
Guidance for remote systemic anti-cancer therapy (SACT) consent: Exploring the different options

Developed by the National Steering Group, Cancer Research UK (CRUK) consent form project

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1. Background

Guidance for remote SACT consent was initially developed in response to the COVID-19 pandemic in 2020 by the National Steering Group for the CRUK regimen-specific consent form project. Since the pandemic, remote consent has increasingly become common practice due to its convenience for both patients and healthcare providers. This updated guidance will help to ensure that remote consent is done safely and effectively.

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

Identifying Patients for Remote SACT Consent

This guidance aims to streamline the SACT consent process for patients by reducing the number of hospital visits required. It outlines three scenarios that individual healthcare trusts can adopt to achieve this goal.

These scenarios are applicable to patients who:

- Are newly diagnosed with cancer and require SACT discussion.
- Need additional SACT treatment.
- Have progressed on a previous course of SACT treatment.

Scenario options for remote SACT consultations

The guidance provides three potential consultation scenarios for remote SACT consent, allowing trusts to choose the most suitable approach for their patients.

- **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/carers** should be recorded to facilitate ongoing communication, particularly with the tumour-specific cancer nurse specialists.

2. Initial face to face to consultation (followed by telephone for consent)

2.1 Scenario 1:

This scenario involves an initial face-to-face consultation to discuss SACT in detail. Following the initial consultation, consent can be obtained over the phone.

The health care professional (HCP) will confirm with the patient has had the following before concluding the consultation (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 clinical nurse specialist (CNS) contact details
6. During this consultation, patient if in agreement:
 - a. Consent at time of the visit
Consent will be carried out electronically (if e-consent available), sign electronically or print and give copy to patient; If no e-consent, the signed paper consent will be scanned/filed into the SACT prescribing system or patient notes and a copy given to patient
 - b. To be subsequently agreed
 - 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 to patient to take home or electronically sign (if e-consent available) and print to give to patient
 - 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, iii; sign electronically and send via patient portal (if such option available)
 - Confirmation of consent would take place at time of SACT
 - Template email to patient (Appendix 3a)

3. Initial telephone consultation (followed by a face to face consultation)

3.1 Scenario 2:

In this scenario, the initial consultation regarding SACT is conducted over the phone. A follow-up in-person consultation is then scheduled to address any questions and obtain consent.

The initial telephone consultation will include following:

- a. Inform the patient that information will be sent, preferably via email or by post.
- b. The information provided will include: patient information sheets, relevant regimen-specific or generic consent forms (CRUK or alternative), CNS contact details and acute oncology alert card
- c. A face-to-face appointment will be scheduled for the patient to sign the consent form, have height and weight measures, undergo necessary blood tests.
- d. Send confirmation email to patient (see Appendix 3b for template email)

4. Consent for treatment from a virtual clinic (consent done entirely remotely)

4.1 Scenario 3:

This scenario allows for the entire SACT consultation and consent process to be completed remotely through a virtual clinic platform (see Appendix 2c for flow chart)

- a. The HCP will conduct the virtual clinic via telephone or an approved video conferencing platform at a mutually agreed-upon time.
- b. During this virtual clinic, the consent process will be completed.
- c. The patient will then be seen at the scheduled time of their SACT treatment, where a different HCP will confirm the patient's consent.

For more 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

For all telephone and video conference calls related to SACT consent, the following documentation is essential:

- a. Record the date and time of the call.
- b. Document the discussion clearly, including: proposed treatment, treatment intent, benefits, risks of treatment and consequences of declining treatment.
- c. Record the version of the consent form being consented on to avoid confusion
- d. Ensure that a detailed annotation in patient's medical record including: summary of the discussion, copies of letters sent to the patient and their GP with confirmation of consent.

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
- 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

9. Appendix 1: Example guidelines for remote consent

9a. UCLH Guideline



Remote consent for
anti-cancer drugs di

9b. WCN framework



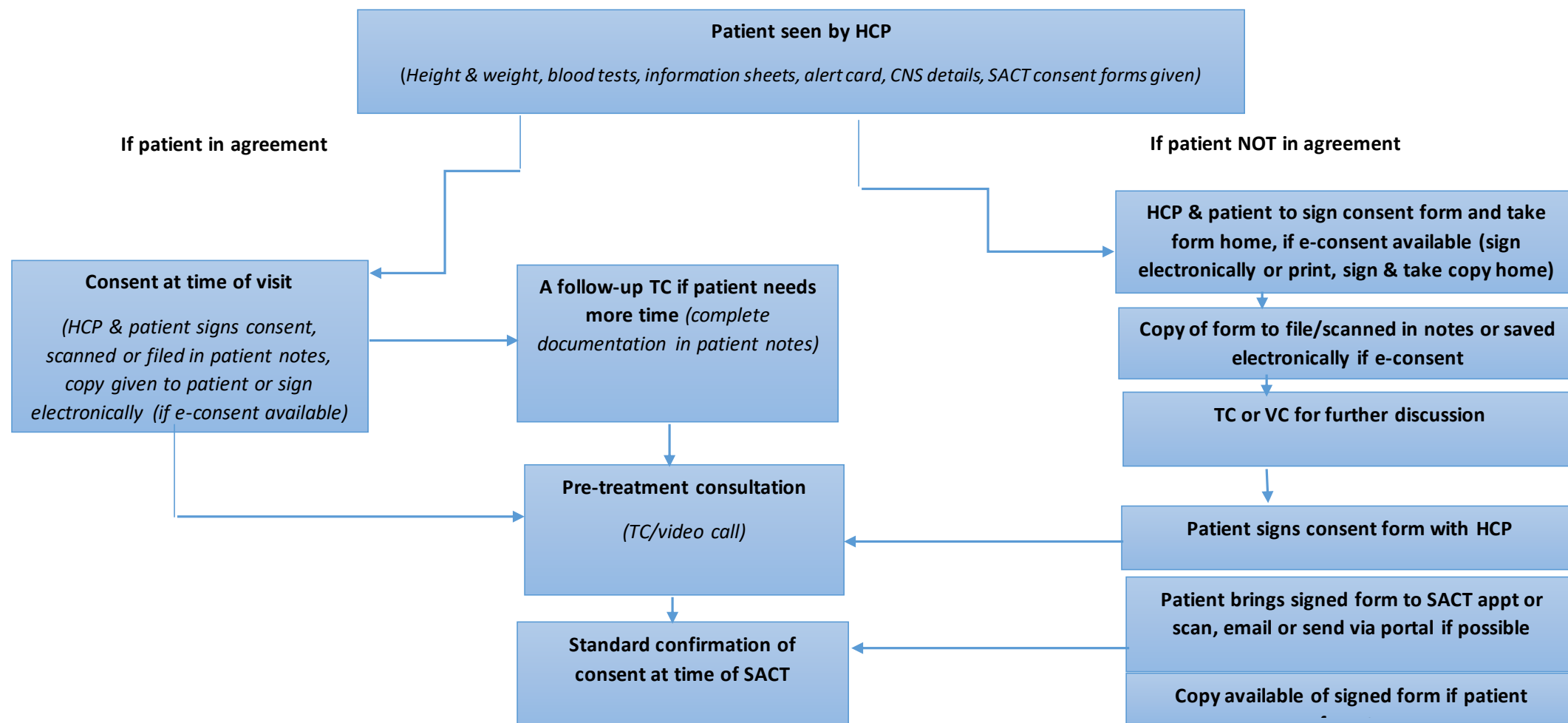
WCN framework for
obtaining informed

1c. Lancashire Teaching hospitals guidance

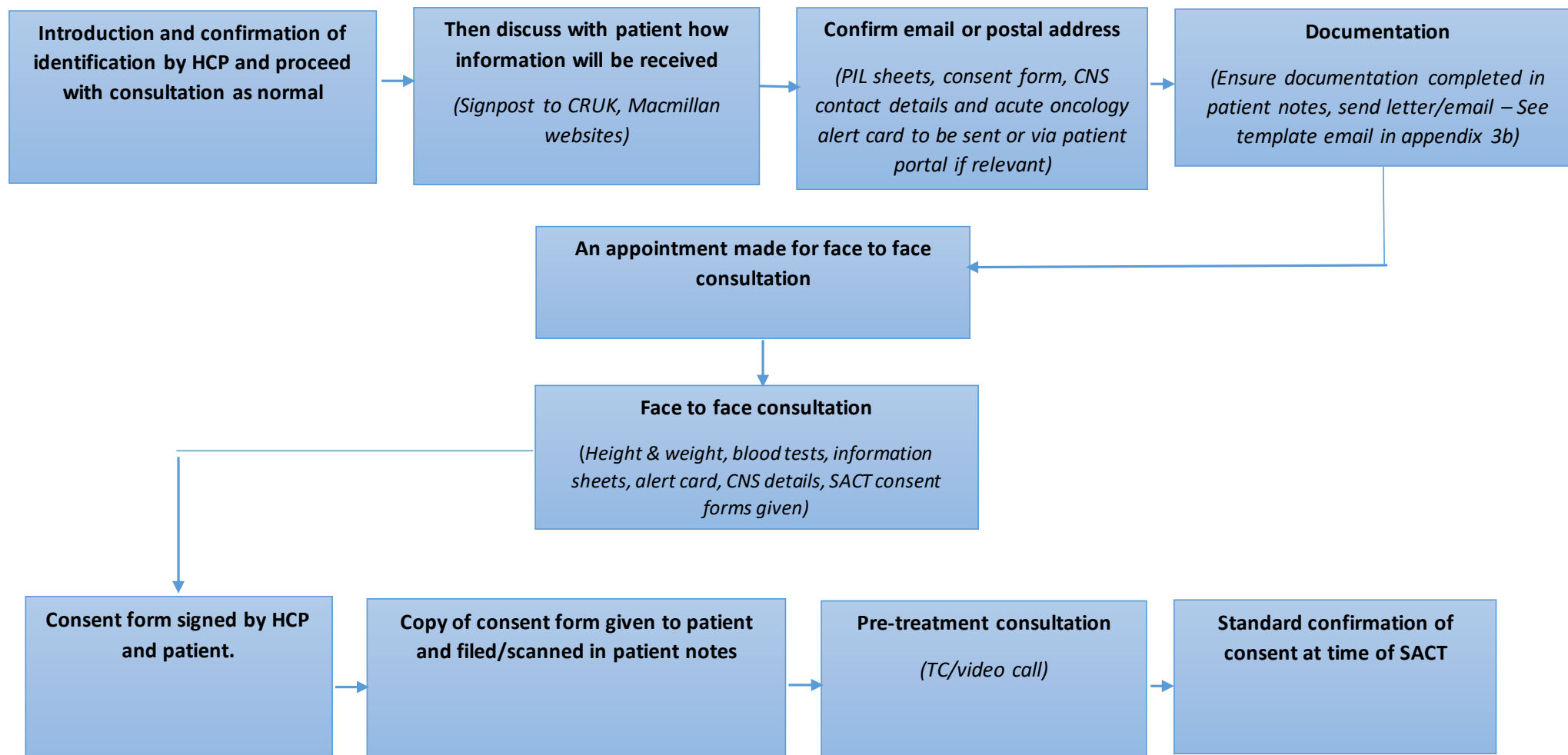
<https://www.theacp.org.uk/resources/covid-19>

Appendix 2: Flow charts for the different scenarios

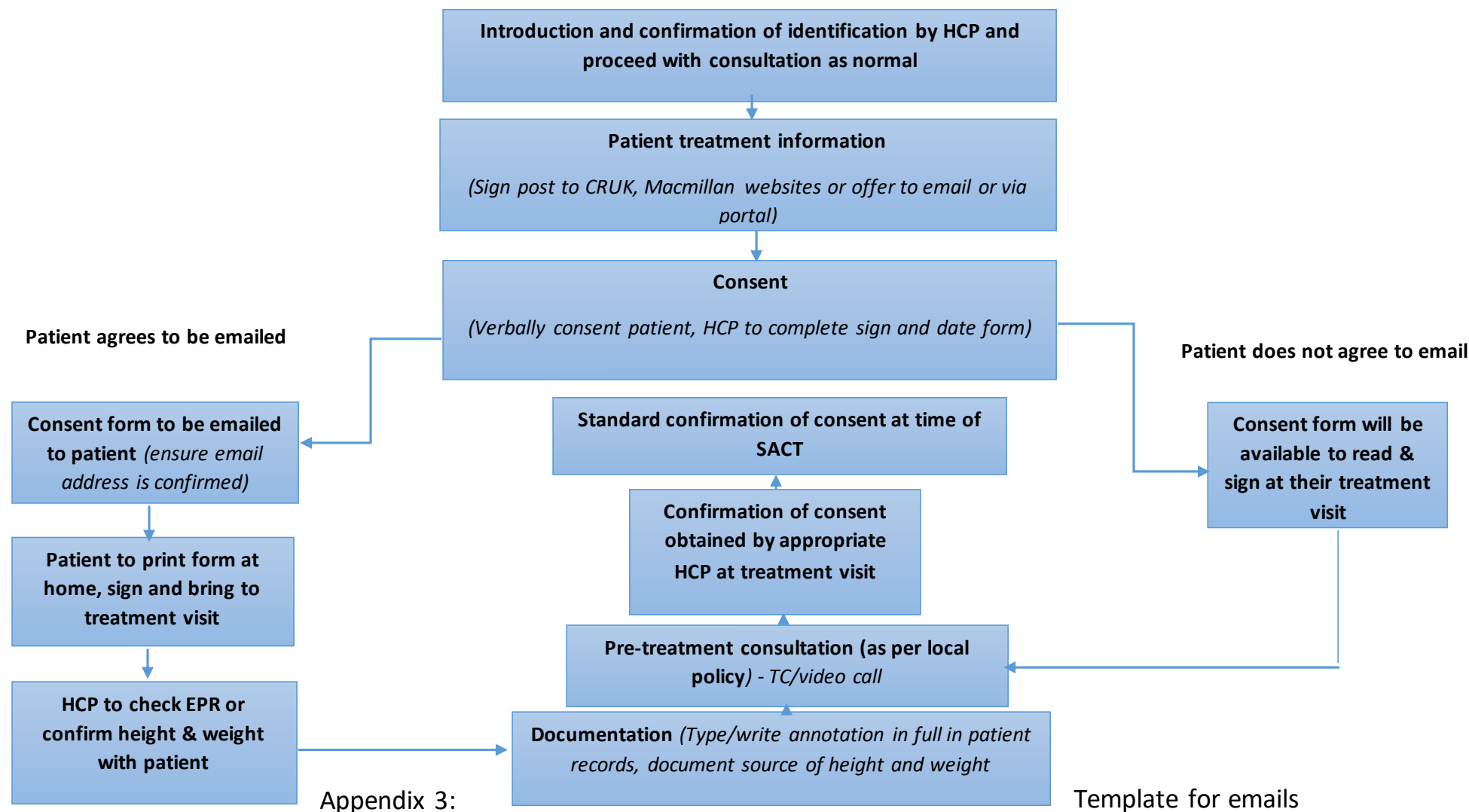
2a. Scenario 1 Initial face to face consultation (followed by telephone for consent)



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



2c: Scenario 3: Consent from a virtual clinic



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) 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