

# Cancer services benefit from a clinical liaison technician

By Debbie Andalo

The introduction of a clinical liaison technician to a chemotherapy clinic has reduced patient waiting times, streamlined the service and raised the profile of pharmacy in the trust. This article describes the benefits of the role for all involved



Maria Perna checks expiry dates on chemotherapy bags

**M**aria Perna is carving out a new role for pharmacy technicians which benefits the care of cancer patients and brings her greater professional satisfaction and increased status. Mrs Perna has become what she likes to describe as “the face of pharmacy” in cancer services at the hospital trust where she has worked for the last 14 years. “The professional satisfaction is great,” she says.

## Background

For the last four years Mrs Perna has worked as the clinical liaison technician for cancer services. The post, which is graded MT03, was created out of necessity when the

chemotherapy manufacturing unit and the cancer clinic at Peterborough and Stamford Hospitals NHS Foundation Trust moved from a single site to split sites. The reorganisation gave the trust the opportunity to confront the problems which existed around pharmacy services for these patients, even though they were often problems that pharmacy staff felt were not of their making.

The trust’s pharmacy services manager Val Shaw, who came up with the idea of recruiting a technician to the cancer care team says: “It was a simple solution to what was a major problem for us. We found that pharmacy, and in particular the manufacturing unit, were picking up problems because somebody else further down the chain had not done their bit.”

Before the post was created Mrs Shaw used to get about eight calls a day from

“irate” consultants or nurses wanting to know why patients were still waiting for their chemotherapy drugs to be prepared. “There was just no order in the system. When the patient came to clinic, if there was anything missing on their drug chart it would almost certainly end up becoming a manufacturing issue such as somebody forgetting to order something. It might be really simple but it would not be picked up until the patient was actually in the clinic. Since Maria has been in post she smoothes all these issues,” Mrs Shaw explains.

## A new role

Mrs Perna’s main role is to pre-screen all the drug charts for patients before they attend the chemotherapy clinic. This includes making sure that the patient’s body surface

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details are correct on the chart as well as their patient hospital number, name and address. "I also check the dose calculation to make sure it is correct and that the treatment data is right — for example, if the treatment is weekly or every three weeks." Mrs Perna also has to make sure that doctors' signatures for prescribed chemotherapy are valid.

A key part of her job is to solve any problems she discovers. She says: "If I find any mistakes such as dose queries or treatment dates that do not add up then I sort them out. It means I can be talking to the clinics, be on the wards or talking to consultants. But it does not just involve cancer services. I sometimes have to work with gynaecology or ophthalmology departments which also use chemotherapy."

Most of her work focuses on the chemotherapy clinic where she estimates that she pre-screens about 30 patient charts per day. She also has to make sure that all the information on the charts is put onto the computer so that the record can be shared between the two hospital sites — the Edith Cavell and the Peterborough District Hospital which are two miles away from each other.

Mrs Perna's 14-years of experience and time spent as a technician in the manufacturing unit is put to good use. She says: "I know about the different aspects of work in the manufacturing area — the restraints on the unit, what works and what does not. That knowledge means if a consultant or pharmacist asks if something is possible, I can answer straight away. Another advantage is that because of my experience in manufacturing I know what strengths the drugs come in, so when patients are prescribed doses I know whether it actually has to be measured out or whether it is better given in a different dose."

Manufacturing the chemotherapy drugs on one hospital site and having the chemotherapy clinic on another forced the trust to reorganise its manufacturing deadlines. It was no longer practical to prepare and provide the chemotherapy drugs routinely on the same day they were requested. Mrs Shaw explains: "Because the manufacturing unit is on a different site we had to ask

for 48-hours notice for the chemotherapy drugs."

Under the new system it is one of Mrs Perna's roles to make sure that any of the drugs on the patient charts which can be prepared in advance are done so, so that when the patient comes to clinic they are ready to be administered. The 48-hour timetable runs so well that there is now some slack in the system to cover any late changes in prescriptions.

### — Patient contact

This new role has taken Mrs Perna out of the manufacturing unit and put her in the front line of patient care. Mrs Shaw says: "Most manufacturing technicians never see the patient. But Maria knows the patients and it makes the job seem much more worthwhile — she knows that what she is doing is making a difference to a person, rather than it just being a name on a sheet."

The patient contact brings a new dimension to her job, Mrs Perna admits. She says: "I explain to the patients if there is a problem with their chemotherapy. Sometimes the pump leaks and I explain to them that we have to remake the whole device. Sometimes I have to explain that we must order in their take-home medicines, for example, or other times I may have to explain why they have to wait for their chemotherapy if they have had, for example, a dose reduction."

Her direct patient contact creates another opportunity for any side effects which patients may be having with their chemotherapy to be picked up. Mrs Shaw says: "Maria sorts out all the patients' drugs to take home such as antisickness and anti-diarrhoeal drugs. Sometimes the patients will tell her that they were very sick on a drug, so Maria can then ask the consultant if it is possible to change the medication."

Mrs Perna's membership of the cancer services team means that she has the respect of the other team members, but it has also enhanced the professional status of pharmacy in general. "Before, there was an issue about pharmacy being seen as the trust "policeman," says Mrs Shaw, "but Maria is

not perceived like that. She is seen to be the person who is sorting out the problems."

### — Other benefits

The new post, which was originally piloted and funded by the local cancer network, has also helped create an alternative career path for technicians. "It offers technicians career progression and also gives them an extended role. It is a post which other trusts could also provide regardless of whether their manufacturing unit and chemotherapy clinic are on separate sites," says Mrs Shaw, "It is one of those things which is so simple that on reflection you wonder why everybody is not doing it."

The benefits to patients by creating the clinical liaison technician post in cancer services are obvious — clinic waits for chemotherapy have all but disappeared and patients know they have another health professional who can support them through their treatment. But there have also been huge benefits for the pharmacy team.

Mrs Perna says: "I do a lot of leg work which saves the pharmacists' time. In the past all of what I do was done by pharmacists. They would be on the wards or covering the dispensary and have to do all this as well. A large part of their day would be spent queuing up to see a consultant to say 'you have done this' or 'can you change that?' I have had positive feedback from the pharmacists because I save them from having to do everything. They have the opportunity to get on with their clinical roles while it gives technicians like me the opportunity to do a job which is really interesting."

Mrs Shaw agrees. "Maria's post gives pharmacists more time to devote to more clinical duties like making sure the drug regimens are right."

Mrs Perna's presence in the cancer team has also had a far-reaching impact outside cancer services. It has helped changed the image of pharmacy across the trust. Mrs Shaw says: "Pharmacy has stopped being seen as a difficult department to deal with, and is now seen as part of the team, not just the chemotherapy team but the whole patient experience."