

Creating a radiotherapy plan for action



Charlotte Beardmore, SoR Professional Support Officer, reports on the recent work of The DoH National Radiotherapy Advisory Group (NRAG), formerly the DoH National Radiotherapy Stocktake Working Group. She summarises the discussions from the first two meetings held in June and November 2004 and highlights the subgroups which are taking the work forward.

In May 2004, National Cancer Director, Professor Mike Richards, convened a group of experts, with representatives from service, SCoR, RCR, IPEM, DoH, Cancer Action Team, CSC Improvement Partnership, cancer networks and patient representatives. They discussed all aspects of the planning and delivery of radiotherapy services within England (representatives from Scotland and Wales were also invited). The DoH emphasised that this group, which is now known as NRAG, would enable necessary links to be made between all parties involved with the delivery of the service. The remit for NRAG was to take stock of the current position of the radiotherapy service and to plan for a world class service over the next five to 10 years.

Over 25 people sit on NRAG, which is a very influential group with a huge agenda. Audrey Paterson, Anne Shaw and Charlotte Beardmore represent the SCoR. Three therapeutic radiographers (all radiotherapy managers), Margaret Abraham, Angie Craig and Cathy Williams, are also members of NRAG, the Society's own Radiotherapy Advisory Group, and together

with Margaret van Daesdonk, Radiotherapy Manager from Shrewsbury, are members of NRAG.

The first NRAG meeting took place in June 2004. All available information about current service provision was pooled to help inform current and future needs. This included:

- Activity and waiting times. Demand, capacity, workforce and service improvement initiatives were all discussed. The meeting confirmed largely what is already known about the service – that there is increased activity and demand.
- The chair stated that there really is a desperate need to ensure everyone is doing all they can to minimise waits. RCR guidelines are often not being met and new government targets are on the horizon. A review of the skills required across patient pathways would be valuable.

Key points raised about radiography included:

- Whilst the chair acknowledged recent improvements in providing additional training places for radiographers and investment in new equipment, there was also an acknowledgment that this

was against a background of increasing workloads etc;

- Although training numbers have been increased quite considerably, an overall attrition rate of almost a third is evident. This is of considerable concern. The DoH National Radiography Project and SCoR were asked to provide further information on training issues.
- The roll out of the four-tier structure within radiotherapy has been limited by a number of factors. Now the model has been tested there is an urgent need for wider roll out to meet service need;
- The need for radiographer skills to be utilised differently within the service was highlighted. Radiographers working at advanced and consultant levels could fill obvious gaps in the services, which cause delays, particularly along patient treatment pathways around the localisation and planning of treatment. Opportunities exist for radiographers.

At the second NRAG meeting in November 2004 various workforce papers were considered and members of the group looked at the requirements for developing a

world-class service. Discussions focused on:

- Capacity planning, commissioning issues;
- Radiotherapy process, patient pathways and skills mix;
- Workforce planning;
- Technical developments;
- Radiotherapy fractionation;
- Service quality and audit;
- Longer term issues around new technologies such as proton therapy.

The main outcome of the second meeting was the establishment of four important subgroups as follows:

Scenario planning subgroup for the future service

Includes radiotherapy activity planning, modelling radiotherapy demand, linear accelerator capacity planning, commissioning and linked with new ways of working.

Radiotherapy process and patient pathway

Identify the competences required and skills mix which may be possible along the entire radiotherapy patient pathways. This would commence with the prostate pathway (due for completion early March).

Workforce requirements

This group will feed recommendations into the main DoH Cancer Workforce Review meeting in April 2005. The work from the radiotherapy process and patient pathway subgroup will contribute here.

Technical developments in radiotherapy planning and treatment

This working group, which includes Donna Routsis, Superintendent Therapeutic Radiographer from Addenbrookes, will be required to produce a report on the importance of these developments to radiotherapy and their likely cost in terms of capital investment and patient throughput:

- Greater standardisation of fractionation regimens is required. RCR will lead a paper at the next NRAG meeting.
- Other technological developments such as proton therapy will also be considered.

The next meeting of NRAG is 22 April 2005. For more information please email CharlotteB@sor.org.