

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

<b>Service Specification No.</b>	170092S
<b>Service</b>	Operational Delivery Networks for Adult External Beam Radiotherapy Services  Governing the period 2019/20 to 2021/22
<b>Commissioner Lead</b>	Specialised Commissioning, NHS England
<b>Provider Lead</b>	<i>To be completed at contract stage</i>

<b>1. Scope</b>
<p><b>1.1 Prescribed Specialised Service</b></p> <p>This Service Specification (the “Specification”) covers the provision of an Operational Delivery Network (ODN) to support the delivery of radiotherapy (including Brachytherapy and Molecular Radiotherapy) for adults (≥18 years of age) in England.</p> <p><b>1.2 Description</b></p> <p>The Specification establishes eleven Radiotherapy Operational Delivery Networks (“ODN” or the “Network”) covering the geography of England (Appendix A). Each Network is tasked with providing radiotherapy system leadership and the delivery of NHS England’s vision and ambitions for the modernisation of radiotherapy services.</p> <p>The Specification should be read in conjunction with other published service specifications, including Adult Radiotherapy Services, Paediatric Radiotherapy, Proton Beam Therapy, Brachytherapy and Intracranial Stereotactic Radiosurgery / Radiotherapy Services, together with NHS England Clinical Commissioning Policies and Policy Statements.</p> <p><b>1.3 How the Service is Differentiated from Services Falling within the Responsibilities of Other Commissioners</b></p> <p>NHS England commissions all radiotherapy activity at specified centres. Clinical Commissioning Groups (CCGs) do not commission any elements of the Services.</p>
<b>2. Care Pathway and Clinical Dependencies</b>
<p><b>2.1 The Radiotherapy Network</b></p> <p>The establishment of Networks is designed to facilitate meaningful partnership working and enable the achievement of NHS England’s ambition to provide modern radiotherapy services as set out within ‘A Vision for Radiotherapy, 2014-2024’ (NHS England, Cancer Research UK, 2014) at pace. Implementation of our ambition will provide Service Users with</p>

substantially improved outcomes, including higher cure rates and fewer side effects from treatment.

The Network infrastructure must be hosted by one of the constituent providers within the Network. The provider will be responsible for hosting the management function and supporting the overall network functioning, including the establishment and maintenance of a Network Oversight Group and any clinical subgroups in order to support and implement change.

Each provider within the Network will be required to agree a Memorandum of Understanding (MOU), or equivalent written agreement. This will set out how the Network and Network Oversight Group will function, including how it will develop and agree its annual work programme, audit and benchmarking arrangements and how the Network Oversight Group fits into existing and established provider and commissioner governance arrangements. The MOU must have the agreement of the Cancer Alliance(s) covered by the Network and the relevant local Specialised Commissioning team.

The Operational Delivery Network is responsible for the delivery of an agreed annual Network work programme which will aim to:

- i. Improve access across the Network to modern, advanced and innovative radiotherapy techniques, enabling more Service Users to benefit from cutting-edge technology and treatments;
- ii. Improve the experience of care by ensuring that Service Users will be managed by an experienced multi-professional tumour specific subspecialist team able to provide holistic care;
- iii. Increase participation in research and clinical trials by an average of 15% increase over 3 years in England, aiding faster development of new treatments and help drive the development of clinical services;
- iv. Reduce variation in quality by adopting standardised best practice protocols thereby improving Service User outcomes including reducing mortality and morbidity from adverse side effects; and
- v. Reduce variation in equipment utilisation in England through changing operating arrangements, clinical practice and equipment replacement; an average 15% increase in equipment utilisation for England as a whole is expected over the next 3 year period aligned to the equipment modernisation programme.

It is expected that the Network will work closely with other relevant cancer services and networks to improve care pathways for service users. This includes Children and Young People Networks and Sarcoma Advisory Groups.

## **2.2 The Network Oversight Group**

The host of the Network Oversight Group will be contractually accountable to NHS England through the local Specialised Commissioning team for the delivery of the national requirements set out in this Specification.

The role of the Network Oversight Group is to facilitate the ongoing development of the Network, including the preparation and subsequent delivery of the annual work programme, for the approval of constituent providers, the Cancer Alliance(s) covered by the Network and relevant Specialised Commissioning teams.

Each Network Oversight Group will be operationally responsible to the Cancer Alliance(s) for the development and delivery of an annual programme of work to deliver those national

requirements. The programme of work must be signed off by the Cancer Alliance(s) and the arrangements for regular reporting to the Alliances must be agreed and documented within the MOU.

The annual Network work programme must contribute to the achievement of NHS England's ambitions for the Services and must specifically include:

- i. Review of current services against the clinical requirements set out within the service specification for External Beam Radiotherapy (Adults) (NHS England reference: 170091S). Following completion of this, Networks will be expected to also review current Molecular Radiotherapy and Brachytherapy services against the appropriate service specification requirements;
- ii. Consideration of future service planning requirements;
- iii. Development of proposals for Network service configuration which meet the clinical service requirements set out within the Service Specification for External Beam Radiotherapy (Adults), including the establishment of partnership arrangements between two or more provider radiotherapy teams where these are required;
- iv. Establish regular performance review mechanisms to ensure the services are effective and efficient. This includes improvement in service efficiency and the implementation of NHS England Clinical Commissioning Policies. Such arrangements must also include regular review of any agreed mitigations put in place to enable continued local delivery of services for less common and rare cancers, as set out within the Service Specification for External Beam Radiotherapy (Adults);
- v. The performance review function must include the identification and agreement of improvement actions, up to and including cessation of services to treat specific tumour sites;
- vi. Agreement of Network-wide standardised tumour-specific treatment protocols to eradicate unwarranted clinical variation and improve clinical care and Service User experience. It should be noted that such protocols will be superseded by national protocols or clinical commissioning policy where these exist;
- vii. Agreement of Network-wide peer review, quality assurance programmes and audit processes which take account of the Royal College of Radiology (RCR) guidelines, e.g., <https://www.rcr.ac.uk/publication/radiotherapy-dose-fractionation-second-edition>;
- viii. Develop a Network data sharing agreement and IT infrastructure proposals to explore opportunities for greater integration between and within teams within the Network, in order to maximise staff utilisation and development;
- ix. Development of a Network-wide radiotherapy workforce sustainability strategy which considers the impact of service change, contingency planning arrangements, capacity and demand planning, innovative approaches to recruitment and retention, job shares and joint appointments and agreed Network developments. This should support individual provider plans, maximise sharing and learning opportunities and harness the strength of the Network;
- x. Develop a process to ensure the rollout of modern, advanced radiotherapy techniques to all radiotherapy centres within the Network in line with national guidance; and
- xi. Agreement of strategies for improving access to clinical trials within the Network, including supporting local access for common cancers as well as appropriate referral to a clinical trial centre.

The Network Oversight Group will prepare an annual report for submission to commissioners outlining Network performance and improvement to meet the network quality metrics, outlined above.

Development of proposals relating to the configuration of services or that impact on how Service Users currently access the Services, must be approved by individual constituent providers, the relevant Specialised Commissioning team and the Cancer Alliance(s). Such proposals may also require further public involvement activities, including public consultation, to be undertaken. The Network Oversight Group will be responsible for coordinating any public involvement duties, with the support of the relevant Specialised Commissioning team.

The Network Oversight Group must be chaired by a provider Chief Executive Officer or Executive Director drawn from the Board of one of the Cancer Alliances covered by the Network. The Chair will represent the wider cancer system, enabling consensus to be reached across organisational boundaries on the network plan and overseeing the delivery of the work programme. Where relevant, all other constituent Cancer Alliances must be represented on the Network Oversight Group.

The wider membership of the Network Oversight Group will comprise equal and balanced representation drawn from professional leads from the three main specialisms (Radiotherapy Physics, Therapeutic Radiography and Clinical Oncology) from each of the providers within the Network.

### **2.3 Access to Radiotherapy**

The Network Oversight Group, in conjunction with the relevant specialised commissioning team and the Cancer Alliance(s), is required to review service provision on a regular basis to ensure optimal access arrangements for Service Users are in place across the Network. This applies to proposals relating to sub-specialisation, expansion or re-provision of a service and also the development of satellite service facilities, because such facilities will need to demonstrate effective equipment utilisation and financial viability.

Changes may have an impact on overall Network activity flows, and, potentially, cross network flows, service sustainability and workforce. Therefore any proposals to alter access must be approved by individual providers, the Cancer Alliance(s) and Specialised Commissioners and may be subject to public involvement duties. Any changes must be in accordance with the requirements of the Service Specification for External Beam Radiotherapy (Adults) or any other NHS England service specification relating to radiotherapy, e.g., Brachytherapy.

## **3. Population Covered and Population Needs**

### **3.1 Population Covered by the Specification**

The Service outlined in this Specification are for patients resident in England\*, or otherwise the commissioning responsibility of the NHS in England (as defined in Who Pays?, Establishing the responsible commissioner and other Department of Health guidance relating to Patients entitled to NHS care or exempt from charges).

\*Note: for the purposes of commissioning health services, this EXCLUDES Patients who, whilst resident in England, are registered with a GP Practice in Wales, but INCLUDES Patients resident in Wales who are registered with a GP Practice in England.

### 3.2 Population Needs

Each Network should carefully consider any proposals to expand or re-provide radiotherapy services. A capacity planning exercise in England modelled radiotherapy activity levels over a 5 year period and assumed 1%- 2% increase in referrals for radiotherapy per year, in line with cancer incidence. In practice, this level of growth is unprecedented and remains relatively stable.

The impact of changes in clinical practice, efficient technology and greater flexibility in service availability will significantly affect radiotherapy capacity requirements over the next 5 years. This is particularly important as in general, the average number of fractions associated with an episode of care is likely to reduce.

## 4. Outcomes and Applicable Quality Standards

### 4.1 Quality Statement – Aim of Service

NHS England's aim is to turn the ambition for the Services set out within the Report of the Independent Cancer Taskforce and the Vision for Radiotherapy publications into a reality. This will mean that people who require radiotherapy treatment will have access to high quality, safe and efficient services regardless of where they live.

The models are designed to improve outcomes, tackle variation in quality and enable access to the appropriate team of experts able to deliver the full range of cancer specific clinical care, clinical trials and advanced radiotherapy technologies.

The Specification aims to:

- a) Ensure that clinically effective and economically efficient reconfigured clinical and service models for the provision of radiotherapy services are developed to achieve improved outcomes for Service Users;
- b) Ensure optimum and geographically equitable access to innovative radiotherapy treatments delivered in a clinically coherent and cost effective configuration;
- c) Improve life expectancy and quality of life for Service Users that meet the requirements of the national commissioning policies for radiotherapy treatments;
- d) Ensure Service Users have equitable access to high quality innovative radiotherapy treatment and care appropriate to the condition treated. Evidence suggests that approximately 40% of people with cancer should receive external beam radiotherapy as part of their cancer treatment; and
- e) Ensure the quality and safety of radiotherapy services delivered to a consistently high standard in England through comparative audit and quality assurance to reduce variation in clinical practice.

### NHS Outcomes Framework Domains

Domain 1	Preventing people from dying prematurely	✓
Domain 2	Enhancing quality of life for people with long-term conditions	✓
Domain 3	Helping people to recover from episodes of ill-health or following injury	✓
Domain 4	Ensuring people have a positive experience of care	✓

<b>Domain 5</b>	<b>Treating and caring for people in safe environment and protecting them from avoidable harm</b>	✓
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#### 4.2 Network Indicators

Number	Indicator	Data Source	Outcome Framework Domain
<b>Network Outcomes</b>			
101	Comparison of intensity modulated radiotherapy (IMRT) rates	RTDS	1,2,3,5
102	Comparison of compliance with NHS England policies for radiotherapy fractionation	RTDS	1,2,3,5
103	Number of linacs over 10 years old in the network	Provider	1,2,3,5
104	Comparative audit of the average throughput per service in the network	RTDS	1,2,3,5
105	Number of people treated with SABR in the network in line with NHS clinical commissioning policy and service specifications	Provider	1,2,3,5
106	Number of people in the network participating in SABR clinical trials	Provider	1,2,3,5
<b>Service User Experience</b>			
201	There is standardised radiotherapy Service User information specific to individual tumour subsites, across the network	Self declaration	4
202	Comparative feedback of Service Users	Self declaration	4
203	ALERT-B screening tool is in use across the network	Self declaration	4
<b>Structure and Process</b>			
001	The network has an MOU in place. This must be contractually underpinned, as a minimum, by a Network-wide MOU and inter-provider agreements	Self declaration	1,2,3,5
002	There is a Network Oversight Group	Self declaration	1,2,3,5
003	A network wide review has been completed, configuration and action plans agreed	Self declaration	1,2,3,5

004	Network protocols are in place – this may be a rolling programme over 3 years	Self declaration	1,2,3,5	Well le effectiv
005	Partnerships between neighbouring centres are in place	Self declaration	1,2,3,5	Safe ef
006	There is a network workforce sustainability strategy	Self declaration	1,2,3,5	Safe ef
007	All providers in the network have a Quality assurance system in place	Self declaration	1,2,3,5	Safe ef
008	There is a network wide peer review and audit programme agreed	Self declaration	1,2,3,5	Safe ef
016	There are network agreed protocols in place and audits agreed	Self declaration	1,2,3,5	Safe ef

### 4.3 Policy Context

- 5 Improving Outcomes; a Strategy for Cancer – Department of Health (2011) with updates to 2014;
- 6 A Vision for Radiotherapy, 2014 – 2024;
- 7 Five Year Forward View – NHS England (2014); and
- 8 Report of the Independent Cancer Taskforce - 'Achieving World-Class Cancer Outcomes: A Strategy for the NHS 2015-2020.

### 5. Designated Providers (if applicable)

*To be completed at contract stage.*

### 6. Terms, Abbreviations and Acronyms Explained

Please see the Service Specification for External Beam Radiotherapy (Adults) (NHS England Ref: 170091S).

## Appendix A - Radiotherapy Networks

Each Network is based on a defined geographical population footprint of between 3-7million, aligned to Cancer Alliance(s) and will be formed of multiple radiotherapy providers. Each Network includes at least one large tertiary centre sufficiently sized to provide a comprehensive cancer service, including the full range of radiotherapy treatments, in all subspecialist areas including, rare cancer specialist MDTs (sarcoma, neuro-oncology, paediatric oncology, hepatobiliary and pancreatic cancers etc.) and in line with tumour specific Improving Outcomes Guidance (IOG).

The configuration of each Network cannot be altered without the written consent of NHS England.

RADIOTHERAPY NETWORK PARTNERSHIPS	CANCER ALLIANCE(S)
Brighton and Sussex University Hospitals NHS Trust Imperial College Healthcare NHS Trust Royal Surrey County Hospital NHS Foundation Trust The Royal Marsden NHS Foundation Trust	North West and South West London Surrey and Sussex
Barking, Havering and Redbridge University Hospitals NHS Trust Barts Health NHS Trust East and North Hertfordshire NHS Trust North Middlesex University Hospital NHS Trust Royal Free London NHS Foundation Trust University College London Hospitals NHS Foundation Trust	North Central and North East London
Guy's and St Thomas' NHS Foundation Trust Maidstone and Tunbridge Wells NHS Trust	South East London Kent and Medway
Gloucestershire Hospitals NHS Foundation Trust Plymouth Hospitals NHS Trust Royal Devon and Exeter NHS Foundation Trust Royal Cornwall Hospitals NHS Trust Royal United Hospitals Bath NHS Foundation Trust Taunton and Somerset NHS Foundation Trust Torbay and South Devon NHS Foundation Trust University Hospitals Bristol NHS Foundation Trust	Peninsula Somerset, Wiltshire, Avon and Gloucestershire
Hampshire Hospitals NHS Foundation Trust Oxford University Hospitals NHS Foundation Trust Royal Berkshire NHS Foundation Trust Poole Hospital NHS Foundation Trust Portsmouth Hospitals NHS Trust University Hospital Southampton NHS Foundation Trust	Thames Valley Wessex



<p>Cambridge University Hospitals NHS Foundation Trust  Colchester Hospital University NHS Foundation Trust  Ipswich Hospital NHS Trust  Norfolk and Norwich University Hospitals NHS Foundation Trust  North West Anglia NHS Trust  Southend University Hospital NHS Foundation Trust</p>	<p>East of England</p>
<p>Derby Teaching Hospitals NHS Foundation Trust  Northampton General Hospital NHS Trust  Nottingham University Hospitals NHS Trust  United Lincolnshire Hospitals NHS Trust  University Hospitals Of Leicester NHS Trust</p>	<p>East Midlands</p>
<p>Royal Wolverhampton Hospitals NHS Trust  Shrewsbury and Telford Hospital NHS Trust  University Hospitals Birmingham NHS Foundation Trust  University Hospitals Coventry and Warwickshire NHS Trust  University Hospitals of North Midlands NHS Trust  Worcestershire Acute Hospitals NHS Trust</p>	<p>West Midlands</p>
<p>Lancashire Teaching Hospitals NHS Foundation Trust  The Christie NHS Foundation Trust  The Clatterbridge Cancer Centre NHS Foundation Trust</p>	<p>Lancashire and South Cumbria  Greater Manchester  Cheshire and Merseyside</p>
<p>Hull and East Yorkshire Hospitals NHS Trust  Leeds Teaching Hospitals NHS Trust  Sheffield Teaching Hospitals NHS Foundation Trust</p>	<p>Humber, Coast and Vale  West Yorkshire  South Yorkshire, Bassetlaw, North  Derbyshire and Hardwick</p>
<p>North Cumbria University Hospitals NHS Trust  South Tees Hospitals NHS Foundation Trust  The Newcastle Upon Tyne Hospitals NHS Foundation Trust</p>	<p>North East and Cumbria</p>

Date published: **January 2019**