Improving patient access to radiotherapy

**BACKGROUND:**
- Radiotherapy helps to cure 4 in 10 cancers, second only to surgery and ahead of cancer drugs.
- The Vision for Radiotherapy should be used as a framework upon which the 5 year strategy for radiotherapy services should be based.
- Despite recent investment and support for radiotherapy services through the Radiotherapy Innovation Fund, patient access to radiotherapy - both conventional and advanced techniques (IMRT, IGRT, SABR, SRS) - still varies across England.
- Research is developing new techniques to deliver radiotherapy treatment in more efficient ways, i.e. trials looking at hypofractionation techniques, which could benefit patients and the NHS.

**STEP 1: CURRENT SITUATION - "Where are we now?"

**Delivery of Radiotherapy**
- Figures show that cancer patient access to radiotherapy in England is around 38%. This remains lower that many parts of Europe and below recommended access rates (40.6% modeled by Round et al. 2013, and 52% using international models). In addition, large variation in access rates exist between geographical regions, linked to deprivation scores.
- The Radiotherapy Innovation Fund (RIF) provided a huge boost to the uptake of IMRT in England. By November 2013, 29% was reached across the country. But some Centres are still not hitting the 24% target - there remains variation in uptake of this important technique. Experts suggest that around 50% of patients should now be receiving IMRT.
- The RIF provided over £3.8 million for IGRT delivery. It is crucial that we understand how many patients are getting IGRT so we can continue to improve access.
- The Department of Health reported that the NHS will need 412 linear accelerators (linacs) by 2016. Currently 269 linacs are operational in England. Of the current linacs 38 are over 10 years old and should be replaced. An additional 101 are over 8 years old.

**Research**
- Current payment mechanisms do not incentivise centres to undertake research, such as clinical trials using hypofractionation, as they will lose money for treating patients in fewer episodes. NHS England must better support research and be in a position to adopt positive outcomes of trials when they arise.

**STEP 2: ROOT CAUSE ANALYSIS - “Why is it like this?”**
- Loss of momentum in national leadership and support for continued improvements in radiotherapy services following NHS reforms.
- Lack of capacity in the service (including workforce capacity and up-to-date machines) to deliver radiotherapy to the appropriate levels.
- No appropriate tariff for advanced treatments such as SABR and lack of incentives to undertake research.
- Lack of awareness of the benefits of radiotherapy, in the NHS and in the public eye.

**STEP 3: TARGET CONDITION – “Where do we want to go?”**
- Equitable and improved patient access to radiotherapy across England.
- Around 50% of patients should be receiving IMRT as standard.
- All patients should be able to access the advanced radiotherapy their doctor says they need, be it IMRT, IGRT, SABR, SRS, proton beam or other types of radiotherapy such as brachytherapy.
- Research should be encouraged and incentivised in radiotherapy centres.

**STEP 4: IMPLEMENTATION PLAN – “How do we get there?”**

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<thead>
<tr>
<th>Action</th>
<th>Responsibility</th>
<th>Deadline</th>
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<tr>
<td>Ensure the Vision for Radiotherapy is used as a framework for the 5 year strategy.</td>
<td>NHS England</td>
<td>2014</td>
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<td>Develop ways to understand IGRT uptake.</td>
<td>CRG/NATCANSAT</td>
<td>2014</td>
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<td>Develop a process to collect evidence to support the wider commissioning of SABR.</td>
<td>NHS England/CRG</td>
<td>2014</td>
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<td>Develop appropriate tariff to incentivise hypofractionation.</td>
<td>NHS England/Monitor</td>
<td>2015</td>
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<td>Continue to invest and support increasing IMRT delivery to 50%.</td>
<td>NHS England</td>
<td>2016</td>
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<td>Commission proton beam service for existing indications and research into new indications.</td>
<td>NHS England/CRG</td>
<td>2017</td>
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<td>Continuously horizon scan for upcoming research outcomes and develop implementation plans.</td>
<td>CRG</td>
<td>2019</td>
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<td>COST: Radiotherapy is a highly cost-effective treatment. Although costs are high at the outset (on machines etc.), long term costs are low. Developments in radiotherapy techniques are likely to be highly cost-effective for the NHS. For example, the recent QIPP proposal on implementing the findings of the START trial, using hypofractionation in breast cancer treatment following surgery, showed that a saving of £2.8m could be made if all centres follow that protocol.</td>
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**STEP 5: FOLLOW-UP – “How will we know when we’ve got there?”**
- Progress against the Vision for Radiotherapy 2014-24 – this should be reviewed regularly.
- Equitable access to radiotherapy across England.
- The proportion of cancer patients receiving radiotherapy in England reaches appropriate levels.
- Around 50% of patients receiving radiotherapy have access to IMRT.
- Clear commissioning intentions for IGRT, SABR and proton beam therapy.
- Better access to clinical trials in radiotherapy.

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For consideration by the Radiotherapy CRG

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