

Standard Operating Procedure (SOP) Outpatient Service

ADULT RADIOTHERAPY LATE EFFECTS SERVICE REFERRAL AND OUTCOME.

SETTING	UHBristol/South West Regional Late Effects Service (SWRLES)
FOR STAFF	All Medical, CNS, AHP, Cancer Support Workers, GP involved with Radiotherapy Late Effects Service.
ISSUE	Guidance required supporting the referral into, the running of, and the discharge of patients requiring the Radiotherapy Late Effects Service.

Background & Purpose of the Clinic:

- To Support people living with the effects from their Radiotherapy treatment.
- It is an adhoc clinic for Bristol Patients which provides a review by a specialist Late Effects Radiographer and Late Effects MDT.
- The Late Effects service provides a specialist review and can sign post or make onward referrals depending on assessment findings.
- The Late Effects service is not just a triage service.
- The Late Effects service can deliver a programme of medical advice, support and rehabilitation but the aim is to discharge after 3 clinic/telephone/video appointments.
- The Late Effects Service will provide specialist medical care when appropriate.

Ensuring Referral to the Late Effects Service is Correct :

- Services users must consent to the help of the Late Effects Service.
- The reason for the referral must fit the inclusion criteria.
- Patients who require financial support should be referred straight to Macmillan.
- Patients attending will be assessed prior to their visit using EORTC QLQ-C30, ED 5D 5L, UK PAM 13 and Site specific EORTC questionnaire.
- The Late Effects service can deliver a programme of medical/psychological and general support advice to patients experiencing late effects.
- The Late effects radiographer will signpost to relevant services if required.

Referral Process, Clinic Preparation, and Clinic Outcome

Identifying a patient for the Radiotherapy Late Effects Service.

- The referring clinician checks against "Referral Criteria – Guidance for the Referrer" below.
- 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.

Sending, receiving, and processing the referral

- The refer completes the Radiotherapy Late Effects Referral Form (see appendix 1).
- The form is received and processed by the Late Effects Radiographer, initial patient contact made.
- Appropriate baseline questionnaires sent to patient(see appendix 2)
- Patient treatment history investigated.
- Cancer recurrence eliminated by necessary investigations.

Clinic Preparation by Late Effects Radiographer

- Baseline questionnaires evaluated.
- Test results analysed.
- If necessary patient discussed at Thursday Regional Late Effects MDT.
- Appointment made/ patient to attend Late Effects Clinic.
- SWRLES Data collection completed and submitted

Clinic Outcome

- Patient specific Late Effects Outcome plan documented on relevant hospital system.
- Referrals made to relevant services.
- Patient informed of outcomes and actions by letter(see appendix 3).
- GP informed of outcomes by letter or email (see appendix 4.)
- Follow up appointment made for 6 -12 weeks.
- Outcome reported to SWRLES.

Referral Criteria – Guidance for the Referrer:

In order to ensure referrals are appropriate and best meet the patients' needs please review the following information:

Inclusion Criteria:

- Aged 18 and over requiring symptom support
- At least 3 months post radiotherapy with symptoms relating to their cancer diagnosis and radiotherapy treatment
- Patients can be referred if on maintenance treatment such as hormone therapies or bisphosphonates
- Patient consents to information on pages 1 & 2 (personal information removed) being shared with South-West Radiotherapy Late Effects Service for audit, research, and commissioning purposes

Exclusion Criteria:

- Suspicion of cancer recurrence – refer to relevant oncologist
- Currently undergoing active systemic anti-cancer treatment, chemotherapy, or immunotherapy
- Receiving end of life care with limited life expectancy
- Requiring financial, spiritual, or practical support such as travel insurance information, please signpost to Macmillan.org.uk

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]

APPENDIX 1: RADIOTHERAPY LATE EFFECTS REFERRAL FORM

Insert Hyperlink to referral form

South-West Radiotherapy Late Effects Service Referral Form

Inclusion

- Aged 18 and over requiring symptom support
- At least 3 months post radiotherapy with symptoms relating to their cancer diagnosis and radiotherapy treatment
- Patients can be referred if on maintenance treatment such as hormone therapies or bisphosphonates
- Patient consents to information on pages 1 & 2 (personal information removed) being shared with South-West Radiotherapy Late Effects Service for audit, research, and commissioning purposes

Exclusion

- Suspicion of cancer recurrence – refer to relevant oncologist
- Currently undergoing active systemic anti-cancer treatment, chemotherapy, or immunotherapy
- Receiving end of life care with limited life expectancy
- Requiring financial, spiritual, or practical support such as travel insurance information, please signpost to Macmillan.org.uk

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	

Late effects symptoms/main reason(s) for referral	Yes	No
Bowel	<input type="checkbox"/>	<input type="checkbox"/>
Bladder / urinary	<input type="checkbox"/>	<input type="checkbox"/>
Gynaecological	<input type="checkbox"/>	<input type="checkbox"/>
Sexual care or sexual function	<input type="checkbox"/>	<input type="checkbox"/>
Pain	<input type="checkbox"/>	<input type="checkbox"/>
Lymphoedema	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>
Emotional/psychological	<input type="checkbox"/>	<input type="checkbox"/>
Speech / swallowing / dry mouth	<input type="checkbox"/>	<input type="checkbox"/>
Sensory (e.g., sight and hearing)	<input type="checkbox"/>	<input type="checkbox"/>
Upper GI (e.g., vomiting, oesophageal strictures)	<input type="checkbox"/>	<input type="checkbox"/>
Skin (e.g., fibrosis, necrosis)	<input type="checkbox"/>	<input type="checkbox"/>
Muscles and joints (e.g., mouth opening, shoulder or arm movement, muscle wastage)	<input type="checkbox"/>	<input type="checkbox"/>
Bone (e.g., osteoradionecrosis, insufficiency fractures)	<input type="checkbox"/>	<input type="checkbox"/>
Neurological (e.g., cognitive function, peripheral neuropathies)	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac and vascular	<input type="checkbox"/>	<input type="checkbox"/>
Pulmonary (e.g., fibrosis)	<input type="checkbox"/>	<input type="checkbox"/>
Endocrine (e.g., thyroid function, pancreatic insufficiency)	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please annotate)		

For patients referred following pelvic radiotherapy please complete the ALERT-B Screening Tool

S, Taylor et al/Clinical Oncology 28 (2016) e139-e147

Assessment of Late Effects of Radiotherapy-Bowel Alert-B Screening Tool		
Date:		
Your specialist has asked you to complete this screening tool to pick up any bowel or tummy problems you may have developed following the radiotherapy treatment. Please answer Yes or No to the following questions:		
1. Do you have difficult in controlling your bowels (having a poo) such as:	Yes	NO
-Having to get up at night to poo	<input type="checkbox"/>	<input type="checkbox"/>
-Having accidents, such as soiling or sensation of wetness ("wet wind")	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you noticed any blood from your bottom recently? (Any amount or frequency)	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any bowel or tummy problems that affect your mood, social life, relationships or any other aspect of your daily life? (e.g. do you avoid any activities or situations- travel,work,social life or hobbies	<input type="checkbox"/>	<input type="checkbox"/>
If you have any other problems your doctor will be happy to discuss this further.		

The information provided will be stored in line with General Data Protection Regulation (GDPR) regulations. General reports will be produced from this survey will be shared with key stakeholders including Service/Directorate/Trust Leads, the Trust Research & Development team and wider Trust and/or Integrated Care Service staff and/or Higher Education Institutes. Data generated from this survey may also be used in future research or presentations.

Consent: Submitting the survey is accepted as consent for the information provided to be used and stored

Email the form to [REDACTED]

For further information or enquiries

[REDACTED]

Macmillan Radiotherapy Late Effects Radiographer

UHBW

Bristol Haematology and Oncology Centre

Horfield Road

Bristol

BS2 8ED

 [REDACTED]

 [REDACTED]

Patient identifiable information for local late effects service only

Patient Information	
Patient Name; NHS Number; Trust Number;	
Patient Address: Postcode:	GP Name and Address
Patient phone	
Patient email	
Patient DoB	
M/F/not specified	
Translator required?	

APPENDIX 2:BASE LINE PATIENT INFORMATION LETTER

Insert Hyper link to 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

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

Dear Mrx Xxxxxx,

You have been referred to the Macmillan Radiotherapy Late Effects Service by **Referrer** because you may be experiencing effects from your previous radiotherapy treatment in **date** for **diagnosis**. This is a pilot for a new service within University Hospitals Bristol and Weston NHS Foundation Trust and the South West region – it is important you are aware that information from this service will be used to support the case for future funding of a permanent service. This will be anonymised but if you prefer that your information is not used as a case study, please let me know. This will not influence your care. Late effects following radiotherapy treatment for cancer can show themselves in many different ways depending on the type of treatment you received and the area of your body treated. These effects can develop from 3-6 months, or many years after radiotherapy treatment was given and can present physically and/or emotionally.

The Radiotherapy Late Effects Service aims to identify these late effects and offer a range of strategies to reduce the effect they have on you. These may include information and self-management, care plans, medication and referral to other health care professionals.

I have included some questionnaires with this letter and I would be grateful if you could fill them in and return them prior to your appointment, in the stamped addressed envelope included. There are no right or wrong answers, please be as honest as possible – it will help us to decide on a management plan together.

I am pleased to confirm your telephone appointment to discuss in more detail your concerns and develop a plan to move forward: Day Date Month @ time/location

This appointment may last up to 60 minutes.

With kind regards,

[REDACTED]

Radiotherapy Late Effects Radiographer.

APPENDIX 3: 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

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 howYou felt thatwe 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 4: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

Date:	date-month-2020
Patient Name	XXXXXX XXXXXX
NHS Number:	000 000 0000
Hospital Number:	ABC 000000D
Snomed Code:	XXXXXXXXXXXX

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.