Radiotherapy Board

The Radiotherapy Board[i] has discussed the proposals for the reorganisation of radiotherapy services in England. In particular the emphasis on improving patient experience and patient care is to be welcomed. As a group, we have identified those aspects of the proposals which will require additional clarification and those that are likely to require additional resources, to inform the development of the service specification.

1. Many radiotherapy centres already have informal networking arrangements with other Trusts. These networks provide peer support and review, for example, for introduction of new techniques. They have developed “organically” and are built on mutual trust and cooperation, as well as shared IT systems. They do not always conform to geographical boundaries or align to the “lead provider” clusters as outlined in the document. We would seek assurance that these networks are recognised as adding value in service delivery and would be supported going forward.

2. Emphasis is quite correctly placed on the value of IT connectivity to realise benefit from networking e.g. shared and remote planning solutions. As a community we would support networked IT solutions to encourage service resilience, especially in times of unexpected leave. However the challenges of networking between centres sharing different IT systems is neither acknowledged nor fully addressed. Connectivity between different NHS IT systems is not easily achieved currently and presents significant challenges to organisations. For the service reorganisation vision to be realised, significant investment in facilitating IT solutions will be required. Current networks are often based around shared IT systems. If IT connectivity issues are not addressed in planning the new networks, then the subsequent risks must be openly acknowledged.

3. There is robust evidence (e.g. RCR NSCLC audit) that some patient groups e.g. the elderly or socioeconomically deprived choose not to travel for therapy, even of a curative nature. The reorganisation of less common cancer therapy especially in remote areas will disproportionately impact on patient outcomes in these groups. What safeguards will be put in place to appropriately address and mitigate this risk?

4. Although the stated aim of the reorganisation is not to close any currently functioning radiotherapy centre, the governance arrangements do not appear strong enough to prevent this happening either by omission or commission. This needs to be directly addressed in the final consultation document, outlining robust governance arrangements which directly prevent a “lead provider” from acting in a manner which, directly or indirectly, has this outcome.

5. Excellent clinical leadership is correctly identified as being a potent lever for change and service development. The assumption in these proposals is that such leadership is solely found in larger radiotherapy services. We wish to see explicit acknowledgement that small service providers may have excellent clinical leaders across all professions and that these will be valued and utilised within the "partnership board".

The Radiotherapy Board is keen to work in collaboration with the Radiotherapy Clinical Reference Group to develop the best model of radiotherapy service provision in England. We therefore suggest that the following options be considered for the final consultation response:

1. Financial support to cover transport and accommodation costs delivered directly to those patients who will have to travel for expert care. This should also encompass respite / increased social care for dependants of those travelling for expert care as many elderly patients act as unpaid careers for spouses or dependents with medical and psychiatric needs.

2. Ring-fenced monies to prospectively support IT infrastructure and connectivity developments necessary for networking solutions to be implemented safely in advance of any service reorganisation.

3. An explicit statement that the reorganisation does not envisage the closure of any radiotherapy centres currently treating NHS patients.

4. Explicit governance arrangements to support the radiotherapy services delivered in non "lead provider" centres, including safeguards to prevent disinvestment in these centres.

5. An explicit framework to roll out new techniques and technologies to all radiotherapy services safely, ensuring equitable access to state of the art technology for all patients regardless of location and social demographic including improved and timely access to high quality radiotherapy trials.

6. An agreed mechanism to lever Trust support from each of the radiotherapy provider Trust boards within the partnership "cluster". Ongoing financial support will be essential to the establishment and continued functioning of the partnership boards. This includes adequate administrative support. This will ensure the new decision making model becomes embedded across a region.

In summary, the Radiotherapy Board welcomes any proposal which seeks to improve radiotherapy service delivery for patients in terms of quality, access and resilience. The radiotherapy community has embraced cooperation and peer review since its inception. However, our members remain concerned that the proposals as set out do not address the complexities of IT connectivity or provide sufficient safeguards to ensure that effective networking that has already been established will be supported as will the continued existence of any service currently providing therapy to patients with cancer. We expect that these issues will be addressed in the consultation document.

[i] The Radiotherapy Board was established in 2013 by The Royal College of Radiologists, the Society and College of Radiographers and the Institute of Physics and Engineering in Medicine. It provides guidance, oversight and support for the continuing development of high-quality radiotherapy services for cancer patients in the UK. Its membership includes representation from other organisations closely involved in radiotherapy services.