



The APPG for Radiotherapy

Tim Farron MP
House of Commons
SW1A 0AA

Rt Hon Matt Hancock MP
Department of Health and Social Care
39 Victoria Street
London
SW1H 0EU

10th June 2020

Dear Secretary of State,

First, we welcome the news announced in an article in The Times on 5th June 2020, that NHSE have agreed that every cancer centre in England will be able to offer the advanced radiotherapy SABR (Stereotactic Ablative Radiotherapy) from April 2021, thereby ending the situation in which patients are having to drive miles past more local radiotherapy centres to access this advanced treatment. This positive development is a welcome reflection of the calls of the radiotherapy community demonstrated by an open letter to your department signed by some 243 radiotherapy professionals expressing their frustration at the existing restrictions on SABR. That so many professionals signed this letter is a clear indication of the strength of feeling on this important matter. However, as yet, we are not aware of any formal confirmation of this development and would ask for your help in securing such an announcement, together with the associated detail. So far we have only had informal communications for journalists and a range of medical professionals.

Whilst we welcome the news, we would like to be reassured with more detail and believe that the roll out can be achieved even earlier than April 2021. We also request an opportunity to meet with you and NHS England, Chief Executive, Sir Simon Stevens to discuss the detail of implementing this change. We know from the work done by the informal national multidisciplinary taskforce that has been advising us and which brings together industry, professionals, cancer charities and patients in response to the current challenges, that there are innovative IT and technology solutions for how the roll out could be achieved in this shorter timescale and how so much more can be done. Therefore, we would like to take this opportunity to re-state our commitment to work with you and the relevant NHS officials to explore these and other possibilities.

We specifically would like urgent confirmation of the detail, comprehensiveness and responsibility for delivering the SABR roll out plan. This would need to include confirmation that:

1. Every cancer centre in England will be able to deliver SABR from April 2021, in all instances where it is clinically needed and not in a restricted way. Covid-19 has meant that hypofractionation is a NICE recommended priority and additional indications for radiotherapy are being referred. This needs to be one of the solutions to the backlog and for patient safety. Further, we would like confirmation that alternative image verification for SABR with for instance MR imaging is to be include where clinically indicated to avoid the extra visit for fiducial placement. We would also like confirmation of the date by which all cancer centres would be able to make use of this technology.
2. How the tariff for SABR will work; will this be sufficient to cover the Trust costs and not again be a disincentive to Trust providing this treatment, and how will it cover all specific imaging needs associated with delivering SBRT from planning to verification and what the timeline for this change taking place would be?



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3. What IT infrastructure will be put in place to ensure in the Covid era there is the streamlined facility for Quality Assurance, peer review and remote working and what date it will be operational.
4. What additional support is being put in place for the new Operational Delivery Networks to properly function to support local centres and what date it will be in place.
5. What is the national plan for recovery to ensure centres can cope with the backlog and additional referrals for radiotherapy and when this will be published.

Progress with increasing access to SABR is vitally important. However, it is only one aspect of what we continue to see as a need to transform other aspects of the radiotherapy service. Such a transformation will allow radiotherapy to play its central role in reducing the cancer treatment backlog caused by the Covid-19 response, and to reach its full potential as a key cancer treatment in the longer term. It remains our view that a national task force, with Ministerial oversight and backing, is required to direct this transformation. We wish to share with you a specific five -ten year post Covid19 radiotherapy plan, which expands on our previous manifesto and findings of the APPG 2019 inquiry and 2020 mini-inquiry as well as innovative IT and technology solutions addressing patient and staff safety, quality, cancer backlog and workforce challenges. I hope you will agree that an opportunity of this magnitude to make a substantial impact in the cancer backlog by rolling out advanced radiotherapy is one that warrants input from the radiotherapy professionals who feel so passionately about it. We therefore urge you and Sir Simon Stevens, who receives this in copy, to meet with us to discuss the wider and urgent solutions available within the IT/technology radiotherapy post Covid recovery plan from the task force which addresses the proactive ways the NHS can deal with the cancer backlog effectively and safely.

Kind Regards,

Tim Farron MP, Chair of the APPG for Radiotherapy

Grahame Morris MP, Vice Chair of the APPG for Radiotherapy

Henry Smith MP, Officer of the APPG for Radiotherapy