



Our Ref: CP/DF8277

21 May 2020

Mr Tim Farron MP  
Chair, APPG for Radiotherapy  
House of Commons  
London  
SW1A

National Cancer Programme  
NHS England  
Skipton House  
80 London Road  
London SE1 6LH

Dear Mr Farron,

Thank you for your letter of 1 May to Sir Simon Stevens concerning my evidence to the Health and Social Care Select Committee hearing into the NHS's response to COVID. I am replying on his behalf.

Radiotherapy has and continues to benefit from significant NHS investment including a £130m modernisation programme of radiotherapy machines in 2018/19, the introduction of routine commissioning of SABR for specific indications, and two new proton beam therapy centres at the Christie and University College London Hospitals. The government is also investing in the future of the radiotherapy workforce. From September 2020, student therapeutic radiographers will be among those allied health professionals able to access support of between £5,000 and £8,000.

With reference to my evidence to the Health Select Committee, COVID-19 has clearly affected delivery of all NHS services including radiotherapy. However, thanks to the commitment, professionalism and sheer hard work of radiotherapy teams around the country, radiotherapy services at hospitals like mine have continued throughout the pandemic.

The NICE Guidance (NG162) to which the APPG refers in its evidence to the Select Committee provided a sensible, clinical framework for the continuity of radiotherapy services. For example, it recommended minimising face-to-face contact and as far as possible separating cancer patients with known or suspected COVID-19 from other patients. Where radiotherapy needed to be prioritised, it provided advice on the balance of risk between embarking on or continuing with treatment and the increased potential risk of the patients becoming seriously ill from COVID-19.

There are good reasons why, in line with this guidance, we may see the overall level of radiotherapy activity reduce during the pandemic period: the guidance encouraged the use of fewer fraction treatment protocols, where evidenced, to reduce patient visits to hospitals; surgery levels have reduced and very often radiotherapy will be used as a follow up treatment to surgery; and, in some cases it will have been less risky for patients, particularly those who were immuno-suppressed, to have their treatment re-scheduled rather than visit hospital. For many prostate cancer patients, their treatment will have been less urgent and so it will have been safer to reschedule treatment.

Despite this, as I said to the Select Committee, it is likely that radiotherapy services have been maintained at a higher level than has been possible for cancer surgery, because the risks to patients are generally lower and it is not dependent on the availability of theatre and

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critical care capacity. Indeed, some clinicians treating lung and oesophageal cancer have reported that they have been seeing more referrals to radiotherapy of people who might previously have had surgery. That has certainly been the case at my hospital, and we have seen nothing like the increase in downtime suggested by the Action Radiotherapy survey.

The first detailed national management data covering the first phase of outbreak period in March confirms that overall demand for radiotherapy dropped only slightly during that period – less than 5% below the same period last year. It will be important to monitor this closely in the weeks and months ahead.

We are now working to restore services to pre pandemic levels as quickly as possible and cancer treatment is set out as a priority in Sir Simons letter to the NHS on the 29<sup>th</sup> April. I am confident with the support of our colleagues in radiotherapy networks and cancer alliances we will be able to restore services safely and efficiently in this next phase of managing the NHS response to this major public health emergency.

The clinical teams on the ground are doing an exceptional job and I thank them for their courage and commitment in the most challenging circumstances.

Kind regards,



**Dame Cally Palmer**  
**National Cancer Director**

*c.c. Matt Hancock, Secretary of State for Health & Social Care*  
*Edward Argar, Minister of State for Health*  
*Grahame Morris MP, Vice-chair APPG for Radiotherapy*