



IPEM response to the NHS England Modernising radiotherapy services consultation

- The Institute of Physics and Engineering in Medicine (IPEM) is a professional association and Learned Society with more than 5,000 members who are physicists, engineers and technologists working with applications of physics and engineering applied to medicine and biology. Our members work in hospitals, academia and industry, and IPEM has a unique role in linking the three areas.
- As a charity, IPEM's aim is to advance the application of physics and engineering to medicine for the public benefit and to advance public education in this field. We do so by supporting and publishing research, and supporting the dissemination of knowledge and innovation through project funding and scientific meetings; and by setting standards for education, training and continuing professional development for healthcare scientists and clinical engineers.
- In preparing this response, we have consulted with members of IPEM's Radiotherapy Special Interest Group and the Radiotherapy Professional Standards Group.

We are proposing a model for Radiotherapy Services that will see treatment of some rare and uncommon cancers concentrated into fewer centres.

Local Hospitals will work together within a network which includes (at least) one specialist centre providing the full range of cancer services (including radiotherapy treatment for rare and uncommon cancers) plus local centres that will treat more common cancers.

To what extent do you support or oppose this proposal?

- Strongly support
- Tend to support
- Neither support or oppose
- **Tend to oppose**
- Strongly oppose

Please provide comments in support of your answer.

There is a lack of evidence for minimum case volumes, but this has become a central part of the new service configuration.

There is a lack of evidence presented on patient outcome improvements from centralisation of radiotherapy services.

The proposals have not adequately considered the potential negative impacts on smaller RT centres.

There is a lack of clarity and detail in how the Radiotherapy Network Boards will work in practice. The impact on patients having to travel for several weeks of treatment has not been fully considered.

The potential health inequality impact of patient travel due to centralisation has not been considered despite it being a clear concern in the Engagement.

There is a lack of clarity in the proposal on funding for the Radiotherapy Network Board and IT required for outcome collection, peer review etc. There is an implicit assumption that the proposal is cost neutral, but little evidence provided for this conclusion.

We have described the potential positive and negative impacts the clinical model proposed in the service specification may have. To what extent do you think our description of the impacts is accurate?

- Highly accurate
- **Partially accurate**
- Not at all accurate
- Don't know

Please describe any other impacts which you think we should consider, and what more might be done to avoid, reduce or compensate for the impacts we have identified and any others?

The integrated impact assessment presented with the consultation is very poor in places. Responses to section B do not describe the changes proposed in the new service model. For example the specification will clearly change the way services are commissioned as contracts will include compulsory inclusion within a radiotherapy network board.

Other factors that need to be considered fully include:

- inconvenience and additional costs of travel and accommodation, for those patients having to travel to more distant radiotherapy providers; operational costs of the Radiotherapy Network Board;
- the negative impact on staff recruitment for smaller centres;
- the assessment of financial impact on providers;
- the cost of providing appropriate IT infrastructure for videoconferencing, peer review and collection of patient outcomes, to enable effective networks;
- implementation costs of the new service model;
- the impact on other areas of non-surgical oncology such as chemotherapy and acute oncology;
- increased costs from the implementation of 7-day working for RT providers;
- costs to providers of collecting patient outcome data;
- potential stifling of innovation from a 'one size fits all' approach from the requirement for Radiotherapy Network wide agreement on clinical practices; and
- the role of the independent sector within the clinical model or service specification.

In addition, some radiotherapy providers currently treat patients from multiple Cancer Alliances that are not within their Radiotherapy Network as proposed by the consultation. The potential impact on activity for these providers and patients does not appear to have been considered.

The recognition that 'provider organisation partnerships with charitable organisations' are normally required for patient accommodation highlights the lack of an appropriate solution for the increasing requirement for patient accommodation in the proposed new service model.

For rare tumours, there are already successful models of partnership working which allow centralised expertise to support local delivery. For example, in one region the treatment of a rare tumour site is managed jointly by a scenario B and D trust, with radiotherapy planned jointly by remote working but crucially delivered locally at the scenario B trust. The proposed specification should encourage and support such practices. We would suggest that radiotherapy for rare cancers could have a centralised quality assurance system for decision-making, target volumes, planning and support, but the radiotherapy could still be delivered locally provided such quality assurance is in place.

There is mention of seven-day working within the proposal documentation but very little detail regarding the nature of such working. It is important that the specification continues to highlight the practical requirements of delivering an appropriate quality service across seven-days, including

the requirements for servicing and additional capacity to mitigate the effects of potential equipment breakdowns. It should be noted that staffing resources still present a challenge to the implementation of a full seven day service with relevant professions appearing on the UK government's shortage occupation list; however despite these challenges much work, including maintenance and quality assurance, already occurs outside of the standard working week and at weekends.

Please describe any equality or health inequality impacts which you think we should consider in relation to the proposed service specification, and what more might be done to avoid, reduce or compensate for the impacts we have identified and any others?

The current proposal mandates that some patients will be required to travel further for radiotherapy treatment due to centralization of radiotherapy for rarer cancers. This is likely to result in health inequalities as there will be a proportion of patients that cannot access the service and are therefore denied treatment as a result. There is a clear need for local provision of innovative, state-of-the-art radiotherapy to avoid such inequality. Feedback from patients suggests a significant proportion will accept a less effective treatment in order to maintain their support networks and a semblance of 'normal' life. Local campaigns by patients are raising concerns about having to travel further for treatment, especially in Cornwall, and an online petition in that county has attracted more than 11,000 signatures.

If it is possible to deliver innovative radiotherapy techniques safely and effectively in a centre close to the patient, then this should be encouraged and supported.

There is likely to be a requirement for hostels for those patients expected to travel significant distance for several weeks of daily treatment. The implied reliance on the voluntary sector for this provision is wholly inadequate and presents a substantial risk to the proposed clinical model. In order for the proposed clinical model to work there needs to be appropriate funding for additional accommodation for those patients and those accompanying them who will have to travel further as a result of the proposed reorganisation.

Do you have any other comments about the proposals in the service specification?

During the engagement events in 2016 there were significant concerns regarding the appropriateness of the proposed Clinical Model. A number of issues were identified in NHS England's Engagement Report. For example, the engagement report highlights concerns regarding provider collaboration and commissioner involvement and oversight in the Radiotherapy Network Boards. There is no evidence that the concerns raised in the Engagement process have been considered within the consultation documents.

The 'Modernising Radiotherapy Services in England – developing proposals for future service models: Engagement report' showed that less than 25% of respondents supported the proposal to create networked services. 63.5% of respondents either did not support the proposal or supported with caveats. There is little evidence that the concerns expressed in the engagement have been considered further or addressed in the consultation and that this not present a clear consensus on the proposal for greater centralisation of radiotherapy for some rarer cancers.

The consultation describes radiotherapy services based on populations of 3-6 million; however, there are some proposed networks that are significantly larger than the 6 million population. Large population footprints consisting of more than 2 Cancer Alliances are likely to present significant organisational challenges. Radiotherapy networks based on Cancer Alliance / Cancer Vanguard footprints would produce much clearer alignment with other areas of non-surgical oncology and produce a more coherent organisational structure. In addition, some proposed networks contain a large number of RT providers. This will result in large Radiotherapy Network Boards with

participants from large geographical areas. It is difficult to see how these will work effectively and efficiently in practice.

Current commissioning policy and funding arrangements are limiting access to improved techniques such as MRI for treatment planning. These issues are not addressed within the new Clinical Model or Service Specification.

There does not appear to have been any meaningful discussion with Cancer Alliances regarding the clinical model and service specification proposed. Given their prominence in the Radiotherapy Network Board approach, this is of significant concern.

There is a lack of clarity in the definition of rare cancers. For example, in the service specification gynaecology is regarded as a single clinical site, but in the supporting documentation it is divided into 4 sub-sites. It is unclear how radiotherapy providers are meant to monitor case volumes within the proposals.

Greater cross-provider networking and peer-review would address the needs for change proposed within the consultation with much less disruption and likely lower costs than centralisation.

There is a suggestion that the workforce should move to a network model, as opposed to being employed by a single centre, particularly for Medical Physics. This would likely be impractical for networks with a large geographical footprint. Centres within any future radiotherapy network should consider workforce support where an individual centre has an acute shortage within the network, but this needs to reflect the practicalities of available time and resources and should take into account the specific local circumstances.

No alternative proposals where patients could still be treated to the highest standards near to home have been considered in the new service models. Rather than blunt minimum case volumes with no evidence base, a clinically led approach using appropriate quality standards, endorsed by professional bodies, would be an alternative approach to raise standards across England. The recent RCR consensus statements on post-operative radiotherapy for breast cancer are a clear example of this approach in practice. (<https://www.rcr.ac.uk/clinical-oncology/service-delivery/postoperative-radiotherapy-breast-cancer-uk-consensus-statements>)

ENDS