

Task Group on Local Accessibility of Radiotherapy in Swindon

Final Report and Recommendations

Task Group Members

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Contents

- 1. Recommendations**
- 2. Foreword from the Task Group**
- 3. Introduction**
 - 3.1 Rationale for the Review
 - 3.2 Report Overview
 - 3.3 Review Structure
 - 3.4 Aims and Objectives
 - 3.5 Methodology
- 4. Background**
 - 4.1 What is radiotherapy?
 - 4.2 National Context
- 5. Evidence Gathering**
 - 5.1 How are radiotherapy services delivered to Swindon patients?
 - 5.2 What do patients think about the current arrangements?
 - 5.3 The Rationale for Exploring Alternative Options for the delivery of Radiotherapy Services
 - 5.4 The Need for Expansion across the Thames Valley Cancer Network
 - 5.5 The Feasibility of Providing Radiotherapy Treatment at a Satellite Site in Swindon
- 6. Summary of Findings**
- 7. Suggested Next Steps**
- 8. Appendices**
 - Appendix 1 Task Group Terms of Reference
 - Appendix 2 Sources of Evidence
 - Appendix 3 Response to the Task Group Report by Cabinet

1. Recommendations

Recommendations

That the Health Overview and Scrutiny Committee be requested to approve the following recommendations:

1. That Swindon Primary Care Trust be requested to carry out a local needs analysis in relation to radiotherapy services and report the findings to the Health Overview & Scrutiny Committee.
2. That Swindon Primary Care Trust be requested to carry out a feasibility study in relation to the potential models for the provision of radiotherapy services in Swindon and report the findings to the Health Overview & Scrutiny Committee.
3. That the Great Western Hospitals NHS Foundation Trust be requested to report the findings of its feasibility study in relation to the provision of radiotherapy services from its Swindon site to the Health Overview & Scrutiny Committee.
4. That Swindon Primary Care Trust be requested to work with Swindon Carer's Centre and other relevant community and voluntary cancer support organisations to raise awareness of the local support networks that are available to cancer patients and their families.
5. That the final report of the Task Group on Local Accessibility of Radiotherapy in Swindon be referred to Cabinet for noting.

2. Foreword from the Task Group

The Task Group was requested to discover how the majority of the people of Swindon could receive Radiotherapy on their doorstep. Patients with their own transport face a return journey of some 70 miles, which takes a minimum 4 hours, for an initial 30-day period. However many patients must travel by hospital run transport, which can take an entire day taking into account the period waiting and receiving treatment, as well as collecting and dispersing fellow patients.

Other than in palliative treatment, the majority of patients who are at best in average health, face this lengthy journey on a daily basis for a 6-7 week period and it can be an unhappy experience. Once free of smaller local roads, including collecting patients from the more rural areas, just filling the bus can take a time. Travel to Oxford, particularly during the summer period with increased traffic, along roads with as little as six miles of dual carriageway, offers little relief, nor a 'cushioned journey'. Indeed the route also has no access to a public convenience; a point not lost on those receiving types of treatment to the more intimate parts of the body.

Overall, with the time involved, travel on roads not made for speed and the lack of facilities, and of course the very debilitating effects of the treatment itself, the journey to and from the Churchill Hospital is very wearing - and a deterrent for some potential patients from even considering commencing a course of treatment which should alleviate their suffering, improve their life style and possibly extend their existence.

We were greatly encouraged in this investigation by those who gave evidence from the present provider who sees an increasing demand for their service in the Oxford area, to the patients and those who could be involved in the commissioning of facilities in the ideal Swindon location - namely at the Great Western Hospital.

For those who at present use the facilities at the Churchill Hospital there has come nothing but praise and gratitude. However coupled with this have come stories of heavy financial burden on patients; the necessity, almost, for their own private transport, taking time off work to escort a relative to and from the hospital or employing a carer to do likewise, arranging child minding and facing the possibility of loss of earnings. The stress experienced by families is especially heavy and affects all family members, quite in addition to the fears and worries associated with the illness itself.

The numbers requiring Radiotherapy will increase in the Borough as the population rises, and the Churchill will itself head towards capacity. Now is the time to commence the commissioning process for this treatment facility for Swindon, as it will take some 2 to 3 years to activate. The following report demonstrates nothing but enthusiasm for the commencement of the project.

Councillor Mick Bray

Councillor Andrew Bennett

3. Introduction

3.1 Rationale for the Review

Research carried out by the Swindon Primary Care Trust (PCT) Patient and Public Involvement Forum (PPIF) in 2007/08 identified concerns regarding the accessibility of radiotherapy treatment for cancer patients¹. The majority of patients are sent to the Churchill Hospital in Oxford, which is part of Oxford Radcliffe Hospitals NHS Trust and a small number to the Royal United Hospital in Bath.

The PPIF felt that this issue merits further review due to:

- The adverse impact of travelling to and from Oxford on both patients and their families
- The growing population of Swindon and likely increase of cancer incidence as the age of the population rises
- The importance of considering the views of service users in the commissioning, design and delivery of services

In addition, the National Radiotherapy Advisory Group (NRAG) has recommended that radiotherapy capacity in the UK needs to expand by 91% by 2016² and the Thames Valley Cancer Network, of which Swindon Primary Care Trust (PCT) is a member, is currently reviewing the provision of radiotherapy services in the region as a result.

This is a topic of importance to both patients and the public and currently is being reviewed by the NHS, enabling Members with an opportunity to contribute to the review process on behalf of local people at the pre-consultation stage.

The review was carried out under Section 7 of the Health and Social Care Act 2001, which sets out the power of local authority scrutiny committees to, “...review and scrutinise...matters relating to the health service in the authority’s area and to make reports or recommendations on such matters...”

¹ *Swindon Primary Care Trust Public and Patient Involvement Forum Legacy Report*, Swindon Primary Care Trust Public and Patient Involvement Forum, 2008

² *Radiotherapy: Developing a World Class Service for England Report to Ministers*, National Radiotherapy Advisory Group, 2007

3.2 Report Overview

The report is divided into the following sections:

Recommendations	Details the recommendations from the review
Introduction	Outlines the aims and objective of the review and structure of the report
Background	Provides a background to the use of radiotherapy treatment and how it is commissioned for patients who live in and around Swindon
Evidence Gathering	Outlines the approach taken to gather evidence and the evidence collected
Summary	Provides an overview of the review
Appendices	Contains appendices referred to in the main report

3.3 Review Structure

The review was carried out in three phases as outlined below:

Phase	Timescales	Activities
Phase 1 – Consolidation and Work Plan	October 2008	<ul style="list-style-type: none"> • Task Group established • Setting of Terms of Reference • Identification of internal advisors and witnesses • Identification of existing information
Phase 2 – Evidence Gathering	October 2008- February 2009	<ul style="list-style-type: none"> • Desk based research of national best practice • Meetings with internal advisors and witnesses
Phase 3 - Recommendations	February- March 2009	<ul style="list-style-type: none"> • Development of final report and recommendations prior to presentation to the Health Overview & Scrutiny Committee

3.4 Aims and Objectives

To carry out an objective review of the local provision of radiotherapy treatment for cancer patients who live in Swindon with a view to improving accessibility. See Appendix 1 for the Terms of Reference of the Task Group.

3.5 Methodology

Evidence was gathered during the course of the review through:

- Desk based research of national policy, guidance and best practice
- Interviewing identified advisors/witnesses including cancer patients and survivors, commissioners and service providers

4. Background

4.1 What is Radiotherapy?

Cancer is a term that is used to refer to a number of conditions where the body's cells begin to grow and reproduce in an uncontrollable way. The rapid growth of cancerous cells is known as a malignant tumour. These cells can then invade and destroy healthy tissue, including organs. 1 in 4 people die from cancer and in the UK cancer was responsible for 154,162 deaths in 2006³. In 2007/08, 120 people under the age of 75 died as a result of cancer in Swindon⁴.

Radiotherapy is the safe use of controlled doses of ionising radiation to treat cancer. It is usually given by directing high energy x-rays to the part of the body that requires treatment. It slows down the growth or destroys cancer cells. Normal cells may also be affected but generally recover. It is often used in conjunction with surgery or chemotherapy or it may be used on its own. It is commonly used for breast, prostate, lung, head and neck cancers.

Radiotherapy is a key component of both radical (aiming to cure a patient), and palliative (for symptom relief in patients for whom a cure is not possible) treatment for cancer.

Attendances for radiotherapy treatment are measured in fractions. Currently, the NHS delivers around 1.5 million fractions annually (30,000 fractions per million population)⁵.

Radical treatment is typically delivered to patients every weekday, with weekends off, for 6 to 7 weeks. Most patients are treated on an outpatient basis and required to travel to the centre providing the treatment on a daily basis. Treatment usually consists of 20 fractions. It is important that interruptions to treatment are minimised as radiotherapy has a cumulative effect on cancerous cells. The likelihood of the treatment being successful can reduce by as much as 1% per day of treatment that is missed by a patient.

Patients receiving palliative treatment usually receive between 1 and 10 fractions. They would also be treated as outpatients in the majority of cases.

The most common method of radiotherapy is delivered by machines called linear accelerators, also known as Linacs that are housed in thick concrete bunkers to protect the public and staff from radiation. As a result, specialist centres to which patients have to travel provide radiotherapy. This can make access for some patients difficult, if they live some distance away from the specialist centre.

³ <http://info.cancerresearchuk.org/cancerstats/mortality/>

⁴ *The Health of the Population of the Swindon Primary Care Trust 2007/08*, Swindon primary Care Trust, 2008

⁵ *Radiotherapy: Developing a World Class Service for England Report to Ministers*, National Radiotherapy Advisory Group, 2007

At the first appointment, their cancer specialist and radiographer will plan a patient's treatment. During this appointment, computers and other equipment are used to measure the shape of the patient's body so that the correct positioning, intensity and duration of the treatment can be delivered⁶.

In most cases, a patient's treatment will start at their second appointment. The actual treatment may take several seconds to several minutes but the patient will usually spend between 15-20 minutes in the treatment room.

During the treatment, the patient will lie on a table in a special treatment room. Some clothing may need to be removed during the treatment and the patient may be put in a special position to ensure that the x-rays can be sent to the exact part of the body. The radiographer may draw marks on the patient's skin to aid this process and an immobilisation device may be also used to help the patient to stay absolutely still. The radiographer is not in the same room as the patient during the treatment but monitors the patient via closed circuit television and the patient can indicate that they would like the treatment stopped at any time.

The treatment itself does not hurt but there may be side effects that vary depending on the part of the body that is being treated but may include:

- A skin reaction
- Tiredness
- Nausea
- Hair loss
- Diarrhoea
- Difficulty in swallowing

4.2 National Context

The National Radiotherapy Advisory Group Report

The National Radiotherapy Advisory Group (NRAG)⁷ was formed in 2004 involving expert professionals to establish current provision for radiotherapy and to advise on future provisions required to develop a world-class radiotherapy service.

The NRAG reported its findings to Ministers in February 2007⁸. The NRAG found that over recent years radiotherapy has been used more widely as a treatment and therefore demand has increased. The number of doses provided to the population as a whole has also increased. This has placed strains on the existing level of provision and services are not able to meet demands nationally.

⁶ *Patient's Guide to Radiotherapy*, Maggie's Cancer Information Centre Oxford, 2001

⁷ www.cancerimprovement.nhs.uk/View.aspx?page=/treatments/radiotherapy_docs/nrag.html

⁸ *Radiotherapy: Developing a World Class Service for England Report to Ministers*, National Radiotherapy Advisory Group, 2007

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25/03/09**

The report states that radiotherapy capacity in England is not meeting rising need and identifies a gap of 63% between current activity levels and optimal treatment levels. It is also acknowledged that this position will worsen as cancer incidence increases with the aging population.

In terms of capacity and demand, the NRAG report states that:

- The NHS currently delivers around 1.5 million fractions annually in England (30,000 fractions per million population)
- In comparison, 2.5 million fractions should actually be delivered per annum to fully meet demand (48,000 fractions per million population)
- By 2016, the NHS will need to deliver 2.9 million fractions across the country (54,000 fractions per million population). This equates to a 91% increase on current levels of capacity.

These recommendations have a significant impact on the accessibility of linear accelerators and the availability of trained staff to meet increased demand for treatment and has been a key driver nationally for commissioners to examine current provision and how services can meet this increasing demand in the future.

It is important to note that commissioning radiotherapy services is a lengthy process due to not only the complexity of the care pathways involved in cancer treatment but also due to the lead time to build specialist accommodation to house linear accelerators and to build the actual linear accelerator machines.

National Policy & Guidance

In 2000 the Government published the NHS Cancer Plan⁹ that set out a ten-year strategy to:

- Save more lives
- To ensure that people with cancer get the right professional support and care as well as the best treatments
- To tackle the inequalities in health that mean unskilled workers are twice as likely to die from cancer as professionals
- To build a future through investment in the cancer workforce, through string research and through preparation for the genetics revolution so that the NHS never falls behind in cancer care again

This included a target to reduce the mortality rate from cancer in people under 75 by 20% by 2010 and cancer waiting time standards.

The Cancer Reform Strategy¹⁰, published in 2007, builds on the progress made in implementing the Cancer Plan and shows how by 2010, UK cancer services should be the best in the world.

⁹ *The NHS Cancer Plan: a plan for investment, a plan for reform*, Department of Health, 2000

¹⁰ *Cancer Reform Strategy*, Department of Health, 2007

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25/03/09**

This includes ensuring that patients have fast access to high quality treatment, including radiotherapy. The Strategy states that:

“To achieve a world-class radiotherapy service local investment will be needed in both workforce and equipment. We want to ensure that the recommendations for improving the capacity in radiotherapy services that were set out in the National Radiotherapy Advisory Group’s report are achieved and that all providers have sufficient capacity to meet the 31 day waiting standard for all radiotherapy, not just the first treatment.”

The 31-day waiting time standard between the decision to treat a cancer to the start of treatment that was introduced by the Cancer Plan has also been extended to all treatments.

5. Evidence Gathering

5.1 How is Radiotherapy currently delivered to Swindon patients?

Planning and Commissioning of Services

Swindon Primary Care Trust (PCT) commissions cancer services for the residents of Swindon. The planning and design of cancer services is carried out through the Thames Valley Cancer Network (TVCN). This is a clinical network that helps commissioners and acute trusts to work together to strategically plan services and provides the overarching strategy for cancer services in the region. It is a forum for carrying out work collaboratively and it not a separate organisation.



Figure 1: Map showing the area covered by the Thames Valley Cancer Network

It is important to note that the Thames Valley Cancer Network falls within the South Central Strategic Health Authority (SHA) area. Swindon PCT is located within the South West SHA and the South West SHA is also responsible for managing the performance of the PCT.

Delivery of Radiotherapy Services

The Oxford Radcliffe Hospitals NHS Trust currently provides radiotherapy for the majority of patients being treated by the Great Western Hospitals NHS Foundation Trust for their cancer. Radiotherapy is delivered at the Churchill Hospital Site in Oxford. A small number of patients receive radiotherapy from the Royal United Hospital Bath.

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25/03/09**

The new Oxford Cancer Centre at the Churchill Hospital site is due to open at the end of March 2009 and will provide an extended radiotherapy and planning department, providing adult and paediatric services. The Centre also houses 6 linear accelerators (1 of which is a 'back up' machine to provide continuity when the other machines are serviced or unavailable).

Clinical oncologists from the Oxford Radcliffe Hospitals NHS Trust work in partnership with cancer services provided by the Great Western Hospitals NHS Foundation Trust and hold clinics in Swindon.

Patients are required to travel to Oxford for radiotherapy treatment on a daily basis for 6 weeks for radical treatment. Patients requiring palliative treatment may require between 1 to 10 fractions.

In 2007/08 606 courses of radiotherapy treatment were given to patients with a Wiltshire postcode. This may include patients receiving a repeat course of treatment and therefore the number of courses of treatment may not equate to the number of individual patients. Of these courses of treatment, 208 were radical treatments and 326 were palliative. In total, 7000 fractions were delivered to patients with a Wiltshire postcode in 2007/08.

These figures do not include patients who may be receiving treatment from the Great Western Hospitals NHS Foundation Trust for their cancer but who live outside of Wiltshire. For example, the GWH catchment area extends to Oxfordshire, Gloucestershire and Berkshire. As such, the total number of patients who are required to travel to the Churchill Hospital to receive radiotherapy but who are being treated by the Great Western Hospitals NHS Foundation trust for their cancer is likely to be higher than this figure. However, it is important to remember that Swindon PCT commissions services solely for residents who live within the Swindon PCT locality and as such, it is these patients that this report is primarily focussing upon.

5.2 What do patients think about the current arrangements?

This Task Group Review was commissioned largely in response to concerns raised by local patients and members of the public regarding the accessibility of radiotherapy services under the current arrangements.

The Task Group has met with current patients and ex-patients who have received radiotherapy treatment from Oxford to seek their views on this issue. Below is a summary of the main points raised:

- **The need to travel to Oxford to receive treatment comes as a shock to many patients.** Many patients assume that radiotherapy treatment will be provided at the Great Western Hospital, especially as chemotherapy is available locally. Many patients said that the requirement to travel to Oxford for radiotherapy placed them under additional emotional stress at a time that is already very challenging for them and their families.

- **Some patients choose not to receive radiotherapy treatment because they cannot face travelling to Oxford.** For some patients, especially those that are elderly, the thought of travelling to Oxford on a daily basis for 6 weeks is too much to contemplate and they choose not to receive treatment. In addition, some patients who would benefit from palliative treatment choose not to receive treatment due to the distance and they are often quite poorly. Although this is not the only factor in their decision, it is likely that some of these patients would choose to receive treatment if they did not have to travel so far and their health outcomes would be significantly improved.
- **Getting to and from Oxford is an issue for many patients – using the Patient Transport Service.** A large number of patients rely on the Patient Transport Service to collect them from home, take them to Oxford and to return them home after their treatment. The issue is that using the PTS means an early start for all patients, regardless of their appointment time, as the ambulance has to make numerous stops to pick up all of the patients and arrive in Oxford in time for the first patient's appointment. The ambulance then cannot make the return trip to Swindon until the last patient has received their treatment. The ambulance may also have to make several stops on the way home to allow passengers to use the toilet (which is a side effect of treatment for some patients) and then has to drop everyone back home. This results in a very long day for all of the passengers, which is repeated every day for up to 6 weeks.
- **Getting to and from Oxford is an issue for many patients – making their own way there.** Some patients are able to rely on friends or family to drive them to Oxford for treatment. This has a significant financial impact in terms of petrol and parking. The person driving may have to take time off work or arrange childcare. The drive to Oxford itself can be stressful. The journey can taken between 1 to 2 hours depending on the time of day and where the patients lives in the Borough and the Churchill Hospital is situated in the North East of the city, requiring patients travelling in from Swindon to go some way round the ring road.
- **The journey can impact on a patient's health and well being in the short term.** Patients said that the treatment made them feel tired and that this was compounded by the daily journey to Oxford. Some patients had other side effects such as feeling nauseous, diarrhoea and frequently needing to pass urine, which made the journey particularly uncomfortable. Many also felt that the journey and, for those using the PTS the need to wait for other passengers, placed both them and their families under additional emotional pressure that they would not experience so acutely if they could receive treatment closer to home.
- **The patients were pleased with the treatment that they received.** All of the patients felt that they were receiving a high quality service and that they received the information and support that they needed to help them through their treatment both from the Churchill Hospital and from the Great Western Hospital.

- **Some patients and their families/ carers would welcome more information about local support organisations.** There are some extremely active local support groups, networks and organisations that support cancer patients and their families. However, some of the patients and carers that the Task Group spoke to said that they would value more information about the support that is available to them locally.

In summary, the patients that the Task Group met with felt that radiotherapy services are not easily accessible to people living in and around Swindon and that this is having an adverse impact on them and their families in terms of their physical and emotional health and well-being, financially and the amount of time that is essentially 'lost' to receiving treatment. Indeed, some patients choose not to have radiotherapy and jeopardise their health partly due to the requirement to travel.

It is important to emphasise that the quality of treatment and care provided to patients is not in question.

The Task Group acknowledges that it has heard evidence from a small sample of patients and that more detailed work is required to seek the views of a wider representation of patients. However, this evidence suggests that the current arrangements for the delivery of radiotherapy services are resulting in a negative patient experience and that patients would welcome an investigation into the feasibility of providing this service closer to Swindon.

5.3 The Rationale for Exploring Alternative Options for the delivery of Radiotherapy Services

As outlined earlier in this report, the Cancer Reform Strategy places a requirement on local PCTs to consider whether the current arrangements for the delivery of radiotherapy services can meet the demands of a world-class service. These include:

- Whether current services have sufficient capacity to meet the waiting time target
- Whether current services have sufficient capacity to meet efficiency targets around the number of fractions delivered
- Whether current services can meet the anticipated increased demand for treatment as a result of a) population growth and b) wider use of radiotherapy as a treatment
- The extent to which current services meet the NRAG requirement for a maximum of a 45 minutes travelling time to radiotherapy centres for the majority of the population

In addition, the views of local patients regarding the accessibility of the current arrangements suggests that the Thames Valley Cancer Network and Swindon PCT should be exploring the options to provide radiotherapy services closer to Swindon in order to better meet the needs of the local population.

5.4 The Need for Expansion across the Thames Valley Cancer Network

The Thames Valley Cancer Network (TVCN) began discussions in July 2008 regarding the Network's response to the requirements of the National Radiotherapy Advisory Group (NRAG) Report and Cancer Reform Strategy.

In terms of demand in the Thames Valley Cancer Network area¹¹:

- TVCN currently provides approximately 33,000 fractions per million population
- By 2010, 40,000 fractions need to be delivered and by 2016 54,000 fractions per million population should be delivered
- By 2010 all patients having radiotherapy will have to be treated within 31 days of the decision to treat
- The NRAG report recommends that a radiotherapy service should be provided within 45 minutes travelling time for the majority of the population
- By 2016 linear accelerators should provide an average of 8,700 fractions per machine per year
- By 2016 it is anticipated that 52% of cancer patients will receive radiotherapy as part of their treatment (currently about 35%)

In order to meet the increased capacity and efficiency targets by 2016, the TVCN estimates that between 13 to 17 Linac machines would be required across the TVCN region. The higher figure takes into account population growth, increased demand and new cancer targets. The NRAG also recommends that a service machine is available to ensure that each operational Linac can deliver the required number of fractions. The lead-time for establishing a satellite unit is in the region of 2 years.

As at February 2009, there are 8 operational Linacs in the TVCN area (5 plus a contingency machine at Oxford and 3 at the Royal Berkshire NHS Foundation Trust in Reading). Reading plans to provide 2 additional Linacs on site plus 1 at a satellite site in Bracknell.

TVCN acknowledges that there is a need to consider the development of satellite centres to comply with NRAG travel requirements. This would require satellites to be linked to the existing cancer centres at Oxford and Reading.

A workshop has been held with all stakeholders of radiotherapy services in the TVCN to determine how many Linacs would be required and where they should be sited.

¹¹ Thames Valley Cancer Network Radiotherapy Services Report to Thames Valley cancer Network Delivery Group, Emma Richards, July 2008

In principle, the following model was suggested:

Number of Linacs	Location
3 (+ 1 service)	Royal Berkshire
5 (+ 1 service)	Oxford
2	Milton Keynes
2	Swindon
2	Buckinghamshire
2	East Berkshire
1	Banbury
TOTAL = 17	

It is important to recognise that detailed work has not yet taken place in Swindon to identify the needs of the local population and that the figures outlined above are based on an estimation of need across the whole of the Thames Valley Network area.

The Network is now progressing work to explore this proposed model in more detail.

5.5 The Feasibility of Providing Radiotherapy Treatment at a Satellite Site in Swindon

As a result of the feedback from patients and the requirements of the Cancer Reform Strategy to expand radiotherapy services, the Task Group was keen to explore the feasibility of providing a satellite centre in Swindon.

Swindon PCT last revisited this issue in July 2003. A 'Feasibility Study for a Local Radiotherapy Service'¹² was carried out to explore the development of a local scheme in response to long travel times to the Oxford radiotherapy service and the long waiting times for radical treatment. The Study concluded that the development of a local service as part of a 'hub and spoke' approach was not feasible due to the resulting excess in local capacity, the financial risk, the lack of specialist staff and the lack of support from neighbouring PCTs, the Thames Valley Cancer Network or Strategic Health Authority for this model. Instead, the PCT continued to support the specialist centre in Oxford, coupled with the development of local oncology services to improve patient experience.

Since this Study was published, there has been significant changes in the way that radiotherapy services are delivered, an increased demand for radiotherapy treatment which is likely to further increase due to the aging population and a drive at a national level to increase the capacity of radiotherapy services to ensure that more patients can receive high quality treatment, faster.

¹² *Feasibility Study for a Local Radiotherapy Service*, Swindon Primary Care Trust, July 2003

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25/03/09**

As a result, Swindon PCT has been working closely with the Thames Valley Network and other stakeholders to explore options for the expansion of radiotherapy services.

The remainder of this report explores the possibility of providing a satellite service in Swindon as a result of the evidence that has been received from Swindon PCT, Great Western Hospitals NHS Foundation Trust and the Oxford Radcliffe Hospitals NHS Trust.

5.5.1 The Population to be Served by the Radiotherapy Service

In 2006 the population of Swindon was estimated to be 339,169¹³. It is estimated that this will grow by a minimum of 5% to 356,127 by 2016. It is anticipated that much of this growth will be as a result of an aging population, who are more likely to develop cancer and require radiotherapy treatment.

The Oxford Radcliffe Hospitals NHS Trust advised the Task Group that a single Linac machine should be expected to deliver around 8,000 fractions per annum in order to operate at, or just below, full capacity.

In 2007/08, Oxford provided 7,000 fractions to patients with a Wiltshire postcode. Taking into account patients within the GWH catchment area from Oxfordshire, Gloucestershire and Berkshire that are likely to choose to be treated at Swindon and those who refused treatment at Oxford due to the distance, it is likely that around 8,000 fractions would be delivered if a satellite centre was currently operating in Swindon.

Based on current numbers, there appears to be sufficient demand for 1 Linac, however, the NRAG report recommends that 2 or more Linacs are provided per site to ensure continuity of service if down time is necessary for servicing or repairs. As a result, significant excess capacity would be built into a local service based on the current levels of demand.

However, the NRAG Report and Cancer Reform Strategy has set new targets regarding the number of fractions (individual treatments) to be delivered per million population and the efficiency of individual machines (how many treatments a machine can provide per annum)

Year	Number of fractions to be delivered per million population	Number of fractions to be delivered per Linac
2009 (current TVCN situation)	33,000	8,000
2010	40,000	8,300
2016	54,000	8,700

¹³ Thames Valley Cancer Network Radiotherapy Services Report to Thames Valley cancer Network Delivery Group, Emma Richards, July 2008

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25/03/09**

The growing population in Swindon and surrounding areas, the increased use of radiotherapy services and the requirement for Linacs to provide an increased number of fractions per annum has resulted in an estimate by the TVCN that Swindon would require 1.65 Linacs in 2010 and 2.21 in 2016¹⁴. As such, the evidence suggests that there is sufficient demand for a satellite centre in Swindon.

Clinicians from Oxford and Swindon are of the view that 90% of patients would be able to receive their treatment in Swindon. The majority of patients would still be required to attend a planning appointment at Oxford before the start of their treatment. Due to the specialist equipment and staff that are required to carry out this work, it is not likely that satellites would have the ability to carry out this role.

The remaining 10% of patients would still be required to travel to Oxford. These patients will be those with complex conditions and may be extremely ill.

Paediatric cases would continue to be treated in Oxford, again due to the specialist nature of the treatment and the links with the Children's Hospital in Oxford.

Patients with a complex conditions, such as neck and head cancers would also continue to be treated in Oxford due to the specialist equipment required, such as bespoke immobilisation devices that are used during treatment. In addition, these patients require specialist support from other healthcare professionals such as dieticians, speech and language therapists and specialist nurses that are based at the Cancer Centre. They are often extremely poorly and may require treatment as an inpatient.

5.5.2 Patient Access

Current Arrangements

Under the current arrangements, patients from Swindon have to travel between 1 to 2 hours on a daily basis to Oxford (35 miles from the Civic Offices in Euclid Street, Swindon to the Churchill Hospital).

As discussed earlier in this report this takes up a significant amount of time (particularly for patients using the Patient Transport Service), there are issues with parking at the Churchill site, the journey can be a stressful one and can be expensive for patients being driven by friends or family. However, patients claiming income support, income based job seekers allowance, working tax credit or the guarantee credit of pension credit can claim back the cost of travelling to hospital for treatment under the Hospital Travel Costs Scheme (HTCS). In addition, the NHS Low Income scheme may enable some patients to claim back some or all of travel and parking costs¹⁵. The Task Group felt

¹⁴ Thames Valley Cancer Network Radiotherapy Services Report to Thames Valley cancer Network Delivery Group, Emma Richards, July 2008

¹⁵ *Dealing with cancer? The cost of getting to hospital shouldn't be your biggest worry*, Macmillan Cancer Relief, 2005

**FINAL – revised further to Health Overview & Scrutiny Committee
25/03/09**

that it was important that these schemes are promoted to patients at the outset of their treatment.

In addition, there are no beds available for patients wishing to stay overnight for treatment. However, patients with complex conditions may be admitted on an inpatient basis.

The Task Group was interested in the views of clinicians as to whether the journey to Oxford had an adverse impact on the health of patients. Clinicians from both Oxford and Swindon were in agreement that patients who are required to travel some distance are often more tired and may find it harder to recover from treatment. In addition, the side effects of treatment in some patients may make travelling particularly uncomfortable, for example diarrhoea, frequently needing to urinate and pain in the area treated.

There may also be cases where radiotherapy is required as an emergency, for example in patients with spinal cancers. These patients are transported by ambulance to Oxford for treatment and due to the lack of inpatient beds, often have to return to the Great Western Hospital as an inpatient. This process may be repeated on several occasions and can be extremely uncomfortable and tiring for the patient.

If a Satellite Centre was established in Swindon

If a satellite centre were established in Swindon, the distance that patients would have to travel and the journey time would reduce considerably and for most patients would be less than the 45-minute maximum journey time recommended by the NRAG.

In addition, there are good public transport links to Swindon by bus and train and the Great Western Hospital site is served by frequent bus services.

Due to the shorter distance required to be travelled by the Patient Transport Service, it is assumed that more routes could be introduced, reducing the total amount of time patients would have to spend getting to and from their appointment.

More patients may also choose to be taken to and from appointments by friends of family due to the significantly reduced time commitment.

Parking at the Great Western Hospital site is always an issue that sparks much debate and there would be a need to consider the impact that building an additional unit that would increase the number of visitors to the site would have on the availability of parking.

5.5.3 Impact on other providers and cancer networks

The Great Western Hospitals NHS Foundation Trust would welcome the opportunity to provide radiotherapy services on the site of the Great Western Hospital. Due to the co-location of oncology and radiotherapy services on a single site there are also opportunities for even closer partnership working and

**FINAL – revised further to Health Overview & Scrutiny Committee
25/03/09**

to enhance the services available to patients receiving chemotherapy by recruiting a clinical oncologist to serve cancer services in Swindon. It is important to note that Swindon PCT is responsible for commissioning services and that all possible provider models will be considered as part of the commissioning process.

The Oxford Radcliffe Hospitals NHS Trust is also fully supportive of this option. The new Oxford Cancer Centre is due to open in March 2009 and includes 5 operational Linacs and a service Linac. In order to meet the expected increased demands from the population in Oxford, the Cancer Centre would require an addition 2 Linacs by 2016 if it continued to provide services to patients from Swindon, Buckinghamshire and Milton Keynes. Accommodation would be an issue, as would parking on the Churchill Hospital site. As such, the Trust is of the view that it would be forced to review the situation in 2 years time if satellite sites are not established. The Trust is confident that satellite centres would provide the same quality of treatment to patients that they currently receive and that patients requiring specialist care would continue to be treated by Oxford. It is also acknowledged that a satellite in Swindon would provide easier access to radiotherapy services for some patients living in the south of Oxfordshire, who also currently have a long journey to the centre of Oxford.

The Royal Berkshire Hospital is currently progressing plans to establish a satellite site at Bracknell¹⁶. The establishment of an additional satellite site in Swindon may divert some patients from West Berkshire from the Reading Cancer Centre to the Great Western Hospital. However, the GWH catchment area already includes West Berkshire and this group of patients would probably be more likely to seek treatment from the Great Western Hospital under the current arrangements than from the Royal Berkshire. As such, the increase in patients from Berkshire receiving treatment from the Great Western Hospital is likely to be small.

The Avon, Somerset and Wiltshire Cancer Network is also exploring options to increase its capacity. The nearest radiotherapy centre to Swindon is at the Royal United Hospital in Bath, which has 2 Linacs. A small number of patients from Swindon already travel to Bath for treatment but this can cause difficulties as Bath is in a different cancer network and has different care pathways in place. As such, Swindon PCT is unlikely to want to increase the number of patients being treated at Bath. In addition, the journey to Bath would not fall within the maximum 45 minutes required by the NRAG for the majority of patients in the Swindon area. For the same reasons, the establishment of a centre in Swindon would be unlikely to have a significant impact on Bath as a provider.

¹⁶ Thames Valley Cancer Network Radiotherapy Services Report to Thames Valley cancer Network Delivery Group, Emma Richards, July 2008

5.5.4 The benefit to the Network as a Whole

As outlined above, the establishment of a satellite centre in Swindon would create additional capacity for the Oxford Cancer Centre to meet the growing demands of its own population.

The expansion of the number of Linacs available across the network will also provide increased continuity across the TVCN area and reduce the likelihood of interruption to treatment should a Linac in another centre be taken out of operation in the short term.

Expanding the provision of radiotherapy services also increases opportunities for existing staff and is likely to attract new members of staff. In addition, there may be increased opportunities for research and innovation across the network.

5.5.5 Workforce

Both the Great Western Hospitals NHS Trust and the Oxford Radcliffe Hospitals NHS Trust acknowledge that the recruitment and retention of staff for an expanded local service may be difficult. There has been a national shortage in the number of therapy radiographers but this has increased over the last 10 years. The NRAG Report states that there has been an increase in the number of radiographers over the last 5 years and that an increase of approximately 30% of these professionals in the next 5 years. The report calls for all radiotherapy departments to fully implement the career progression model for radiographers that was issued in 1999 to deliver an effective skills mix and to deliver capacity increases.

However, there would be opportunities for staff from a satellite unit to work on a rotation system where they spend the majority of their time at the satellite unit but could spend a proportion of time at the Oxford Cancer centre to refresh their skills and knowledge and to get up to date with new developments and technology. This would be very appealing to many professionals including those who already work at the Oxford Cancer Centre. Housing in Oxford is very expensive and a large number of staff travel from outside of Oxford anyway. This would enable staff to work closer to where they live without sacrificing exposure to the specialist nature of the work carried out by the Oxford Cancer Centre.

In addition, recruiting in a locality that currently does not provide radiotherapy services may benefit from targeting a potential pool of new recruits that currently have to travel further a field to seek work e.g. Bath, Reading, and Gloucester.

There are benefits of establishing a satellite unit on the same site as where other cancer services, such as chemotherapy, are delivered. The Great Western Hospitals NHS Foundation Trust currently 'buy in' services from clinical oncologists based in Oxford. The establishment of a radiotherapy unit in Swindon would enable the Trust to create its own clinical oncologist post,

which would also improve the day-to-day care and treatment provided to all cancer patients. In addition, patients receiving radiotherapy will be able to access the other support services available at the Great Western Hospital, such as dieticians and language therapists. However, there must be scope for these services to be enhanced as a result of the increased demand placed upon them by the radiotherapy unit. Many patients may also prefer receiving the majority of their treatment at the same location.

5.5.6 Cost Effectiveness

Provision of radiotherapy services is costly. The 3 Counties Cancer Network has explored options to establish new satellite centres with 2 Linacs in Hereford or Worcester that would be linked to the Gloucestershire Oncology Centre. The Network estimated that start up costs would be approximately £7 million with an additional annual cost of £2 million¹⁷. It should be assumed that similar costs would apply to the establishment of a unit in Swindon.

As the population figures outlined earlier in this report suggest, it is likely that a local service may be running with spare capacity for several years, which does represent a financial risk to the local health community.

In addition, the establishment of a new unit would also be dependent upon the chosen provider securing sufficient capital to build a new unit. As a foundation trust, the Great Western Hospitals NHS Foundation Trust does have the capability to borrow funds if required.

Under 'payment by results' the money for treatment follows the patient. Therefore, the same tariff would be paid to a provider regardless of where a patient is treated. However, there may be some savings in relation to patient transport.

5.5.7 Support Available to Patients

The Oxford Cancer Centre has a Maggie Cancer Information Centre¹⁸ that provides support to people with cancer, their families and friends in dealing with cancer. The Centre is operated by a national charity that provides free and independent cancer information centres nationwide.

The centre encourages patients to feel more in control of their lives and to compliment the medical treatment that they are receiving. The centre provides information in a range of formats about cancer, treatment and more practical issues such as travel insurance, benefits and other support groups and organisations. In addition, the Centre provides a programme of activities and courses such as relaxation and stress management, expressive art and eating for health that can be attended by patients.

¹⁷ *Pre-consultation document on the expansion of radiotherapy services*, 3 Counties Cancer Network, June 2008

¹⁸ www.maggiescentres.org/maggies/maggiescentres/home/home.html

**FINAL – revised further to Health Overview & Scrutiny Committee
25/03/09**

Patients from Swindon can access the services provided by the Maggie Centre and many of the resources are provided via the Internet. In addition, patients can go to the courses when they are at the Churchill site for treatment.

In Swindon there is a wide range of support available to patients via the specialist cancer nurses. In addition, there are several active support groups for different types of cancer. The Great Western Hospital also runs a user involvement group to enable patients to influence the development of services. Some patients and their families that the Task Group met with felt that there would be benefits in raising awareness of the support that is available to them locally.

The provision of radiotherapy, chemotherapy and other cancer treatments at the same site in Swindon would provide an opportunity for the development of a similar cancer information centre for patients and their families. This would enable patients to access care, treatment, support and advice in a single location. Although not strictly within the Terms of reference of this review, the Task Group would encourage Swindon PCT and the Great Western Hospitals NHS Foundation Trust to consider exploring the feasibility of developing this valuable resource for local people in the future.

5.5.8 Patient Safety and compliance with external Quality Standards

Clearly, any satellite unit must provide the same high quality of care and treatment that patients already receive from Oxford. A satellite centre would be part of an effective cancer network and would take direction from Oxford in terms of quality standards and patient safety. In addition, the expertise and knowledge of staff from Oxford can be used to ensure that satellite units meet these standards and the possibility of rotating staff also provides opportunities for sharing good practice at an operational level.

There would also be a need to maintain the confidence of patient, the public and health professionals that the expansion of radiotherapy services will continue to provide a high quality of care and clinical outcomes.

6. Summary of Findings

This review was never intended to be a comprehensive review of the feasibility of providing radiotherapy services in Swindon. It was initiated as a result of patient concerns about the accessibility of the current service.

Through our discussions with patients, it has become clear that although patients are more than satisfied with the service that they receive from Oxford, the location of the service is reducing the accessibility of treatment for many patients.

The role of Health Overview & Scrutiny is to promote the health and well being of our local community, As such, the Task Group decided to focus on exploring whether there is a need for the provision of radiotherapy services closer to Swindon and if so, whether this is a realistic option to be explored in more detail by commissioners and providers.

In summary we have found that:

- There does appear to be sufficient demand, both now and in the future, for the provision of radiotherapy services in Swindon as a satellite unit linked to the Oxford Cancer Centre but that more detailed work is required to substantiate these estimated figures
- Establishing a satellite unit in Swindon is likely to increase the accessibility of radiotherapy treatment for patients and enable more patients to benefit from treatment. It would also reduce the travel time for patients to under 45 minutes as required by the NRAG recommendations
- Establishing a site in Swindon will take several years and the local community must be kept informed of progress to ensure that their expectations are realistic
- The impact on other providers appears to be positive, in terms of increasing capacity at Oxford, and would also provide other benefits to the Thames Valley Cancer Network such as increasing resilience
- There is an issue regarding the recruitment and retention of staff for a satellite unit but this does not appear to be insurmountable
- The cost of establishing a satellite unit in Swindon is high as are the ongoing running costs. There may be some savings in terms of patient transport. More in-depth work is required locally to establish the actual costs and the feasibility of identifying this funding.
- The Oxford Cancer Centre would continue to oversee patient safety and external quality standards. There would be a need to ensure that robust arrangements are in place to ensure that standards are not compromised.
- Establishing a satellite unit in Swindon would provide an opportunity to enhance the support available to cancer patients and their families

As such we are of the view that Swindon PCT in conjunction with the Thames Valley Cancer Network, the Oxford Radcliffe Hospitals NHS Trust and Great Western Hospitals NHS Foundation Trust should take early steps to explore the feasibility of establishing a radiotherapy satellite unit in Swindon.

7. Suggested Next Steps

Work is already being progressed by the Thames Valley Cancer Network to investigate the possibility of the establishment of satellite units in the region.

The Task Group is of the view that the following work needs to take place locally to inform decision-making:

- Engagement with a wide range of service users and their families to fully explore the issues relating to the accessibility of radiotherapy services in Oxford and their views on how this could be addressed, as well as their thoughts on providing a satellite unit in Swindon
- Engagement with local voluntary and community organisations that work with patients with cancer and their families regarding the issues raised in the bullet point above
- Analysis of local need to validate future demand for radiotherapy services and how this correlates to the number of linear accelerators that would be required in a satellite unit in Swindon
- Swindon PCT to consider the feasibility of the potential models of service provision if a satellite centre were to be established in Swindon
- The Great Western Hospitals NHS Foundation Trust to identify the costs of establishing and running a satellite unit in Swindon and to explore the feasibility of the option in more detail

Appendix 1

Task Group on Local Accessibility of Radiotherapy in Swindon

<u>Aim</u>	To carry out an objective review of the local provision of radiotherapy treatment for cancer patients who live in Swindon with a view to improving accessibility.
Rationale	<p>Research carried out by the Swindon Primary Care Trust (PCT) Patient and Public Involvement Forum (PPIF) identified concerns regarding the accessibility of radiotherapy treatment for cancer patients. The majority of patients are sent to the Churchill Hospital in Oxford, which is part of Oxford Radcliffe NHS Hospitals Trust and a small number to the Royal United Hospital in Bath.</p> <p>The PPIF felt that this issue merits further review due to:</p> <ul style="list-style-type: none"> • The adverse impact of travelling to and from Oxford on both patients and their families • The growing population of Swindon and likely increase of cancer incidence as the age of the population rises • The importance of considering the views of service users in the commissioning, design and delivery of services <p>In addition, the National Radiotherapy Advisory Group has recommended that radiotherapy capacity in the UK needs to expand by 91% by 2016 and the Thames Valley Cancer Network, of which Swindon Primary Care Trust is a member, is currently reviewing the provision of radiotherapy services in the region as a result.</p> <p>This is a topic of importance to both patients and the public and currently is being reviewed by the NHS, enabling Members with an opportunity to contribute to the review process on behalf of local people at the pre-consultation stage.</p>
Scope	<p>Includes:</p> <ul style="list-style-type: none"> • What is radiotherapy treatment, when is it used and how is it currently delivered to patients from Swindon? What are the links with “Patient Choice”? • How are radiotherapy services commissioned for patients who live in Swindon? • How are patients and carers involved in commissioning and the design and delivery of services? • What are the current and projected future health needs for radiotherapy treatment for patients living in Swindon? Are there particular socio-economic groups that access radiotherapy e.g. the elderly? • What national, regional and local policies and guidance are there about the provision of radiotherapy treatment, including clinical evidence? • What national, regional and local targets are there regarding waiting times for treatment for cancer and how is Swindon PCT performing? • What support is available to patients and carers accessing this service, including any financial assistance for travelling? • Is there evidence of a ‘whole systems’ approach between centres providing radiotherapy and local health and social care services to ensure a

FINAL – revised further to Health Overview & Scrutiny Committee
25/03/09

	<p>seamless care pathway?</p> <ul style="list-style-type: none"> • What are the alternative options to the current arrangements for radiotherapy treatment? To what extent have these been explored in detail and when were the current arrangements last reviewed? • What are the views of patients and their families in relation to the current service? How are their views collected and used? • Explore best practice in similar other Primary Care Trusts e.g. Milton Keynes PCT <p>Excludes:</p> <ul style="list-style-type: none"> • In-depth review of specialist health services for people with learning disabilities, although these service have an important role in supporting and/or supplementing mainstream services • The provision of chemotherapy and general palliative care in relation to cancer 	
Resources	<p>Task Group:</p> <ul style="list-style-type: none"> • Councillor Andrew Bennett • Councillor Mick Bray <p>Officer Support:</p> <ul style="list-style-type: none"> • Emma Powell, Scrutiny Officer 	
Timescales	<i>Start</i>	First meeting 10 th October 2008
	<i>Finish</i>	Final report presented to the Health Overview & Scrutiny Committee in February 2009 (provisional)
Outputs	<ol style="list-style-type: none"> 1. Chair of the Task Group to provide an update to the Health Overview & Scrutiny Committee at its meetings in July, September and November 2008. 2. Chair of the Task Group to outline the review findings and recommendations to the Health Overview & Scrutiny Committee at its meeting on 17th December 2008. 	
Methodology	<ul style="list-style-type: none"> • Desk based research of current policy and practice • Considering best practice nationally • Interviewing identified advisers/ witnesses • Consultation with service users and carers • Site visits 	
Expert Witnesses/ Advisors	<p>Internal</p> <ul style="list-style-type: none"> • Heather Mitchell, Joint Director Commissioning <p>External</p> <ul style="list-style-type: none"> • Keith Reid, Swindon PCT • Swindon & Marlborough NHS Trust • Oxford Cancer centre (Oxford Radcliffe Hospital) 	

**FINAL – revised further to Health Overview & Scrutiny Committee
25/03/09**

	<ul style="list-style-type: none"> • Representative from the Swindon PCT Professional Executive Committee (PEC) • Prostate cancer • Breakaway Breast Cancer Support Group Swindon • Swindon Local Involvement Network • Thames Valley Cancer Network • Gloucestershire County Council Health Overview & Scrutiny Committee • Breakthrough Breast Cancer, Swindon • Cancer & Carer Support, Swindon • Swindon Carer’s Centre • Age Concern Swindon
<p>Evidence Documents</p>	<ul style="list-style-type: none"> • NHS Cancer Plan, NHS, 2000 • <i>Developing and Evaluating Best Practice for User Involvement in Cancer Services</i>, Avon, Somerset and Wiltshire Cancer Services, 2002 • <i>Radiotherapy: Delivering a work class service for England</i>, National Radiotherapy Advisory Group, NHS, 2007 (http://www.cancerimprovement.nhs.uk/documents/radiotherapy/NRAG_0507.pdf) • www.12.x-ml.com/data.asp?DataID=109 (Thames Valley Cancer Network) • <i>Waiting for Radiotherapy</i>, D Dodwell & A Crelin, British Medical Journal 332, January 2006 • <i>Pre-consultation document on the expansion of radiotherapy services</i>, 3 Counties Cancer Network Report to Gloucestershire County Council Health Overview & Scrutiny Committee, June 2008 • <i>Cancer Reform Strategy</i>, Department of Health, December 2007 • <i>Radiotherapy Feasibility Study</i>, Swindon Primary Care Trust, July 2003 • <i>Papers from the Thames Valley Cancer Network Delivery Group</i>
<p>Site Visits</p>	<ul style="list-style-type: none"> • To be identified

APPENDIX 2

Sources of Evidence

Minutes of Meetings

Evidence was heard from the following witnesses during Task Group meetings. Copies of available minutes are available from the Scrutiny Unit.

- Keith Reid, Swindon Primary Care Trust
- Michael Wilson, Clinical Oncology, Clinical Haematology & Dermatology, Great Western Hospitals NHS Foundation Trust
- Dr Sarah Green, Clinical Oncology, Clinical Haematology & Dermatology, Great Western Hospitals NHS Foundation Trust
- Rainer Buhler, Oxford Radcliffe Hospitals NHS Trust
- Dr Bernadette Lavery, Oxford Radcliffe Hospitals NHS Trust
- Great Western Hospital Cancer User Group
- Breakthrough Breast Cancer Support group Swindon
- Heather Mitchell, Deputy Chief Executive, Swindon Primary Care Trust
- Lyn Hill-Tout, Chief Executive, Great Western Hospitals NHS Foundation Trust

National Reports, Policy and Guidance

Cancer Reform Strategy, Department of Health, 2007

Dealing with cancer? The cost of getting to hospital shouldn't be your biggest worry, Macmillan Cancer Relief, 2005

Radiotherapy: Developing a World Class Service for England Report to Ministers, National Radiotherapy Advisory Group, 2007

The NHS Cancer Plan: a plan for investment, a plan for reform, Department of Health, 2000

Local Reports, Policy and Guidance

Feasibility Study for a Local Radiotherapy Service, Swindon Primary Care Trust, July 2003

Maggie's Information Centre Leaflet, Maggie's Information Centre Oxford, 2009

Patient's Guide to Radiotherapy, Maggie's Cancer Information Centre Oxford, 2001

Pre-consultation document on the expansion of radiotherapy services, 3 Counties Cancer Network, June 2008

Swindon Primary Care Trust Public and Patient Involvement Forum Legacy Report, Swindon Primary Care Trust Public and Patient Involvement Forum, 2008

**FINAL – revised further to Health Overview & Scrutiny Committee
25/03/09**

Thames Valley Cancer Network Radiotherapy Services Report to Thames Valley Cancer Network Delivery Group, Emma Richards, July 2008

The Health of the Population of the Swindon Primary Care Trust 2007/08, Swindon Primary Care Trust, 2008

Websites

www.info.cancerresearchuk.org/cancerstats/mortality/

www.cancerimprovement.nhs.uk/View.aspx?page=/treatments/radiotherapy_docs/nrag.html

www.maggiescentres.org/maggies/maggiescentres/home/home.html

www.cancerresearchuk.org/

www.macmillan.org.uk/

www.breastcancercare.org.uk

www.dh.gov.uk

www.swindonadvertiser.co.uk

Appendix 3

Response to the Task Group Report by Cabinet

CABINET

WEDNESDAY, 15 APRIL 2009

EXTRACT FROM MINUTES

135. References from Health Overview and Scrutiny Committee

The Cabinet Member for Health, Housing and Adult Social Care, and the Director of Law and Democratic Services submitted a joint report setting out references and recommendations arising from the meeting of the Health Overview and Scrutiny Committee held on 25th March 2009, concerning the final report and findings of the Provision of Mainstream Healthcare for People with Learning Disabilities Task Group, the Task Group on Local Accessibility of Radiotherapy in Swindon, and the Support Available for Carers in Relation to Mental Health Services Task Group.

Councillor Ray Ballman, joint Chair of the Mainstream Healthcare for People with Learning Disabilities Task Group, and Chair of the Support Available for Carers in relation to Mental Health Services Task Group, commented on the background to the two Task Groups and on their findings and recommendations. She drew particular attention to the problems faced by young carers dealing with people with mental health problems. Through work on the Carers in relation to Mental Health Task Group, she had been made aware of the existence of a policy developed nationally on the role and needs of young carers, and she believed that it would be helpful if the Children's Services team considered this policy to see if it, or something similar, could be adopted in Swindon. She asked for the Cabinet's support in seeking Health partners to give serious consideration to the Task Groups' findings and recommendations.

Councillor Garry Perkins, Cabinet Member for Children's Services, welcomed both Task Group reports, and advised that if Councillor Ray Ballman provided him with more information on the young carers policy he would be happy to discuss this with the Group Director, Children.

Councillor Mick Bray, joint Chair of the Local Accessibility of Radiotherapy in Swindon Task Group, commented on the Task Group's findings and recommendations. He referred to the media attention given to the findings of the Task Group, and to the impact on patients of having to travel out of the Borough for treatment on a daily basis. He noted the recent commitment given by the Prime Minister regarding Cancer treatment and the provision of local Radiotherapy services, and he hoped that this would be reflected in the provision of such facilities in Swindon in the near future.

Councillor David Renard, Cabinet Member for Health, Housing and Adult

**FINAL – revised further to Health Overview & Scrutiny Committee
25/03/09**

Social Care, welcomed all the Task Groups' findings and recommendations which he believed, if delivered, would have a significant impact for health care in the Borough, and for service users and their carers. He thanked all the Task Groups for their work.

Resolved – (1) That, further to Minute 62(1) of the Health Overview and Scrutiny Committee, and the findings of the Mainstream Healthcare for People with Learning Disabilities Task Group, (a) the Group Director, Housing and Social Care and the Director of Community be requested to ensure that local charities, community and voluntary groups are made aware of funding streams that they can access to promote healthy eating and physical activity amongst people with Learning Disabilities and their carers, and (b) the Final Report and recommendations of the Task Group, be noted.

(2) That, further to Minute 63 of the Health Overview and Scrutiny Committee, the Final Report and recommendations of the Task Group on Local Accessibility of Radiotherapy in Swindon, be noted.

(3) That, further to Minute 66 of the Health Overview and Scrutiny Committee, the Final Report and recommendations of the Task Group on Support Available for Carers in relation to Mental Health Services, be noted.

(4) That the Cabinet expresses its thanks to all the Councillors, partners and officers involved in the Task Groups referred to in (1) to (3) above, and to all those who contributed to the preparation of the Task Groups' reports, for their hard work and commitment to the production of these comprehensive and welcome reports.

The reasons for the decision and alternative options are as set out in the report to the meeting.