

Cancer Care in the NHS.

A Report by Reform February 2005

Response from the Society and College of Radiographers

Introduction

The report "Cancer Care in the NHS" published by Reform in February 2005 was written by Professor Karol Sikora, Dr Maurice Slevin and Professor Nick Bosanquet.

The report highlights many of the current pressures and constraints within cancer services including within radiotherapy. Whilst there is much that the Society and College of Radiographers agrees with within the report, there are questions that we would like to raise, and concerns about some of the content of the report. The purpose of this short paper is to outline these points in the hope that a constructive dialogue can result.

General comments

The report indicates that there has been a long-term lack of adequate investment in cancer services. Reversing this trend is obviously welcome and it is inevitable that many improvements will be slow in coming. We agree that more investment is still required. It is important to make clear that there are deficits in capital spending, in revenue for staff costs and in adequate funding for training, particularly for post graduate courses and development to advanced practice for radiographers.

We also agree that waits for radiotherapy treatment in many centres are unacceptable. However the report makes little reference to the excellent work that is being undertaken by professionals in the service to minimise waits and explore ways of managing capacity and demand through redesigning services, in order to provide the best possible service to patients with the limited resources available. We feel that this is a serious omission within the report as it may have the effect of demotivating staff whose efforts should be properly recognised.

We question the statement that re-engineering has offered little in terms of reducing waits. In fact evidence suggests that, given adequate opportunity and a little resource, cancer teams have shown themselves well able to come up with innovative redesign proposals which have had rapid and positive effects on patient service. This is not to say that these initiatives are adequate in themselves. As already indicated we feel that there is a requirement for significant further additional investment both for equipment and for extra staff

We agree that electronic prescribing for chemotherapy would be a significant step forward. However it is clear that in many areas IT systems are not optimal and in some respects the progress of the National Programme for IT will influence the progress in this initiative.

The proposal to increase capacity through outsourcing of services to the independent sector needs to be better supported with evidence. Experiences in diagnostic radiology would seem to indicate that outsourcing is very far from a panacea in terms of rapidly increasing capacity. We specifically have concerns that:

- Independent sector outsourcing would compete directly with the NHS for staffing
- There would be little pressure on independent sector providers to employ the most efficient best practice in terms of staff usage and service design

- That the logistics of employing an independent sector provider would not be adequately thought through in terms of proper clinical governance procedures

There is no reason why independent sector involvement in the delivery of cancer services cannot be introduced positively provided there is no adverse effect on NHS services and that working practices are properly integrated. The apparently arbitrary figure of 30% independent provision raises suspicions that the details of implementation and the challenges that this would involve have not been adequately thought through.

Specific points for comment

- **Radiotherapy (pg 11).** It is not simply a shortage of radiographers which keeps patients waiting. There are significant shortages also in other staff groups such as medical physicists.
- **Radiotherapy (pg 12)** the numbers of commissions have risen considerably however the lead-time to seeing the benefits within the service is necessarily long. We agree that there is concern over the attrition rate from courses. The National Radiotherapy Advisory Group is working together with the National Radiography Recruitment Retention and Return project to address this.
- **Staffing (pg 17).** The report states, “much could be done if some creative thinking was used to maximise the use of people available.” We would state that radiotherapy managers are being very creative in terms of making the most of their limited staff resources. Many departments work beyond the reported five PM, operating shift systems and other ways of implementing extended working days. The impression that is given within the report is regrettable and it can only be damaging if staff feel that others view them as in any way “clockwatching”.

Whilst it may be true that staff would like some extra overtime payments we cannot agree that this is a sustainable way of working long-term and may lead to a greater loss of staff from the profession. Fundamentally, there is an issue about ensuring that adequate resource is in place to provide extended working and this needs to be across all disciplines involved: radiographers, doctors, physicists, nurses, porters, admin etc. We disagree that the changes indicated in the report in terms of planned extended working could in fact be achieved at “relatively small cost”.

A much more co-ordinated approach is required to introduce best practice in terms of efficient working with sufficient staff and associated resources, in order to provide the best solution whether in the independent or in the public sector.

Conclusion

The Society and College of Radiographers agrees fundamentally with the point that cancer patients should not be suffering long delays such are currently faced in many areas. A fully planned approach is required to address this problem and whilst the independent sector may well have a part to play, we would have reservations about any form of “quick fix” solution which may be more damaging in the long term.

We believe that the processes that are being adopted by the National Radiotherapy Advisory Group in order to consult across the whole of the workforce and agree improvements will provide the best possible opportunity, given adequate resources, to address the shortfalls which we all agree are currently affecting the system.