

Meeting of the *London Cancer* Radiotherapy Expert Reference Group

Date: **Monday 2nd October 2017, 15:30-17:00**

Venue: 6th floor West Meeting Room, 250 Euston Road, London, NW1 2PG

Chair: **Anna Thompson**

1. Welcome, introductions, apologies and minutes from the last meeting

- The board looked through the previous minutes;
 - The board discussed regulations on reporting. There has been material and guidance change.
 - Local radiation governance meeting; ME discussed agreement to use gross tolerance for that technique. ME and CU to share guidelines.
 - Una Findlay is due to speak at the next ERG meeting. The board felt that it may not be necessary for her to present as she has been seconded to a different part of PHE.

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

- **NMUH**- 3 posts they are arranging business cases and funding for. There are changes in job plans. Physics; they have recruited a band 8a who is currently going through recruitment checks. LINAC; still awaiting response from NHSE regarding funding to replace. It is 12 years old.
- **BHRUT**- LINAC replacement is underway; Physics is fully staffed. Oncology has two locums and two returning from maternity leave early 2018. Need to plan whether they will return part time or full time and will advertise dependent on this. Long term oncologist just ended contract. Now have 3/4 registrars and two clinical assistants in training. Just recruited 0.4 band 5 radiographer and will be advertising for a band 7 radiographer. Two radiographers will be leaving in December, these posts will be advertised. LINAC; got the replacement programme. And the NHSE award for true beam. To be installed February 2018.
- **Barts Health**- Physics is fully staffed. Equipment; CT scanner to be replaced in the next financial year. Radiographers; currently have maternity leave issues and oncologist on long term sick leave. Will have one new post.
- **Royal Free**- new consultant will be starting shortly covering Breast and Urology. They have a substantive locum. Grant Stewart leaves his post at the end of January which will be advertised. Radiographers; the team have a band 6 resigning. There are currently two band 6 vacancies. Physics; they have recruited. LINAC; they will be replacing LINAC next year however they have had some issues with finance.
- **UCLH**- Physics; four posts have been filled with the last person currently undergoing recruitment checks. LINAC; they have their 3rd of 4th machines. The 4th will be reviewed in November and will go live around April 2018. One machine is funded through NHSE. They are looking for more funding. Clinicians; they are fully staffed. Radiographers; they have just filled the band 6 post. There is a temporary band 5 post to fill.

3. Breast Radiotherapy Guidelines

- Virginia Wolstenholme had circulated the updated Breast radiotherapy guidelines. These have been discussed at the breast pathway board.
- The board have approved the guidelines and it was felt that they allowed variation in practice. The group discussed some challenges such as confidence with IBH and planning for IMCs.
- Prostate and Bladder guidelines to be discussed at next ERG meeting once they have been finalised by the Urology pathway board.
- The board requested the Brain and Spine pathway board develop a guide for stereotactic radiotherapy
- JG to send reminders to each pathway board to send/update their guidelines.

ACTION:

- **Prostate and Bladder guidelines to be discussed at next ERG meeting**
- **The Board would like to request the Brain CNS pathway board to develop a guide for stereotactic radiotherapy**
- **JG to send reminders to each pathway board to send/update their guidelines**

4. Low dose brachytherapy

- Discussion deferred to next meeting.

5. Benchmarking for patient experience

- Board looked at responses result. Need to plan for this year's survey.
- The board are happy with the current format and are happy to start the survey. Changes discussed at the last ERG around benchmarking have been made. The survey will be sent by RW.
- The survey will run for the whole month of November and all patients are included.
- ME suggested DK to collate the responses and present the results. RW will send DK the spreadsheet which will populate charts automatically.
- The board agreed that 15 per LINAC should be a minimum amount of data that should be collected for each Trust.
- The results will be presented at the meeting after the January meeting.
- DK's email address to be sent to the board

ACTION:

- **RW will send DK the survey results spreadsheet template which will populate charts automatically.**
- **Patient experience results to be presented at the meeting after the January meeting.**
- **DK's email address to be sent to the group**

6. AOB

- CRG meeting feedback;
 - The new service specification for radiotherapy has been signed off. It will go through a legal check and public consultation in October before the final version is published in January and to be in place by April 2018. The expectation is for networks to still be working and establishing

themselves during this time. The CRG realise there is currently no governance but expect services to work on their MOU.

- IT stocktake; There will be a look at LINAC requests and the money that will be left over. The plan is to assess what teams may require and a review of the remaining budget to see if more can be delivered.
- Funding; there is no infrastructure to support IT networking. The ERG discussed whether the leftover money from the LINAC requests could be used to cover networking costs. It was suggested that the money could be used to purchase Varian Oncology 360 software.
- There is a national review of MDT working, looking at the impact of having 50 cases per clinician and assessing how many patients may be affected across the country. It is estimated that it will be 1000 out of 130,000. The board highlighted that guidance and monitoring of this process would be required in order for it to work.
- CTEs; The PET tender is out and will be completed by December. Children, Teenagers and Young Adults have been taken out of the national service review. The Paediatric and Teenager and Young Adults specification has been separated. The brachytherapy specification is being developed and will be aligned with the radiotherapy specification.
- MRI LINAC; there is a need for a policy document to look at the cost of delivering an MRI LINAC service.
- Prostate fractionation; 20 fraction chip scheme, only 62% of patients are currently receiving this. The CRG are going to be encouraging Trusts to deliver on this.
- Peer review; the CRG discussed plans for services to be peer reviewed by colleagues. The ERG team discussed the implications this would have on workloads.
- Working together; the CRG discussed having staff work in other centres. The ERG discussed the feasibility of this and felt it wouldn't work. It was felt that working together via IT networks/connections would be better rather than sharing staff.
- Lead provider; the CRG discussed having a lead provider in a network of Trusts and who could be lead. The team highlighted that this ERG network is working together
- The group discussed reducing the referral to first fraction waiting time from 31 days to 14 days.
- Update from EC; RFH, UCLH and NNUH have restarted discussions for collaborative working. This work is being led by Richard Gourlay, NNUH Director of Strategic Development. The board expressed concerns about communication of this to the radiotherapy departments across the network.
- Contingency plan; CU suggested the need for a contingency document for patients when a Trust is affected by a major incident such as the cyber-attack at Barts Health in May 2017. The Barts Radiotherapy department currently has an arrangement with Royal Marsden for cyberknife cases, which was put to use recently. The board discussed the need to send patients to more than one site due to capacity issues. CU will chair a working group which will require a physicist and radiographer from each site. The group will let their teams know and will email CU with names of volunteers to join the working group. CU will send a copy of the plan they have in place with Royal Marsden as an example of what the contingency plan could look like. This plan will be added to the next ERG meeting's agenda to assess progress.
- The next meeting will be January 22nd 2018

ACTION:

- The group to let their teams know about contingency plan document working group and will email CU with names of volunteers to join the working group.
- CU will send a copy of the plan in place with Royal Marsden

7. Next Meeting

January 22nd 2018, Meeting Room TBC

ACTION LOG

Action reference	Action	Owner	Date Due	Status
Oct01	Prostate and Bladder guidelines to be discussed at next ERG meeting	JG	22/01/18	
Oct02	The team would like to request the Brain CNS pathway board to develop a guide for stereotactic radiotherapy	JG	22/01/18	
Oct03	JG to send reminders to each pathway board to send/update their guidelines	JG	06/10/17	
Oct04	RW will send DK the survey results spreadsheet template which will populate charts automatically.	RW	13/10/17	
Oct05	Patient experience results to be presented at the meeting after the January meeting.	DK	-	
Oct06	DK's email address to be sent to the group	JB	13/10/17	
Oct07	The group to let their teams know about contingency plan document working group and will email CU with names of volunteers to join the working group.	ALL	13/10/17	
Oct08	CU will send a copy of the plan in place with Royal Marsden	CU	13/10/17	

Attendees

Name	Role	Trust/Organisation
Jacob Goodman	JG	<i>London Cancer</i>
Eliot Sims	ES	BHRUT
Liz Crees	LC	BHRUT
Stuart McCaighy	SM	BHRUT
Mark Elsworthy	ME	NMUH
Anna Thompson	AT	NMUH
Christine Usher	CU	Barts
Liz Barber	LB	RFL
Kashmira Mehta	KM	RFL

Name	Role	Trust/Organisation
Rachael Westmancott	RW	Barts
Anne Nauth-Misir	ANM	Barts
Sherrice Weekes	SW	<i>London Cancer</i>
Emily Collins	EC	Cancer Vanguard UCLH CC
Neil Dancer	ND	RFL
Derek D'Souza	DD	UCLH
Neil Burley	NB	UCLH

Apologies

Name	Role	Trust/Organisation
Kevin Sullivan	KS	UCLH
Dersna Kuverji	DK	NMUH
Grant Stewart	GS	RFL
Yen-Ching Chang	YCC	UCLH