

Thank you for the opportunity to submit a response to the All Parliamentary Group on Radiotherapy (APPG-RT) inquiry into the current and future state of radiotherapy provision across the UK.

The [Society of Radiographers](#) is the trade union and professional body for radiographers and all non-medical members of the workforce in diagnostic imaging and radiotherapy in the UK. It is responsible for their professional, educational, public and workplace interests.

The College of Radiographers is the charitable subsidiary of the Society and it exists for the benefit of the public. The College's objects are directed towards education, research and other activities in support of the science and practice of radiography.

Together, the Society and College (SCoR) represent in the order of 30,000 members, shaping the healthcare agenda and lead opinion on a wide range of professional issues. We set the standards that become the policies adopted and acclaimed by governments and health professionals worldwide. In the workplace, we pioneer new ways of working and ensure that imaging professionals work in a safe and fair environment.

Radiotherapy is a core treatment option for people diagnosed with cancer and the provision of high quality equitable care is the priority for radiographers working with the multidisciplinary team. ⁶ This includes both imaging required and undertaken by the Diagnostic Radiographer workforce for cancer diagnosis and treatment by Therapeutic Radiographers.

Therapeutic radiographers are not only responsible for the planning and delivery of accurate radiotherapy treatments using a wide range of sophisticated and technical equipment, they have unique expertise and skills¹ required to care for patients before, during and after radiotherapy.¹

Responses to specific questions are below and SCoR would welcome the opportunity to discuss in further detail any of the issues and provide oral evidence as appropriate.

What is your view on the adequacy of current and future radiotherapy provision across the UK?

Accurate workforce intelligence (data) is required to measure workforce changes and assess impact of different service models on patient care and patient pathways.

With projections from recent 'Cancer Research UK' document² approximately 422,000 new cases equates to a total increase of 18% in the annual number of new diagnoses over 8 years. This does not include the potential impact of the variety of efforts to increase the number of people diagnosed at an early stage which will have an impact on the treatment needed and the diagnostics models of the future. This will in turn impact upon the workforce skills and numbers of that workforce which will be required. It is important to recognise the need to provide additional workforce to account for increasing complexity with respect to imaging, treatment protocols within pathways of care while accounting for time with respect to patient engagement and the patient experience.

The recommendations to increase screening of the population (in various areas) will increase numbers of patients requiring treatments at an earlier stage- this is positive but numbers of patients will increase and that this should be planned for.

The proportion of patients diagnosed who are over 75 will also increase³, and therefore cancer services and staff provision will need to adjust to meet their needs.

Trend data is available for medical and clinical oncologists and therapeutic radiographers. This shows that staff numbers in these three roles combined grew by nearly 4% per year on average from 2015-2017. However, cancer incidence (new cancer diagnoses) alone is increasing by 2% per year. The combination of cancer incidence with those already diagnosed and continuing to have cancer treatment would mean that this increase in staff would not meet the patient demand for cancer treatment.

Following findings from Vision for Radiotherapy 2014-2024 document⁴, we are supportive of the principles of service re-organisation into networks by NHS England. This can empower Oncology services with a loco-regional approach to understand the needs of their patients and develop capacity and capability appropriately for that population. This to support change where this improves services for patients and cost efficiency.

Investment requirements:

- Investment for additional capacity is of key importance
- When new evidence based treatments are being tested and evaluated – additional financial support required
- Quality assurance and trials – excellent groups exist and ongoing support required, for example [RTTQA](#) and [NCRI CTRAD](#)

Do you have a perspective on the level, funding effectiveness of Radiotherapy services in the UK compared to other countries/ jurisdictions? If so, please expand on this perspective. Do all those patients who should receive radiotherapy do so?

Models and workforce / skill mix varies considerably across both Europe and internationally.

Increased funding is required along with better resource planning as this will positively affect care for patients with cancer.

To accomplish these objectives, the [ESTRO HERO](#) project (launched in 2010) is developing a knowledge base and a cost accounting model estimating the national cost of radiotherapy (RT). The overall aim is to provide solid data to inform governments, funders and decision makers and advocate for better funding for radiotherapy equating to optimal patient care.

The project is carried out in close collaboration with the European national societies of radiation oncology. A task force has been formed, consisting of international specialists in the field.

NHSE published its Radiotherapy Specification in January 2019. What is your view of the provisions and plans set out in that specification? Is the specification being implemented properly and effectively?

SCoR is supportive of the directional travel however additional financial support needed to fully implement and fully realise benefits of the network model over the subsequent 3 year implementation plan. This is at an early stage and so premature to appropriately state whether this has been implemented effectively.

Are the current NHS tariff system and tariff levels for radiotherapy fit for purpose?

The current tariff system is challenging and slow to evolve. It could be argued the current system is outdated as based on fractionation levels but with hypofractionated radiotherapy and increasing

complexity this is not fully representative of clinical activity. For trials it is positive to see adjustment in funding but this needs to be translated into routine clinical practice as services undertake and strive for development of systems and processes to optimise pathway and clinical care.

There are examples for practice that highlight wider implementation of best practice from national trial data was not necessarily driven forward in a timely manner as would have been possible had the funding model reflected activity changes more accurately.

A more responsive Tariff system to support innovation and deliver improved care is required.

What is your view and/or experience of the level of accessibility to advanced radiotherapy services such as SABR?

SCoR would advise caution with the terminology 'advanced radiotherapy' as it is not clear what this applies to in the context of a wide range in current radiotherapy modalities and techniques. It is also unhelpful in relation to the wider public understanding of treatment options.

SABR could be more widely available to enable equitable access and a review utilising the current model would be beneficial. We believe it is important that this is a network decision and loco-regional planning could enable increased geographical availability.

Do you have any view of, or data on, or experience relating to the link between travel times and the uptake of radiotherapy treatment, and on which, if any, geographic areas suffer from unacceptably high travel times?

Access isn't just about travel times, it is about quality of care and the right support and infrastructure for patients. There will always be times when patients will be required to travel for the best treatment due to the nature of country so we need support services to enable travel.

The new NHSE Network model may result in changes to care pathways to increase access for patients and we would expect that. Ultimately we need to ensure equitable provision to high quality and safe delivery of radiotherapy. This is why the development of the network model is so important – local leaders will need to plan for a local population.

As part of the consultation process for the new NHSE radiotherapy specification we highlighted the importance of support for travel, hostels etc where patients are required to travel plus the necessary supporting infrastructure.

For current and future planning of services:

There are certain modalities e.g. Paediatric treatments and Protons where patients may need to travel, this driven by the need and availability for expertise of professions delivering the service and rarer techniques and conditions.

How do you assess the current state of the Radiotherapy workforce in terms of adequacy, morale, wellbeing, training, skill mix and recruitment and retention?

As identified by the collaborative CRUK document² there are fantastic opportunities to optimise patient care through skills mix but challenges are low workforce numbers.

The current vacancy rate for the UK NHS radiotherapy radiographic workforce is 6.1%. This has remained steady since 2015.⁷

- The total NHS radiotherapy radiographic workforce is 3329.9 whole time equivalent (WTE) comprising 3258.4 WTE therapeutic radiographers and 71.6 WTE assistant practitioners and trainee assistant practitioners (APs/TAPs).
- The current vacancy rate varies by UK country: England 6%, Northern Ireland 12%, Scotland 4% and Wales 6%.

Although this vacancy rate has remained steady, with changes in skill mix, current and future practice with advanced roles there is a clear need to review pre-registration student numbers.

With respect to the Health Education England Multi professional Framework for Advanced Clinical Practice in England⁸ additional resource required for implementation. New ways of working and delivering healthcare requires employers to ensure that clinicians have the professional development and access to postgraduate education they need to adapt to changing circumstances. Clinicians need to see there are appropriate career pathways open to them to enable them to expand their contribution to healthcare and their personal job satisfaction.

Pre-registration training:

There has been a significant change in the number of students starting the programme. Since 2016 there has been an overall drop in the number starters of approximately 23%. Student retention/attrition is also challenging and full details available and opportunities going forward available in the HEE RePAIR project.¹⁰

With respect to Pre-registration Apprenticeships, these could be a real opportunity but low funding band inhibits implementation.

Clinical staff across the country, via a comprehensive survey have identified current staff shortages as a barrier to providing efficient cancer treatments and excellent patient experience.¹ This results in:

- Missed opportunities for service improvement
- Insufficient capacity to undertake clinical research
- Downgrading of patient experience
- Competition for scarce staff numbers in the local labour market
- Workforce shortages limiting the capacity of services to plan for the future
- Inefficient use of the workforce skills and experience
- Decreased staff wellbeing and morale

Have you, or your members if you are an organisation, experienced Radiotherapy from a patient perspective? If so, what is your view on the quality and level of service? How do you think it could and should be improved?

SCoR has a patient advisory group (PAG) at the core of the organisation and this is integral with respect to policy and production of professional guidance documentation. We would encourage the APPG RT to access appropriate patient and carer advocacy groups and relevant national surveys.

Patient Public and Practitioner Partnerships within Imaging and Radiotherapy: Guiding Principles⁹ It also includes examples of good practice and guidance which can be used by a range of stakeholders wanting to develop PPPP within their own areas of work.

Are there any other matters which you would like to raise?

There is concern of the length of the overall patient pathway, delays in diagnostic imaging and pathology are potentially having impact on poorer outcomes compared to Europe.

Pressure on Imaging services:

- Increasing demand, aging population
- Increasing complexity
- Lack of capacity / workforce impacting on timely diagnosis

The Radiotherapy Data Set (RTDS) can be utilised to help plan and configure loco-regional planning of both clinics for pre-post treatment, for example overall pathway mapping to optimise the patient experience.

References

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