



The APPG for Radiotherapy

NHS England (NHSE) took over commissioning of radiotherapy (RT) in England in April 2013. NHSE, together with Cancer Research UK (CRUK) with input from professionals, produced the document, [Vision for Radiotherapy 2014–2024](#), in March 2014. This provided a strategic outline of how future RT services might be best configured and delivered. NHSE committed to work with stakeholders to ‘define a national strategy for implementation of the vision’. NHSE then spent the next five years developing their national strategy to deliver this vision.

NHSE published their [Service Specifications](#) in January 2019. This set out a network model for future service delivery via 11 operational delivery networks. This reorganisation of the administration of delivery formalised network working and it intended to improve access to high-quality radiotherapy.

The [APPG for Radiotherapy](#) (APPG-RT) was formed in 2018 in response to public and professional concerns about the provision of RT services in the UK and launched its [Manifesto](#) in September 2018. The APPG-RT has been calling on the government to increase funding for RT and change the commissioning process to allow the development of advanced RT and better access to RT for all.

While welcoming the publication of the NHSE RT specification and its encouragement of the professionals to continue to work together to improve RT delivery standards and patient care, the group feel this is far too little, too late. The specification does not adequately address the issues about which the patients and professionals we represent have expressed concerns. These include chronic underfunding, inequality of access to treatment, inadequate IT infrastructure, a workforce crisis with national shortages, and the restriction of advanced, more effective RT techniques.

The specification proposes an administrative reorganisation with limited scope and no new funding. It fails to capitalise on all the advantages of central commissioning and, while addressing few of the challenges for RT, it is likely to underachieve.

The primary concern, however, is the vacuum created by this five-year delay and what appears now the very limited responsibility being taken by NHSE for overall development of RT in this country at a time when the technology to deliver RT is rapidly developing. As a result, patients are being denied the best RT for their cancer and RT services are falling even further behind internationally. The ball appears to have been dropped during the five-year wait for this publication and it appears now that it is nobody’s job to pick it up.

RT is one of the most complex, high-tech, rapidly developing treatments that the NHS delivers. RT will be needed by one in four of the public and is needed in 40% of those who are cured of cancer. It is highly cost-effective and delivered by around 5000 highly skilled multidisciplinary professionals.



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For RT to be effectively delivered to its full potential, we need more funding, better communication between Department of Health organisations – with clarity about where ultimate responsibility lies – and more open channels of communication with the clinicians to ensure the impact of decisions on the ground is understood.

The APPG-RT is calling on the government to change its policy on RT, respond to the APPG-RT Manifesto, work with the professionals and take responsibility and accountability for delivering a world-class RT service. More delays and distractions will mean more lives are unnecessarily lost in the meantime. This is not good enough and cancer patients deserve much better.

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