

WHSSC Commissioning Policy consultation



Stakeholder Response Proforma

Policy Title	Draft Commissioning Policies and Service Specification for Proton Beam Therapy for Welsh residents
Policy Reference Number	CP143, CP144, CP145
Deadline for comments	Please complete and return your completed form by e-mail to Andrew.Champion@wales.nhs.uk by 5.00pm on Monday 24th July 2017

Respondent's Name	Dr Jeanette Dickson
Respondent's Job Title	Vice President, Clinical Oncology
Replying on behalf of organisation?	Yes
Name of Respondent's organisation	The Royal College of Radiologists (RCR)

Declaration: Before completing this proforma you must declare any financial or other interests in relation to any specialised services directly relevant to this commissioning policy. [Please refer to the WHSSC '[Standards of Behaviour](#)' policy]

Interests to be declared:

The responses are collated from Fellows and Members of the Faculty of Clinical Oncology. These clinicians are involved in the referral of adults and children for treatment with protons via the national overseas proton project. No comment recorded is the view of one respondent only.

Comment number	Page number	Section	Comments
1	General	General	This document is timely, given the advanced state of the NHS England proton beam therapy (PBT) commissioning and the projected opening of one centre next year, which will inevitably lead to the winding down of the national overseas programme. This document therefore serves the needs of the Welsh population going forward and is hence welcome.
1	General	General	An explicit statement that all patients in Wales will have equality of access to PBT services regardless of geography would be welcome.
2	General	General	The proton treatment indications currently agreed upon represent small patient volumes with consequent difficulty in gaining expertise in managing patients with those conditions. There is no mention in the document of how the doctors involved in service delivery will be quality assured – e.g. will they deliver site specific EBRT for the same indications; will they be required to have GMC registration or will remote teleradiotherapy services from abroad be acceptable?
3	General	General	There is no mention in the document of whether the specialist multidisciplinary teams (MDTs) will contain site specialist expertise alone or PBT expertise in addition.
4	General	General	The Royal College of Radiologists recommends peer review of the radiotherapy planning process from a clinician point of view (both volume definition and dosimetric distribution). This brings with it a requirement for 2 or more clinicians treating each tumour site. There is no mention of this best practice in the documents.
5	General	General	Many patients eligible for PBT therapy have complex chemotherapy / chemoradiotherapy prior to PBT therapy. There is no mention of the supporting team members / expertise required in depth to support these patients if they become unwell as a result of this during PBT. Any centre delivering treatment should have to demonstrate this.
6	General	General	There is mention of a requirement for 70 paediatric cases to be treated for a service to be commissioned from. At present only 150 cases in the UK are referred abroad for PBT. Whilst the vast majority are children,

			there is a risk that this absolute number could allow commissioning from potentially neither of the NHS England commissioned centres. This would mean that all Welsh patients would continue to have to travel abroad, which does not seem an ideal situation.
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Insert extra rows as needed

Instructions for submitting comments

- Include page and section number of the text each comment is referring to
- If you wish to submit to make a comment on the whole document please insert 'general' in the page number and section column
- Submit this template as a Word document (not a PDF)
- Combine all comments from your organisation into one response. We cannot accept more than one response from each organisation
- Underline and highlight any confidential information or other material that you do not wish to be made public
- Do not include medical information about yourself or another person from which you or the person could be identified
- Spell out any abbreviations you use
- For copyright reasons, comment forms must not include attachments such as research articles, letters or leaflets
- We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Responses to consultations may be made public – on the internet or in a report. If you would prefer your response to be kept confidential, please enter YES in the box

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