

Engagement Report for Positron Emission Tomography - Computed Tomography (PET CT) Scanning (All Ages)

Programme of Care	Cancer
Clinical Reference Group	Cancer Clinical Advisory Group
Unique Reference Number (URN)	2266

1. Summary

This report summarises the feedback NHS England received from engagement during the development of the Positron Emission Tomography - Computed Tomography (PET CT) Scanning (All Ages) Service Specification, and how this feedback has been considered. Eighteen responses were received from a number of organisations including providers, professional bodies and individuals. Full details are in paragraph 3.2 below.

Feedback was positive overall, with stakeholders registering their broad support for the service specification requirements and standards proposed.

2. Background

PET-CT, is a type of nuclear medicine imaging examination that uses a small amount of radioactive material, referred to as a 'tracer', to show activity inside the body. It can pinpoint molecular activity and have the potential to identify disease in its earliest stages. It can also show whether a patient is responding to treatment. PET-CT is an integral part of the diagnosis and management of oncology and non-oncology conditions.

Around 180,000 PET-CT scans are carried out each year. Approximately 97% of scans are for oncology indications. PET-CT services are largely being delivered through partnerships between NHS Trusts and the Independent Sector, with some charitable organisation provision.

The service is accessed by referral from secondary/tertiary care and ends with the provision of an image and report back to the referring clinician.

The new Service Specification has been developed to set out the must-do requirements for providers and:

- Reflect current care pathways;
- Reference up to date national guidance and guidelines, as well as appropriate national policy, for example Faster Diagnosis and elective recovery; and
- Avoid duplication with other schedules within the [NHS Standard Contract](#).

The proposed new Service Specification contains three main changes:

- Reference to turnaround time requirements have been removed because these will appear in the appropriate schedules of the NHS Standard Contract (of which the Service Specification will form a part), it has been agreed that there is no additional benefit to duplicating these within the body of the specification. In August 2023, NHS England issued new guidance on [Diagnostic imaging reporting turnaround times](#) that sets out an expectation for providers to improve their reporting infrastructure so that they can deliver a maximum 2-week reporting for all imaging. Reference to this guidance is included in the new Service Specification.
- The requirement for 10% external audit has been removed and because the proposed specification requires providers to ensure that service delivery, governance and quality assurance (QA) are in line with national guidelines, professional standards and regulatory and legislative requirements.
- A requirement has been added for the Service to provide intravenous contrast (IVC) where that is requested by the referring clinician. The new requirement will help to improve equity of access to IVC and reduce delays in access to IVC imaging services.

It is expected that the new PET-CT Service Specification will support Integrated Care Boards (ICBs) to take responsibility for the commissioning of PET-CT services, following delegation. At the present time, there are no plans to delegate this service to ICBs from April 2024, however, this is expected to occur in future years.

The new Service Specification is not expected to change the provider landscape or overall service delivery model. As a result, the new Service Specification is expected to be cost neutral to NHS England and other parts of the NHS.

In accordance with usual NHSE processes, this service specification was developed with the support and input of a Specification Working Group (SWG), comprising representation from PET-CT experts, referring clinical experts and patient and public voice representatives.

3. Engagement Results

3.1 Stakeholder Testing

NHS England has a duty under Section 13Q of the NHS Act 2006 (as amended) to 'make arrangements' to involve the public in commissioning. Full guidance is available in the Statement of Arrangements and Guidance on Patient and Public Participation in Commissioning. In addition, NHS England has a legal duty to promote equality under the Equality Act (2010) and reduce health inequalities under the Health and Social Care Act (2012).

The Service Specification was sent for stakeholder testing for 2 weeks from 10 July 2023 to 23 July 2023. Effort was made to review and update the stakeholder engagement list to ensure that relevant professional societies and patient groups were contacted and asked to comment. The feedback received has been reviewed by the SWG Chair and the Cancer Programme of Care (PoC) to enable consideration of feedback and to support a decision on whether any changes to the specification might be recommended.

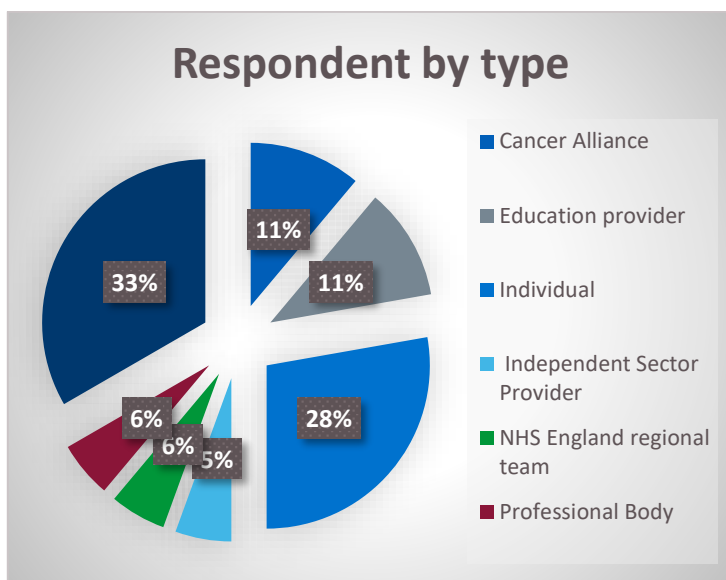
Respondents were asked the following questions:

- Do you have any comments on the proposal?
- If yes, please describe below, in no more than 500 words, any further comments on the proposal as part of this initial 'sense check'.
- What quality outcome measures could be included in the service specification?
- Do you support the Equality and Health Inequalities Impact Assessment?

3.2 Stakeholder testing results and summary of participants

18 responses were received from:

- 2 x Cancer Alliances
- 2 x Education provider
- 5 x Individuals
- Independent Sector Provider
- NHS England regional team
- Professional Body
- 6 x NHS Providers



Overall, the feedback received was positive, with stakeholders registering their broad support for the requirements and standards set out within the new Service Specification.

The majority of feedback suggested minor changes to the technical language in the specification, in particular in relation to job roles. These were checked against regulatory requirements and professional guidance and were amended where appropriate.

Suggestions for outcome measures to be included in the specification were noted. However, following advice from the Quality and Nursing Team (QNT), it was determined that the suggested measures were quality metrics rather than outcome measures and, as such, will be considered separately as part of the quality metric development stage of the process.

Four responses recommended that turnaround times (TATs) were included as outcome measures, however, because these will appear in the appropriate schedules of the NHS Standard Contract (of which the Service Specification will form a part), it has been agreed that there is no additional benefit to duplicating these within the body of the specification. In August 2023, NHS England issued new guidance on [Diagnostic imaging reporting turnaround times](#) that sets out an expectation for providers to improve their reporting infrastructure so that they can deliver a maximum 2-week reporting for all imaging. Reference to this guidance is included in the new Service Specification.

All respondents were supportive of the EHIA, and one included some helpful feedback around gender neutral language. Changes were made to the EHIA to incorporate the suggestions, in particular relating to pregnant people and new/nursing parents.

Over half of the responses raised issues relating to commissioning policy, workforce shortages and geographical access. While these observations were noted, they are not directly relevant to the Service Specification, the purpose of which is to set out the service standards.

The review of stakeholder responses to engagement, and subsequent decisions on whether any changes to the specification might be recommended are outlined in Section 4 below.

A 13Q assessment has been completed following stakeholder testing. The Cancer Programme of Care (PoC) has concluded that the service specification and proposed amendments does not constitute material changes to the way in which services are delivered or the range of services available, therefore further public consultation was not required. This decision has been assured by the Patient Public Voice Advisory Group.

4 How has feedback been considered?

Responses to engagement have been reviewed by the Specification Working Group and the Cancer PoC. The following themes were raised during engagement:

Engagement activity theme identified in e.g. stakeholder testing, public consultation	Key themes in feedback	NHS England Response
Turnaround Times		
Stakeholder testing	Some stakeholders felt that it would be helpful to include turnaround time standards in the service specification.	<p>No change to the service specification.</p> <p>Turnaround time requirements will be included in the appropriate schedules of the NHS Standard Contract (of which the Service Specification will form a part) and underpinned by quality metrics which will be used to monitor the quality of each service. For this reason, turnaround time requirements are not included in the main body of the specification. The Service Specification also makes reference to the need for providers to adhere to any national standards and guidelines for both waiting and turnaround times for particular indications and pathways.</p>
Clinical Audit of Imaging reports		
Stakeholder testing	Two respondents suggested that a requirement for clinical audit of 10% of images and reports should be included in the recommendation.	<p>No change to the service specification.</p> <p>The proposed specification requires providers to ensure that service delivery, governance and quality assurance (QA) are in line with national guidelines, professional standards and regulatory and legislative requirements. As with other imaging modalities, there will be local arrangements to oversee governance and quality assurance. Adherence to local systems</p>

		and national standards replaces the requirement in the old specification for an independent external audit of at least 10% of all scans. While this was an important quality control mechanism when the service was new and activity volumes were much smaller, the focus on existing practice brings PET-CT QA in line with other imaging modalities.
	Technical Language	
Stakeholder testing	Several stakeholders commented on the language used to describe certain job roles (e.g. Radioactive Waste Advisor” (not “radiation waste advisor)).	Minor changes to the wording in the service specification where appropriate. Suggested changes were checked against regulatory and licensing requirements and also with SWG members and, where supported by evidence, appropriate amendments were made to the specification. This did not alter the service model or delivery requirements.
	Workforce, commissioning, and policy issues	
Stakeholder testing	A number of stakeholders commented on the current availability of PET-CT citing geographical access as a problem and some included suggestions on the inclusion of mobile scanner requirements.	No change to the service specification. The issues were noted but are not relevant to the service specification, the purpose of which is to set out the minimum service standards.
Stakeholder testing	Some stakeholders suggested that the specification included more detail on which indications PET-CT should be commissioned for.	No change to the service specification. This is a commissioning policy issue and not relevant to the service specification.
Stakeholder testing	Four of the responses suggested that a variety of training requirements were built into the specification to ensure the future flow of physicists and reporters.	No change to the service specification. This is not relevant to the service specification, the purpose of which is to set out the minimum service standards.

Equalities and Health Inequalities Impact Assessment		
Stakeholder testing	A number of stakeholders commented on the current availability of PET-CT citing geographical access as a problem.	No change to the service specification. These issues are not relevant to the service specification, the purpose of which is to set out the minimum service standards. This is a revision of an existing service specification and is not expected to change the provider landscape or overall service delivery so will not present any additional impact to people in the protected characteristic or vulnerable groups.

5 Has anything changed in the service specification as a result of the stakeholder testing and consultation?

The following change(s) based on the engagement responses has (have) been made to the service specification:

Minor changes to the language used to describe essential staff roles and some equipment.

6 Are there any remaining concerns outstanding following the consultation that have not been resolved in the final service specification?

No changes were required to the service specification as a result of the stakeholder engagement feedback received. There are no remaining concerns outstanding following the consultation that have not been resolved in the final service specification.

The 13Q assessment has been completed following stakeholder testing. The proposition and the 13Q will be reviewed at the PPVAG meeting on 17th August 2023

Confirmation has been received that public consultation is not required.

7 What are the next steps including how interested stakeholders will be kept informed of progress?

A summary of the feedback from stakeholder engagement will be made available to the registered and relevant stakeholders.