Royal College of Radiologists Response: Sustainability and Transformation Partnerships inquiry

1. The Royal College of Radiologists (RCR) works with our 10,500 members to improve the standards of practice in the specialties of clinical radiology and clinical oncology. We have confined our comments to the role of Sustainability and Transformation Partnerships (STPs) in the delivery of imaging and cancer services.

How effective have STPs been in joining up health and social care across their footprints, and in engaging parts of the system outside the acute healthcare sector, for example primary care, local authorities, public health, mental health and voluntary sector partners? How effectively are they engaging local communities and their representatives?

Clinical Radiology

2. Radiology is essential to the whole of modern healthcare. Imaging is required for almost all diagnoses in patients referred to hospital as in-patients and out-patients. Almost all surgical patients require imaging before surgery. Imaging is essential for managing trauma patients, and is critical to the entire cancer pathway. Imaging is therefore central to Sustainability and Transformation Partnerships (STPs).

3. If high quality imaging services are to be developed radiology networks must be supported. The RCR's publication *Who shares wins: efficient, collaborative radiology solutions,*[1] offers practical guidance to STPs detailing how they can work collaboratively and also share effectively. The RCR wrote to all STPs in October 2016 to advise them to set up vendor neutral teleradiology platform in their region to provide redundancy in the regional imaging reporting service, to help balance imaging workload across their STP area. Such vendor neutral networks would also enable multisite, regional high quality, efficient, regional, multidisciplinary team meetings, and would facilitate access to expert specialist radiological opinion. The RCR would like to see evidence of STPs implementing vendor neutral regional imaging networks as specified in the RCR document[1].

Clinical Oncology

4. Clinical oncologists are the only medical specialists trained in the delivery of radiotherapy. The vast majority also spend a significant proportion of their working lives supervising systemic anti-cancer therapy; delivering the majority of chemotherapy for solid tumours. Radiotherapy contributes to the cure of 40% for all patients with cancer,[2] yet only 5-6% of cancer spend is on radiotherapy.[3] It is important that the clinical oncology workforce is able to deliver a sustainable service fit for the 21st century.

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[1] Royal College of Radiologists, *Who shares wins: efficient, collaborative radiology solutions*, London: RCR October 2016

[2] Baskar, R.; Lee, K.A.; Yeo, R.; Yeoh, K.W. Cancer and radiation therapy: Current advances and future directions. *Int. J. Med. Sci* 2012, *9*, 193–199

[3] Aggarwal A, Sullivan R. Affordability of cancer care in the United Kingdom – is it time to introduce user charges? *J Cancer Policy*. 2014;2(2):31–39.

5. The RCR is concerned that under current NHS reorganisation, the responsibility for delivering the whole cancer pathway lies with a number of bodies: STPs, Cancer Alliances, Vanguards and the proposed new radiotherapy networks. These bodies are not currently aligned, so there is a risk that cancer services will not be delivered in a meaningful fashion.

6. Much of what is to be delivered in the National Cancer Strategy requires significant action in early diagnosis, and much of the workforce and infrastructure to deliver this is under the control of STPs. Therefore the working relationships between STPs and Alliances need to be functional. The establishment of Alliances and the first wave of STP planning, both taking place in October 2016, meant that the Alliances' role of providing a framework for STPs has been unclear. The RCR would like to see more evidence of how the relationship between Alliances and STPs is working.