

# NHS England Trusts - Responses to APPG on Radiotherapy

## EXECUTIVE SUMMARY

Following the publication of the All Party Parliamentary Group for Radiotherapy's (APPG-RT) Manifesto, Tim Farron MP, Chair of the APPG-RT, wrote to Chief Executives of the 52 NHS Trusts providing radiotherapy across England in November 2018 with a follow up in June 2019.

Questions were posed with the intention to gather data on each Trust's experience of delivering radiotherapy services, the challenges they faced, and what changes were needed to better enable them to deliver a high level of service to all patients. Below is an overview of the findings across the three main areas of Funding, Technology and Workforce – these are interdependent issues with the findings clearly demonstrating the need for a coordinated strategy to support the development of a world class, patient first, Radiotherapy service in the UK.

*"We support all aspects of the APPGRT manifesto for radiotherapy and in particular would like to highlight the need for sustainable funding for capital development, the increased use of technology - in particular fully networked IT infrastructures between centres and finally, in our view most importantly, the development of a sustainable work force to deliver excellent RT and cancer care in this country."* NHS Trust

## RESPONDENT OVERVIEW

### Responses received from:

- **48% of 52 NHS Trusts providing Radiotherapy Services in England**
- **Representing:**
  - Trusts providing care for nearly 50% of the UK's population<sup>1</sup> (an RT population of 23,807,488)
  - A good geographical spread of responses with replies from Trusts belonging to 10 of 11 the newly formed Radiotherapy Operational Delivery Networks across England<sup>2</sup> – 90%

## FUNDING

- **Only 25% of Trusts confirmed they had sufficient funding to deliver the Radiotherapy patients required – ergo 75% of Trusts did not confirm this.**
- **58% of Trusts reported systemic challenges with the current tariff system and called for a review**
  - Existing tariffs do not reflect the growing complexity of modern equipment/techniques
  - Using advanced, more accurate radiotherapy with fewer side effects is not financially incentivised.

*"Complexity of patients affects all stages of the treatment process, from planning, through to treatment delivery and is impacting on overall patient throughput. ... There is an urgent need to address the tariff for complex patients to ensure the service is resourced appropriately."*

*"Current tariffs do not reflect the use of modern equipment/techniques.... There is therefore no means by which the initial expenditure outlay can be recompensed".*

*"A move to payment for radiotherapy treatment machines, instead of per fraction, ought to reduce the perverse incentives....."*

- **Many Trusts stated there was pressure on capital funding within their Trust and were calling for rolling national funding for the replacement of radiotherapy equipment**
  - If managed nationally, capital replacement funding would remove healthcare inequalities

---

<sup>1</sup> Population of England 2017, 55,619,400 – Office for National Statistics Population estimates for the UK: mid-2017

<sup>2</sup> 11 new Radiotherapy Operational Delivery Networks (based on a defined geographical population of between 3-7million), linking the 52 NHS Trusts providing radiotherapy, have recently been created by NHSE to improve the provision of radiotherapy in England. The Networks, due to come into operation in April 2019 are tasked with providing radiotherapy system leadership and the delivery of NHS England's vision and ambitions for the modernisation of radiotherapy services.

- A ring-fenced programme would ensure equipment is replaced without detriment to competing capital bids from other departments within the Trust

*“As with all NHS Trusts it is a constant struggle to ensure funding is available and the capital investment required for the replacement of all radiotherapy equipment remains to be a huge problem for the Trust.”*

*“National funding for costly replacement equipment across the country would mean the right equipment would be in place to give optimal treatment to patients. There would not be inequalities in healthcare if all equipment replacement was managed nationally rather than locally like the purchase of chemotherapy drugs.”*

## TECHNOLOGY

- **100% of Trusts reported that they had the most modern machines able to deliver Stereotactic Radiotherapy (SBRT) an advanced, more accurate radiotherapy treatment with a lower risk of side effects.<sup>3</sup>**
  - N.B. Although 100% of Trusts report having Linacs which are able to deliver SRBT, in order to do this Trust’s would require i) the appropriate commission contracts to offer the service and ii) the correct investment allowing for updates to computer hardware and/or software, as well as auxiliary equipment needed.
- **However, despite having both the technological capability, and the staff expertise to deliver SRBT, 42% of Trusts stated that they are not commissioned to deliver this**
  - Trusts felt that SBRT should be able to be provided in most radiotherapy centres.
  - The ‘geographical rationing’ of this technology has meant inequality of access between those who could benefit and those who do receive SBRT

*“More centres need to be commissioned for SBRT, we feel that this treatment does not need to be classed as a specialist treatment (high dose per fraction should not be an indicator for treatment complexity). We have a number of staff that have planned / treated and set up SBRT services in other centres and the knowledge and skills gained in those centres are transferable across departments.”*

*“There appears to be a disconnect between NHSE/ Commissioners and radiotherapy departments (CCOs/Physicists/ Radiographers) particularly in respect of SBRT. Most centres have machines and staff that are SBRT competent, and yet very few centres are formally commissioned for this. Essentially a form of geographical rationing as we know some patients won’t or can’t travel the distances required.”*

- **Trusts expressed concerns about patient travel due to SBRT not being locally available**
  - There is good evidence that travel distances can influence patient’s decisions to have (or decline) treatment and few patients are willing to travel far to another centre.
  - Some patients won’t or can’t travel the distances required, some decline treatment and opt instead for palliative care.

*“We are currently not able to offer SBRT treatments as not commissioned, patients from our region have to travel long distances for this treatment or decline treatment and opt instead for palliative care. Some of these patients are poorly due to pre-existing conditions that make them unsuitable for surgery and therefore the long travelling times are not conducive to their wellbeing.”*

*“We used to deliver the brain SRS service at our Trust, however this contract was removed and therefore some patients do not receive this treatment as they are not prepared to travel, instead they are offered whole brain radiotherapy.”*

- **67% of Trusts confirmed their machines were operating at capacity, based on staffing capacity and additional time needed for engineering remedial work. Many had no funds available to purchase**

<sup>3</sup> SBRT is sometimes known as stereotactic ablative radiotherapy (SABR) and stereotactic radiosurgery (SRS), a non-surgical radiation therapy treatment for brain tumours.

**replacement machines over the recommended 10 year lifespan and due replacement, the oldest being 17 years old before its replacement in 2018**

- Old machines lead to suboptimal treatments and inefficiencies
- Despite £130 million announcement, some Trusts having been informed that no further funding is available from the RT modernisation fund

*“Two machines are already over the recommended working life (currently 12 years old) at present the Trust does not have an identified timescale/funding to replace these”*

*“Each linac we have replaced has been used clinically well beyond the expected 10 year life span and lagged behind in technological terms”*

*“Although our treatment machines are ageing we were unable to access funding from the RT modernisation fund”*

- **44% of Trusts confirmed that their current software was not up to date**

- Particular challenges with treatment software as often require a hardware upgrade is required which requires capital investment
- Existing funding for IT does not enable the intended collaborative working/partnership.
- To enable networking and data transfer across sites for peer review and to share knowledge and expertise with both clinician contouring and treatment planning.

*“We have been unable to purchase licences for our linacs which would streamline treatment planning and treatments”*

## WORKFORCE

- **79% of Trusts voiced concerns about national workforce shortfalls (combined Oncologists, Radiographers, Physicists)**
- **79% of Trusts stated they did not have sufficient members of staff to cover all aspects of service delivery (combined Oncologists, Radiographers, Physicists)**

*“We run a very lean service which at present still holds vacancies in radiotherapy and radiotherapy physics. Having such a lean service makes the provision of other aspects of service delivery such as research, development, governance, audit and advanced practice challenging. We feel this is the difference between a safe service delivering good patient care and an excellent service allowing future proofed, evidence based, progressive care that patients deserve.”*

*“The staff continue to offer the best possible care despite the pressures the service is under. Working under this level of pressure is not sustainable in the long term and will likely result in people leaving the profession to explore other opportunities at a time when the ageing population will mean more cancer diagnoses and more radiotherapy is required.”*

- **75% of Trusts said they had difficulties recruiting into vacant posts (combined Oncologists, Radiographers, Physicists)**

*“Recruitment and retention of skilled staff in all the disciplines within cancer services remains challenging and we can all see shortfalls in oncologist, radiographer and physics posts in the near future. This has been highlighted recently by universities as lower numbers are going through training which will impact on staffing for future RT”*

*“The Clinical Oncologist situation is perilous – there is a chronic shortage of Clinical Oncologists in England and recruitment is a major challenge. Recent recruitment has not resulted in any new appointments, and several clinical tumour sites have a single practitioner.”*