight
2. Blood test ordered and performed
3. Patient information sheets and Acute Oncology alert card to take home
4. Regimen specific consent forms (CRUK or alternative) to take home
5. Tumour specific CNS contact details
6. During this consultation, patient if in agreement:
 - a. Consent at time of the visit. The signed consent will be scanned/filed into the SACT prescribing system or patient notes and a copy given to patient ➤ Confirmation of consent at time of SACT

OR

- A follow-up telephone call (if patient requires more time) can be made prior to pre-treatment consultation and documented in patient records accordingly

7. If patient not in agreement to consent at time of visit:
 - a. Clinician to sign consent form and give copy of this to patient to take home
 - b. Telephone call appointment or virtual clinic to sign consent form
 - If patient needs more time to think or discuss with family/carers or awaiting results of investigation.
 - The clinician and patient go through the consent form and the patient signs the consent form at this point.
 - The patient is i) instructed to bring the consent form to the SACT appointment, and ii) if has access can scan and email to appropriate hospital email address
 - Confirmation of consent would take place at time of SACT ➤
Template email to patient (Appendix 3a)

3. Initial telephone consultation

3.1 Scenario 2: Following introduction and traditional consultation (see Appendix 2b for flow chart)

- a. Ensure that patient is aware that information will be sent, preferably by email or alternatively by post
- b. The information will include the patient information sheets and the respective regimen-specific or generic consent forms (CRUK or alternative), and CNS contact details and Acute Oncology alert card
- c. An appointment will be made for the face to face consultation to sign the consent form as well as height, weight and appropriate bloods
- d. Template email to patient (Appendix 3b)

4. Consent for treatment from a virtual clinic

4.1. Scenario 3 (see Appendix 2c for flow chart) The HCP will conduct the virtual clinic by telephone clinic or approved video consultation at an agreed time where the consent will take place. The patient will then next be seen at the time of the SACT treatment where the confirmation of consent will take place by a HCP. For details on this process please see link on UCLH SOP and/or *Advice for remote consent for treatment* via <https://www.theacp.org.uk/resources/covid-19> developed by Lancashire Teaching Hospitals or see Appendix 1a and c

5. Documentation

- a. Document fully the date and time the telephone/video conference took place
- b. Detail the discussion that took place, including proposed treatment, treatment intent, benefits, risks and what would happen if the patient chose to do nothing
- c. Ensure that a full annotation is typed up/written and recorded on the patients notes with a copy of the letter sent to the patient and GP as this confirms consent was given

6. Next steps (by SACT booking team or chemotherapy coordinators)

- a. Complete SACT prescriptions and referral forms once pre-treatment investigations have been completed and checked

- b. The booking team or chemotherapy coordinators will
 - Contact the patient with an actual or virtual pre-treatment consultation date and SACT start date
 - If virtual, to send the pre-treatment consultation video by email prior to the virtual CDU nurse appointment

7. At time of SACT appointment on the Chemotherapy Day Unit

- a. Usual confirmation of consent will be obtained by chemotherapy nurses at time of attendance for first treatment. Each trust will agree their acceptable process for this:
 - If consent by telephone, this will be shown to chemotherapy nurses
 - If patient has not sent or does not bring signed consent, then reference to notes/electronic patient records to confirm situation ➤ Initial signed consent to be printed and patient re-signs
- b. Ensure that patient has an alert card for Acute Oncology
- c. Provide the patient with the 'Your Cancer Treatment Record' alert card and other relevant documentation as described in the pre-treatment consultation (insert link)
- d. Ensure that the discussion is documented in patients notes
- e. Chemotherapy coordinators will ensure that the patient has a copy of the consent and that it is scanned/filed in the patient records

8. Administration and communication

Each tumour-specific team will have access to different personnel within their team to support this change of practice

- a. Tumour-specific CNSs – and using their email address to send documents or links for patients and receive replies
- b. Secretarial support for the above
- c. Physicians assistants

Appendix 1: Example guidelines for remote consent

1a. UCLH Guideline

[Remote consent for anti-cancer drugs during covid-19 \(PDF\)](#)

1b. WCN framework

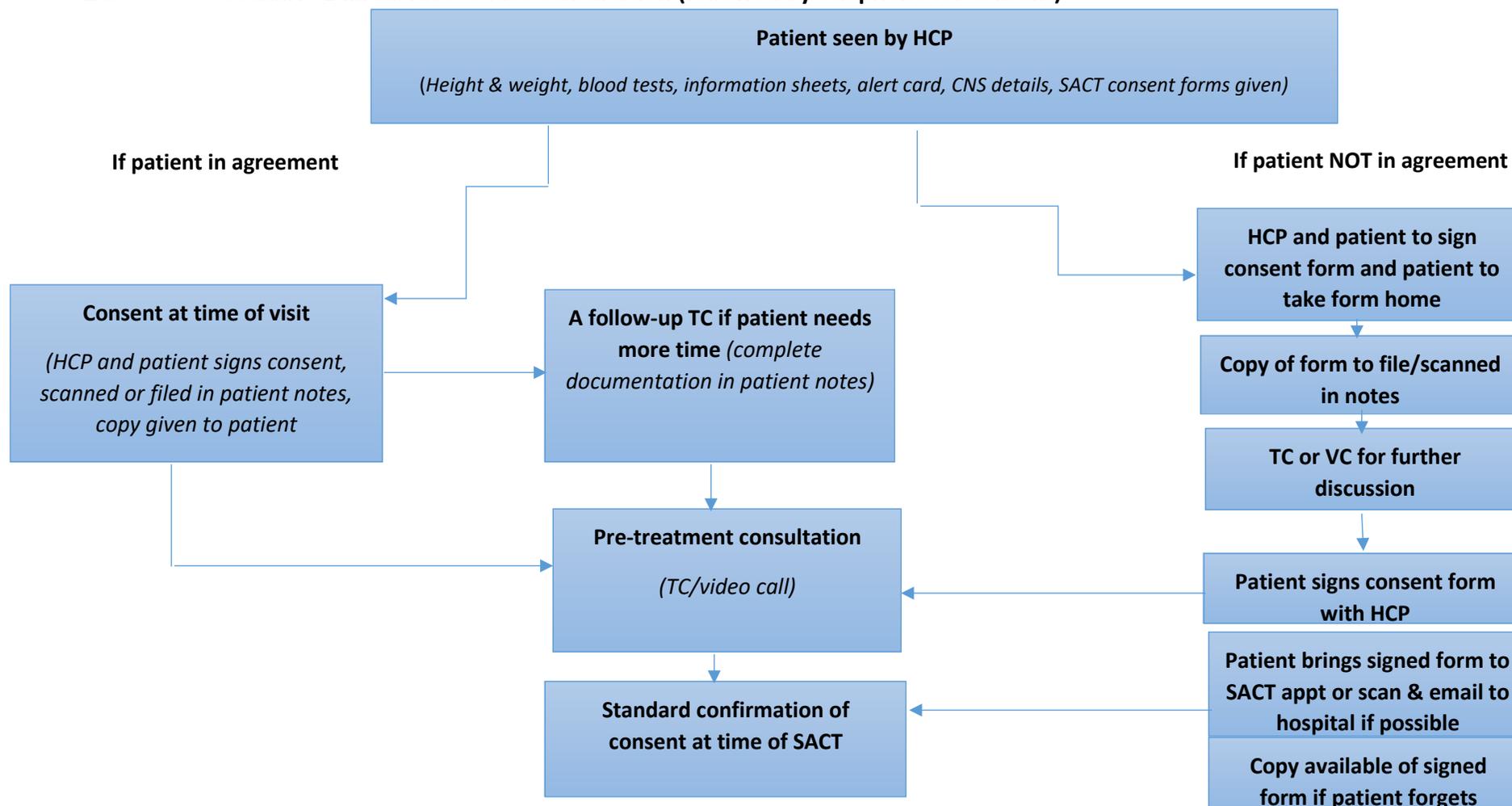
[WCN framework for obtaining informed consent remotely \(PDF\)](#)

1c. Lancashire Teaching hospitals guidance

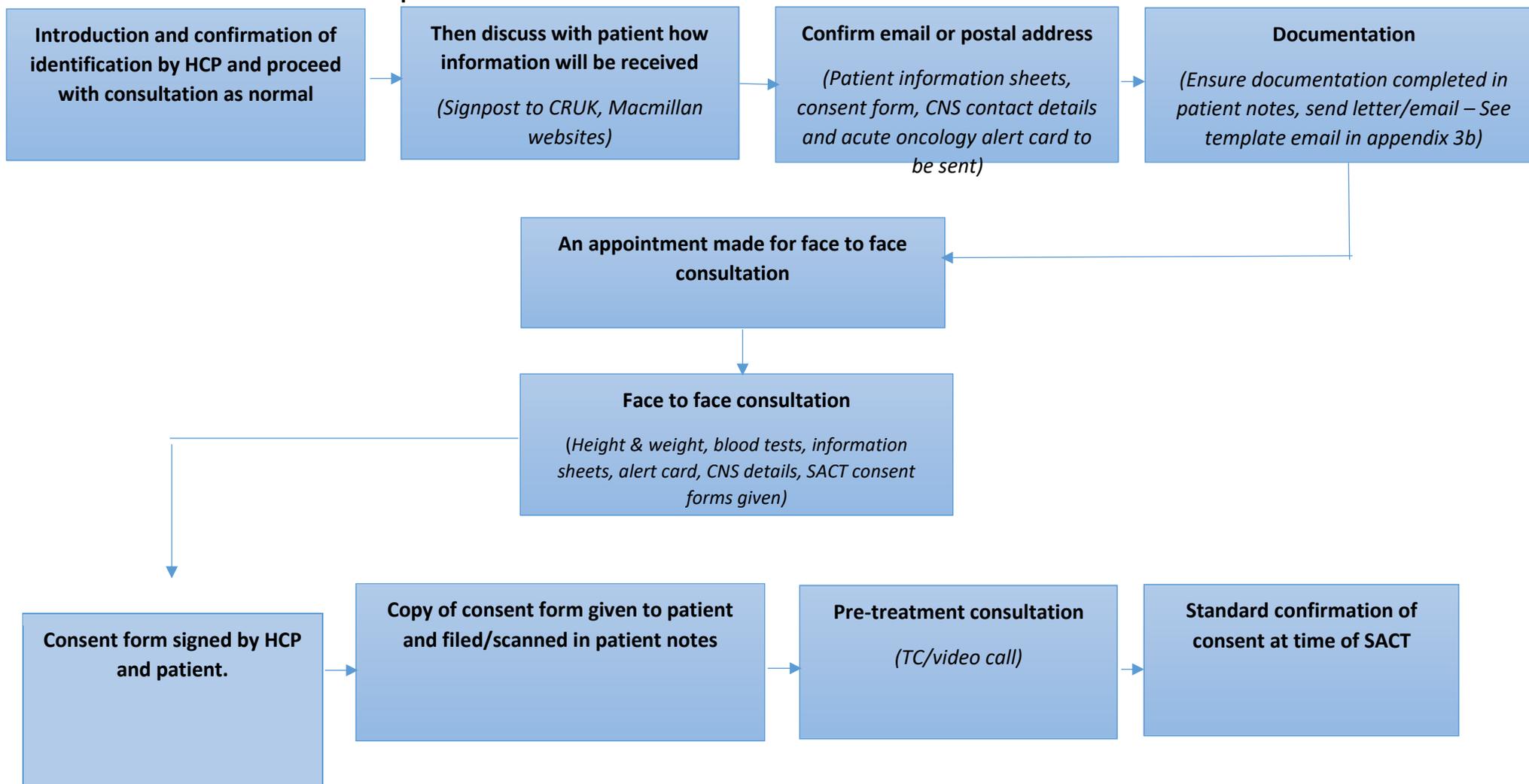
<https://www.theacp.org.uk/resources/covid-19>

Appendix 2: Flow charts for the different scenarios

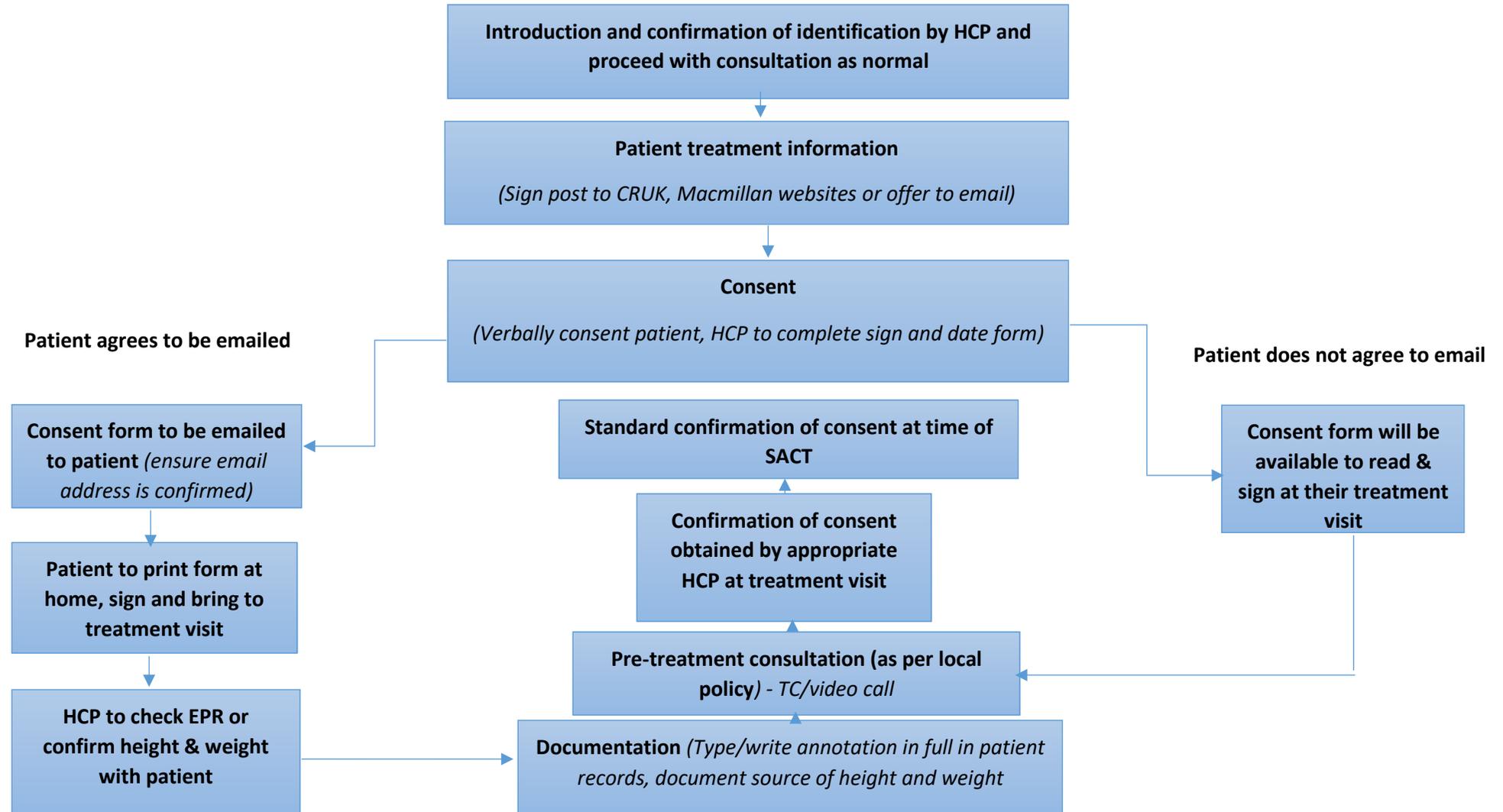
2a. **Scenario 1 Initial face to face consultation (followed by telephone for consent)**



2b. **Scenario 2: Initial telephone consultation**



2c: Scenario 3: Consent from a virtual clinic



Appendix 3: Template for emails

3a. Scenario 1: initial face to face consultation with telephone for consent.

Dear patient name and identification details (DOB/nhs number)

Following your recent telephone consultation to consent to your treatment, please bring your signed and dated consent form with you to your first appointment.

We will ensure that you are given a copy to keep.

Soon you will receive a date for a pre-treatment consultation (usually by phone) and then a date to start your treatment.

In the meantime if you have a questions or concerns, please do contact us.

The tumour-specific CNS email/phone number or alternate

3b. Scenario 2: initial telephone consultation to be followed by a face to face consultation and consent:

As discussed at your recent (telephone/video) consultation with your oncology team, please find attached:

- 1) the patient information sheets
- 2) regimen-specific or generic consent forms
- 3) CNS contact details
- 4) An appointment will be made for the face to face consultation to sign the consent form as well as height, weight, and appropriate bloods and Acute Oncology alert card