

# Radiotherapy Briefing – May 2024

## Overview

The UK Radiotherapy Board, of which the Royal College of Radiologists (RCR) is a member, have published a briefing which sets out the concerning decline in the operational performance of radiotherapy services in England. Radiotherapy is a treatment where radiation is used to kill cancer cells and is delivered by multi-disciplinary teams of cancer professionals, including clinical oncologists, therapeutic radiographers, and physicists.

NHS England and the Government urgently need to invest in the cancer workforce and in radiotherapy services if they are to meet the 31-day target and ensure that patients can access this potentially life-saving treatment in a safe and timely manner.

## A concerning decline in operational performance

- The latest briefing from the UK Radiotherapy Board sets out a concerning decline in the operational performance of radiotherapy services in England. The target for 96% of cancer patients to receive radiotherapy treatment within 31 days has not been met since July 2021.
- In 2023 alone, 11% of patients waited more than 31 days for treatment in England after the decision to treat had been confirmed, compared to just 5% in 2021.
- There was great regional disparity to this with almost one-in-five (19%) of those in the North East and Yorkshire waiting longer than 31 days for treatment, compared to just 3% in the South West.

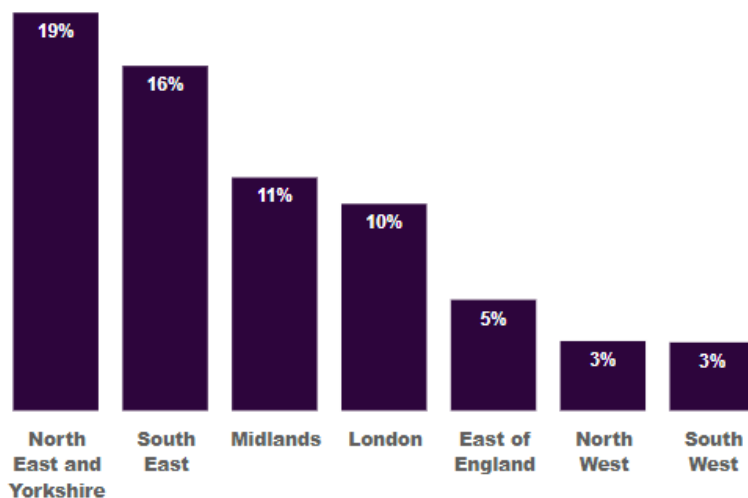


Figure 1 – treated after 31 days, % by region.

- Between 30-50% of radiotherapy courses are palliative radiotherapy, which is used to relieve the most distressing symptoms for people with cancer that cannot be cured. It has been reported that some patients are having to wait six weeks for their palliative radiotherapy.

## What is causing a decline in radiotherapy performance?

The briefing explores several reasons for the decline in radiotherapy performance:

- **Workforce shortages:** Workforce accounts for 29% of total cost of delivering radiotherapy – but there are widespread shortages in all professional groups. The Royal College of Radiologists' (RCR) clinical oncology workforce census shows that there is a 15% shortfall of consultant clinical oncologists who plan and oversee radiotherapy treatment. There is also an 8% shortfall for therapeutic radiographers and on average an 8% shortfall across the radio therapy physics professions. These shortages create bottlenecks in the treatment pathway as other staff groups are reliant on the doctor to complete their next task.
- **A lack of clinical capacity to embed innovations:** While radiotherapy has advanced in recent years including through the use of new techniques and Artificial Intelligence, implementation of new innovations is patchy across the NHS and often stifled by workforce constraints.
- **A lack of flexibility in radiotherapy patient pathways:** The design of the radiotherapy patient pathway does not accommodate for delays and the lack of excess capacity means the system is not flexible to adapt to unexpected delays. If there is just one delay – such as a key person being unavailable or a machine breaking down - this can push a patient's treatment start date back past the 31-day mark.
- **Equipment concerns:** Equipment makes up 62% of the total cost of delivering radiotherapy. There is some concern that the NHS does not have enough of the essential equipment such as linear accelerators, brachytherapy machines and CT/MRI scanners to meet the demand for radiotherapy. 36% of cancer centres in England reported that their equipment breaks down most months.
- **Data collection limits our understanding of the patient pathway and experience:** The Radiotherapy Dataset is hugely valuable, but further investment could improve our understanding of hidden waiting times across the whole patient pathway and for individual tumour types.
- **A need for tariff reform:** The tariff model is outdated and does not adequately compensate hospitals for the total cost of providing radiotherapy. Important technological developments such as hypofractionation, where higher doses of radiation are given over fewer visits, have not been incorporated into the current tariff system. The current system incentivises more visits. Integrated Care Systems (ICS) will have responsibility for funding treatment but there remains a lack of clarity on when this will happen.

## How much does radiotherapy cost?

The Health Economics in Radiation Oncology (HERO) project was established by the European Society for Therapeutic Radiotherapy and Oncology (ESTRO) to develop a knowledge base and cost-accounting model to estimate the national cost of radiotherapy in the UK for the first time.

The ESTRO-HERO report estimates that the cost of radiotherapy is £437 million each year. The mean cost of a course of radiotherapy was £3,672, a fraction of the cost of some other cancer treatments.

## What is the solution?

We are calling on the government to ensure NHS England has the funding to adequately invest in radiotherapy services and the workforce groups involved in the delivery of care. This is vital if the target of 94% of cancer patients being treated within 31-days is to be met.

Our recommendations for NHS England include:

- A focus on recruitment, retention, and training of the cancer workforce to boost capacity, including maintaining the expansion of clinical oncology training places, and ensuring adequate and protected time for service development.
- Trial a 17-day pathway in some tumor types to identify opportunities to accelerate the pathway and collect data on the resources required to do so.
- Clarity on future funding arrangements for radiotherapy equipment to ensure that equipment breakdowns do not impact waiting times.
- Investment in the Radiotherapy Dataset to measure hidden waiting times across the whole patient pathway and for individual tumour types.
- A call to set out plans for a funding model which is fit for purpose and rewards the quality of radiotherapy treatment, not the quantity of it delivered.

## What can you do?

To ensure that radiotherapy treatment and the cancer professional workforce remain at the top of the political agenda, we would kindly ask that you:

1. Share this briefing with your party's health team and ensure that their future cancer plans include efforts to reduce the long waits cancer patients face for potentially life-saving treatment.
2. Call on the Secretary of State for Health to respond to the briefing. We have drafted a series of written parliamentary questions which you can submit to keep this important topic in the wider health discourse in parliament.
3. Get in touch with us at [publicaffairs@rcr.ac.uk](mailto:publicaffairs@rcr.ac.uk) if you would like any further information about our specialities and the work we are doing to support the cancer workforce.