Engagement Report for Radiotherapy Services, Brachytherapy (all ages)

Topic details

Programme of Care	Cancer
Clinical Reference Group	Radiotherapy
Unique Reference Number (URN)	2321

1. Summary

This report summarises the feedback NHS England received from engagement during the development of the Radiotherapy Services, Brachytherapy (all ages) Service Specification, and how this feedback has been considered. Six responses were received from a number of organisations including NHS Provider Trusts, a Royal College, and a patient organisation. Full details are in paragraph 3.2 below.

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

2. Background

Brachytherapy is the treatment of disease with sealed radioactive sources which can be inserted either permanently into an organ, lesion or cavity or temporarily using interstitial needles or via an applicator using “afterloading” equipment. It can be used either as a standalone treatment or in combination with external beam radiotherapy.

The current service specification covers people (all ages) who are within the commissioning responsibility of NHS England and who require brachytherapy and molecular radiotherapy (MRT) services (“the Service”).

In revising the current published specification, it has been agreed to separate brachytherapy and MRT into two distinct services specifications – one for each treatment modality. This proposal relates to brachytherapy services.

The proposal is an update of the previous service specification for brachytherapy and does not fundamentally change the nature of service provision which is already well established across England.

The revised brachytherapy Service Specification retains the current service model and includes two main changes:

1. The administration of brachytherapy to children is reserved to only those providers who can meet the additional requirements that include treatment being delivered at a designated paediatric centre working as part of a Children's Principal Treatment Centre.

2. The service standards for Selective Internal Radiotherapy (SIRT) have been included in the MRT service specification.

The Service Specification has been revised 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.
- Incorporate meaningful quality outcome measures which will support improved outcomes and experiences of care; and
- Avoid duplication with other schedules within the NHS Standard Contract.

These changes are not expected to alter the provider landscape or overall service delivery.

Service specifications form part of a schedule within the NHS Standard Contract, this means that they can only mandate elements of the pathway where NHS England is the legal commissioner.

It is expected that the Service Specification will support Integrated Care Boards (ICBs) to take responsibility for the commissioning of these services when delegated.

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 two weeks from 17 July 2032 to 31 July 2032. The comments have then been shared with the Specification Working Group (SWG) to enable full consideration of feedback and to support a decision on whether any changes to the specification might be recommended.

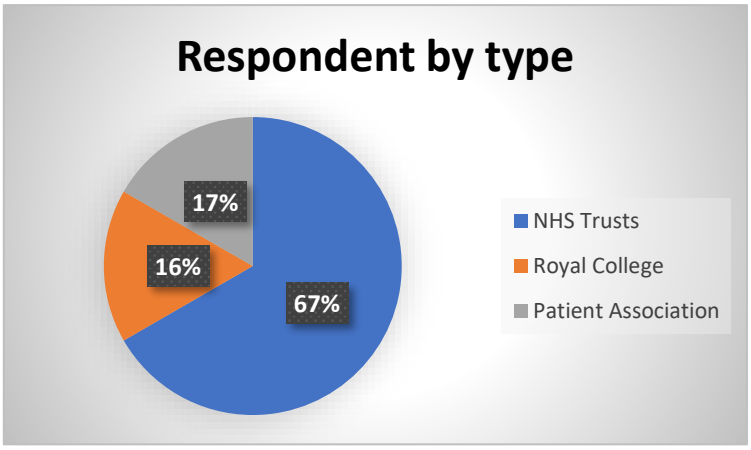
Respondents were asked the following questions:

- 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 new Clinical Model for brachytherapy?
- If you do not support the new Clinical Model, what do you think should be changed and why?
- Do you support the Equality and Health Inequalities Impact Assessment?

3.2 Stakeholder testing results and summary of participants

Six responses were received from:

4 x NHS Trusts
1 x Royal College
1 x Patient Association



The stakeholder testing generated positive responses overall, with stakeholders registering their broad support for the requirements and standards set out within the Service Specification and there was overall support for the clinical model. Respondents were particularly supportive of the separation of the brachytherapy specification from the MRT specification.

The findings from the stakeholder engagement process were considered by the SWG Chair and Cancer Programme of Care (PoC) and changes made as required.

All respondents were fully supportive of the equalities and health inequalities assessment.

One response suggested the addition of essential staff roles and safe storage equipment in the specification. It was agreed that, while this was covered in licensing and legislative requirements, it was right to reflect it in the body of the specification. This is consistent with linked service specifications (molecular radiotherapy and external beam radiotherapy).

There were no responses from the charity groups that were contacted, however, as the proposal represents a minor update to an existing specification and does not change the way that services are delivered or impact on eligibility for brachytherapy, this is not considered to present an issue. In addition, a response was received from a patient group which provided detailed feedback on the proposal and there was Patient and Public Voice (PPV) representation on the SWG. Finally, as part of internal NHS England engagement, feedback was received on the proposal and the EHIA from the PPV representative within the Cancer PoC Assurance Group, noting their full support for the proposal.

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.

A 13Q assessment has been completed following stakeholder testing. The Cancer PoC has concluded that the service specification and proposed amendments do 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
	Population Size	
Stakeholder Engagement	Two respondents suggested that the minimum population size should specify a caseload number due to the complexity and skills required to deliver brachytherapy.	**Change to specification.** The current published specification references a minimum volume of 50 cases per year minimum per centre per year. This requirement has not been reviewed by the SWG as no new evidence has been introduced to change the current requirement. This was an omission from the proposed specification and the minimum population size has been amended to include the requirement that a centre brachytherapy caseload should exceed 50 cases per year as a minimum.
	Clinical Guidelines	
Stakeholder Engagement	One respondent suggested the addition of three clinical guideline papers pertaining to brachytherapy for specific cancer types.	**No change to specification. PoC to approach clinical leads to submit policy proposals for specific clinical indications.** Extra studies noted. Advice from Programme of Care sought on the appropriateness of including these studies in the specification and it was considered inappropriate as inclusion would suggest

		commissioning approval in specific areas where clinical commissioning policy has not been considered.
	Staffing and equipment requirements	
	One respondent suggested that Radiation Protection Advisers must be added to the “with access” group and that “Appropriate source handling equipment” be added to the essential equipment section.	**Minor change to specification** Although this is covered by regulation and licensing requirements, it was agreed that it was appropriate to include the requirement in the specification.

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

The following changes based on the engagement responses have been made to the service specification:

- The minimum population size has been amended to include the requirement that a centre brachytherapy caseload should exceed 50 cases per year as a minimum in line with the current published specification.

- Radiation Protection Advisers must be added to the “with access” group and that “Appropriate source handling equipment” added to the essential equipment section.

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

No. No material 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 proposal 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.