

Using the radiotherapy toolkit and existing radiotherapy data to model the capacity required to achieve the National Radiotherapy Advisory Group (NRAG) recommended optimal treatment levels

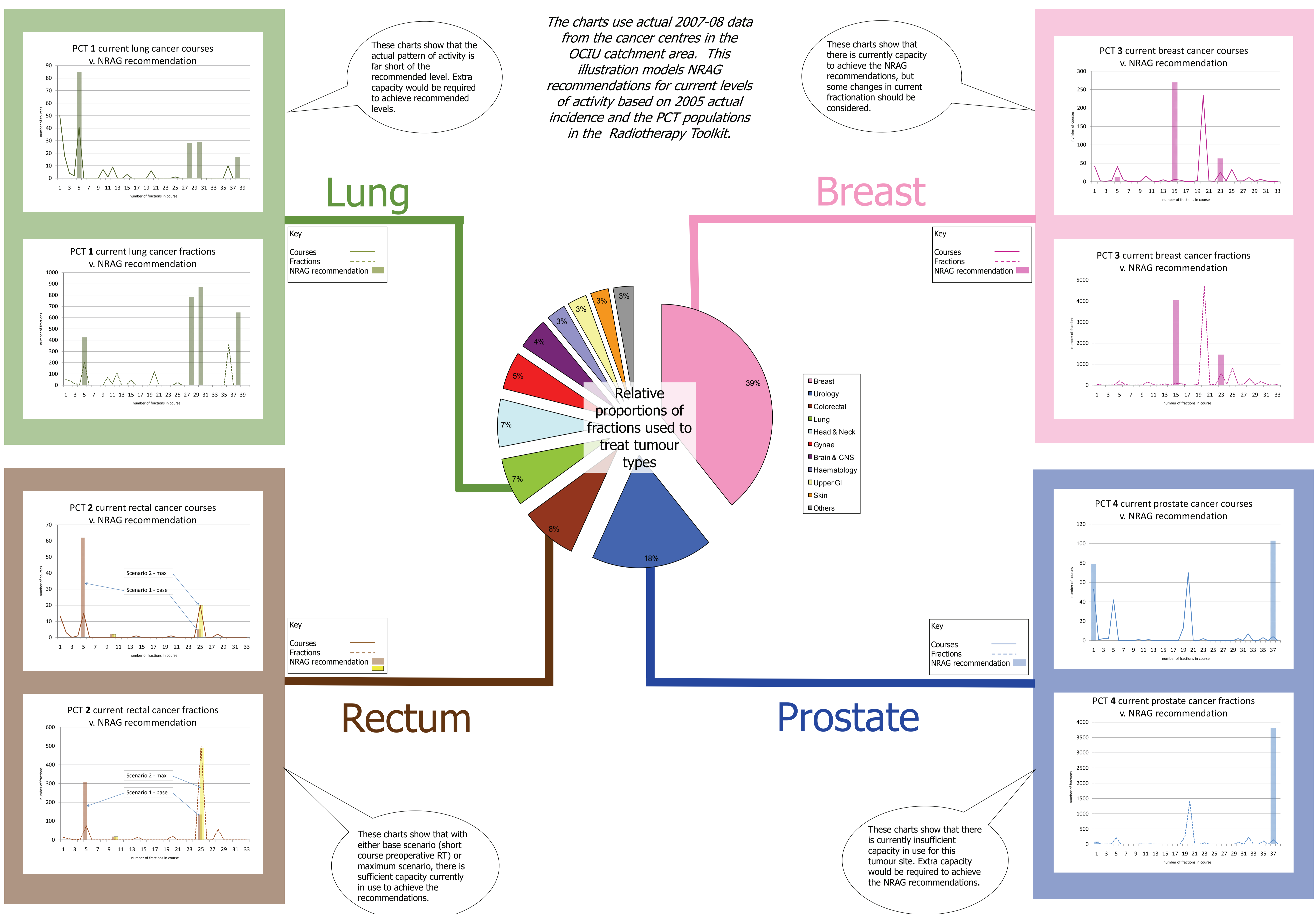
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Aims:

The introduction of the radiotherapy toolkit enables projected optimal provision for radiotherapy to be compared with current services, where detailed treatment information is available. This enables commissioners and providers of services to agree the timing and magnitude of adding capacity to achieve desired local fractionation targets.

Methods:

The radiotherapy toolkit was used to derive required fractionation information by cancer site for a known local population, served by several cancer centres. An existing archive of detailed patient level radiotherapy treatment data, held at the Oxford Cancer Intelligence Unit (OCIU), was accessed to provide a picture of current provision, by PCT and by each of the contributing cancer centres.



Results:

Analyses have been completed for each of the major tumour sites treated by radiotherapy demonstrating the current picture of courses and fractions delivered by each cancer centre. Similar analyses were then completed for each PCT and compared with the toolkit assessment of current need and future patterns taking into account the ageing population and other demographic factors.

Conclusions:

This process provides a clear picture of current patterns of provision and how these relate to proposed provision and future requirements. This process can be duplicated to provide a consistent picture across adjacent communities enabling a rational approach to be taken to aligning current practice with NRAG recommendations and the timing and siting of additional capacity.

The Radiotherapy Dataset (RTDS) programme has now commenced collection of patient level data from all cancer centres. Once this process is established and quality assured, it will be possible to use a similar model to make a similar service available to all PCTs and to track national progress to NRAG targets.