

Radiotherapy services: New Service Specifications and implications for West Sussex provision

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1 Context

1.1 Radiotherapy services are commissioned by NHS England (NHSE) as a prescribed service in line with NHSE Service Specifications.

1.2 Radiotherapy is delivered by Linear Accelerators (linacs). Linac is a generic term for all megavoltage radiotherapy equipment.

1.3 NHSE published the final Service specifications for Radiotherapy services in England in January 2019. A key requirement of the Service Specifications is for the development of Operational Delivery Networks (ODN's). During 2019, 11 Radiotherapy ODN's will be established in England. The role of each Network is to coordinate the development and improvement of Radiotherapy services at pace and scale.

1.4 The published NHSE Service Specifications follow a three month national public online consultation which received 11,542 responses as well as 675 responses submitted in other formats (such as email or letter).

1.5 A national public consultation exercise was conducted by NHSE on the proposed Radiotherapy Service Specification 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 high level of interest. The main vehicle used for the consultation was an online survey. 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%).

1.6 West Sussex Health & Adult Social Care Select Committee (HASC) requested that NHSE Specialised Commissioning South East provide an update to the Committee on publication of the new Service Specifications to enable members to have a clear narrative of the key themes from the consultation responses and what the subsequent Service Specifications mean for West Sussex residents, particularly to understand if there will be any impact on the Committee's previous recommendation which supported the siting of linacs at St Richard's Hospital, Chichester.

2 Key themes from the consultation

2.1 NHSE published a key themes document alongside the new Service Specifications in January 2019; this included the thematic feedback table below from the consultation exercise.

Key Themes	NHSE response
<p>1. Travel – distance / travel time</p> <p>Travel was by far the largest theme to emerge from the consultation responses, particularly in the South West region.</p> <p>Concerns were around people having to travel greater distances for their</p>	<p>As a result of the concerns expressed that many more people would need to travel further for radiotherapy treatment, NHSE has made a number of significant changes to the proposals (see bullet points below).</p> <p>The changes place emphasis on securing improvements through greater</p>

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<p>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>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.</p> <p>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 –</p> <p>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>It has never been NHSE’s intention to close any centres as part of this review</p>

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<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>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 NHSE's Quality Surveillance Team.</p> <p>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 NHSE'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 acknowledged. As a result, NHSE 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 / deskilling of staff</p>	<p>The proposals no longer require the centralisation of radical radiotherapy</p>

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<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. 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>treatments for the less common cancers.</p> <p>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.</p> <p>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 NHSE'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 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>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 NHSE, through its local Specialised Commissioning team, for the delivery of the national requirements set out in the Service Specification.• 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

	<p>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> <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.</p> <p>Clinicians raised this as a concern highlighting their experience with current systems and often 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. NHSE is committed to supporting Networks achieve this.</p>

2.2 Following the publication of the Service Specifications, NHSE will commence implementation, which will be phased to allow ODN's 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 NHSE's Specialised Commissioning Clinical Reference Groups (CRGs). To keep up to date on progress interested parties can register as a Radiotherapy Clinical Reference Group stakeholders <https://www.england.nhs.uk/commissioning/spec-services/get-involved/crg-stake-reg/>

3. New Service Specifications

170091S Adult External Beam Radiotherapy Services Delivered as Part of a Radiotherapy Network

3.1 The Service Specification sets out the clinical, service and quality requirements and standards for the delivery of external beam radiotherapy to which all providers of Radiotherapy must comply. It also establishes that Radiotherapy services will be delivered on a network basis and that each of the current fifty-two providers of Radiotherapy services must be a member of a designated network.

3.2 The specification states that not all providers will deliver all sub-specialties of Radiotherapy but must work in a partnership arrangement with other organisations through a Radiotherapy Network.

3.3 Each provider within the Network will be required to contribute to the development of and agree a Memorandum of Understanding (MOU), or equivalent written agreement. This will set out how the Network and required

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Network Oversight Group will function, including how it will develop and agree its annual work programme, audit and benchmarking arrangements and how the Network Oversight Group fits into existing and established provider and commissioner governance arrangements.

3.4 There must be Network-wide standard tumour specific treatment protocols in place.

3.5 The Service Specification, as the previous version (2013), requires linacs to be replaced once they reach 10 years old and requires all providers to contribute to national datasets.

3.6 The Service Specification does not state the maximum time a patient should travel to access radiotherapy.

3.7 Equipment utilisation must increase to at least 5 days a week working.

3.8 Access to clinical trials is also highlighted and patients must be offered relevant clinical trials even if the trial is not available locally, but at another centre within the Network.

3.9 Satellite centres are mentioned specifically with a requirement that *there is a single integrated and coordinated treatment planning team that is electronically connected for planning activities for image capture, treatment planning, radiotherapy prescription and clinical record and treatment delivery quality assurance.*

3.10 The new specification is explicit about the roles of the Network Oversight Group, Cancer Alliances and Specialised Commissioning. *The Network Oversight Group, in conjunction with the relevant specialised commissioning team and the Cancer Alliance(s), is required to review service provision on a regular basis to ensure optimal access arrangements are in place across the Network. This applies to proposals relating to sub-specialisation or the expansion and / or re-provision of an existing service or the development of satellite service facilities, because such facilities will need to demonstrate effective equipment utilisation and financial viability.*

3.11 *Changes may have an impact on overall Network activity flows, and, potentially, cross network flows, service sustainability and workforce. Therefore, any proposals to alter access must be approved by individual providers, Cancer Alliance and Specialised Commissioners and may be subject to public involvement duties.*

3.12 All Radiotherapy Networks in England are listed in the specification.

West Sussex will be part of the network below:

RADIOTHERAPY NETWORK PARTNERSHIP

Brighton and Sussex University Hospitals NHS Trust
Imperial College Healthcare NHS Trust

CANCER ALLIANCES

North West and South West London
Surrey and Sussex

Royal Surrey County Hospital NHS
Foundation Trust
The Royal Marsden NHS Foundation Trust

3.13 Both Royal Surrey County Hospital NHS Trust and Brighton and Sussex University Hospitals NHS Trust have existing clinical pathways to both The Royal Marsden NHS Foundation trust and Imperial College Healthcare NHS Trust for very rare cancers.

4. 170092S Operational Delivery Networks for Adult External Beam Radiotherapy Services

4.1 In support, a new Service Specification describing how the Radiotherapy Operational Delivery Networks (ODNs) will work, has been developed. The networks must be hosted by one provider within the Network. The Networks must deliver an annual work plan with aims described in the specification and produce an annual report.

4.2 The Network Oversight Group, in conjunction with the relevant specialised commissioning team and the Cancer Alliance(s), is required to review service provision on a regular basis to ensure optimal access arrangements for service users are in place across the Network. This applies to proposals relating to sub-specialisation, expansion or re-provision of a service and also the development of satellite service facilities, because such facilities will need to demonstrate effective equipment utilisation and financial viability.

5. Implications for Radiotherapy in West Sussex

5.1 In 2018 the Surrey/Sussex Cancer Alliance carried out a demand and capacity Radiotherapy exercise and recommended that the population of Sussex would require 2 linacs to meet demand. The optimum site for the 2 linacs was at Chichester.

5.2 This recommendation was shared with both NHS England and the West Sussex HASC. The HASC supported this recommendation.

5.3 The new Service Specifications have not fundamentally altered this position although issues have been raised about workforce challenges, utilisation of linacs, electronic networking and Network Oversight Groups which must be worked thorough.

5.4 The Service Specification states:
The development of any new service locations, i.e., satellite services, requires the development of a provider business case which demonstrates an existing differential access rate to radiotherapy for the relevant population, the capacity required to meet current activity levels for that population, machine utilisation and proposed efficiencies, together with an assessment of the impact of this re-provision on existing cancer pathways, both within and outside the Network geography.

5.5 *The impact of changes in clinical practice, efficient technology and greater flexibility in service availability will significantly affect radiotherapy capacity*

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requirements over the next 5 years. This is particularly important as in general, the average number of fractions associated with an episode of care is likely to reduce

5.6 NHSE Specialised Commissioning will work with the Surrey/Sussex Cancer Alliance and providers and consider any business cases developed by a provider in the Cancer Alliance.