



IPEM Institute of Physics and
Engineering in Medicine

Engagement on proposed revisions to Clinical Reference Groups in specialised commissioning

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Clinical Commissioning Policies

1 What is your name?

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2 Who are you responding on behalf of?

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5 Do you have any comments on the proposed revisions set out in section 2 of the engagement guide around the resourcing of CRGs, the remuneration of members or the number of members in each CRG?

It is encouraging to hear that resources have been identified for CRGs in order to support their work in advising policy for the six National Programme of Care (NPOC).

The role of the CRG chair is an important role in ensuring the CRGs are effective and by providing remuneration at one session per week this will allow them, and their employers, to allocate the appropriate resource to carry out their duties as Chair. This can only be seen as a positive step.

Likewise the engagement of the Patient/public voice must be recognized as crucial to forming the future NHS specialised services. Often the lay-representatives perform their duties on a voluntary basis and payment for their contribution is appropriate.

However, the proposed revisions fail to recognise the resource required from the clinical membership of the CRG who often have to carry out CRG duties over and above their clinical duties. This is becoming even more challenging when the NHS trusts are struggling financially and costs of travel etc. are not being reimbursed for non-Trust duties.

There is a concern that the simplification of operation of the CRG from 14 senate clinical members down to 4 regional clinical members will result in a possible misrepresentation of services across the country. For the radiotherapy specialist service, there is diversity in size of service as well as population served.

Therefore the view of the large stand-alone cancer centre is equally important to that of the smaller regional centres in forming policy that this functional and equal to all. Increasingly it seems departments are expected to support national roles, not just in terms of time but even down to travel. Trusts are absorbing the time and cost burden and it may well lead to problems with fair representation across the country as larger Trusts only being able to afford this. Furthermore, if the numbers of clinical roles are reduced the remit and time of the professionals involved will be increased.

Additionally, the radiotherapy services across the country are made up predominantly of three professional groups: clinical oncologists; physicists and therapeutic radiographers. Whilst each group will have membership on the CRG through their professional bodies' representation, there will be a concern that reducing the membership to just four clinical members will not allow fair representation from the tri-partite community.

The appointment of the new membership should consider maintaining a proportion of the old CRG clinical members to ensure a degree of continuity.

Clinical Commissioning Policies (continued)

6 Do you have any comments on the proposed revisions set out in sections 3 – 8 of the engagement guide relating to the numbers and remit of the CRGs within each National Programme of Care?

There is no mention of the Stereotactic Radiosurgery (SRS) CRG within any of the NPOCs. The SRS CRG workstream should form part of the Radiotherapy Specialised services CRG as the SRS service should be considered as another specialised form of radiotherapy rather than Cancer surgery.

7 Are there any other changes or revisions that NHS England should consider to the role, function or membership of CRGs?

The membership of the CRG should ensure representation of a range of clinical senates in England. In addition it should include a range of stakeholders and professions involved in patient care.

Communication from the CRGs needs to be more responsive and open. The website needs to be more actively maintained and dialogue between the wider NHS England community and the CRG needs to be significantly developed. Minutes of CRG meetings should be routinely published on the website.

8 Please provide any comments that you may have about the potential impact on equality and health inequalities which might arise as a result of the proposed revisions that we have described?

As mentioned in response to question 5, there is a concern that representation of the whole country by only four clinical members will not provide a true depiction of the services provided across the

regions as the size of radiotherapy service varies dramatically from centre to centre depending on the population served.

Policies or service specifications developed by the new smaller CRGs will require greater consultation to consider geographical and socio-economic variations across England.

Clinical Commissioning Policies (continued)

9 Before completing the survey you must declare any financial or other interests in any specialised services.

No conflict of interests to declare