

Radiotherapy Board

All Party Parliamentary Group (APPG) on Radiotherapy - inquiry on radiotherapy

Written evidence submitted by the Radiotherapy Board

Introduction

The [Radiotherapy Board](#) provides guidance, oversight and support for the continuing development of high quality radiotherapy services for cancer patients in the UK. It was established in 2013 by The Royal College of Radiologists (RCR), the Society and College of Radiographers (SCoR) and the Institute of Physics and Engineering in Medicine (IPEM) and has representation from across the four UK nations and from other organisations closely involved in radiotherapy services. The Board's priorities are:

- *Workforce* – advising stakeholders and policy-makers about future workforce requirements, to ensure a trained, skilled and flexible, multi-disciplinary radiotherapy workforce
- *Guidance* – providing professional guidance to underpin the highest professional standards of radiotherapy service delivery
- *Equipment* – promoting the need for sufficient radiotherapy equipment to meet increasing patient demand and provide a high-quality service.

1. What is your view on the adequacy of current and future radiotherapy provision in the UK?

Radiotherapy requires a highly trained and skilled, multi-professional workforce to support current services and future demand. All three of the professional bodies above (RCR, SCoR and IPEM) have highlighted workforce concerns based on their own surveys and evidence, and further information regarding the future demand and impacts on the wider cancer team has been published by Cancer Research UK¹. A resilient workforce is required to ensure the potential associated with complex and advanced radiotherapy can be realised to benefit patients now and in the future.

Radiotherapy relies on increasingly sophisticated hardware and software to plan, deliver and verify a course of treatment. Timely replacement of treatment machines and upgrades of associated software are required in order to ensure patients continue to have access to appropriate standards of care. Currently providers are expected to include the significant capital required for replacing radiotherapy treatment machines within their own capital investment plans.

¹ [Full Team Ahead: Understanding the UK non-surgical cancer treatments workforce](#), Cancer Research UK, December 2017

There is some evidence to support the suggestion that access rates for radiotherapy vary across the UK and in addition some patients are not able to access certain radiotherapy techniques at their local provider. Reasons for this are multi-factorial and not entirely influenced by the capacity and location of radiotherapy providers.

2. 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?

The Radiotherapy Board welcomed the publication of the new service specifications and issued a [position statement](#) soon after publication, outlining the potential benefits associated with a networked approach to the planning and delivery of radiotherapy and highlighting why successful implementation may be hindered. These views are consistent with those expressed by the three professional bodies (RCR, IPEM and SCoR).

There does appear to be some variation in the progress being made by networks in implementing the service specification although it is too early to speculate on whether the specification is being implemented properly and effectively. In addition, networks are tackling the requirements in different ways meaning there is still the potential for regional variation. Successful implementation remains heavily reliant on the multi-professional workforce and appropriate infrastructure.

3. 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?

It is difficult to quantify and directly compare the radiotherapy spend in the UK with other countries. However it does appear that the proportion of cancer funding nationally attributed to radiotherapy annually is lower than in many comparable countries. At times this has been offset by large injections of capital such as the New Opportunities Fund, the Radiotherapy Innovation Fund and the Modernising Radiotherapy Fund.

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

The current tariff system effectively incentivises providers into delivering longer courses of radiotherapy even when shorter courses have proved to be just as effective and provide better patient experience. Providers may be unwilling to move to shorter, more hypo-fractionated treatments due to the associated drop in income.

There is a variation in how the tariff system is applied with some providers choosing to implement a block contract for radiotherapy.

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

Advanced radiotherapy inevitably becomes standard of care and roll-out of such techniques should be a priority. The network model may help support this through shared expertise and experience. The current model for SABR has so far not been successful in enabling patients to have equitable access to the treatments.

Participation in clinical trials that incorporate advanced radiotherapy techniques such as adaptive planning is an excellent way of implementation. The quality assurance processes involved ensure end-to-end verification with prospective and retrospective review of target volume delineation, planning, verification and dosimetry. Unfortunately a provider's ability to take part in trials is often dependent on the capacity of local research departments.

6. 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?

There are no recent data available linking travel times and radiotherapy uptake in the UK although historical data are available. Anecdotal evidence does suggest that there may be a cohort of patients choosing to not receive radiotherapy due to the associated travel. However robust data are required.

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

The multi-professional radiotherapy workforce consists of highly trained specialists delivering exceptional levels of care. The three professional bodies can provide accurate, detailed and up-to-date data on workforce levels and future projections. The Radiotherapy Board [recommends](#) close consultation with the professional bodies to determine a workforce strategy that will meet future needs. Skills mix and role development will be vital components of any such strategy.

8. 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?

9. Are there any other matters you would like to raise?