

Development of a Consultant Radiographer Led Palliative Radiotherapy Service

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Introduction

Palliative patients account for 25% of the radiotherapy department's workload. Many patients with incurable cancer may live for years with a this diagnosis. The use of and access to palliative radiotherapy, historically, has meant a wait to see consultant clinical oncologists in clinic appointment slots to consider and/or receive radiotherapy for palliative symptoms, the most common of which is pain (1). Macmillan, in 2015, supported the development of a Consultant Radiographer post to develop a rapid access pathway for patients requiring palliative radiotherapy.

Aims

To develop an autonomous Consultant Radiographer led service for palliative patients that:

- Assesses patients individually in terms of suitability for palliative radiotherapy.
- Promotes awareness of palliative radiotherapy as a treatment option in managing metastatic cancer as a complex long term condition.
- To pathway design rapid access
- Reduction of pill burden (2)
- Reducing length of stay and admissions.
- Provides holistic management for pain and symptom control, radiotherapy side effects and liaises with palliative care teams in the community.

Service Improvement

A rapid access service for palliative radiotherapy to bone and brain metastases has been developed to improve the patient experience and access timely symptom control. A radiographer led service is promoted where patients can be seen by a consultant radiographer, assessed for radiotherapy, consented, and their treatment and radiation prescriptions completed without need for Consultant Oncologist review. This eliminates waiting times encountered when patients wait to be seen in clinics by Consultant Oncologists. This includes a Consultant Radiographer led outreach service within the trust (ward reviews and MDT attendance) which ensures all patients requiring palliative radiotherapy receive timely assessment and treatment.

Ensuring Appropriate Referrals

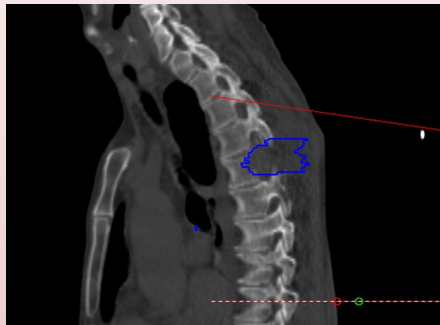
Occasionally, patients are not suitable for radiotherapy - this can be for a variety of reasons, including ability to manage the treatment position for the required period of time, very poor prognosis from their disease, or pre existing co morbidities.

Assessment of patients by a Consultant Radiographer means that these issues are considered carefully before making a referral or agreeing that palliative radiotherapy is the right option for these patients.

How?

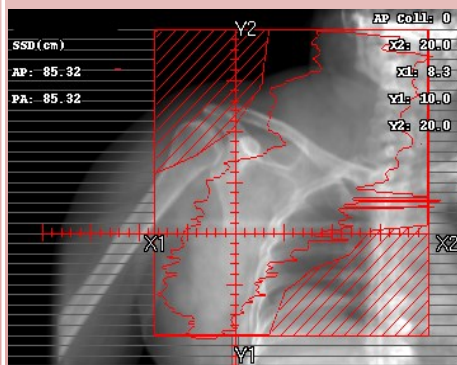
Shadowing Consultant Oncologists to ensure a consistent approach from all service providers. Supervised consent, referral, radiation prescriptions and compilation of a portfolio for clinician review, aligned to the FRCR Part 1.

Completion of qualifications in Non-Medical Prescribing and Physical Assessment and Clinical Reasoning.



"For weeks we have struggled to get him the help he really needed for his pain, but you came along and wrapped him up in a warm blanket of understanding and listened and got him the help he needed"...

(From a patient's wife.)

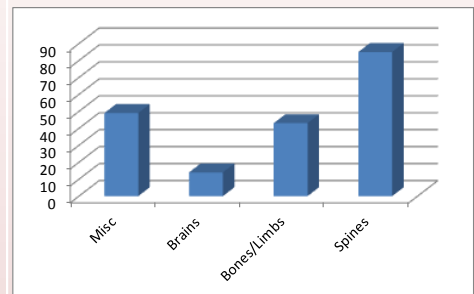


Results

A streamlined process has been developed demonstrating continuity of care whilst educating staff, patients, families and carers on the use of palliative radiotherapy in the treatment of metastatic cancer as a long term condition. Specialist nurses and Physiotherapists now contact the Consultant Radiographer for advice and direct referrals. Pain is managed in a timely manner and optimised before any radiotherapy treatment allowing a better patient experience and a reduction in pain flare side effects.

Palliative Consultant Radiographer Led Activity

January—June 2016



Audit

Audit was carried out to establish consistency in referral for radiotherapy to the hip. Fields outlined by CCOs when asked what constituted a hip varied immensely. Recognising this has led to more detailed referrals, a greater awareness of the potential need for retreatments and the implications of this, as well as highlighting the actual areas causing the pain.

Next Steps:...

- ⇒ Establish good links with CCGs and primary care providers to enable direct referrals to our service.
- ⇒ Succession planning to ensure continuity of service.
- ⇒ Undertake a research project to enhance patient experience and care (3)

Conclusion

This work has highlighted the complex nature and increasing demand of palliative radiotherapy in the management of cancer as a long term condition enabling patients to access timely symptom control. Furthermore, development of a palliative MDT group including radiographers, dosimetrists and Clinical Oncologists is in place to assess the efficacy of the service, ensure peer review of all palliative radiation fields and allow feedback from treatment radiographers.

References

- 1) Jones, J., Lutz, S., Chow, E. and Johnstone, P. 2014. Palliative radiotherapy at end of life: A critical review. *Cancer Clinical Journal* 64. 295-310
- 2) Farrell, B., Merkle, V. and Ingar, N. (2013). Reducing pill burden and helping with medication awareness to improve adherence. *Canadian Pharmacists Journal*, 146 (5). 262-269
- 3) Harris, R. and Patterson, A. (2016). Exploring the research domain of Consultant practice: Perceptions and opinions of consultant radiographers. *Radiography* 22. pp12-20.