



## Seamless cancer care in France: a view from the Paris Region

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Created as the 'District of the Paris Region' in 1961, Île-de-France (IDF) was renamed after the historic province of *Isle de France* in 1976. Despite the name change it is still popularly referred to by French people as the *Région Parisienne* (the Paris Region). However its inhabitants are more and more referred to as *Franciliens*. With 11.7 million inhabitants, IDF is the most populous region of France.

### Cancer networks

Cancer networks in France are structured on two geographical levels ensuring a framework in which health care can be provided:

- The Regional Cancer Network (RCN)
- The National Cancer Network (NCN)

The RCN is not a direct care network. It plays a leading role in formalising communication, defining standards and ensuring effective coordination between healthcare professionals at the regional level. Its primary aim is to improve the coordination, integration and delivery of cancer services.

The secondary goals of the RCN are:

- cancer care data collection
- offering common tools of communication
- providing appropriate information to healthcare professionals, patients and their relatives
- promoting health professionals' ongoing education and training to support the framework.

The NCN is not structured exclusively around cancer. It is committed to involving clinicians, the community and key stakeholders, to provide high quality cancer and non-cancer care services. It enables care to be coordinated, resulting in convenience

for patients and efficient ambulatory care facilities.

The main goal is to become a resource for all aspects of care from diagnosis to treatment and follow up and to ensure the partnership with consumers, carers, community and primary care providers of health and social care, and hospital-based health professionals. A consensus has emerged that the NCN should focus on the patient pathway and the community-hospital relationship.

### The cancer networks in IDF

#### The ONCORIF network

Created in 2006, ONCORIF, the IDF Regional Oncology Network, connects all cancer health professionals to ensure global and homogeneous high quality patient care in this region. It combines cancer and palliative care networks, hospital associations, IDF cancer centres, the public hospital system, General Practitioners (Regional union of GPs) and users (inter-associative health groups). It is financed by the regional health authority and follows the recommendations of the national cancer institute.

ONCORIF has a transverse role of promoting coordination and consistency of actions as well as collecting data on resources. It acts as the regional arm of the NCN using communication tools such as referral to services and websites by giving access to the resources and sharing experience between networks. It publicises drug information sheets and guidelines. It also provides up-to-date information about oncology in IDF such as the list of Cancer Coordination Centres, multidisciplinary team meetings and training sessions.

The IDF's 22 networks divide up into three regional oncology networks and 19 local

networks, some of which deal with several aspects of care.

#### The OSMOSE network

This was created in April 2008 resulting from the merger of two networks within the same health authority. It is multi-thematic: oncology, geriatrics and palliative care.

The aim of OSMOSE is to coordinate multidisciplinary team interventions to ensure continuity, proximity and complementarity of care. The aim is to provide the best possible psychosocial and medical care through:

- fast access to diagnosis and care
- nearness support
- coordination with health professionals in accordance to the best practice principles.

The actions of OSMOSE integrate oncology, geriatric and palliative care horizontally through:

- provision and coordination of domiciliary care
- evaluation of the patient with the multidisciplinary team
- setting up overarching care
- psychological support
- social support
- secured shared computerised medical files
- holding information meetings for patients and their relatives.

A working group of community and hospital pharmacists involved in OSMOSE was set up in September 2008. Its objectives are to integrate pharmaceutical care into oncology pharmacy practice. An initial research project has been carried out to establish the Pharmaceutical Care needs among a population of 30 home care cancer patients. Based on the findings of the

survey, four action plans will be undertaken for 2010-2013: (i) communication of information between caregivers, (ii) pharmaceutical care training of pharmacists, (iii) communication of information to the patient, (iv) patient empowerment and education.

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# Standardising hospital compounding practices in France



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In France, a lack of suitable dosage forms for children means that hospital and community pharmacists have to prepare paediatric medicines extemporaneously. The most common form to be compounded and prepared in French pharmacy is hard capsules. This form is not the easiest form to administer but it has been chosen for its probable stability and its ease of compounding. When, given to newborn or young children, these capsules are to be opened and poured into liquid or food.

Since 2004, all batch preparations made by hospital pharmacies have to be reported to the French Health Products Safety Agency (AFSSaPS). This report contains information about the product, the producer and its indications. The aim of this survey is to identify obsolescent preparations and to detect essential ones. Essential preparations cannot be replaced by any therapeutic alternatives. In this case, the AFSSaPS will seek ways of optimising their manufacture and availability.

In 2006, hospital pharmacists were asked by the AFSSaPS analytical department how their batch preparations were checked. Forty-eight out of 133 compounding hospital pharmacies answered. Ten active pharmaceutical ingredients (APIs) were first identified. Compounded hard capsules containing these APIs are French hospital pharmacy 'blockbusters' according to the AFSSaPS database.

Since December 2007, French pharmacists compounding medicines have been required to follow the new version of *Bonnes Pratiques de Préparation* inspired by the industrial good manufacturing practice code.

The PUI-DLC group was founded in 2008. PUI means *Pharmacies à Usage Intérieur*, i.e. hospital pharmacy and DLC means *Département des Laboratoires de Contrôles*, i.e. control laboratory department of the AFSSaPS. The main goal of this group is to improve the quality of batch preparations. Formulation and analytical procedures are being standardised throughout France. Once formulations and assays are defined for an API, a monograph will be drafted. The monograph will be published in the French National Formulary after consultation. Once agreed, these monographs will set the standard for the quality of batch preparation done all over France.

After dealing with these 10 most commonly used APIs, other hospital preparations can get into the pipeline on a group member proposal.

From a practical point of view, one hospital pharmacy is responsible for writing the monograph, another validates it and AFSSaPS laboratories check the analytical procedures. Analytical procedures are designed to be as simple as possible in order to be used by most of hospital or community pharmacies. These procedures must ensure preparation quality (identification and quantification).

In order to select the analytical methods to promote, pharmacies drawing up the monograph examine procedures already described among the network or in pharmacopoeias world wide. Analytical methods must be easy to use and suitable for checking all the strengths of the preparation.

Stability assays will be performed in order to define an expiry date.

As most of the preparations are designed for children, some excipients with potential side effects, such as lactose, should be avoided and replaced by starch or cellulose, when possible.

In addition, some general monographs that relate to small scale production control are studied. These general monographs are inspired by the 6th European Pharmacopoeia monograph 2.9.40, Uniformity of dosage units.

After more than one year of work, the first monograph – amiodarone hydrochloride 10 to 200 mg capsules – will be published in the first half of 2010 and three others will follow before the end of the year.

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