

## Standard Operating Procedure (SOP) Outpatient Service

# ADULT RADIOTHERAPY LATE EFFECTS SERVICE MDT .

<b>SETTING</b>	South west Regional Late Effects Services (SWRLES)
<b>FOR STAFF</b>	Radiotherapy Late Effects Radiographers and Radiotherapy Late Effects Support Staff. Medical professionals offering support to Radiotherapy Late Effects service users.
<b>ISSUE</b>	Guidance required supporting the patient pathway when referred to the Radiotherapy Late Effects Service.

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## Background & Purpose of the MDT:

- To Support people living with the effects from their Radiotherapy treatment.
- MDT will ensure that the referral to the Radiotherapy late effects service is appropriate.
- The Late Effects service provides a specialist review and can sign post or make onward referrals depending on assessment findings.
- To standardise the care pathway for patients with Radiotherapy Late Effects.
- Shared learning and skill development for Late Effects Radiographers.
- The Late Effects service is not just a triage service.
- The Late Effects MDT will help identify a programme of medical advice, support and rehabilitation for individual patients with the aim is to discharge after 3 clinic/telephone/video appointments.
- The Late Effects MDT will enable signposting to specialist medical care both locally and nationally when appropriate.

## MDT pre-requisites :

- Services users must consent to the help of the Late Effects Service.
- Late effects radiographer must complete MDT referral form. (Appendix 1)
- The reason for the referral must fit the inclusion criteria.(See Late Effects Referral SOP)
- Evaluation of initial patient assessment using EORTC QLQ-C30, ED 5D 5L, UK PAM 13 and Site specific EORTC questionnaire,
- Evaluation of initial patient consultation.

## MDT Process and Outcomes.

### Identifying a patient for the Radiotherapy Late Effects Service.

- The receiving radiotherapy late effects clinician checks against Referral Criteria.
- The purpose of Radiotherapy Late Effects Service Outpatients Clinic is explained to the patient and verbal consent to refer to the clinic is gained.
- The nature of the pilot service and the intentions of the SWRLES, consent for their information to be used.

### MDT preparation

- Patient background information concluded; RT treatment, questionnaire and test results.
- Previous case studies.
- Services available locally.
- Time line of expected treatment time discussed with patient.

### MDT Clinic Preparation by Late Effects

- Patient discussed at Thursday Regional Late Effects MDT.
- Late Effects pathway decided and documented.
- Referral made to appropriate services.

### Clinic Outcome

- Patient specific MDT Late Effects Outcome plan documented on relevant hospital system.
- Patient informed of outcomes and actions by letter (see appendix 2).
- GP informed of outcomes by letter or email (see appendix 3.)

**RELATED  
DOCUMENTS**

Record Keeping in Health Records Policy  
[REDACTED]

Macmillan Cancer Support

<https://www.macmillan.org.uk/cancer-information-and-support/after-treatment/late-effects-of-treatment>

**AUTHORISING  
BODY**

South West Regional Late Effects Service Committee.

**SAFETY**

Not applicable

**QUERIES**

[REDACTED]  
[REDACTED]

## APPENDIX 1: RADIOTHERAPY LATE EFFECTS REFERRAL FORM

*Insert Hyperlink to MDT form*

### Radiotherapy Late Effects MDT

Patient Information	Referrer Information
NHS Number:	Name of referrer:
Post code:	Role of referrer
Office use only: patient code -----	Referrer contact details:  Postcode:

Radiotherapy Information	
Cancer Type (e.g., prostate/breast)	
Date of diagnosis	
Site irradiated (e.g., pelvis, left breast)	
Radiotherapy centre where treatment was delivered (e.g., Taunton, Bath)	
Date radiotherapy completed	

1 <sup>st</sup> contact/consultation Information	
Concerns Thermometer	
Patient Activation Messure	
Q5D-5L	
EORTC specific questionnaire	
Investigation/test result outcomes	
Previous treatment or intervention	
Other relevant information	

**MDT outcome****MDT ACTION LOG**

1.	
2.	
3.	
4.	
5.	

## APPENDIX 2: PATIENT OUTCOME LETTER

**Radiotherapy Late Effects Service**  
BHOC  
Bristol Cancer Institute  
Horfield Road  
Bristol.BS2 8ED

NAME OF PERSON  
ADDRESS LINE 1  
ADDRESS LINE 2  
TOWN/CITY  
COUNTY  
POSTCODE

Tel: [REDACTED]

Switchboard (Bristol): 0117 923 0000  
Switchboard (Weston): 01934 636363  
Email: [REDACTED]  
Website: [www.uhbw.nhs.uk](http://www.uhbw.nhs.uk)

**Date:** date-month-2020  
**NHS Number:** 000 000 0000  
**Hospital Number:** ABC 000000D

Dear Mrx Xxxxxx,

It was a pleasure to see you in the Macmillan Radiotherapy Late Effects clinic on **date**. We had an open and in-depth discussion about the concerns you have resulting from your radiotherapy treatment for **diagnosis** cancer completed **date**, acknowledging that changes to function can happen following radiotherapy.

The distress thermometer you kindly filled in prior to your appointment showed a distress score of **x**/10 due to your concerns.

The concerns we discussed were:

**Action Plan:**

- We talked about how .....You felt that ....we are going to.....

**Written information given to you today:**

We discussed a lot of information and agreed that I will call you in a few weeks to check how you are getting on, using this telephone number to contact you – [REDACTED]. A follow up clinic appointment for 4 months' time will then be offered to you.

With kind regards,  
Yours sincerely

[REDACTED]  
Radiotherapy Late Effects Radiographer.

## APPENDIX 3:GP OUTCOME INFORMATION

### Radiotherapy Late Effects Service

BHOC  
Bristol Cancer Institute  
Horfield Road  
Bristol.BS2 8ED

Late Effects Mobile Tel: [REDACTED]

Direct Line (Bristol): [REDACTED]

Email: [REDACTED]

Website: [www.uhbw.nhs.uk](http://www.uhbw.nhs.uk)

<b>Date:</b>	date-month-2020
<b>Patient Name</b>	xxxxxx xxxxxx
<b>NHS Number:</b>	000 000 0000
<b>Hospital Number:</b>	ABC 000000D
<b>Snomed Code:</b>	Xxxxxx xxxxxx

Dear Dr XXXX

The above patient was seen in the Macmillan Radiotherapy Late Effects clinic on **date**. We had an open and in-depth discussion about the concerns you have resulting from your radiotherapy treatment for **diagnosis** cancer completed **date**, acknowledging that changes to function can happen following radiotherapy.

**Actions required.....**

Medications  
Tests

**Leaflets given.....**

If you require any further information do not hesitate in contacting the Radiotherapy Late Effects Service.

,  
Yours sincerely

[REDACTED]  
Radiotherapy Late Effects  
Radiographer.