

## **Meeting of the *London Cancer* Radiotherapy Expert Reference Group**

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Date: **January 23rd 2017, 15:00-16:30**

Venue: 6<sup>th</sup> floor east, 250 Euston Road, London, NW1 2PG

Chair: **Kevin Sullivan**

### **1. Welcome and introductions and Minutes from last meeting**

KS welcomed members of the board, introductions were made and apologies heard. The minutes of the last ERG meetin were accepted as an accurate record with minor amendments made.

### **2. Local Updates (capacity/demand issues, staffing, procurement)**

#### ***Discussion points:***

- **UCLH** – Second True beam should be finalised on 13<sup>th</sup> Feb. 2<sup>nd</sup> Linac will be coming out by the end of March, beginning of April. No current staffing issues.
- **BHRUT**- Currently have vacancies for two band 6 posts. Sherif Raouf has become the new clinical director for cancer at BHRUT. Appointment has been made for the new cancer clinical lead. Currently no staffing issues and are in the process of trying to replace Linac.
- **Barts Health** – Several radiographers are coming back from maternity leave and have also had a new Consultant post approved and appointments have been made and due to start in March. Due to replace the HDR in the next financial year but case is being put to the trust to replace the CT machine first.
- **Royal Free** – Currently no staffing issues, currently advertising to replace KP with two new posts. Linac business case will be going through in the next financial year.
- **North Mid** – Two business cases have been put forward for workplace improvement. One for an increase in Radiographers which was successful. Three consultant posts are being interviewed for on 6<sup>th</sup> Feb. Business case was submitted for Linac replacement in December dependent on NHSE funding being confirmed.

### **3. Radiotherapy consultation**

#### ***Discussion points:***

- KS apologised for the late request to the ERG for a network wide response to the Radiotherapy consultation being carried out by NHSE and asked the group if they had any further information on the consultation.
- Group agreed that there was a lack of plan and financial support from NHSE, agreed that the aims and objectives were good but could not see it happening without financial support.
- Not clear whether NHSE preferred the single provider route or a network approach.
- Consultation is planned in January and the aim is to get some form of a dashboard out from NHSE by April.

- **ACTION: KS has call scheduled with Nick S – to raise concerns from the board.**

#### 4. eReferrals

##### Discussion points:

- KS thanked everyone who came to the Careonline demo and the group was in agreement that we will not be moving forward with that system. It was agreed by the group that the Varian product was the most appealing
- KS talked through the potential costing if the network were to move forward with Varian. Rough estimates show that for care coordination and referral management the cost would be about £16.50 per patient. Implementation costs differ on the size of the service but would be around 70-75k. Implementation costs could be shared if some trusts have the same hospital IT systems.
- Additional modules available from Varian will increase the cost. Patient engagement will increase the cost to £30 per patient. The MDT function would make a further increase to £120 per patient.
- The ERG agreed that MDT aspects need to be agreed outside of the RT ERG in a wider London Cancer setting as this would benefit all pathway boards as well.
- Implementation costs and Year 1 subscription could be paid for by the Vanguard if a business case was put forward.
- The benefit of an eReferral system is that one single system would be used across the network. GS asked if we could not just agree on a generic booking form however it was stated that Varian allows accurate data collection which would also benefit each Radiotherapy service.
- ERG agreed that it would be difficult to get trusts to agree to fund a new type of software without the threat of financial penalties for poor data collection which currently do not exist. However there is a high change that the new service spec coming out will focus on data collection. Need to proof benefits of eReferral systems to trusts before they will be willing to commit.
- KS summarised the discussion, will need to create one business case to the Vanguard but provide 5 business cases to each trust within the network. Currently no trust representatives felt there particular trust would be willing to subscribe to this new system.
- It was agreed as a next step that London Cancer will need to provide support to the ERG in persuading trusts to subscribe to this new system by showing the potential benefits.

- **ACTION: KS to contact KPJ regarding group Vanguard support**

#### 5. Brachytherapy LDR

##### Discussion points:

- Apologies made for JH who could not be at the meeting to present the Brachytherapy LDR topic. Barts Health currently do offer Brachy LDR and representative in the group would like to continue to do so. Royal Free used to offer the service however stopped due to the low numbers of patients referred.
- Barts Health currently see around 25 patients a year but guidelines state centres would need to do 50 patients a year. RFH were seeing 10-20 patients a year.
- ERG felt that number of Brachy LDR patients have been dropping across the network but unsure as to why

- Barts Health have the capacity to do 50 cases a year as they run one list every two weeks capable of treating two patients.

**ACTION: JG and KS to feed back to JH and the Urology PB.**

## 6. Benchmarking for patient experience

### Discussion points:

- NOT DISCUSSED

## 7. Integration with Pathway Boards

### Discussion points:

- KS suggested that more integration was needed between the ERG and tumour pathway boards across London Cancer. One suggestion was to ask clinical oncologists who sit on each board to provide a yearly update to the ERG, which would also encourage them to attend more meetings.
- The ERG felt that Radiotherapy was not discussed much as the pathway board meetings and this is something that needs to be addressed. For example the ERG has not been asked to comment on new guidelines created by the pathway boards.
- PD, who also sits on the Breast pathway board stated that Radiotherapy was rarely mentioned.
- The ERG agreed that this should be fed back to KPJ by the group to demonstrate the lack of clinical oncology representation and influence on tumour pathway boards

- **ACTION: KS to feedback to KPJ  
PD to bring up lack of radiotherapy discussion at next breast PBM**

## 8. AOB

### Discussion points:

- New Greater than intended Radiotherapy guidance is not clear and takes a lot of interpretation. Felt as a group it would be good to agree on how we interpret the new guidelines and is somewhere the ERG could have influence.
- Dose and fractionation schedules, updates from the network need to be checked as evidence. This was done previously and needs to be circulated.

**ACTION: CU to write up interpretation and end around ERG for comment  
LH to circulate dose and fractionation schedules**

## 9. Next Meeting

20<sup>th</sup> March 2017 – 15:00-16:30, Boardroom, UCLH @ Westmoreland Street, London, W1G 8PH

## ACTION LOG

Action reference	Action	Owner	Date Due	Status
	KS has call scheduled with Nick S – to raise concerns from the board.	KS	20/03/2017	
	KS to contact KPJ regarding group Vanguard support for eReferrals	KS	20/03/2017	
	JG and KS to feed back to JH and the Urology PB regarding Brachy LDR discussion	JG	02/02/2017	
	KS to contact KPJ regarding lack of representation of clinical oncology on PB	KS	20/03/2017	
	CU to write up interpretation of new Radiotherapy guidelines and circulate for comment	CU	20/03/2017	
	LS to circulate dose and fractionation schedules	LS	20/03/2017	

**Attendees**

<b>Name</b>	<b>Trust/Organisation</b>
Eliot Sims	BHRUT
Anna Thompson	<i>NMUH</i>
Kashmira Mehta	RFH
Grant Stewart	RFH
Chris Usher	Barts Health
Linda Harvey	UCLH
Patricia Dean	Patient Rep
Yen-Chang Dhang	<i>UCLH</i>
Nazima Haji	UCLH
Stuart McCraigy	BHRUT
Liz Crees	BHRUT
Derek D'souza	UCLH
Rachael Westmancott	<i>Barts Health</i>
Mark Elsworthy	NMUH
Neil Dancer	RFH
Liz Barber	RFH
Anne Nauth-Misir	Barts Health
Kevin Sullivan	ERG Chair
Jacob Goodman	UCLH Cancer Collaborative

**Apologies**

<b>Name</b>	<b>Trust/Organisation</b>
Dersna Kuverji	North Mid