



Meeting: Radiotherapy Expert Advisory Group
Date: 20 July 2018
Time: 2.00 - 4.00pm
Venue: Evolve Business Centre

Present:	Name:	Initials
	Tony Branson, Alliance Clinical Lead, Cancer Alliance	TB
	Cheryl Buchanan, Deputy Directorate Manager, Newcastle	CB
	Kevin Burke, Head of Radiotherapy Physics, South Tees	KB
	John Frew, Consultant Clinical Oncologist, Newcastle	JF
	Claire Huntley, Interim Radiotherapy Manager, South Tees	CH
	Susan Lamb, Acting Directorate Manager, Newcastle	SL
	Adrienne Moffett, Alliance Delivery Manager, NCA	AM
	Steve Mattock, Head of Radiotherapy Physics, North Cumbria	SM
	Suzanne Stanley, Radiotherapy Services Manager, North Cumbria	SS
	Hans Vander Voet, Consultant Oncologist Radiotherapy Lead, James Cook Hospital	HV
	Chris Walker, (Chair) Head of Radiotherapy Physics, Newcastle	CW
In Attendance	Laura Lund, Business Support Assistant, NCA	LL
Apologies:	Alison Featherstone, Alliance Manager, Cancer Alliance	AF
	Lisa Jordan, Service Specialist, NHS England	LJ
	Jonathan Slade, Deputy Medical Director and Responsible Officer, Cumbria and the North East	JS

MINUTES

	Lead	Enclosure
1. INTRODUCTION		
1.1 Welcome and Apologies		
CW welcomed all to the meeting and introductions were made. Apologies were noted as above.		
Welcome was given to Cheryl Buchanan, who will be replacing Susan Lamb within the group, Susan is retiring Thanks were given to Susan for all the work she has done as a member of the group		
1.2 Declarations of Conflict of Interest		
There were no declarations of conflict of interest made.		
1.3 Minutes of the previous meeting (11 May 2018)		
Minutes of the previous meeting were accepted with the following amendments:		
2.5 Sharon Sprigham - surname is Spriggs		
3.1 Staff Vacancies: Cumbria, remove 3 Vacancies still outstanding.		
1.4 Matters arising		
<ul style="list-style-type: none"> North Cumbria Update – Oncology/Radiotherapy Provider 		

A stakeholders event including the 3rd Sector has taken place, feedback of plans has been overall very positive. Staff have requested a staff room, space has been identified for this. A number of joint meetings have been held to look at function and fittings required of rooms across the whole building.

The core service and business model will be ready by the end of September with a decision by the 23rd November. The outline business case is awaiting final approval. Demolition of old building is scheduled to start in October.

- **Papillion – demand assessment**

The group discussed the possible number of patients for this service and the available evidence to support its use.

The decision being these are not sufficient to support a business case.

CW indicated that this is in line with the CRG findings and NHSE will probably not routinely commission a service.

Providers are to share protocols for referral and have clear guidance within MDTs. Engagement is required with the nearest provider, Hull.

To be removed from agenda.

- **Workforce Development**

Sarah Hamilton (SH), from HEE but working with the NCA, has meet with service leads of all providers. The NCA is focussed on the whole oncology workforce with a dedicated event planned.

CRG – have been analysing the workforce with focus on the why staff are leaving. Additional investment in radiotherapy is needed to look at recruiting more staff for all aspects of the profession.

CW has serious concerns re vacancies within the service. Need to attract the right workforce to make employees want to stay within the service.

There is a view to extend the number of trainee registrars.

2. AGENDA ITEMS

2.1 Radiotherapy Regional Protocol Format

KB feedback from the Radiotherapy Protocol Meeting that took place on, 29th June 2018. There was representation by all providers with a template for a regional protocol being drafted. This will be circulated once available.

The group also discussed the need to review all protocols regionally with reference to the use of 'off protocol' treatments. The group discussed the use of these and the administrative issue of recording commonly used protocols that are not attached to *Casper* and therefore recorded as 'non protocol'.

JF suggested the need to look at variation within the region and align protocols available within each disease group.

SM raised the issue of recording changes to standard target volumes, Newcastle record this in the QMS.

2.2 Draft ToR for a Network Board

AM explained a draft ToR for a future Network Board to the group, this is to be shared for comments, mainly of the headings as content will depend on Service Specification. The group commented on the need for the addition of Specialised Commissioning within the membership and the advantages of having provider management representation to aid with decision making.

CW shared points on the service specification from the CRG meeting: main items being travel times, incorrect fear over centres closures in Cornwall and sub speciality patient numbers.

2.3 Regional audit of Skin Cancer

No consensus from skin EAG re use of SXT. This will be followed up at the next Skin EAG.

CW feedback on the Leeds experience who do not have SXT, they use electrons or brachytherapy (special applicators).

Regional skin protocols will have to be future proofed for treatment without SXT

2.4 Regional coding practice – palliative, breast

This was discussed at the protocol group meeting: the network codes consistently with KB suggesting that coding need to be agreed regionally for new techniques and could be agreed as part of protocol development. It was also identified that RTDS is open to interpretation.

2.5 Discussion Paper for the Expert Advisory Groups

Discussed amongst group and was agreed that Alliance Support is welcomed.

2.6 Cancer Alliance Update

Work streams – Early Diagnosis & Living With and Beyond Cancer Funding, application is dependent on 62 day target, 100% funding was received with the first quarter.

TB is retiring at the end of September and stepping down as Clinical Lead.

Northern Cancer Alliance Structure:

Chair Mr Andrew Welch, Medical Director, Newcastle upon Tyne Hospitals NHS Foundation Trust

Cancer Alliance Manager Alison Featherstone

Clinical Leads x 2 1 – Dr Katie Elliott
1 – Vacancy (when TB Retires)

3. STANDING ITEMS

3.1 Activity/Waiting Times

South Tees – to be discussed at next meeting

Cumbria – to be discussed at next meeting

Newcastle – IMRT 47.8% (total)

- Waiting times Radical 19.2 days
- Waiting times Palliative 11.2 days

Referrals have gone up compared to 2017 with attendance going down.

Cumbrian commented that their attendances are above average.

3.2 Staff Vacancies

Middlesbrough:

Business Manager Post – start September '18

Quality Manager Post filled

Consultant radiographer appointed

Band 5 vacancy

New CCO appointed

Cumbria

1 Radiographer post waiting to start

2 medical physics posts – 1 filled

Newcastle

Have been effected by losses to the Rutherford centre

Medical Physics fully staffed

Funding for PTP Trainee who has been appointed (training with Lancaster University 2 year post)

Radiographers staffed by September

3.3 SRS

More referrals from south of the area

A/P Data to be brought to the next meeting

All

3.4 Intraoperative Radiotherapy

Newcastle has had presentation from Mobetron for use for lower GI patients.

NHS England does not routinely commission intra-operative radiotherapy. It was deemed only appropriate for patients who have a good prognosis or are frail.

3.5 Innovation for Sharing – palliative VMAT

VMAT treatments have commenced in Newcastle for palliative lung patients

JCUH - Clarity System has been installed for ultrasound based verification for prostate patients, training from September '18.

3.6 Proton Beam Therapy (PBT)

PBT in Manchester in, October 18.

Public Consultation on use is happening now.

Rutherford Centre, Bedlington-

Linac to commence treatment in August '18

Proton Beam Therapy to be handed over February '19,

NHSE will not commission this service

3.7 SABR CtE

NHSE stance is to continue treating patients whilst interim

analysis is made and a commissioning decision is made.
The end of the evaluation period is September 18.

Initially viewed as being of clinical value with good patient experience with analysis of toxicity levels being vital.

3.8 Superficial X-Ray Treatment (SXT) (Watching Brief)

Also discussed as part of section 2.3

3.9 Clinical Reference Group Feedback

Updates have been given over the course of the meeting

NHSE now have knowledge of the Linac/MRI with N NIHR to investigate evidence for its use. Hopefully this will drive MRI target delineation.

There is no radiotherapy tariff assigned to this.

3.10 PPV Feedback

No update from last meeting. It was suggested that a Lay Members would best represent this meeting instead of patients to bring a wider view. The group felt if a patient representative model was followed it would need to be time limited, to bring in new experience.

It was felt a Lay Member could better challenge what is being discussed within the group and are able to feedback to/from patients and group.

It was agreed to see what requirements would come out of the new radiotherapy specification with regard to representation on the network board.

3.11 Governance

None, to be discussed at the next meeting

3.12 Any Other Business

- As agreed at the last meeting CW wrote a letter to South Tees FT re the decision to recruit a business manager and not a Radiotherapy Lead within JCUH, a reply has been received stating that the job description had been reviewed that will alleviate concern of the alliance. The job is to be advertised internally with the revised Job Description.

- Radiotherapy Service Specification:
There is a need for IT systems to communicate with one another especially to satisfy collaborative peer review. During a national meeting (March) to discuss this, an USA company, demonstrated their cloud based application called **Proknow**.

There is a trial taking place nationally with 3 separate groups:

- James Cook Hospital and Newcastle Hospital
- Coventry and Worcester
- Nottingham and Northampton

Pilot is starting this week to begin evaluating anonymised data. This should be a good test bed as the individual groups use different equipment.

Expert Advisory Group advised have a look at the site, link below:

<https://proknowsystems.com/>

- Plans/Peer Review:

Both JCUH and Newcastle have initiated a system for peer reviewing of planning decisions

JCUH are to start a retrospective and prospective review of cases on a monthly basis. These are to cover each tumour site. A system like Proknow could be utilised for free view of sub-speciality sites.

Newcastle are using site specific templates for peer review that will bench mark the requirements. Reviews are been recorded within Aria.

Head & Neck are championing this and now looking at Lung peer reviews. There are still some processed to be worked through with 2 CCO conducting a valued pre-planning discussion.

- Cumbria has been mandated to do prostate VMAT. With the group supportive of commencing VMAT prostate bed and the subsequent auditing of plans. This is to be taken to specialised commissioning. JCUH have conducted an audit on VMAT imaging
- SL asked about Breach Reallocation rules that have come into being from 1 July especially around the inter provider transfer date. This is effecting SABR referrals AM to ask at the alliance about guidance and the opinion of cancer managers.
- Below is the link discussed:
To register as a Radiotherapy CRG stakeholder.
<https://www.england.nhs.uk/commissioning/spec-services/get-involved/crg-stake-reg/>

3.13 Future Meeting Dates

Friday 26th October 2018, 2.00 – 4.00, Evolve

4. MEETING CLOSE

CW closed the meeting.

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