Rt Hon Sajid Javid MP  
Department of Health and Social Care  
39 Victoria Street  
London  
SW1H 0EU

9 May 2022

Dear Secretary of State for Health & Social Care,

We the undersigned, are the heads of UK radiotherapy physics departments; the specialists who provide the scientific expertise to support the radiotherapy equipment which is used to treat cancer patients, the skill to plan patients’ treatments, and who ensure the treatment is delivered complying with the relevant regulations. We write to highlight the urgent issues within UK Radiotherapy, and to urge you to meet with a delegation of frontline representatives to hear our unique perspective on the obstacles to delivering world-class cancer outcomes in the UK.

There can be no doubt that radiotherapy is one of the most important weapons for curing cancer. Half of all cancer patients should receive radiotherapy and 1 in 4 of the total population will need radiotherapy at some point in their lives. Radiotherapy is one of the most curative cancer treatments, vital for curing early diagnosed patients, and needed in at least 4 out of every 10 cancer cures. Many people are surprised to learn that it is the most cost-effective cancer treatment, costing £4k-£7k per patient for cure. This is a fraction of the cost of modern cancer drugs; and yet is around 8 times more curative and is focussed on the cancer, reducing damage to other organs. Radiotherapy is also internationally recognised as the stand-out COVID safe cancer treatment. It can continue safely in a pandemic, does not impact the immune system, like chemotherapy, and can reduce waiting lists by substituting for surgery. As the NHS makes progress on its long-term goals of diagnosing 55,000 extra early-stage patients a year, the demand for curative radiotherapy treatments will only increase further.

Despite this, we feel that radiotherapy has been systematically overlooked, marginalised and monumentally underfunded in the UK. Radiotherapy is at a crisis point and yet only receives 5% of the total cancer budget. This is half of what other high-income countries spend. Alongside early diagnosis, the lack of access to fast curative treatment, like radiotherapy, is one of the primary reasons the UK was at the bottom of the cancer survival league tables before the pandemic. Only 27% of UK cancer patients are given radiotherapy compared to 60% set out in international guidance.

The consequences of successive governments failing to harness and fund radiotherapy is devastating for patients. Many of these problems were highlighted in the March 2022 Health and Social Care Committee report on cancer services. Our major concerns are highlighted below:

1. **Out of date equipment:** Half of Trusts are having to use machines past their 10-year suggested life span, causing reliability issues and restricting access to modern techniques. As a result, UK radiotherapy services have fallen far behind other countries. We call for a centralised capital replacement program, which can be utilised to replace radiotherapy equipment nationally in a timely manner.
2. **The workforce is on its knees:** The institutional oversight of radiotherapy has brought the workforce to its knees. There are intense recruitment, retention and training pressures on the specialist radiotherapy workforce of physicists, dosimetrists, therapeutic radiographers, oncologists and engineers. The cancer plan did not include a strategy to increase the numbers of these specialists in radiotherapy - unlike professions in the diagnostic pathway. We ask for a focus on increasing the staff numbers for all disciplines involved in radiotherapy - in particular increased funding for training places.
3. **Difficulties in funding IT equipment:** Despite being heavily IT dependent, radiotherapy services are often unable to gain access to some basic IT or advanced radiotherapy software because of the way NHS budgets flow. Access to off-the-shelf cutting edge ‘workforce multiplier’ technologies are urgently needed, and would help “super boost” the throughput of patients and mitigate workforce pressures. We request that the issues around funding for IT software subscriptions as a revenue model, not capital, are resolved.
4. **Unnecessary red tape holds radiotherapy back:** A number of unnecessary bureaucracies hold radiotherapy back and lead to underperformance and inefficiencies; and this ultimately impacts on the patients. The radiotherapy tariff creates damaging incentives which prevent the use of more modern techniques that allow treatments to happen more quickly, and in fewer sessions. Instead, the cost-per-fraction model encourages departments to perform suboptimal treatments over more sessions, because that is what generates income for Trusts. Worse still, the tariff does not generate funding for the replacement of radiotherapy equipment in the way it was designed to. Departments are also now expected to have machines performing at 9,000 treatments a year before they can apply to replace them, which is way above the 7,600 previously expected of the machines. This number is not achievable and we believe that there is no scientific background to it; so should be removed as a requirement.

We urge you and your ministers to direct the NHS and DHSC officials to utilise the opportunity presented by the new 10-year cancer plan to deliver a radical new approach to radiotherapy services. We, as part of the Institute of Physics and Engineering in Medicine (IPEM) worked with the All-Party Parliamentary Group for Radiotherapy and calculated that a modest investment of approximately £850M over three years could achieve much of this and have a dramatic positive impact on cancer outcomes.

We hope that you will consider meeting with the APPG for Radiotherapy and the clinician/physics-led radiotherapy task force that supports them.

Yours Sincerely,