

Improving the Breast Cancer Patient Pathway with the Appointment of a Consultant Breast Radiographer (CBR)

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1. Background

Adjuvant breast radiotherapy comprises a significant workload for radiotherapy centres. Improvement in cancer patients' experience and reductions in waiting times are at the forefront of NHS England's drive to achieving world-class treatment (1). Allied Health Professionals are increasingly being developed into speciality consultant roles to improve cancer services (2) and address the national consultant oncology workforce challenge (3, 4).

2. Intervention

The Consultant Breast Radiographer (CBR) role was created in lieu of recruiting an additional Consultant Oncologist. This role includes: attending MDTs; running new and follow-up patient clinics; service development; research; education; and supervising the radiographer-led breast planning team.

An audit was undertaken to assess the impact of the CBR role on the breast cancer patient pathway.

5. Results

- QMI 1: Time from surgery to radiotherapy start decreased by 12.7%
- QMI 2: Time from MDT to oncology consultation decreased by 45.2%
- QMI 3: 70% of surveys were returned. 100% of patients understood the recommendation for radiotherapy, potential side-effects and felt able to give their informed consent; 95% understood the radiotherapy pathway
- QMI 4: The CBR undertook 19.4% of the new referrals (77 of 392 breast referrals)
- QMI 5: The number of new referrals increased by 8.4% compared with the same 6 month period the previous year

3. Quality Measure Indicators (QMI)

QMIs were collected before and after the CBR appointment:

QMI 1: Time (days) from surgery to the start of radiotherapy

QMI 2: Time (days) from MDT to oncology radiotherapy discussion

QMI 3: Patient experience at CBR consultation

QMI 4: Total number of new patient referrals seen by the CBR for oncology consultation over a 6 month period

QMI 5: Total number of new breast referrals over 6 months

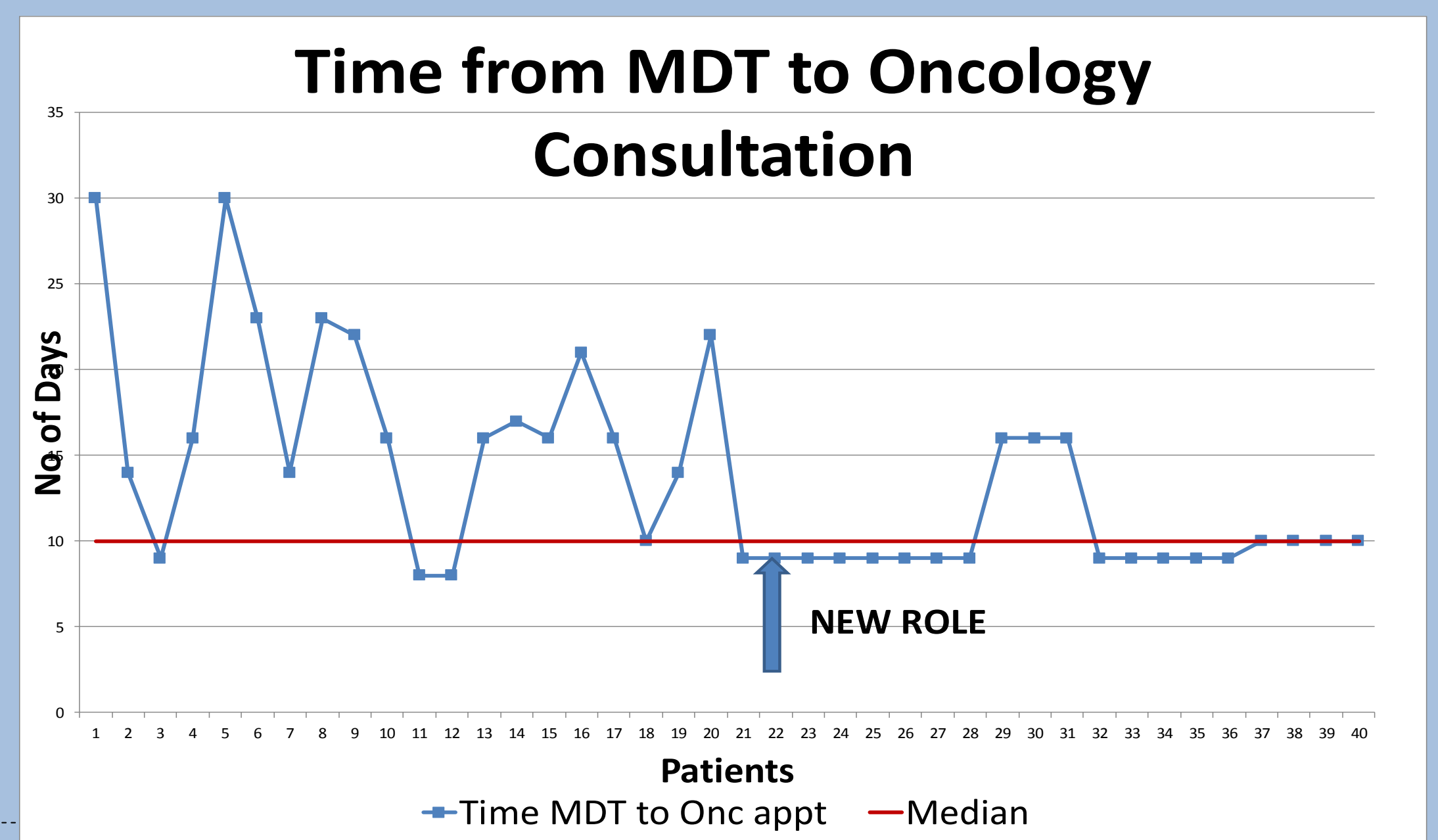
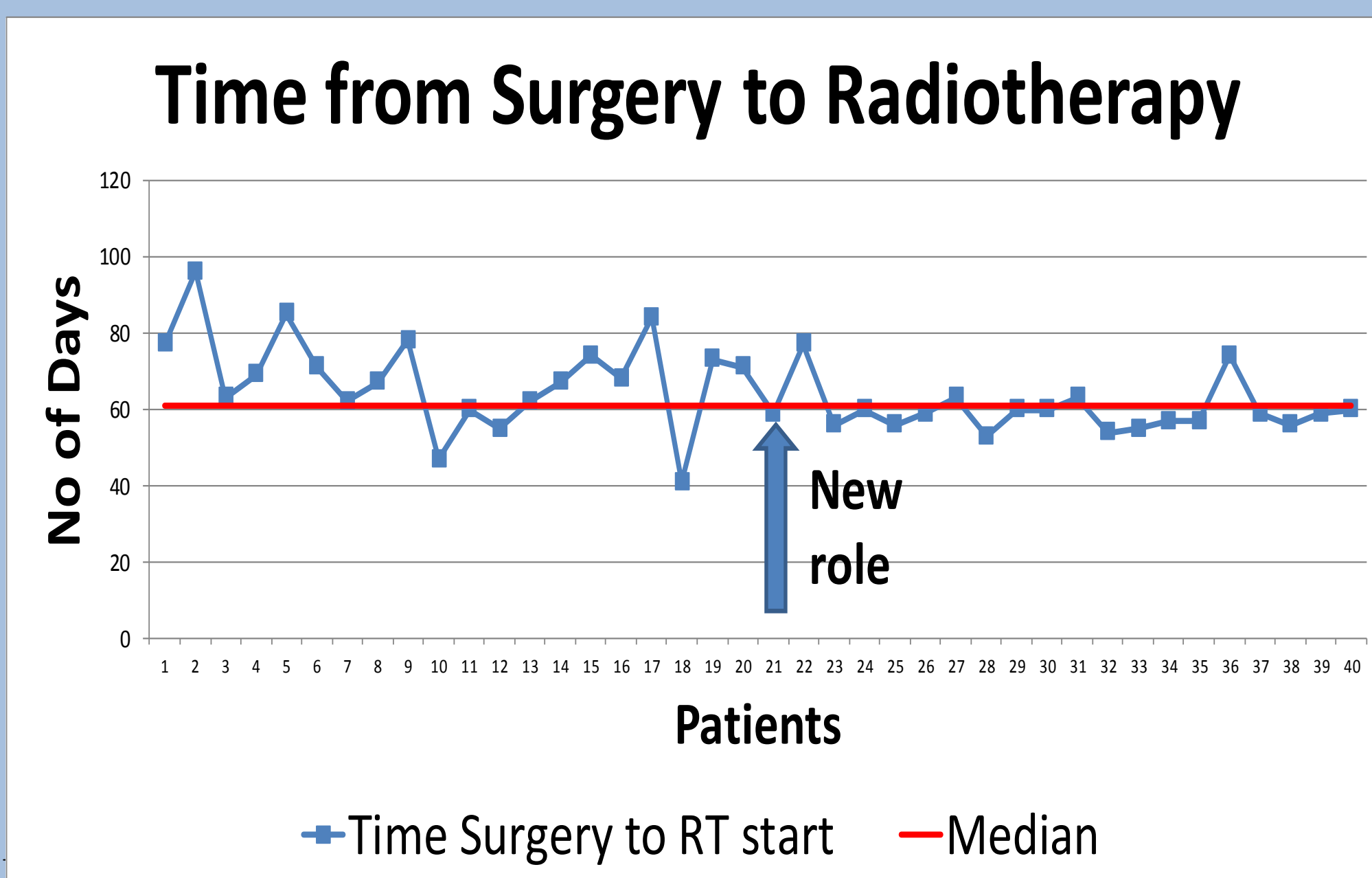
4. Method

Time data (QMIs 1 and 2) was collected retrospectively for 20 radical breast patients pre and post CBR appointment. Exclusion criteria: patients requiring chemotherapy or Oncotype DX.

Departmental new patient records were accessed for QMIs 4 and 5.

30 breast radiotherapy patients were given anonymised patient experience surveys to complete at home (QMI 3). This included: understanding radiotherapy referral; side-effects; consent; and the radiotherapy pathway. All surveys were collected and analysed independently by the Quality Assurance manager.

13 patients wrote comments about their CBR oncology consultation; for example:
"I found the explanation I received about radiotherapy, why it would be helpful in treating my condition, & the possibility of various side-effects, & how to deal with the common ones, very helpful indeed. I also understood the possibility of much rarer, but serious effects. I felt I was making a decision based on clear information, when I signed the permission form. The booklet is very helpful, including further information written on it in answer to some of my queries (eg what type of cream to use). At no time did I feel rushed, & I could ask about anything I felt unclear about, as could my husband. It was a very positive & reassuring experience."



6. Conclusion

Despite the increase in new referrals, the CBR demonstrated both a reduction in time to new patient oncology consultation and radiotherapy start, and gave an excellent patient experience.

The appointment of a CBR at our Trust has successfully shown that Allied Health Professionals can develop into specialised consultant roles to positively benefit patients, waiting times and current workforce challenges.

Consultant radiographer roles should therefore be expanded to develop and improve clinical oncology services further.

7. Further work

Further audit to assess the impact of the CBR becoming an independent prescriber and the impact this has on waiting times and patient experience.

8. Recommendation

Resource / succession planning is key when developing consultant roles. For example, the time metrics collected as part of this audit revealed that wait times from oncology consultation to carrying out the radiotherapy planning CT scan—which was the role previously undertaken out by the CBR—increased as a result of that role not being fully back-filled.

9. References

- NHS England (2019) The NHS long term plan. Available at: <https://www.longtermplan.nhs.uk/>
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