Improving the Breast Cancer Patient Pathway using a Consultant Breast Radiographer

R Bees, C Candish, J Bowen, C Charlton, B Moore, D Nash
Gloucestershire Oncology Centre

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 (AHPs) are increasingly being developed into specialty consultant roles to improve cancer services (2) and address the national consultant oncology workforce challenge (3, 4).

Intervention
• The Consultant Breast Radiographer (CBR) role was created to address the shortfall in consultant breast oncologists. This role includes: attending MDTs; running new and follow-up patient clinics; service developments; 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.

Quality Measure Indicators (QMIs)
• QMIs were collected before and after the CBR appointment:
  - QMI 1: Time from surgery to the start of radiotherapy consultation
  - QMI 2: Time 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

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.

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 39.4% 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

13 patients wrote comments about their CBR oncology consultation, all of which were positive; for example: “I had Mrs Ruth Bees and as the mother of a doctor and grandmother of two doctors I can tell you she was outstanding” and “I found Ruth Bees was extremely informative and thorough.”

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 AHPs 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.

Further work
Further audit to assess the impact of the CBR becoming an independent prescriber using the same QMIs.

Lessons learned
The appointment of the CBR led to a slight increase in time taken to complete the radiotherapy planning process, due to the shortfall in this role extension left in the planning workforce. As such, resource and succession planning needs to be a key consideration when developing consultant AHP roles.

References
3. RCR (2018) Clinical Oncology UK workforce census 2018 report. Available at: https://www.rcr.ac.uk