

## Introduction

An ageing population, growing cancer diagnosis rates (predicted to be 3 million by 2030<sup>1</sup>) and improved systemic therapies have contributed to increased survival rates and more patients living with metastatic disease, thus creating greater pressure on existing NHS services. Greater demand for services leads to delays in patient pathways due to excessive demands upon Clinical Oncologists (CO) and lack of capacity on the Radiotherapy (RT) treatment units. Recommendations<sup>2,3</sup> suggest optimal RT for palliative patients is within 14 days. CO workforce has not grown proportionally to service demand, requiring alternative measures to manage the workload. A palliative RT (PRT) Consultant Radiographer (CR), sponsored by Macmillan, was appointed in our centre to drive efficiency, improve waiting times and ease some of the CO pressures. One aspect of the role was undertaking autonomous PRT planning. During the 2 year training period, the CR could autonomously plan PRT if authorised by the CO, potentially expediting the patient pathway. 2 audits were undertaken during the training period to assess the impact of this appointment, using bone metastases (mets) PRT as a point of reference, comparing a period at the commencement of the CR training and when the CR was fully competent in PRT planning.

## Aim

- To review the 2 audits to compare;
- Patients numbers seen requiring PRT for bone metastases
  - The details of the individual treatments
  - The timescale over which the patients' treatments were administered from referral to commencement of treatment
  - Proportion of planning by different professions (Consultant clinical oncologists, Specialist registrars (SpR's) or consultant radiographer)

## Methods

- 2 x 3 month audits of bone mets PRT; 1/1/14-31/3/14 and 1/1/15-31/3/15
- Patients identified from Radiotherapy Management system (Mosaiq)
- Reviewed using Mosaiq, Prosoma (Virtual simulation package), patient notes.
- Data collected: demographics, treatment site, indication and dose, details of the patient pathway (decision to treat to 1st treatment appointment), profession of treatment planner
- Data compared

## Results

Fig. 1. Primary diagnosis

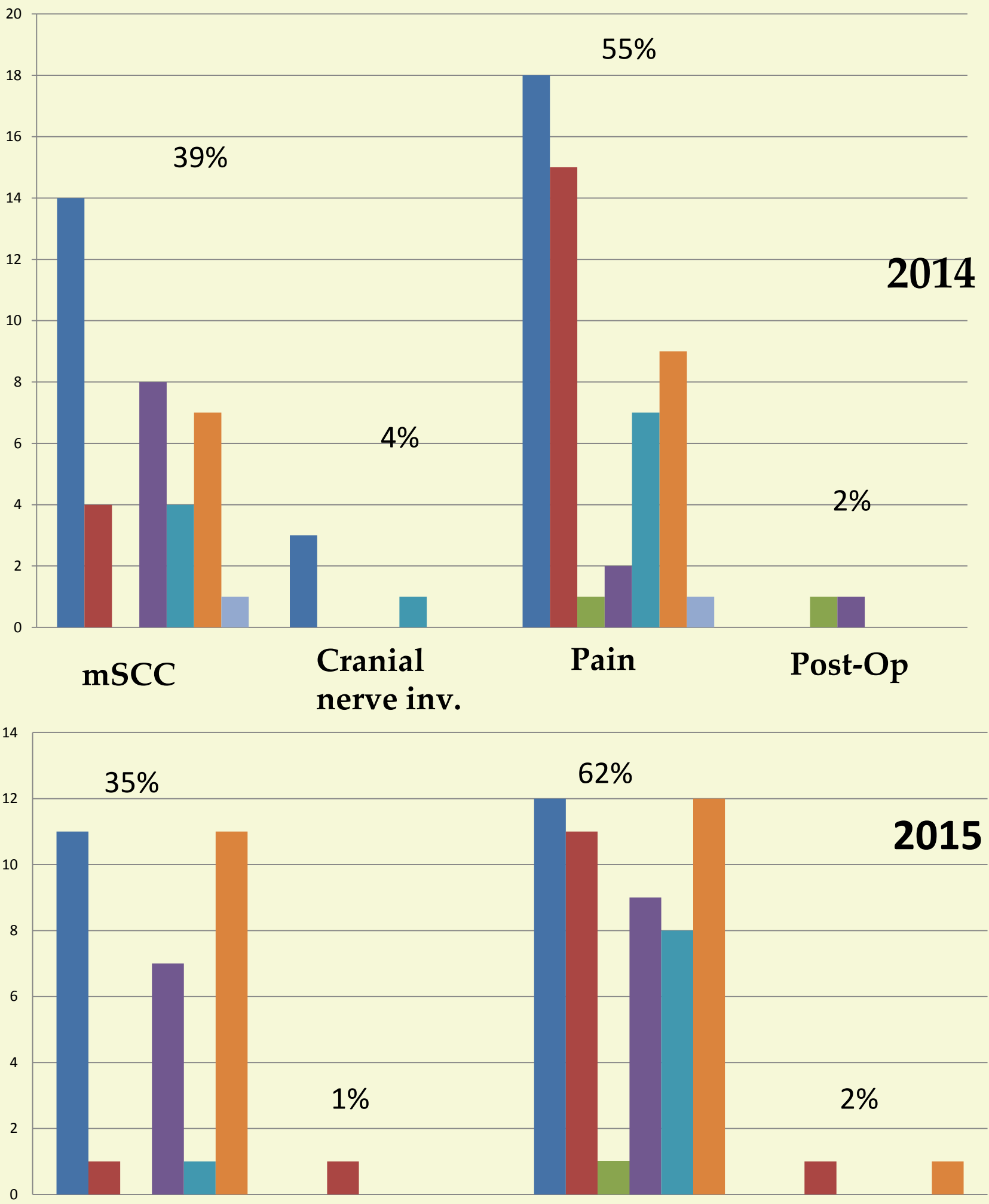
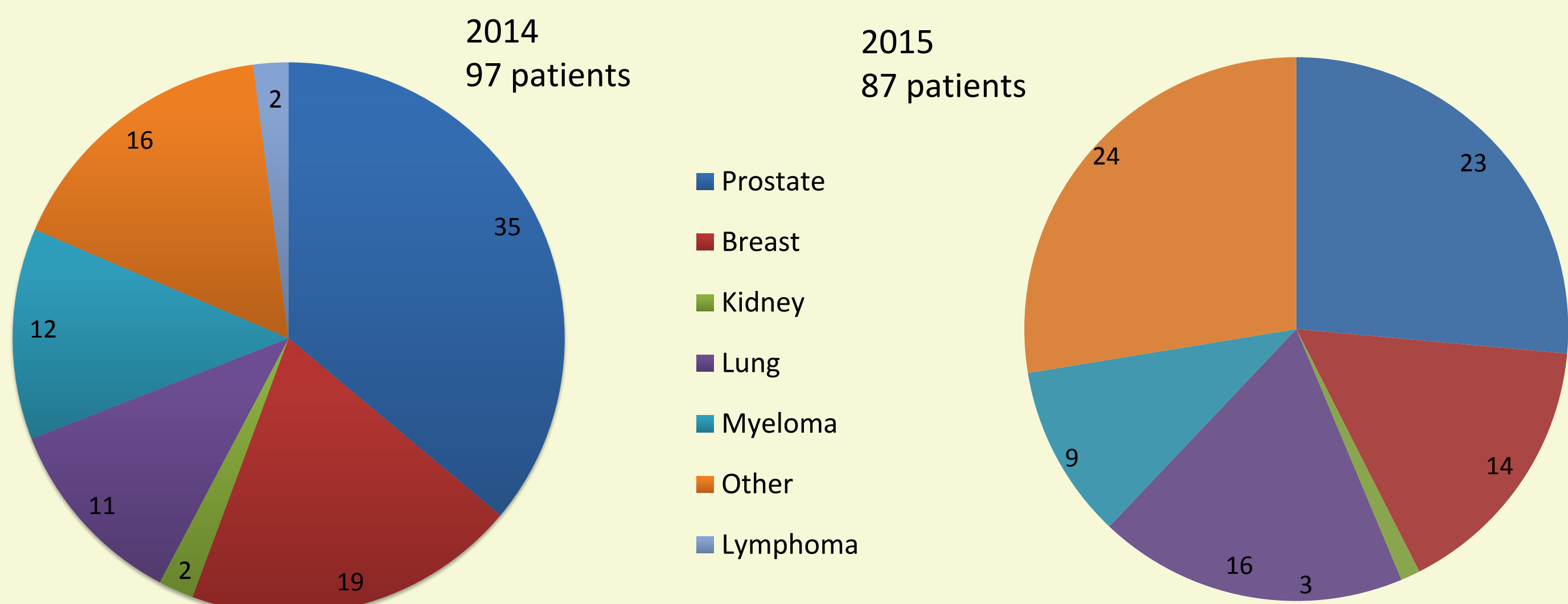
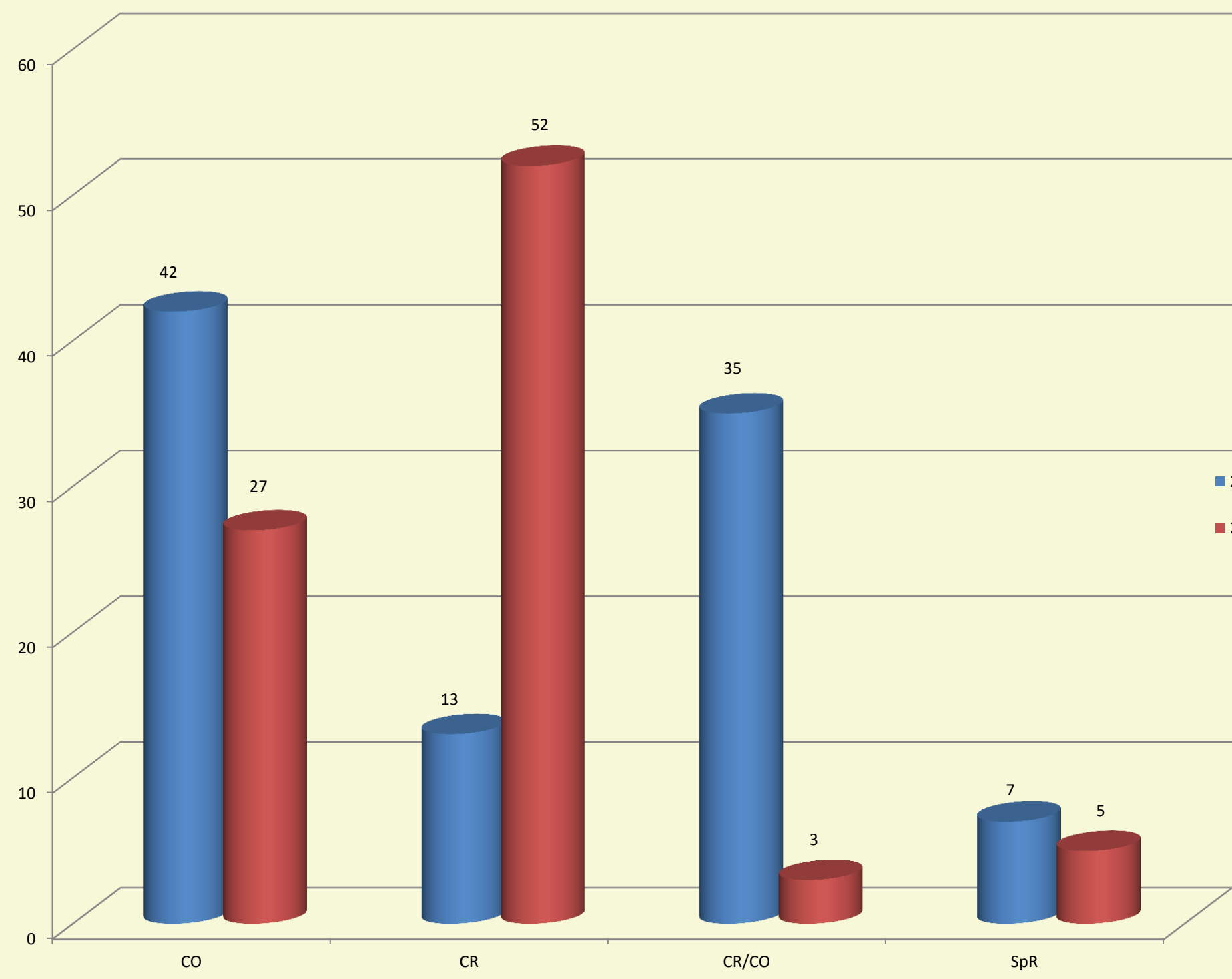


Fig. 2. Primary disease/reason for treatment

Fig. 3. Patient pathway – DTT to 1<sup>st</sup> appointment

	2014	2015
mSCC		
• Treated same day	63% (24/38)	71% (22/31)
• Within 2 days	91% (36/38)	93% (29/31)
Pain		
• Within 2 weeks	57% (30/53)	78% (42/54)

Fig. 4. Profession of responsible planner



## Discussion/Conclusion

- ❖ Comparable patient numbers, demographics, primary sites of disease allowing accurate comparison between the 2 audits periods (Fig. 1 and 2).
- ❖ PRT patient pathway expedited; 8% increase in metastatic Spinal Cord Compression (mSCC) patients treated on day of diagnosis, 21% increase in patients treated within 14 days for pain relief, indicating the involvement of the CR in PRT planning has a positive impact on the patient pathway (Fig.3).
- ❖ Increase in autonomous PRT planning by the Macmillan CR, reducing the COs' involvement in this aspect of the patient's treatment (Fig. 4). Further work is required to evaluate the potential benefit to the CO workload.
- ❖ SpR planning of PRT was static; this element requires further investigation and actions undertaken to improve SpR involvement to ensure adequate training and skills for their career development and also the ability for future rotational placements in cancer centres which do not have a PRT CR in place. One such action is the instigation of PRT planning meetings and training sessions, led by the CR.

## References

- <sup>1</sup> Department of Health (2011). Improving outcomes: A strategy for Cancer. Available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213785/dh\\_123394.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213785/dh_123394.pdf)
- <sup>2</sup> Joint Council for Clinical Oncology (1993) Reducing Delays in Cancer Treatment: Some Targets. London: Royal College of Physicians
- <sup>3</sup> National Radiotherapy Advisory Group (2007). Radiotherapy: developing a world class service for England Report to Ministers. Available at: [http://www.axrem.org.uk/radiotherapy\\_papers/DH\\_Radiotherapy\\_developing\\_first\\_class\\_service\\_NRAG.pdf](http://www.axrem.org.uk/radiotherapy_papers/DH_Radiotherapy_developing_first_class_service_NRAG.pdf)

## Contact details

Radiotherapy Department, Deanesly Centre,  
New Cross Hospital, Wolverhampton WV10 0QP.  
Contact [r.goldfinch@nhs.net](mailto:r.goldfinch@nhs.net)