Network Radiotherapy Group Annual Report
(11-1E-102t)
2010/11
Agreement Cover Sheet

This Annual Report has been agreed by:

<table>
<thead>
<tr>
<th>Position</th>
<th>Chair of the Network Radiotherapy Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Dr Phil Murray</td>
</tr>
<tr>
<td>Organisation</td>
<td>Colchester Hospital University NHS FT.</td>
</tr>
<tr>
<td>Date Agreed</td>
<td>19th July 2010</td>
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<table>
<thead>
<tr>
<th>Position</th>
<th>Chair of the Network Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Sheila Bremner</td>
</tr>
<tr>
<td>Organisation</td>
<td>NHS North Essex Cluster</td>
</tr>
<tr>
<td>Date Agreed</td>
<td>Planned 19th July 2011</td>
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Network Radiotherapy members agreed the Annual Report on: 28th July 2011
### Introduction

Radiotherapy for the majority of the population of the Essex Cancer Network is provided by 2 radiotherapy centres in Colchester and Southend.

The Essex cancer network was formed in 2007 by the merging of the South Essex Cancer Network and the Southern part of the Mid-Anglia Cancer Network.

The Network Radiotherapy Group (NRG) was formed to provide guidance to the network about commissioning of radiotherapy services in line with the NRAG/Cancer Reform Strategy and Improving Outcomes: A Strategy for Cancer.

Following the initial meetings of the network radiotherapy group a model was developed for the expansion of radiotherapy to the population of Essex which would involve the additional commissioning of radiotherapy linear accelerator capacity to a total of 11/12 machines and the preferred model was a 3 site option. This model was reviewed by the commissioners in 2010/11. Following an independent review and use of actual 2009/10 data the model for expansion suggested 10/11 machines by 2016. Following a commissioner led options appraisal process the ECNB recommended a 2 centre expansion option to provide this capacity. The radiotherapy group continues to give guidance with regard to the appropriate commissioning of radiotherapy services.

**Key achievements in the last 2 years include:**

A review of the capacity requirements for the network in line with NRAG.

B. A review of cancer incidence and radiotherapy access.

C. A review of accessibility and travel times.

D. A review of fractionation levels by PCT.

E. Waiting times review.

F. Review of radiotherapy equipment capacity and equipment requirement.

G. A successful first peer review visit in March 2011.

### NRG Meetings Schedule / Attendance

**Network radiotherapy group meetings chaired by Dr Philip Murray took place on the following dates:**

- 2010: 23rd April 10, 18th June, 6th August, 15th October
- 2011: 28th January

The minutes of the network road radiotherapy group meetings are included in appendix. A.

### Annual Review

**Date:** 14th January 2011
### Conducted by:
Mr Tom Carr Medical Director ECN.
The notes of that meeting are included in appendix C.

<table>
<thead>
<tr>
<th>Activity Overview/RT Centre Reports</th>
<th>CHUFT Radiotherapy Centre Report (based on Essex County Site)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Workload 2010/11</strong></td>
<td></td>
</tr>
<tr>
<td>linear accelerator fractions 25390</td>
<td></td>
</tr>
<tr>
<td>superficial fractions 1258</td>
<td></td>
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**Equipment status**
- 3 linear accelerators, no service continuity machine.
- Linear accelerator 1 is 12 years old
- Linear accelerator 2 is 10 years old
- Linear accelerator 3 is 6 years old

**Staff increases**- planned increase in 2011/12. 4.9 wte requested

**Equipment replacement program**
There are no current plans to replace the aged linear accelerators in Colchester on the Essex County site. It is expected that state-of-the-art linear accelerators will be commissioned on the CGH site by 2013/14.

**Developments in 2010/11**
- LDR brachytherapy system was replaced in 2011
- CL1 and LA3 Electronic Portal Imaging Detector units were upgraded to aSi in March 2010.
- Eclipse Radiotherapy Treatment Planning System delivered April 2010.
- In-vivo dosimetry has commenced in 2010.

**Developments in 2011/12**
- Simulator to be replaced with a CT Simulator in Oct 2011

**Ongoing concerns**
- Ageing accommodation and lack of space to expand at Colchester.
- Oldest Linac at Colchester needs replacing now, decanting bunker or new centre urgently required.
- Radiotherapy Physics staffing levels.
SUHFT RT department report:

SUHFT is the agreed network department to start the introduction of IMRT from Dec 2009 with CHUFT to follow in early 2011. *(11-1E-119t)*

**Workload 2010/11**

- linac fractions
- HDR Insertions
- D/SXT #

**Equipment status**

- 3 linacs includes 1 service continuity machine.
- LA3 - 12 years old
- LA 4 & 5 - 4 years old
- SimCT - 13 years old
- CTSim - 3 years old
- Staff increases - None

**Equipment upgrades**

- 4th Linac commissioned during 2009/10.
- The new machine has IGRT and VMAT
- The VISIR R & V system was replaced by MOSAIQ in March 2010.

**Concerns**

IMRT has had an impact on capacity as this is a time consuming method of treatment delivery, hopefully the introduction of Vmat on two LA's next year will help to alleviate this.

<table>
<thead>
<tr>
<th>Waiting Times</th>
<th>Both sites are meeting the 31 day subsequent RT standard. Discussions to ease capacity in Colchester by transferring the treatment of some patients from the South East of Chelmsford have been initiated and are ongoing.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>31 day subsequent RT Due December 2010.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Network Audit</strong></td>
<td>Network audit meetings took place on the 26th February 2010 and 24th June 2011. Appendix B</td>
</tr>
<tr>
<td><strong>Radiotherapy Treatment Protocols (11-1E-109t)</strong></td>
<td>A review of fractionation regimes at both centres was carried out. Protocols were compared with the NRAG treatment trees and disparities were discussed. It was concluded that all fractionation regimes conform to RCR grade A</td>
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fractionation recommendations.

Details of the fractionation review are outlined in the Project Plan within the constitution.

Audits of fractionation of specific tumour sites will be undertaken at intervals to confirm adherence to protocols.

<table>
<thead>
<tr>
<th>Radiotherapy Expansion Developmental Proposal. (11-1A-302t) (11-1A-304t)</th>
<th>The plan was reviewed in September 2010. A revised options appraisal was undertaken and a new recommendation made by the ECNB. This recommendation will be forwarded to PCT boards for consideration. Recommendation endorsed by the PCT plans underway to develop a 5 bunker department at Colchester General Hospital</th>
</tr>
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<tbody>
<tr>
<td>Research</td>
<td>The Network Radiotherapy Group receives information on open, recruiting research studies from the Essex Cancer Research Network Manager. The research teams at the sites actively support radiotherapy studies across the tumour sites. Colchester hospital has a specialist Research Radiographer to support radiotherapy studies funded by the Comprehensive Local Research Network and Southend Hospital will be advertising a similar post during 2011/12. The current list of studies and 2010/11 recruitment is included as Appendix D</td>
</tr>
<tr>
<td>Patient &amp; Carer Feedback and Involvement</td>
<td>The Network Radiotherapy Group recruited an active patient member. The patient representative has attended 100% of the groups meeting during the period of this report. The group will make efforts to recruit an second rep during 2011/12.</td>
</tr>
<tr>
<td>Fractions per million Population (11-1A-307t)</td>
<td>The health needs adjusted number of fractions to be delivered by December 2010 to be in line with NRAG is 55,800 per annum. The extrapolated figures for the end of 2010 show 46,674 fractions were delivered in 2010. NRG and the Network recognise there is a large gap between the predicted and actual number of fractions delivered and has therefore included a study intended to discover the nature and number of the “missing patients” in the 2011-14 work programme. The low number of fractions cannot be ascribed to the treatment protocols themselves being below recommended fraction numbers as the two centre’s have been shown to conform to RCR best practice.</td>
</tr>
</tbody>
</table>
1. Apologies

Colin Trask, James Green, Dr Madhavan, Stephen Walsh, Theresa Bell, Audrey Loos, David Tsang, Nicolai Greet, Ashley Solieri, Neville Davidson, Alan Lamont, Sonia Tankard, Tracy Porter, Tom Carr, Mark Porter

It was acknowledged that the group was not quorate, however, it was agreed that it would be useful to still review Agenda and discuss some key issues.

2. Previous Minutes – 26th February 2010

These were agreed as a true record of proceedings.

3. Matters Arising

3.1 Radiotherapy at MEHT

SS was able to provide an update in respect of information that had been passed to her by MEHT.

The MEHT time table is as follows:

- PPQ’s have been issued to potential providers and these are due to be returned by the end of April.
- Evaluation of bids will take place between July and August.
- Board decision on preferred provider will be made early September and formally announced thereafter.
- Building could commence as early as Spring 2011. Building would take 18 months, and potentially be complete late 2012.
SS stated that they were putting pressure on MEHT to get sight of the Business Case as soon as possible so that they can undertake their own financial analysis and risk assessment.

In respect of the implications for CHUFT and their Strategic Development Plan, MEHT Commissioning Team are meeting with both Sue Barnett at CHUFT and Malcolm McFrederick at Southend in the coming weeks.

CHUFT desperately need to conclude and sign off their local Strategic Development Plans and are having problems doing so until there is absolute clarity around a development at MEHT. The options at CHUFT would depend on whether or not a facility is developed at MEHT. CHUFT also hope to stick to a similar 2012 time line for transfer to new radiotherapy facilities on Colchester General Hospital Site.

3.2 ECN Capacity Plans

2010

a) CHUFT - PM confirmed that CHUFT were putting in place plans to meet the demands of 2010/11, including the 31 day target. The Trust has given a commitment to increase radiographer staffing levels. Currently CHUFT are treating circa 80% of patients within 31 days. In order to increase capacity, they are extending the working day to 6/7.00pm. There is trust commitment to increase workforce by 5 more radiographers; still no clarity, however, on physicists; also consultants have agreed to increase working day to cover on a shift basis.

PM confirmed that with these measures, CHUFT are confident that they can meet the 31 day target.

Mid Essex patients being served by Southend R/T Dept, remains a key contingency to meeting the demands of 2010. SS confirmed that they were meeting in the coming weeks with Malcolm McFrederick and the team at Southend to pick up these discussions and potential pathway development from Mid Essex.

2016

As discussed above.

3.3 Network Wide Audit

Recent Audit event was successful.

Action: PM to write to group members for Audit topics for presentation late 2010/early 2011.

3.4 National Radiotherapy Dataset Project

Both centres committed to uploading data to the National Project.
3.5 Regional Workforce Planning

Reference made to outputs from work led by Mark Rowes on behalf of the East of England SHA. His report acknowledges particular pressures within Essex and the need for increased trainee numbers to meet future demand.

3.6 2010/11 Work Programme

PM in partnership with KMK to draft 2010/11 Work Programme, which will concentrate largely on addressing Peer Review measures and ensuring successful visit.

4. New Business

Commissioning Guide for IMRT – Document has been circulated to group for information. PM confirmed that CHUFT have all the kit in place and are ready to commence IMRT. There may be some delays in terms of the comprehensive medical physics support required to commission new services. It is envisaged, however, that it will be available within the next 6 months.

IGRT is unlikely to be in place until the new equipment is installed at CHUFT.

Proton Therapy at UCH – UCH has been identified as one of the two National Centres for providing Proton Therapy in the future. UCH are writing to provider referring units for their support. This group would be supportive of the Proton Therapy Development at UCH.

Radiotherapy Peer Review Measures – Comprehensive Peer Review measures have now been published with Essex Cancer Network due to be visited February 2011. In advance of this visit, comprehensive work is required to meet these measures.

Group agreed that the Network would benefit from some dedicated project time to support both provider units and the Network to meet the challenges of Peer Review in 2010. KMK confirmed that he had ring fenced service improvement money to provide some dedicated project management support as required.

National Meeting: Maximising the Impact of Network Radiotherapy Group 13th July -

Reference made to this key meeting. PM agreed to attend, but other group members are welcome to enrol.

5. Any Other Business

KMK departure - KMK confirmed that he was leaving the Network on 30th April 2010 to take up a Senior Commissioning role in South East Essex PCT. PM took the opportunity to thank Kevin for his hard work and support to the Radiotherapy Board and the progress made over the last 2.5 years. He also wished him well in his new role.
Essex Cancer Network – Radiotherapy Board Meeting

Friday 18th June 2010
2.30pm - 4.30pm
Kestrel House, Board Room

Minutes

Phil Murray (Chair) PM Consultant Oncologist, CHUFT
James P. West JPW User Representative
Nicolai Greet NG Radiotherapy Services Manager, SUHFT
Neville Davidson ND Consultant, MEHT
Tom Carr TC Medical Director, ECN
Sonia Tankard ST Radiotherapy Manager, CHUFT
Rachael West RW Cancer Services Manager, CHUFT
David Tsang DT Oncologist, SUHFT

1. Apologies

Dr. K. Madhavan, Matt Riddleston, Belinda Grant, , Suzanne Sinclair, Sue Maughn, Ashley Solieri, Theresa Bell, Audrey Loos, Mark Porter, Tracey Beastall

2. Previous Minutes – 23rd April 2010

These were agreed as a true record of proceedings.

3. Matters Arising
3.1 Radiotherapy at MEHT

ND updated the meeting to state that three private sector bidders are involved in the business case for the provision of radiotherapy at MEHT. The full business case will be taken to the MEHT Trust Board in the first week of September. TC expressed his hope that the MEHT decision is discussed at the Network Board on 14.09.10. JW informed the board that he had e-mailed several members of the management team at MEHT to try and gain clarification about the progress with regard to the radiotherapy facility in Mid Essex in advance of the board meeting. It was indicated to him that he would receive a response at the radiotherapy board meeting by a MEHT representative.

3.2 ECN Capacity Plans 2010

a) SHUFT - DT and ND confirmed that there had been progress on the plans to accommodate the referral of a number of patients from the southern part of Mid Essex catchment area to Southend. The plan is that Southend will expand its workforce to provide 3,000 – 4,000 fractions by year end 2010.

b) CHUFT - ST confirmed that the post for five radiographers have been approved and the extended day is working well. The issue around physics remains unresolved and it was suggested that PM would write to Chris Davison at CHUFT for clarity with regard to this.

Action: PM to write to Chris Davison at CHUFT

3.3 Radiotherapy Peer Review Planning

The radiotherapy peer review measures were reviewed and it was agreed that many hours of work are required to appropriately document compliance with the measures where compliance already exists and a significant amount of work was required to achieve compliance where this is lacking. The network has agreed a sum of up to £20K to fund clerical assistance to compile the measures. Caryl Shaw at SHUFT and Lorna Dewar at CHUFT have been approached to work two days and one day a week respectively over the next few months alongside the radiotherapy board team members to achieve compliance.

3.4 Network Wide Audit

It was noted that the outcomes of the previous network wide audit meeting do need to be formally documented for peer review. These will be included in the radiotherapy board annual report. Future topics for audit were discussed and it was suggested that a palliative radiotherapy bone mets audit and a whole brain palliative radiotherapy audit
would be suitable topics.

**Action:** DT and PM to suggest a list of relevant clinicians in each department.

### 3.5 National Radiotherapy Dataset Project

Both departments submitting data to this project. Item to be removed from the agenda but data will be included on the annual report.

### 3.6 Regional Workforce Planning

This report has been helpful in informing the need for expansion in radiographer staffing levels, particularly at CHUFT.

### 3.7 2010/11 Work Programme

PM and the new network director/assistant director to discuss, review and agreed 2010/11 work programme.

### 4. New Business

#### 4.1 Intensity Modulated Radiation Therapy

It was agreed that this would be a standing item on the agenda and that progress in each department would be regularly reviewed. Southend are currently delivery IMRT to selected head & neck patients and they are unable to deliver the NRAG recommended proportion of IMRT treatment due to machine and radiographer capacity limitations. Colchester are currently commissioning IMRT.

#### 4.2 Change Management

A peer review requirement is that any significant changes in technique or treatments by any of the departments should be presented to the radiotherapy board to ensure that the appropriate quality assurance/documentation has been put in place for the safe delivery of this change.

This will be a standing item on the RT board agenda.

#### 4.3 In Vivo Dosimetry
Southend has long established in vivo dosimetry for the first treatment of radical patients. Colchester is currently implementing this.

4.4 JW informed the board that he had written to Simon Burns new MP in Mid Essex requesting his support for the establishment of a radiotherapy facility in Chelmsford and he has confirmed his support for this.

5. Any Other Business

Nil

6. Date of Next Meeting

Friday, 6th August 2010 – 2.30pm-4.30pm - Kestrel House Board Room

Essex Cancer Network – Radiotherapy Board Meeting

Friday 6th August 2010

2.30pm - 4.30pm

Kestrel House, Board Room

Minutes

Phil Murray (Chair)    PM    Consultant Oncologist, CHUFT
James P. West         JPW   User Representative
Nicolai Greet         NG     Radiotherapy Services Manager, SUHFT
Neville Davidson      ND     Consultant, MEHT
1. **Apologies**

Dr. K. Madhavan, Suzanne Sinclair, Ashley Solieri, Theresa Bell, Fiona Peskett, Tracy Porter, Jackie Gibson

2. **Previous Minutes – 18th June 2010**

These were agreed as a true record of proceedings.

3. **Matters Arising**

3.1 **Radiotherapy at MEHT**

MA said that MEHT were working with 3 potential partner organisations to develop the Business Case for the satellite radiotherapy unit at Broomfield. He added that 2 of the 3 had agreed to the condition imposed by MEHT that all fractions would be at National tariff.

The Business Case will not be ready until the end of September 2010 so MA proposes to take a paper with the main parts of the Business Case to the ECN Board meeting in September.

MA added that when they are down to one potential partner he will be able to share more details of the Business Case.

The Business Case will be taken to MEHT Board in October 2010.

PM asked how many LINACS were included in the plan. MA said that he could not say at this stage as it was still part of the discussions. It may be one initially with a second later or two initially.

PM said that it was important that they see the plans as Colchester need to make their
plans for their future capacity.

SM tabled a draft Risk Assessment document for discussion. She said that she would like to take this to the ECN Board in September and asked for comments to be sent to her as soon as possible so that she could reissue in time for the September Board meeting. She also asked for comments on an Action Plan to be forwarded to her in the same timescale.

3.2 ECN Capacity Plans 2010

DT confirmed that SHUFT could take more patients from MEHT (4000 fractions), but were waiting for NHS Mid Essex to confirm that they agree to the arrangement. He added that they need to know as soon as possible as they could not react at short notice as they would have to recruit additional staff.

PM said that Colchester was increasing their capacity by extending their hours, but this was not flexible.

JPW suggested that if there was a problem at Southend, could MEHT patients be sent to Queens. DT said that there was not a problem at Southend; they just needed a confirmation of the transfer. He added that Queens had actually reduced their capacity. He also added that a group of patients should be identified who could transfer from Colchester to Southend. This should not be an issue financially as it was a straight transfer of the cost of 4000 fractions from Colchester to Southend.

The RT Board supported the transfer of 4000 fractions from Colchester to Southend.

The lack of Commissioners at the meeting was noted.

TC suggested that they be subpoenaed to attend the next meeting. He added that this group make decisions and then discussions take place elsewhere which overturn these decisions. If anything goes wrong with the service it will be the RT Board who take the responsibility.

PM asked if we could ensure commissioner representation at the next meeting.

**Action:** SM to try to ensure that PCT Commissioners attend the next meeting.

3.3 Radiotherapy Peer Review Planning
Caryl Shaw at SHUFT was working on the SHUFT Locality and Network measures and Lorna Dewar at CHUFT was working on the CHUFT Locality Measures.

MS said that he was working two days a week on Peer Review and was happy to help. He added that he would be reviewing the RT service at Mount Vernon Hospital (both Locality and Network measures) in September so may pick up some valuable information to help with the preparation.

The Self assessment and uploading of documents was required by 14th February 2011, with Peer Review visits to Colchester on 28th February 2011, Southend on 1st March 2011, and Network on 2nd March 2011.

MS suggested that we should aim to get everything uploaded by the end of 2010.

PM asked for an update on progress at the next meeting.

3.4 Network Wide Audit

PM had e-mailed the relevant clinicians at SUFHT and CHUFT to ask them to participate in a Network wide audit of palliative radiotherapy for brain metastases and bone metastases. No firm replies of agreement have been received. PM and DT to chase.

PM also invited ideas for audit from all members of the board for the next audit meeting in Spring 2011

Action: PM and DT to chase clinicians within their departments to agree audits for next audit meeting.

Audit Topics from other board members to be suggested at next meeting

3.5 National Radiotherapy Dataset Project

PM said that the National Cancer Action Team had a website for data collection www.canceruk.net/rtservices/rtds He suggested that data collection could be part of the future audit

3.6 2010/11 Work Programme

No progress
3.7 Essex Cancer Network Update

SM reported that due to the current financial situation and in light of the White Paper, the post of Network Director had not been filled. She would be acting as Interim Director until the future of Networks and where they sit in the new structure has been decided.

In line with PCT cuts in Management Costs, the Network had been asked to make similar cost reductions.

3.8 Intensity Modulated Radio Therapy

DT reported that, despite no funding, Southend was just doing IMRT. All Head & Neck patients who were suitable for IMRT were receiving it. They are currently managing 2 plans per day (Christies were doing 3 plans per day but had been doing it much longer).

When they compared IMRT to the old Head & neck procedures they calculated that it probably took no longer.

MP reported that at Colchester a planning system was being commissioned and should be running by the end of the year. They are working with Ipswich and Addenbrookes to develop protocols.

4. AOB

PM reminded TC that he needed an Annual Review.(Peer Review Requirement)

Action: TC and PM to arrange a meeting for the Annual Review

5. Date of Next Meeting

Friday, 15th October 2010: 2.30-4.30pm: Kestrel House Boardroom
Essex Cancer Network – Radiotherapy Board Meeting

Friday 15th October 2010
2.30pm - 4.30pm
Kestrel House, Board Room

Minutes

Phil Murray (Chair)  PM  Consultant Oncologist, CHUFT
James P. West    JPW  User Representative
Nicolai Greet  NG  Radiotherapy Services Manager, SUHFT
Neville Davidson  ND  Consultant, MEHT
Suzanne Sinclair  SS  Assistant Director, Commissioning, NHS Mid Essex
Sonia Tankard  ST  Radiotherapy Manager, CHUFT
Rachael West  RW  Cancer Services Manager, CHUFT
David Tsang  DT  Oncologist, SUHFT
Jan Bergman  JB  Director, MEHT
Mark Porter  MP  Head of RT Physics CHUFT
Sue Maughn  SM  Interim Network Director ECN
James Green  JG  Head of RT Physics SHUFT
Mark Angus  MA  Director of Performance & Planning MEHT
Krishnaswamy Madhavan  KM  Clinical Lead, ECRN
Victoria Dawson  VD  Management Trainee, Institute of Innovation
Ashley Solieri  AS  ECRN Manager
Carol O’Leary  COL  Nurse Director, ECN
Audrey Loos  AL  General Manager Cancer Services SUHFT
1. **Apologies**

Fiona Peskett, Kevin McKenny

2. **Previous Minutes – 6th August 2010**

These were agreed as a true record of proceedings.

3. **Matters Arising**

3.1 **Radiotherapy at MEHT**

The MEHT radiotherapy business case has still not been seen by all Board members, although it has been shared with SS as a Mid Essex Commissioner. MEHT are still not willing for it to be seen by a wider audience due to its commercial sensitivity. Although MEHT would be working with a private partner in relation to the proposal, the unit would still be part of the clinical network and working to peer review and CQC standards. In terms of governance it would work with the network, have a joint management board and be firmly embedded in the MEHT governance arrangements.

Board members expressed doubt that there would be the number of private patient numbers to fully utilize a LINAC as this has not been demonstrated in other areas. However MEHT stated that the risk lies with the private company and not the NHS. There were also concerns about staffing issues in order not to destabilise the radiotherapy centres at Colchester and Southend, particularly if proposed unit were not subject to Agenda for Change pay conditions. MEHT assured the Board they would work collaboratively with the Network in all aspects, including recruitment proposals.

CHUFT confirmed they would only be able to offer minimal support due to their own rebuild and plans for a new department.

The issue of travel was raised and the importance of patients being able to get to a radiotherapy department within 45 minutes. Both CHUFT and SUHFT confirmed that the majority of their patients are currently able to do this but not all.

As neither CHUFT nor SUHFT were able to support the development of radiotherapy services at MEHT, it had previously been agreed that this meeting would be used to undertake an options appraisal on the way forward. The weightings applied to the scoring template were discussed. JPW said he felt the weighting applied to access and travelling times was too low at 10 and should be increased. It was eventually decided that this be increased to 13. Other weightings were discussed and a revised scoring template agreed (attached).

The process for the options appraisal was also discussed, and it was agreed that unfortunately it would not be possible to undertake the exercise at the Board meeting today. Instead, an additional meeting would be facilitated by the Network at which the
commissioners would undertake the appraisal, with additional information given by clinicians from each Trust.

3.2 **ECN Capacity Plans 2016**


The recent update of radiotherapy demand forecasting showed that the demand for radiotherapy was likely to be somewhere between the NRAG forecast and the previous forecast demand.

They therefore recommend more work be undertaken to understand whether the assumptions that underpin the NRAG recommendations are appropriate for local practice, and that they match anticipated future changes in treatment. In particular that the network investigates:

- Whether the apparent low cancer incidence has improved since 2006 and whether this low incidence results from poor detection of patients with cancer
- Whether it is appropriate to encourage Providers to increase the percentage of cancer patients treated using mega-voltage radiotherapy to meet NRAG recommendations
- Whether the Provider re-treatment percentages match NRAG recommendations

SM confirmed that at a recent meeting the National Cancer Action Team made it clear that there would be no pulling back from the NCAG recommendations as they believe the patients who would benefit from radiotherapy treatment are out there. However, some clinicians within the Network are not convinced this is true and neither is the SHA. As a Board it had to be decided what figure of increased demand to support – in between at 3.5% or 4%? However, a consensus was not reached.
Sue Maughn  SM  Interim Network Director ECN
James P. West  JPW  User Representative
Nicolai Greet  NG  Radiotherapy Services Manager, SUHFT
Sonia Tankard  ST  Radiotherapy Manager, CHUFT
Tom Carr  TC  Medical Director ECN
Belinda Grant  BG  GM Cancer services MEHT
Michael Scanes  MS  User Involvement Facilitator
Krishnaswamy Madhavan  KM  Clinical Lead, ECRN
Ashley Solieri  AS  ECRN Manager
Imtiaz Ahmed  IA  Clinical Oncologist SUHFT

1. Apologies

Fiona Peskett, Matt Riddleston, James Green, Suzanne Sinclair, Phil Murray, Mark Angus, Tracey Beastall, Mark Porter, Theresa Bell, Neville Davidson

2. Previous Minutes – 15th October 2010

TC said that he had been at the meeting on 15th October but was not on the attendance list. With this change the minutes were agreed as a true record of proceedings.

As Phil Murray, the Chair, had sent his apologies and the Vice Chair was not in attendance, Sue Maughn agreed to act as Chair on this occasion.

3. Matters Arising

3.1 Radiotherapy Option Appraisal for 2016 Plans

SM reported that the Paper on the Option Appraisal had been circulated to members of the Radiotherapy Board and the Essex Cancer Network Board for acknowledgement. It will then go to the NHS Mid Essex Board for approval.

The Paper had also been sent to NCAT for comment and they had requested checks on sensitivity. These checks made no difference to the outcome.

KM said that the Paper had been circulated very late. SM said that the document was for information only and that the Chair of the Network Board had wanted to have a discussion with the CEO of MEHT before its circulation. It will go to the Network Board where the only members who have a vote are the 4 Commissioners and the Medical Director.
NHS Mid Essex would have the final say on the proposals at their board meeting in January.

3.2 Radiotherapy Peer Review Planning

MS reported that he had been involved in reviewing Radiotherapy Services at Mount Vernon, Guys & St Thomas’s, Queens and Barts. He proceeded to give examples of the topics which Reviewers consider important and should be well evidenced:

1. **Head of Service:** - There should be strong evidence that the Operational Policy, Quality Manual, Annual Report and Work Programme have been agreed by the Head of Service. In addition, the Reviewers may ask the number of PA’s allocated for the Head of Service role.

2. **Multi Professional Team:** - Evidence of meeting attendance and meeting membership must be easily available.

3. **Quality Management System and Quality Manager:** - Evidence of WTE for this role should be provided.

4. Error Classification and procedures.

5. Planned preventative maintenance schedule and copies of SLA with any third party maintenance contractor.

6. Post Incident Procedure.

7. **Patient Identification:** - There needs to be a robust procedure in the Operational Policy which is fully understood by the Radiographers. The Reviewers will ask one of the Radiographers to explain the procedure during the review “walk-about.” The basic principle is that the person who switches on the machine should be 100% sure that it is the correct patient.

8. **Lateral Checks:** - As above.

9. **Named Areas of Competence:** - Detailed lists of competencies with names of Competence Assessors.

10. **Training Records.**

11. **Staffing Levels:** - Compliment and actual.

12. **Equipment Review Programme.**

13. MS said that he would be happy to go through the evidence with each centre before they uploaded the data to cquins. He also suggested that the Network could run “mock” reviews before the actual visit dates.

**Action:** MS/SM
3.3 **Network Wide Audit**

KM said that he, Alan Lamont and Vivienne Loo, would be doing an Audit of Brain Metastases.

NG and ST confirmed that Patient Experience exercises were being conducted at their respective sites, and the results would be available for the Audit Meeting.

3.4 **National Radiotherapy Dataset Project**

Measure 10-1A-397t states “that the departments of the Network should be delivering a combined total of at least 40,000 (health needs adjusted) fractions of EBRT per million of the Networks Radiotherapy catchment population, per year”. The Network is capturing all the data and are not achieving the figure of 40,000. The situation has been discussed and it is felt that the departments are currently providing sufficient fractions to meet the population needs. There are no patients who miss out because of capacity. It was agreed that the current table of Treatment Protocols are distributed to the Clinicians to ensure that the CCG is satisfied that current treatment trees fit with Best Practice. This would make up part of the Network Plan to review fractionation rates as required in Peer Review.

3.5 **Regional Workforce Planning**

SM has circulated an East of England Radiotherapy Workforce Paper.

There is a discrepancy between the numbers at the two centres. NCAT say that there are opportunities to make use of more capacity at Southend if the resources are increased. It was stated that the workforce are working harder and longer hours to meet their targets.

SM said that the centres should not introduce new techniques (eg IMRT) until additional resources are in place. There are gains to be made with increased resources.

3.6 **2010/11 Work Programme**

Due to time constraints this was deferred to the next meeting

3.7 **Intensity Modulated Radio Therapy - update**
IA said that Southend were introducing V-MAC Arc Therapy which increases treatment time but not planning time.

3.8 Change Management

SM reported that the Network were introducing a “Change management” document which would be designed for clinicians (and others) to report any changes in procedures and protocols so that they can be readily circulated across the Network. The document would be no bigger than one sheet of A4. It would allow new innovations to be discussed at Network level so that all are aware and patients can access where appropriate.

3.9 Annual Report:

The draft Annual Report for 2009/10 had been circulated. Due to meeting time restraints it was agreed that SM would circulate again and that any amendments, corrections or additions should be made and returned to her by 23rd December 2010. This document would then be accepted as a true and correct record, and that the Chair of the Group was empowered to sign off the document. SM reminded everyone that the report was for the year from April 2009 to March 2010. (Sent separately)

4. Any Other Business

4.1 ST said that Colchester had received approval for a New CT Simulator, which would be initially installed on Essex County Site and then transferred to the General site when the whole service moved. The logistics of installing the new machine were complex as they would have to take out the old machine and then install the new one.

The Brachytherapy service at Colchester would be upgraded to HDR when they move to the new site. They will limit Brachytherapy to Gynae Cancers until that time.

4.2 KM said that the Network should look at Image Guided Brachytherapy for Gynae patients. He said that the question would be; do we have one or two centres? He added that from experience each centre would want to offer the service and suggested that the Network should act as arbiter. He added that Guys and St Thomas’s were performing around 80 procedures each year. He suspected that the figures for Colchester and Southend were around 20-30 each. As Ipswich was part of the Gynae NSSG they should be included in the discussions. (Ipswich patients were currently given Brachytherapy in Colchester)

KM agreed to write to Alan Lamont (Colchester) and Jamie Morgan (Ipswich) to start the discussion.

Action: KM
4.3 IA asked who decided who should attend then Radiotherapy meeting. MS said that there are minimum numbers (by speciality) in the Peer Review measures, but anyone with interest could attend. The Terms of Reference for the group would provide these numbers. SM agreed to circulate the current list of members and asked that any changes or additions should be forwarded to her by 23rd December 2010. (Sent separately)

JW suggested that we should try to recruit additional Patient Representatives from Southend and Colchester to support him. MS agreed to start the process early in January 2011.

Action: SM/MS

4.4 Radiotherapy Research

AS/KM suggested that the Network should collaborate with the Ipswich/Norfolk and Norwich Research Network on Radiotherapy Trials. AS added that Colchester had an NCRN funded post and there needs to be a similar post at Southend. There is an NCRN formula for working out what level of funding would be available in terms of WTE.

It was agreed to add this to the group Work Plan.

5. Date of Next Meeting

Friday, 28th January 2011, 2.30pm – 4.30pm, Middle and Annexe Swift House, CM2 5PF

3.3 Radiotherapy Peer Review Planning

Due to time constraints this was deferred to the next meeting

3.4 Network Wide Audit

Due to time constraints this was deferred to the next meeting

3.5 National Radiotherapy Dataset Project
Due to time constraints this was deferred to the next meeting

3.6 Regional Workforce Planning

Due to time constraints this was deferred to the next meeting

3.7 2010/11 Work Programme

Due to time constraints this was deferred to the next meeting

3.8 Intensity Modulated Radio Therapy - update

Due to time constraints this was deferred to the next meeting

3.9 Change Management

Due to time constraints this was deferred to the next meeting

4. New Business

The Terms of Reference were reviewed and it was noted that commissioners were not down as core members. It was agreed that commissioning representatives from each locality be included. However, it is unclear where radiotherapy commissioning will be developed in the future although it is likely to sit under the National Commissioning Board with some regional devolvement. What the involvement of GP Commissioning Consortia is as yet unclear.

With these additions it was agreed that the Terms of Reference would go to the Chair of the Network Board to be signed off.

5. Any Other Business

None
5. **Date of Next Meeting**

*Friday 10\textsuperscript{th} December 2010, 2.30pm – 4.30pm, Kestrel House, CM2 5PF*

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**Essex Cancer Network – Radiotherapy Group Meeting**

*Friday, 28\textsuperscript{th} January 2011*

*2.30pm - 4.30pm*

*Kestrel House, Board Room*

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**Minutes**

<table>
<thead>
<tr>
<th>Name</th>
<th>Initials</th>
<th>Title and Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sue Maughn</td>
<td>SM</td>
<td>Interim Network Director ECN</td>
</tr>
<tr>
<td>James P. West</td>
<td>JPW</td>
<td>User Representative</td>
</tr>
<tr>
<td>Victoria Dawson</td>
<td>VD</td>
<td>Service Improvement, ECN</td>
</tr>
<tr>
<td>Sonia Tankard</td>
<td>ST</td>
<td>Radiotherapy Manager, CHUFT</td>
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<tr>
<td>Tom Carr</td>
<td>TC</td>
<td>Medical Director, ECN</td>
</tr>
<tr>
<td>James Green</td>
<td>JG</td>
<td>Head of Radiography Physics, SUHFT</td>
</tr>
<tr>
<td>Michael Scanes</td>
<td>MS</td>
<td>User Involvement Facilitator</td>
</tr>
<tr>
<td>Phil Murray</td>
<td>PM</td>
<td>Clinical Oncologist, CHUFT</td>
</tr>
<tr>
<td>Rachael West</td>
<td>RW</td>
<td>Cancer Services Manager, CHUFT</td>
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<tr>
<td>Mark Porter</td>
<td>MP</td>
<td>Head of Radiotherapy Physics, CHUFT</td>
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<tr>
<td>Mark Angus</td>
<td>MA</td>
<td>Foundation Trust Director, MEHT</td>
</tr>
<tr>
<td>David Tsang</td>
<td>DT</td>
<td>Clinical Oncologist, SUHFT</td>
</tr>
</tbody>
</table>

1. **Apologies**
2. **Previous Minutes – 10th December 2010**

The minutes were agreed as a true record of proceedings.

3. **Matters Arising**

3.1 **Radiotherapy Option Appraisal for 2016 Plans**

SM reported that the Paper on the Option Appraisal had gone to the Network Commissioning Directors forum for a recommendation and then to the Network Board for approval. The ECN Board accepted the recommendation of the Commissioning led Options Appraisal on 16th December 2010. It was agreed by the NRG to accept the findings of the Options Appraisal.

The recommendation was discussed by the 4 PCTs which make up the Cancer Network with the following results:

- **NHS NE Essex**: approved in principle following an further period of User Involvement
- **NHS Mid Essex**: require further information and a further period of User Involvement
- **NHS SE Essex**: approved while acknowledging a further period of User Involvement
- **NHS SW Essex**: still to go to Board.

NHS Mid Essex would be preparing a Paper outlining the period of involvement. PM asked how this would work. SM said that there would be meetings in each of the 4 PCT areas and after the period of involvement, the 4 PCTs would make the decision.

After a lengthy discussion it was agreed that this is further delaying work on the move from Essex County Hospital to Colchester General site and potentially putting patients at risk. SM said that they should review the Network Risk Assessment for the expansion of RT capacity at the next meeting. The meeting agreed that there must be no further delays.

3.2 **Radiotherapy Peer Review Planning**
Network: The NRG Constitution, three year Work Programme and 2009/10 Annual Report having been circulated prior to the meeting, were agreed and signed off by the Chair of the NRG.

Colchester: ST reported that Colchester would be in a position to start uploading information onto the cqins web site by 14th February 2011. They submitted the following documents which required to be signed off by PM as Head of Service and Chair of the NRG:

10-3T-122 Departmental Staffing and Skill Mix Review
10-3T-123 Departmental Training and Education Strategy
10-3T-124 Departmental Staffing Implementation Programme
10-3T-125 Development Proposal for Training and Education Strategy
10-3T-126 Development Proposal for the Staffing Implementation Programme
10-3T-201 Treatment Protocols
10-3T-229 In Vivo (IVD) Dosimetry Development Proposal
10-3T-230 IVD Risk Assessment
10-3T-231 IVD Implementation Programme
10-3T-234 Out of hours Treatment Service
10-3T-301 IMRT Network Agreement
10-3T-305 IMRT Development Proposal
10-3T-403 Brachytherapy Treatment Protocols and Standard Operating Procedures.

Southend: JG reported that the situation was similar in Southend.

3.3 Network Wide Audit

KM said that he, Alan Lamont and Vivienne Loo, would be doing an Audit of Brain Metastases.

PM will push to get agreement for an Audit of Bone metastases. The audit date is 24th June 2011 and not 1st April 2011.

PM asked for ideas for a speaker for the event.

3.4 National Radiotherapy Dataset Project

CHUFT and SHUFT are both uploading data, but ST said that it was not easy to retrieve data. PM said that it would be nice to see that what we are actually doing is what we think we are doing!

Neither Trust was yet using RPORT. ST said that she would ask NCAT if they could
provide National Data.

MA asked if the group could have a breakdown of No of Fractions/Tumour Site/Geographical Locality. SM agreed to request this data.

3.5 Regional Workforce Planning

SM has circulated an East of England Radiotherapy Workforce Paper.

There is a discrepancy between the numbers at the 2 centres. NCAT say that there are opportunities to make use of more capacity at Southend if the resources are increased. It was stated that the workforce are working harder and longer hours to meet their targets.

SM said that the centres should not introduce new techniques (eg IMRT) until additional resources are in place. There are gains to be made with increased resources.

3.6 2011/14 Work Programme

Circulated prior to the meeting and agreed.

3.7 Intensity Modulated Radio Therapy - update

Colchester: MP reported that the IMRT Protocols were now in place and the service should be operational by the summer.

Southend: DT said that about 15% of the radiotherapy at Southend was now IMRT and most of this was for Head & Neck Cancers.

3.8 Change Management

No changes in practice to be discussed at this meeting.

4. Any Other Business

4.1 SM said that the Network needed to produce an Action Plan for the 40,000 fractions/million, NRAG Target, even though this was not an unmet need.

4.2 JW asked if we knew how Essex Prescribing (Treatment protocols) compared with National Prescriptions. MS said that this information could be obtained by checking the Protocols which had been uploaded onto cquins by other Radiotherapy Centres.

4.3 PM said that he had been chair for 3 years and was now standing down, so the group
needed to elect a new chair. SM said that she would email the group for nominations.

**Action:** SM

5. **Date of Next Meeting**

All 2.30pm – 4.30pm, Swift House, CM2 5PF Middle and Annexe, except where marked

**Friday, 1**\(^{st}\) **April 2011, Board & Middle Swift House, CM2 5PF**

**Friday, 24**\(^{th}\) **June 2011 Audit Meeting – Venue TBC**

12\(^{th}\) **August**

14\(^{th}\) **October**

9\(^{th}\) **December**
TIME | TITLE OF PRESENTATION | PRESENTER
---|-----------------------|------------------
1.00 | Lunch – in the Chelmer Suite | 
1.30 | Welcome | Dr. Philip Murray
1.35 | Breast Cancer - Post-Mastectomy Radiotherapy Audit | Phil Murray, (Neville Davidson)
2.00 | Head and Neck Radiotherapy audit | Saad Tahir
2.20 | Intensity Modulated Radiotherapy in Head and Neck Cancer | Chris Scrase
3.00 | The Cyber Knife - A presentation by Accuray | Kirsti Gordon
3.20 | Radiotherapy treatment errors audit, a collaborative study | Sonia Tankard, Nicolai Greet
3.50 | Refreshment Break | 
4.00 | Essex Cancer Network Radiotherapy Board | Closed Meeting

Appendix c
Annual Review NSSG Chairman Essex Cancer Network

Name  Phil Murray       NSSG Site

Radiotherapy CCG

Date  14.1.11

Structure

Length in post  3 years +

Want to continue? No due to be replaced ? David Tsang or Saad Tahir

Deputy?  If not good idea?  None at present

Attendance, engagement and organisational issues:

Patchy dominated by debate re number of sites to the exclusion of a lot else

Management input poor

Audit and business meetings?

Audit done but engagement has been difficult

Strengths  ie what’s working well

Generally working well. Peer review good

Treatment protocols now aligned

Weaknesses  or deficiencies what’s not going well?

Patchy representation. Good attendance when there is a big issue

Relationships are strained in some cases. Commissioner engagement is often not very senior. Some anxiety about investment levels at Colchester

Documentation

Constitution  good

Workplan   “

Annual report  “

Strategic plan

Peer review outcomes and concerns

Good disparity between north and south

Need resolution of plans for development re sites

Data and audit

Data collection Data collection should get better. National data collection is certainly better
• IOG
• Commissioners
• Service development

Audit Network wide and commissioning questions

Clinical ownership and engagement

**Good**

Self sufficiency + agenda ownership

good

Personal development needs and plans

Nil

(developments since last annual review to added next year)

Signed + date

Mr T W Carr

Medical Director ECN
## Essex cancer Research Network Radiotherapy Studies and recruitment 2010/11

<table>
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<tr>
<th>Trial Name and Short Description</th>
<th>Site</th>
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<td><strong>COSTAR - COchlear Sparing Therapy And conventional Radiation: A Multicentre Randomised Study Of Cochlear Sparing Intensity Modulated Radiotherapy Versus Conventional Radiotherapy In Patients With Parotid Tumours</strong></td>
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<td><strong>IMPORT LOW - Randomised trial testing intensity modulated and partial organ radiotherapy following breast conservation surgery for early breast cancer (Closed)</strong></td>
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<td><strong>PORTEC 3 - Randomized Phase III Trial Comparing Concurrent Chemoradiation and Adjuvant Chemotherapy with Pelvic Radiation Alone in High Risk and Advanced Stage Endometrial Carcinoma</strong></td>
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<td><strong>RADICALS - Radiotherapy and Androgen Deprivation In Combination After Local Surgery</strong></td>
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<td><strong>SCORAD III - A randomised phase III trial of single fraction radiotherapy compared to multifraction radiotherapy in patients with metastatic spinal cord compression</strong></td>
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