

## Meeting of the London Cancer *Radiotherapy ERG*

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Meeting to be held between 15:00 – 16:30 on Monday 20th March 2017, Meeting Room, Basement, 47 Wimpole Street, London, W1G 8SE

**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 meeting were accepted as an accurate record with minor amendments made. CU requested a revision the last meetings minutes so that they state Barts Health would like to remain as the Brachytherapy centre for the London Cancer network. Minutes have been changed.

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

#### *Discussion points:*

- **North Middlesex:** Have successfully recruited to extra radiographer posts. Progressing with Linac business case but awaiting update from NHSE, this update is needed urgently as currently negotiating with building contractors and may have to push back if date for business case is not received. Recruited to three new consultant posts who will be starting between June and September. Demand has been quieter than this time last year, this has also been the same for UCLH and BHRUT.
- **BHRUT:** Currently have several consultants on maternity leave but there are two locums covering these posts. Another consultant is retiring but there have been no concrete plans for replacement as of yet. Currently down to 1 out of the 4 specialist registrar posts. Have recruited to 2 permanent band 6 radiographers as well as 2 12 month fixed term. BHRUT is now out of special measures. Brachytherapy has now been handed over to Barts Health and will be de commissioned at BHRUT in the first week of April.
- **Barts Health:** Have just successfully had a hardware and software upgrade, CQC will be visiting the Barts site in May however the team have not been informed of a specialist radiotherapy inspection but are working on the assumption that there will be. Currently a vacant band 8a radiographer post vacant and Physics staffing levels are low.
- **Royal Free:** Have not been able to recruit to the vacant consultant post as of yet and may need to cover this with two part time posts. Clinicians are currently reviewing and changing the specialities that they support. Physics and radiographer posts are fully staffed.
- **UCLH:** Have recently appointed a new Gynae/Brachy consultant that will be starting in July. Radiographer posts will be going out in August. Have lost 4 physics members of staff and are currently advertising for 2 band 7 posts. Linac replacement is still on going.
- All trusts within the network are experiencing a shortage of SPRs as well as Physics trainees. This is a national problem with 7-9% of vacancies not filled. One reason for this is the high cost of training.

### 3. Benchmarking for Patient Experience

#### Discussion points:

- RW presented the patient experience questionnaire feedback data for the London Cancer network.
- Discussion was had regarding the benchmarking for **Q14 (If you were waiting longer than half an hour, beyond your appointment time, were you told the reason for the delay?)** Currently set at 75% it was felt that this should be higher and should be raised to 90%.
- **Q33 (On the first day of treatment did the Radiographers explain what would happen and the side effects you may experience?)** Board felt the question should be changed from “on the first day of treatment” to “Before your treatment started” as a lot of discussions regarding side effects are had during the CT OPA.
- **Q34 (Thinking about any side effects you may be experiencing due to your radiotherapy treatment, are the radiotherapy staff doing everything possible to control any side effects?)** Board felt that the final answer option for patients “I have not had any side effects from the radiotherapy” should be disregarded before benchmarking.
- These changes are to be made and brought back to the ERG at the next meeting for final sign off.

**ACTION: RW to make changes suggested by board to patient experience benchmarking and present at the next ERG for final sign off.**

### 4. Clinical Guidelines Review

#### Discussion points:

- Tumour specific Radiotherapy guidelines were sent to the board for comment before the meeting. These were taken from the London Cancer website. BHRUT have responded with comment
- KS asked the board to get relevant clinicians for each guideline to review and comment from each trust in order to see if the guidelines are up to date or need revising.
- Board felt that this should be done by the tumour boards and pressure from the ERG should be put on them to update the guidelines that the ERG can then ratify.

**ACTION: KS and JG to engage with the tumour pathway boards to ask them to update Radiotherapy guidelines**

### 5. AOB

#### Discussion points:

- Discussions were had about Radiotherapy geographic misses and the guidelines for the network surrounding these. It was suggested that a sub team should be established to consider each treatment and produce relevant guidelines. This sub group will need volunteers from each trust.
- KS suggested having someone present at the next ERG on geographical misses to help with this project.

- Geographic misses – significance dependant on treatment. Should be protocol by protocol decision so will be a big piece of work. Need sub team to discuss this for the network to establish the London Cancer guidance.

**ACTION: Sub group to be established to review treatment specific guidelines for Geographical misses.**  
**KS to invite speaker to present at next meeting regarding Geographical misses.**

## 6. Next Meeting

**Next meeting date:** 12th June 2017 15:00-16:30, Location TBC

### ACTION LOG

Action reference	Action	Owner	Date Due	Status
	KS to contact KPJ regarding lack of representation of clinical oncology on PB	KS	31/03/2017	
	RW to make changes suggested by board to patient experience benchmarking and present at the next ERG for final sign off.	RW	12/06/2017	
	KS and JG to engage with the tumour pathway boards to ask them to update Radiotherapy guidelines	KS and JG	15/04/2017	
	Sub group to be established to review treatment specific guidelines for Geographical misses.	CU	12/06/2017	
	KS to invite speaker to present at next meeting regarding Geographical misses.	KS	12/06/2017	

**Attendees**

<b>Name</b>	<b>Trust/Organisation</b>
Kevin Sullivan	UCLH CC – Chair
Jacob Goodman	<i>UCLH CC</i>
Eliot Sims	BHRUT
Anne Nauth-Misir	Barts Health
Chris Usher	Barts Health
Rachael Westmancott	Barts Health
Stuart McCaighy	BHRUT
Nazima Haji	<i>UCLH</i>
Linda Harvey	UCLH
Elizabeth Barber	RFH
Derek D'souza	UCLH
Patricia Dean	Patient Representative
Kashmira Mehta	RFH
Neil Dancer	RFH
Anna Thompson	NMUH
Yen-Chang Dhang	<i>UCLH</i>
Mark Elsworthy	NMUH

**Apologies**

<b>Name</b>	<b>Trust/Organisation</b>
Elizabeth Crees	BHRUT
Grant Stewart	RFH