

AN INNOVATIVE REGIONAL RTT-LED RADIOTHERAPY LATE EFFECTS SERVICES: IMPROVING SURVIVORSHIP QUALITY

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Introduction

RT can cause significant long-term and late effects (LE) impacting on quality of life (QoL), functional ability and psychological well-being. Cancer survivors live longer and are discharged earlier from oncology follow-up resulting in late effects being often unidentified. The UK RT service specification states RT departments should offer support for patients and recently the RCR consensus statement for gynaecological cancer unanimously agreed a 'comprehensive late effects service' should be offered. A regional radiotherapy late effects service (RTLLES) was developed in conjunction with users, led by RTTs – across the South West of UK. Patients are asked 'What matters to you?', RTTs work across boundaries to offer a personalised care service to reduce the impact of RT late effects and improve QoL.

Conclusion

A personalised care model enabling patients to access a local specialist service with the benefit of regional expertise, the SWRLES is collecting data demonstrating effective LE management. Continued data analysis is anticipated to show improved outcomes such as QoL, reduction in symptoms and potential cost efficiencies. The project is funded until March 2025 and data continues to be collected. SWRLES is being used as a service model across the UK.

Colleague feedback: **"A service that enables patients to understand they are listened to, that their symptoms are real and an opportunity to improve their life/wellbeing through symptom management"**

Materials

An established LE service was the model for the regional services: Macmillan Cancer Support funded 3 RTTs in separate oncology centres and 3 further RT departments added RTT time – 7 centres in total creating the South West Radiotherapy Late Effects Services (SWRLES). Validated screening tools including (Alert-B) and patient reported outcome measures (PROMS) such as site specific EORTC and QLQ-C30, EQ 5D-5L (QoL) were used to gather data on referral and discharge to enable comparison and assessment of the services impact. Feedback was sought from colleagues to understand their experiences of the RTLLES.

User feedback: **"I feel that my pain and symptoms have been believed, I have been given some coping strategies. All aspects were covered from the caring of you as a person and someone believing you to helping find ways to accept and then manage....a starting point towards a better lifestyle" "excellent at resolving and helping dealing with long standing complex issues that effect their quality of life."**

Methodology

Validated questionnaires completed by patients at referral and discharge. Local and regional pathways, education framework for training, support and clinical/restorative supervision were developed. Patients referred to their local service and complex cases taken to weekly regional peer-review meetings for discussion and agreement of management. Patients offered an initial clinic appointment culminating in a jointly agreed person-centred action plan, a telephone follow up at 3-4 weeks and a follow up appointment at 3-4 months resulting in discharge or continued support. Clinics led by an RTT, two way referrals in and out of specialist services as required. Pre-emptive work identifying patients at high risk of LE, screening and inviting into LE service to proactively manage symptoms.

Interim Results

1/8/2022-22/1/2024 saw 628 referrals across the service – comprising breast 24%, gynaecological 24%, prostate 30%, head and neck 12% and colorectal diagnoses 5%, other 5%.

Pain, role functioning and fatigue were prominent in scoring high as concerns on referral.

Interim data demonstrates that 73% of patients expressed an improved mean score on discharge compared to at referral.

