SPECIALISED SERVICES CONSULTATION
Response from The Royal College of Radiologists

Introduction

As the professional organisation responsible for defining standards in Clinical Oncology (non-surgical cancer management) and Clinical Radiology, which includes specialised radiology procedures, the Royal College of Radiologists (RCR) has a pivotal professional interest in these issues. For example the RCR has had a major input into all components of the recent NHS England Cancer Strategy report.

Safety Quality and Money

There is no clear definition which can be applied to “specialised services”. These would not be within the realms of primary care. Furthermore they would also not be limited to highly specialised services provided by the tertiary care sector. The boundary lies in the area of secondary care which requires facilities not available in all DGHs. For example radiotherapy is now specialised as is anti-cancer chemotherapy. Much of routine (plain X-ray) radiology is non-specialised but there are many examples of specialised radiology services such as those which apply in the fields of neuro-radiology, interventional radiology and cardiac imaging, which provide just a few examples of specialised interventions.

Quality is essential and the RCR would support the continuation of national standards produced either by statutory bodies, such as NICE or guidelines produced by professional bodies. The RCR Professional Support and Standards Boards (PSSBs) in Clinical Oncology and Clinical Radiology produce professional guidelines in a range of specialist areas of practice. The validation of quality of specialised services is probably best supported by a process of peer review, with collection of data on clinically relevant outcome measures such as PROMS.

Specialised service provision and development should be clinically-led. Patient (and public) involvement is important although it is necessary to avoid public assumption that high technology interventions necessarily result in clinically better outcomes.

Provision and Integration

Providers should be “pro-active” as well as “reactive” to drivers for the development of new and/or enhanced specialised services. Novel and successful approaches to the provision of specialised care need to be shared between providers.

Increasingly new models of care will need to evolve in order to meet the demands from population demographics. One paradox is that as health care becomes more “specialised”, due to the ageing population, many recipients of

health care are less able to travel for specialised services. Furthermore the provision of specialised care needs to take into account population inequalities and deprivation, including urban post-industrial and rural. Deprivation accounts for significant discrepancies in health outcomes, including cancer treatments. The provision of specialised care needs to escape from the past “silo working” and adopt principles such as “the future hospital”, “choosing wisely” and “prudent healthcare”.

Just as elements of healthcare are becoming increasingly integrated, the reimbursement process need to take into account this integration with payment for “packages” of care episodes rather than fee for item of service, which appears not to work well, and does not take into account the overall funding envelope available. The boundaries between “routine” and levels of specialised commissioning need to be better defined, as debates regarding in which funding envelope services reside have led to confusion.

Outcome measures for such an integrated package of care would need to apply to the whole package, including the appropriate PROMS and measures which are clinically relevant, as opposed to access/timing targets.

Accountability and Engagement

Increasingly outcome measures are subject to public scrutiny, with widespread availability in electronic format. This will need to be coupled to patient and public information, which explains the relevance, context and meaning of the measures. The public will also need to understand better the financial context and also the balance between local provision of services versus the need to focus some services in more specialised centres. When reconfiguration of services is discussed in the media there is often a false impression given that reconfiguration is always driven by financial constraints. There needs to be public understanding that the provision of high quality specialised services generally requires a critical mass of expertise which often impacts on the patient catchment area required to support this specialised activity.

The RCR supports the principle of equitable access across the whole of the UK. The insistence that very highly specialised care should be delivered by each devolved nation could lead to lower standards in some areas. The issues which apply to the devolved nations will also apply to devolved geographic areas within England, with potentially greater consequences as differences between health care administrations in the devolved nations and England would be assumed not to apply within England. As with the devolved nations the RCR would support equity of access and universal high quality across any devolved regions.

Public engagement needs to take place via health care commissioners. However as mentioned above the public also need to understand the constraints of the financial environment, and the balance of local provision versus critical mass of specialist activity and quality of care. There is a risk

that if the public do not understand these issues, then this could easily lead to unrealistic expectations. In the past these issues have not been tackled well, leading in many cases to collapse of services due to staffing difficulties and “crisis management” rather than planned reconfiguration.

The Accelerated Access Review is one component of this initiative. Innovation is not necessarily “specialised” and these initiatives need to be developed in parallel with integration where necessary. The RCR has an involvement in the Accelerated Access Review and plans to continue to support it.

The Royal College of Radiologists
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