

NHS England's response to the radiotherapy consultation report

January 2019

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Contact Details for further information	Nicola McCulloch Head of the Cancer Programme of Care, Specialised Commissioning ☐ NHS England, Skipton House ☐ 80 London Road, London SE1 6LH	
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1 Background

Radiotherapy services are an important part of overall cancer management and treatment pathways coordinated by multi-disciplinary teams (MDT). Radiotherapy is often used on its own or in combination with other types of cancer treatment which may include surgery and/or chemotherapy. Referral for radiotherapy treatment is made by a Consultant Clinical Oncologist who is a member of a tumour specific MDT. Most radiotherapy treatment is delivered on an outpatient basis.

The package of radiotherapy Service Specifications has been developed as part of NHS England's radiotherapy modernisation programme, which began in 2016 with the aim of: (i) implementing a long-term solution to equipment replacement; and (ii) increasing access to innovative radiotherapy treatments and modern care.

This programme was established in response to a growing consensus that more must be done to modernise radiotherapy, articulated in a number of key policy publications, including:

- Achieving World-class Cancer Outcomes – A Strategy for England 2015-2020 (Cancer Taskforce, 2015)
- A Vision for Radiotherapy, 2014-2024 (Cancer Research UK, NHS England, 2014);
- Achieving World-Class Cancer Outcomes: Taking the Strategy Forward (NHS England, 2016); and
- Next Steps on the Five Year Forward View (NHS England, 2017).

2 Modernising Radiotherapy Services Consultation

In October 2017, NHS England launched a consultation to elicit public views on a new clinical model for radiotherapy services across England. The outline proposals were detailed in a draft Service Specification which focused on the provision of External Beam Radiotherapy for adults (≥ 18 years of age) and set out the clinical, service and quality standards in Radiotherapy providers. The draft Specification also described the core purpose, responsibilities and arrangements of Radiotherapy Networks.

The public consultation was live for three months. After the consultation closed, NHS England commissioned an independent organisation, Smart Consult, to analyse and report on the responses from the consultation. This report is available on [NHS England's website](#).

This document provides a summary of the key themes identified in the consultation and identifies how responses have shaped the new service specification.

3 Engagement and consultation process

In developing the proposals and prior to consultation, NHS England conducted a period of engagement with clinicians and provider organisations involved in the delivery of radiotherapy and with patient representative groups to inform the clinical model and Service Specification. A stakeholder engagement report was published on the NHS England website as part of the consultation materials.

The public consultation on the proposed Radiotherapy Service Specification ran between October 2017 and January 2018. The consultation was initially planned to last for 60 days but was extended by one month due to the level of interest. The main vehicle used for the consultation was an online survey.

A total of 11,542 online responses were received, as well as 675 responses submitted in other formats (such as email or letter). Online responses were received from a wide range of stakeholders, including members of the public (76%), current or former patients receiving radiotherapy (12%), clinicians, charity organisations, NHS providers and commissioners and public bodies.

The majority (90%) of the online survey responses were from the South West region, followed by the North West region (5%) and South East region (2%).

4 Summary findings and NHS England's response

This section sets out a summary of key themes arising from the consultation responses and outlines how NHS England have taken these responses into account when developing plans for radiotherapy services. For full analysis, see Smart Consult's public consultation report.

Having carefully considered the responses, NHS England has agreed the following substantive changes to the consultation proposals:

- There are now two Service Specifications, one detailing the service requirements that each individual radiotherapy provider must and should deliver; the other setting out the Radiotherapy Network requirements. Each individual radiotherapy provider is required to be an active member of a Radiotherapy Network;
- Governance arrangements have been simplified, with the relationship between each radiotherapy provider, the Network, Cancer Alliances and NHS England's specialised commissioning team clearly set out;
- Provision of dedicated resources to support implementation of the new Network arrangements over a three-year period. The investment made will be

over and above the normal funding of radiotherapy services and will be tied to the delivery of an agreed work programme designed to improve services; and

- The proposed working arrangements of the subspecialist teams and the opportunities for partnership working between centres have been substantially clarified and amended so that the current radiotherapy pathways will be unchanged as a result of implementing the Service Specifications. This means that the way patients access radiotherapy care and treatment will be unchanged (e.g. travel). This has been achieved by introducing a range of mitigations within the External Beam Radiotherapy Service Specification which have been designed to support centres to continue to deliver radical radiotherapy to treat less common cancers. The mitigations include the:
 - Use of Network-wide standard tumour specific treatment protocols;
 - Use of electronic networking solutions to facilitate the development of joint planning team approaches;
 - Participation in specialist MDTs, hosted by other providers in the Network that are compliant with sub-specialisation requirements;
 - Workforce cross-cover arrangements; and
 - IT infrastructure solutions including data sharing agreements.

In all cases, the Radiotherapy Network will be required to agree appropriate mitigations for providers and undertake regular benchmarking and audit of the agreed quality indicator metrics, in order to evidence that the treatments delivered are safe and that quality assurance audits are comparable to other providers within the Network. The review of data must be undertaken by the Network Oversight Group, or other independent team as nominated by the relevant Specialised Commissioning team. Where data evidences that service quality is not comparable, further mitigations will be required of the provider concerned, up to and including a cessation of service for specific tumour types.

Table 1: Thematic Feedback

The table below presents the key themes from the public consultation and are further explained in the Smart Consult public consultation report. For each key theme, NHS England has provided a response.

Key themes	NHSE response
<p>1. Travel – distance / travel time</p> <p>Travel was by far the largest theme to emerge from the consultation</p>	<p>As a result of the concerns expressed that many more people would need to travel further for radiotherapy treatment, NHS England has made a number of significant changes to the proposals.</p>

<p>responses, particularly in the South West region.</p> <p>Concerns were around people having to travel greater distances for their radiotherapy treatment. Transport was raised as an issue, particularly in more rural areas where it would take longer or be more difficult to travel to and from treatment centres.</p>	<p>The changes place emphasis on securing improvements through greater collaboration and care protocol standardisation between centres and clinical teams.</p> <p>Taken together, these changes mean that:</p> <ul style="list-style-type: none"> • People requiring radical radiotherapy for the treatment of a less common cancer can continue to be treated locally; • Clinical teams will be able to maintain their involvement in a broad range of subspecialist cancer treatments, therefore maintaining skillset and expertise; • Local clinical teams within the Network will be empowered to improve services. <p>The proposals do not impact on any existing care pathways that may be in place, particularly for rarer cancers.</p>
<p>2. Travel – cost</p> <p>Concerns were raised about the cost of travelling further for radiotherapy treatment, and the impact that this would have – particularly for lower income families, families without a car, elderly.</p> <p>Some references were made to the charity sector and concerns that they would be relied upon to pick up the cost of travel and accommodation.</p> <p>If people are required to travel and stay away from home for their treatment, this could mean patients and/or families will have to take time off work and may mean loss of earnings.</p>	<p>The changes outlined and contained within the Service Specifications mitigate against the risks of the proposals having any unintended consequences on additional travel and associated costs.</p> <p>It is important to emphasise that some treatments are currently not offered in every centre. Whilst it is the case that the service specifications do not require any change to existing and agreed patient pathways, the NHS does have arrangements in place to provide assistance with travel costs for people on low incomes - https://www.nhs.uk/using-the-nhs/help-with-health-costs/healthcare-travel-costs-scheme-htcs</p>

<p>3. Patient experience and outcomes</p> <p>If patients are required to travel further for treatment / it is made more difficult for patients to access treatment, there is a danger that patients will refuse treatment.</p> <p>Increase in travel time may also have more of an impact on patients both physically and mentally. It would also put a bigger burden on carer/family members.</p> <p>It was felt that this could lead to greater health inequalities, and some regions would be more affected by this than others .e.g. rural geographical areas.</p>	<p>It has never been NHS England’s intention to close any centres as part of this review and so the impact on patient travel should be low.</p> <p>The additional changes made to the service specification (set out above) as a result of the consultation should provide additional assurance that there is no requirement to alter the current patient pathways for radiotherapy. Therefore, there will be no impact on travel arrangements.</p> <p>To ensure a consistent level of treatment quality from all providers, the new Service Specifications contain robust Quality Dashboards which will be reviewed and monitored through NHS England’s Quality Surveillance Team. In addition, Radiotherapy Networks will be required to develop a process of clinical audit and peer review of treatment plans to underpin the new partnership arrangements between providers. This process will drive improvements in patient care and reduce variation in clinical practice.</p>
<p>4. Funding</p> <p>There is a lack of clarity in NHS England’s proposals on funding - to enable collaborative working, for governance and IT, patient travel and accommodation.</p> <p>It was felt implementation of these proposals do not appear cost neutral.</p>	<p>As part of the development of new Service Specifications, a separate Impact Assessment was developed and which formed part of the consultation materials. This identified that the proposals were cost neutral overall because there was no impact on the overall level of radiotherapy activity in England. This position remains unchanged.</p> <p>However, the scale of implementation associated with the proposals is</p>

	<p>acknowledged. As a result, NHS England has committed to providing additional resources over a three-year period to support Networks to establish. The funding will be tied to the delivery of a Network work programme.</p>
<p>5. Workforce – recruitment / retention / deskillng of staff</p> <p>There are concerns that centralising radiotherapy services could lead to problems in recruitment / retention of staff, with more advanced centres attracting staff from smaller centres.</p> <p>Centralisation could also lead to de-skilling of staff in local centres, which could have an impact on the treatment of more common cancers.</p>	<p>The proposals no longer require the centralisation of radical radiotherapy treatments for the less common cancers. However, the model does require collaboration and partnership working between clinical teams within Networks (see ‘1. Travel – distance / travel time’ above). This approach offers far reaching opportunities for joint working as well as providing learning and sharing platforms to enable rapid roll-out of new technologies and techniques. It also provides for greater workforce resilience and sustainability, at a time of significant workforce challenges.</p> <p>In addition, the changes (set out in ‘1. Travel – distance / travel time’ above) ensure that current scope of clinical practice is likely to be unaffected, which will also help to address any issues of staff retention.</p>
<p>6. Governance / implementation</p> <p>The proposals rely on effective collaborative working, however responses stressed that NHS England’s proposals do not present in sufficient detail how that would look, how it would be led, funded, maintained and audited for service delivery.</p>	<p>The Service Specifications describe amended governance arrangements which radiotherapy providers are expected to put in place, specifically:</p> <ul style="list-style-type: none"> • Each Network will be hosted by a provided member of the Network who will be contractually accountable to NHS England, through its local Specialised Commissioning team, for the delivery of the national

<p>The proposals do not address additional funding to cover implementation costs for governance. Some responses saw the proposal as administrative burden – putting an extra layer of management and administration in place with a Radiotherapy Network Board across the larger geography.</p>	<p>requirements set out in the Service Specification.</p> <ul style="list-style-type: none"> • Each Network Oversight Group will be chaired by a Chief Executive Officer or Executive Director drawn from the Board of one of the Cancer Alliances covered by the Network, representing the wider cancer system. • Each Network Oversight Group will be operationally responsible to the Cancer Alliance(s) for the development and delivery of an annual programme of work to deliver the Service Specification requirements. The programme of work must be signed off by the Cancer Alliance(s) and the arrangements for regular reporting to the Cancer Alliances must be agreed and documented within a Memorandum of Understanding. <p>For detail about the implementation support available to Networks (see ‘4. Funding’ above).</p>
<p>7. IT infrastructure</p> <p>Mainly NHS providers, commissioning organisations, Cancer Alliances, Cancer and Radiotherapy Boards mentioned this as an issue of importance. Clinicians raised this as a concern highlighting their experience with current systems and often times poor integration between clinical systems.</p>	<p>It is acknowledged that, in some areas, Networks may need to invest in IT infrastructure to reap all the benefits of greater partnership working. NHS England is committed to supporting Networks achieve this.</p>

5 Conclusion and next steps

NHS England welcomes the valuable feedback received through the consultation process. As this report demonstrates, the insights have helped to inform the final service specifications which aim to:

- Improve access to modern, advanced and innovative radiotherapy techniques, enabling more Service Users to benefit from cutting-edge technology and treatments;
- Improve the experience of care by ensuring that Service Users will be managed by an experienced multi-professional tumour specific subspecialist team able to provide holistic care;
- Increase participation in research and clinical trials by an average of 15% increase over three years in England, aiding faster development of new treatments and help drive the development of clinical services;
- Reduce variation in quality by adopting standardised best practice protocols thereby improving patient outcomes including reducing mortality and morbidity from adverse side effects; and
- Reduce variation in equipment utilisation in England through changing operating arrangements, clinical practice and equipment replacement; an average 15% increase in equipment utilisation for England as a whole is expected over the next three-year period aligned to the equipment modernisation programme.

Following the publication of the Service Specifications, NHS England will commence implementation, which will be phased to allow Networks to mature over a period of 2-3 years. There will be opportunities for clinicians, patients groups and members of the public to get involved in the development of this work through membership of Cancer Alliances and NHS England's specialised commissioning Clinical Reference Groups. To keep up to date on progress you can register as a radiotherapy Clinical Reference Group stakeholder <https://www.england.nhs.uk/commissioning/spec-services/get-involved/crg-stake-reg/>

The key implementation milestones are:

- **January 2019:** Launch of the process to select both a host provider for each Network together with a Chair for each of the Radiotherapy Network Oversight Groups. This will be a regionally-led process, working closely with the relevant Cancer Alliances. Further information will be circulated in the coming weeks.

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- **February 2019:** Confirmation of the host provider arrangement for each Network, together with the Chair for each of the Radiotherapy Network Oversight Groups.
- **April 2019:** Radiotherapy Networks will be formally established and operational with all necessary governance arrangements, for example, Memorandums of Understanding and Terms of Reference, in place;
- **June 2019:** Agreement of each Network's annual work programme;
- **March 2020:** Comparative audit programme of clinical practice and outcomes for the less common cancers will be established and underway, underpinned by a nationally agreed tumour specific minimum dataset; and
- **March 2021:** Comparative audit programme of clinical practice and outcomes of all cancer sites will be established and underway, underpinned by nationally agreed minimum datasets.