

Teenage & Young Adult End of Treatment Clinic, standard operating procedure (SOP)

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Contents	Page
Paragraph	
1 Quality Statement	2
2 Scope and Purpose	2
3 Definitions	2
4 Details of Procedure to be followed	2
5 Roles and Responsibilities	3
6 Related Trust Policies	3
7 Implementation	3
8 Process for Monitoring Effectiveness of this Policy	4
9 Arrangements for Review of this Policy	5
References	5

Appendices	Page
Appendix A Process guide	7
Appendix B Example of cancer treatment summary	8

Document Status

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Executive Summary

Quality Statement

NICE recommendations 27 February 2014 state that children and young people (aged 0-24 years) who have been treated for cancer should be offered a Treatment Summary (TS) and care plan that includes agreed follow up and monitoring arrangements. The Teenage and Young Adult (TYA) End Of Treatment (EOT) clinic will offer every young person completing cancer treatment an opportunity to discuss their cancer experience review their TS, and the follow-up surveillance plan, and self-management advice provided, and have an IAM holistic needs assessment to help them and the TYA support team formulate a care and support plan for the months following treatment. Please see Appendix A for flow chart of the process.

1 Scope and Purpose

Rationale

Children and young people who have had cancer are at potential risk of short, medium, and long term effects from the cancer and its treatment. These issues may be physical, social, or psychological. Many patients report anxiety and difficulty in coping following treatment, or struggle to re-establish themselves in education/work and relationships. At the end of their treatment they should be provided with verbal and written information, and the arrangements for monitoring and identifying potential problems and their management. The TYA EOT clinics are designed to support the young person with their thoughts and feelings following completion of treatment and identifying the health, education, emotional support, and practical help they might want to access following completion of therapy. The TYA EOT clinic are not a substitute for their site specific clinician follow up. The TYA EOT clinics are organised and provided by a TYA CNS and a social worker or other relevant member of the TYA support team.

2 Definitions

Standard Operating Procedure (SOP):

A SOP is a set of instructions to be followed in carrying out a given operation, or in each situation, which lend themselves to a definite or standardized procedure without loss of effectiveness.

3 Details of Procedure to be followed

Patients will be offered an EOT clinic appt within 4-6 months of treatment completion once end of treatment surveillance scans have been reported and patients have attended their first post-treatment site-specific clinical review clinic.

In advance of the clinic:

1. The TYA Speciality Doctor (with advice from treating site-specific team) or the treating site-specific team prepare an individualised written treatment summary. Please see Appendix B for example. There is a TYA generic template on EDocs, or a site-specific template may be used.
2. Patients are asked to complete IAM holistic needs assessment and psychological screening (RMH worry and memory thermometer for 16-25 years).

The clinic discussion is in two parts.

1. The TYA CNS and Social Worker talk through their end of treatment summary, The emphasis on this part is for them to be aware of the potential short, medium and long term effects of their treatment and to discuss how they can be proactive in looking after themselves, have the knowledge

and skills to self-manage issues appropriately and know how to seek advice from appropriate services if required.

2. The second part considers how they are coping after treatment. We also talk about support around jobs, relationships, and finance so we can support and signpost appropriately to other services.

A care and support plan will be agreed with each patient and the professionals in the EOT clinic, identifying needs raised and the support that will be provided by TYA or other teams at what time, and which services have been signposted to help meet the patient's needs. Contact information about signposted services will be provided, and referrals made by TYA team members as appropriate.

Patients will also be provided with information about My Medical Records and encouraged to sign up if they have not already done so, to ensure they have access to treatment summary, support plan and speciality clinic letters whenever they may be needed.

Following the clinic:

Within 2 weeks of their EOT clinic, patients will be sent:

A copy of their treatment summary and their personalised care and support plan.

A link to an online feedback survey about the EOT clinic.

4 Roles and Responsibilities

This SOP applies to TYA cancer team staff employed or contracted by University Hospital Southampton (UHS) Foundation Trust who provide care to Teenage and Young Adults aged 16-24 and will be supported by Young Lives v Cancer Social Workers. All staff who work with TYA cancer patients have a responsibility to ensure that they are aware of this SOP and its contents. They should clearly document their rationale if they have not complied with the recommendations detailed in this SOP. It is the responsibility of department managers, consultants, team leaders and education leaders to ensure appropriate staff are aware of this SOP.

5 Related Trust Policies

None

6 Implementation

The SOP will be displayed on the Staff net and sent to the relevant Care Group clinical teams. The ward leaders will be expected to cascade to all relevant staff. All medical and nursing staff caring for Teenagers and Young Adults should have knowledge that this support is provided following completion of treatment and the contents of the guideline.

7 Process for Monitoring Compliance/Effectiveness

The purpose of monitoring is to provide assurance that the agreed approach is being followed – this ensures we get things right for patients, use resources well and protect our reputation. Our monitoring will therefore be proportionate, achievable and deal with specifics that can be assessed or measured.

Key aspects of the procedural document that will be monitored:

What aspects of compliance with the document will be monitored	What will be reviewed to evidence this	How and how often will this be done	Detail sample size (if applicable)	Who will co-ordinate and report findings (1)	Which group or report will receive findings
100 % of patients aged 16-24 inclusive to be provided with an End Of Treatment Summary following completion of treatment that outlines treatment received, the steps that will be taken to monitor for relapse, outline short, medium, and long term side effects from treatment received written in-patient friendly language.	Edocs to determine if end of treatment summary has been produced and patient invited to attend End Of Treatment clinic.	Annually by Audit	All patients completed treatment within set period	TYA Wessex Administrator	Core members of TYA MDT
100 % of patients will be invited to End Of Treatment clinic.	Patients eligible for EOT clinic invited. Number who accepted/declined those invitations.	Annually by Audit	All patients completed treatment within set period	TYA Wessex Administrator	Core members of TYA MDT

Treatment summary and care and support plan letter will be sent within 2 weeks of EOT clinic	Edocs		Annually by Audit	All patients attending EOT clinic	TYA Wessex Administrator	Core members of TYA MDT
Patient feedback will be sought.	Responses to EOT online survey		Annually by Audit	All patients attending EOT clinic	TYA Wessex Administrator	Core members of TYA MDT

8 Arrangements for Review of the Policy

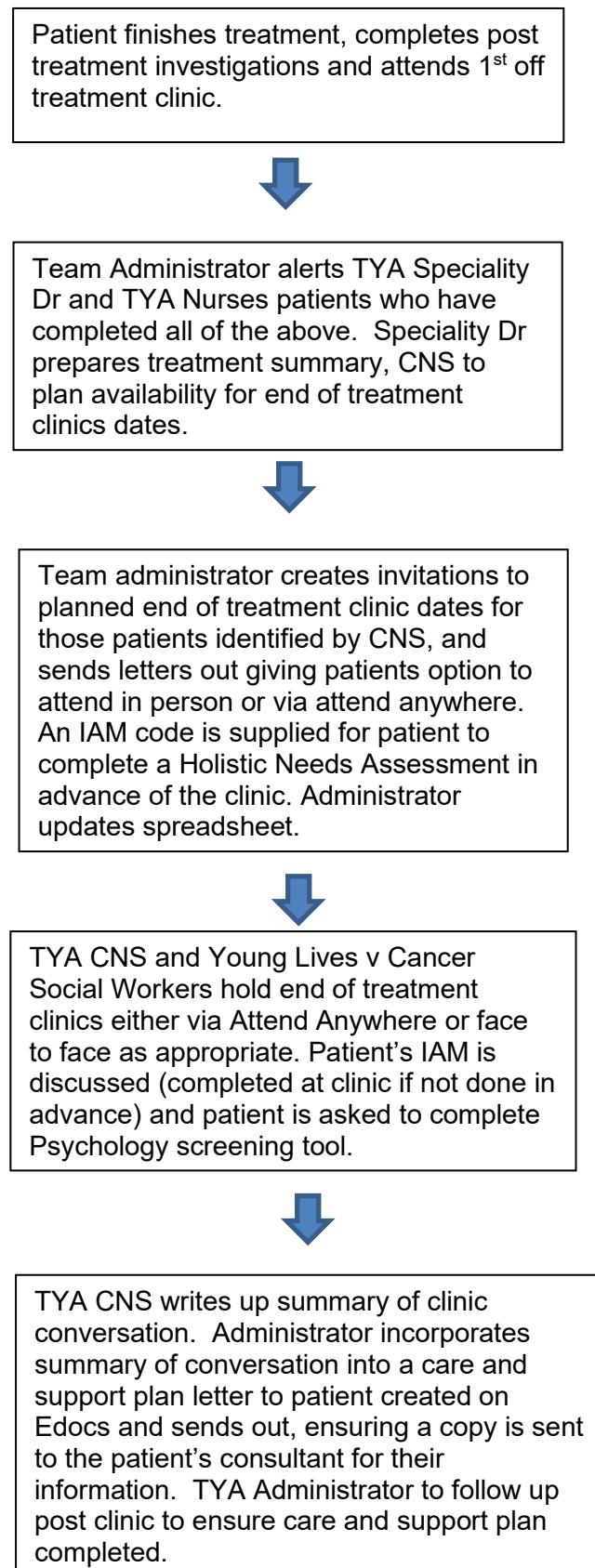
The SOP will be reviewed after three years or sooner because of audit findings or as any changes to practice occurs.

9 References

Nice Guidelines 27 February 2014

Appendices

Appendix A- Process guide:



Appendix B- Example of Cancer Treatment Summary

Our Ref:
Date:

Example of Cancer Treatment Summary

Division A
Care Group - Cancer Care
J Level Princess Anne, Mailpoint 633
Southampton General Hospital
Tremona Road
Southampton
SO16 6YD

Telephone: 023 8120 4738
Fax: 023 8077 7222

Dear

You have now completed your initial treatment for cancer. Please find below a summary of your diagnosis, treatment and ongoing management plan. Your GP has a copy of this summary.

Diagnosis:

Date of diagnosis:

Organ/staging:

**Summary of treatment
and relevant dates:**

Treatment aim:

Possible treatment toxicities and/or late effects:

Local/distant:

Advise entry onto primary care palliative or supportive care register:

DS 1500 application completed:

Prescription charge exemption arranged:

Alert symptoms that require referral back to specialist team:

Contacts for re-referrals or queries:

In hours:

Out of hours:

Secondary care ongoing management plan: (tests, appointments etc)

Other service referrals made:

District nurse AHP Social worker Dietician Clinical Nurse Specialist
 Psychologist Benefits/Advice service Other:

**Required GP actions in addition to GP Cancer Care Review: (eg ongoing medication, osteoporosis
and cardiac screening)**

Summary of information given to the patient about their cancer and future progress:

Additional information, including issues relating to lifestyle and support needs:

Completing clinician:

Date:

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Does this document replace or revise an existing document	Yes
Should this document be made available on the public website?	Yes (https://www.uhs.nhs.uk/OurServices/Cancer/Teenageandyoungadultcancercare/For-health-professionals-TYA-cancer.aspx)
Is this document to be published in any other format?	No

The Trust strives to ensure equality of opportunity for all, both as a major employer and as a provider of health care. This document has therefore been equality impact assessed to ensure fairness and consistency for all those covered by it, regardless of their individual differences, and the results are available on request.