

## **Feedback from National Radiotherapy Advisory Group (NRAG) meeting 22 April 2005**

### **Background**

This article provides feedback from the discussions held at the 3<sup>rd</sup> NRAG meeting held on 22 April 2005.

*For information, NRAG is a group of over 30 experts convened by the DH National Cancer Director to plan for a world-class radiotherapy service for England. Charlotte Beardmore, Audrey Paterson/Anne Shaw represent the SCoR on this national group. Service Managers on the group are Margaret Abraham, Cathy Williams, Margaret Van Daesdonk, and Angie Craig (also CSC lead Radiotherapy).*

The agenda for this meeting was:-

- a report from each of the NRAG subgroups
- plus presentations of ongoing work outside NRAG which will/may impact upon the service and its future requirements in terms of capacity, which the relevant subgroups will /may need to take account of.

### **Key points**

#### **1. Reports from NRAG Subgroups**

Developing a first class service is about getting the amount of equipment right, making calculated predictions about change in incidence of cancers, getting the workforce right, taking into account new ways of working, new technologies whilst also incorporating patient choice.

The remit of each of the subgroups is to take account of the pertinent points relevant to their work stream and make recommendations to the main NRAG.

#### **a) Scenario planning work stream**

Two strands of work, modelling of future service requirements and ways of delivering the service are underway and will report later this year. A working assumption of 50% extra capacity for the future with 25% of that capacity required now would be used by other groups until the work of this group was finalised.. Treatment targets for RT were suggested as measures to identify that the outcomes from the work of this group would meet service requirements.

#### **b) New Technology workstream**

The group stressed the need for more cohesive and structured clinical evaluation and roll out of new equipment/ways of treating. Many centres are trying to introduce new technologies and this is slowed, as workforce skills required to optimise this are scarce. Quicker and more effective roll out may be achieved if there is a more structured approach. This group are considering potential ways forward.

#### **c) Workforce worksteam**

- Patient pathway and relevant Occupational Standards (OS) have been identified; there remains concern over the depth of the standards, particularly by the RCR. It is proposed to involve the project lead from SfH within the subgroup. The group will look at the OS in entirety and ensure OS cover the entire pathway. (NB includes RT specific and generic OS). Potentially there may be need for some further review.
- Each professional group has submitted proposals re the way forward. SCoR via it's own Radiotherapy Advisory Group (RAG) will develop some exemplar staffing models etc

based around the career progression framework. (NB At the June meeting of RAG a small subgroup will be set-up to take this work forward, the aim being to report within 6 months).

### **Other key areas of work within Radiotherapy contributing to NRAG subgroup work**

**2.CSC stocktake update.** A stocktake table was presented by the CSC team showing the impact of work as a result of the CSC programme of modernisation. It was reported that there was generally an upward trend in progress with more centres inputting to the process. This work continues.

**3. Radiotherapy Episodes Project (RES).** Software has been developed by the National Cancer Analysis Team to enable direct download of treatment data, from verification systems, for all the RT centres. The data can be manipulated to provide many valuable outputs; these will be fed into the future service-modelling tool (1a above). Centres will only be able to access their own data and compare with the national average. This has the potential to be a very powerful tool; ultimately survival outcomes will eventually be generated from each data set. A clinical subgroup is being formed to direct this work.

**4.Publication of Scottish Report.** The Scottish executive commissioned a report in 2004 to consider future RT service requirements for Scotland. The report outcome should be known mid May. This utilised sophisticated modelling tools to predict service requirements, and the scenario-planning group is considering whether this model can be applied/adapted for use in England.

**5.RCR Survey of fractionation.** Choice of number of fractions for a course of RT has a direct impact upon workload and waiting times. RCR reported that if centres moved towards national guidelines for palliative RT the workload could be reduced by up to 5%. A working party will report to the RCR Faculty of Clinical Oncology- October 2005. Goal is to try to move towards greater standardisation.

**6. Breast Radiotherapy.** A large proportion of work within RT is the delivery of breast radiotherapy. The fractionation used for breast cancer varies across the UK. There are a number of trials that might impact on future capacity predictions such as the START trial which is looking at a shorter fractionation of 3 weeks and will report in 2007 and the FAST trial which reduces the number of fractions to one per week for up to 6 fractions as opposed to current treatments which are daily for 3-5 weeks, 15 – 25 fractions. Shorter fractionation can create extra capacity but it will be important to consider the impact on outcomes.

**7. HRG Review.** Payment by Results (*or really as it should be known Payment By Activity as there is no outcome measure planned!*) has resulted in a review of the current HRG's. The planning and treatment has been subdivided and new bands are being developed, which appear to be more logical and should meet the increasing costs of increasing complexity of treatment. Encouragingly the costs of various skills mix options have been incorporated. HRG's for MDT work are being considered within Cancer.

**8. What do patients want?** Small focus group of breast patients was set up to ask specific questions related to their experience of the service. SCoR agreed to circulate their resulting report to RT managers and HEI's. NRAG agreed that a national audit tool should be developed to enable formal assessment of the RT service from a patient and carer's perspective (subgroup will include Margaret Abraham, Cathy Williams and Margaret Van Daesdonk). It is planned to ask Breakthrough to present aspects of the report at the SCoR College Conference within the Radiotherapy section.

**9.Brachytherapy.** There is a significant change in the use of brachytherapy for certain cancer sites, increase in prostate use and decrease in cervix treatments. RCR will establish a working party to review brachytherapy service requirements. There was strong support for including brachytherapy within the Manual for Cancer Services. This work will provide the necessary Cancer measures for this area of work.

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