**APPG-RT| Roundtable| 2nd April, 2pm, Room T, Portcullis House**

* History has shown that radiotherapy has been neglected in recent cancer plans, despite the fact that it is essential for 1 in 2 cancer patients, contributing to 40% of cures. It is cost-effective, technologically advanced, and efficient. Enhancing access can reduce waiting lists and provide precise treatment.
* The APPG has brought together this room of experts to highlight the importance of radiotherapy the cancer plan and communicate this to the Secretary of State (SoS) and to work with the teams developing the plan in the Department of Health.
* The radiotherapy community has been working together over several years to develop ideas and solutions. This APPG has supported the development of a 10-year Radiotherapy Vision – launched last year to set out how world-class radiotherapy could be achieved in the next decade. It set out many of the issues and today we want to highlight solutions in radiotherapy that will improve cancer outcomes, shorten waiting times, help patients receive more precise treatment, improve productivity and ultimately reach the **key endpoint of improving survival.**
* This aligns closely with SOS Wes Streeting’s aims – moving from analogue to digital and a focus on evidence based, data driven decisions.

**Key Contexts:**

* Workforce: 6,500 highly skilled professionals in a tech-advanced areas but chronic shortages across all disciplines.
* Significant backlogs – Lord Darzi’s independent investigation of the NHS in England reported that **more than 30 per cent of patients** are waiting longer than 31 days for radical radiotherapy.
* Latest figures for January showed 60% of cancer patients waited too long for RT treatment and **a quarter waited over 104 days**
* Facing projected 30% increase in cancer cases by 2040 increase in demand.
* Increasing focus on Early Diagnosis and screening programs ie lung will increase need for early curative radiotherapy.
* Improving Survival must be the primary endpoint.
* Only 35% of UK cancer patients received radiotherapy in 2021 (recommended 53%).
* Recent government halt on funding for radiotherapy auto-contouring that would reduce waiting times and address staff shortages

**Opportunity:**

* Upcoming cancer plan can revitalize services.
* Need for bold leadership and evidence-based solutions – led by those delivering frontline services – requires a shift in culture and enabling the experts to inform strategy and implementation.
* Focus on the entire cancer pathway including treatment to improve survival rates**..**

|  |  |  |
| --- | --- | --- |
| **Contributors** | **Role** | **Focus/ Discussion** |
| **Keri Torney** | Managing Director, Surrey and Sussex Cancer Alliance & Managing Director co-chair of West London, Surrey and Sussex Radiotherapy Operational Delivery Network at Royal Surrey County Hospital NHS Foundation Trust | ***What is happening on frontline service delivery at moment – give us an overview of the challenges you’re facing and their impact on patients and workforce..***  Funding issues, structures and processes that hamper delivery of radiotherapy services for patients and impact this is having on waiting times and outcomes. Importance of understanding and improving the entire cancer pathway to improve survival. |
| **Danny Hutton** | Network Manager at North-West Radiotherapy Specialised Services Clinical Network | Radiotherapy Tariff and sustainable funding solutions. |
| **Spencer Goodman** | Professional Officer for Radiotherapy at Society and College of Radiographers | Workforce solutions |
| **Lynsey Rice** | Projects Manager, Radiotherapy UK | Inequality of access to radiotherapy, waiting times |
| **Dr Anna Kirby** | Former president of ESTRO Consultant Clinical Oncologist BA (Hons) MB BChir MA MRCP FRCR MD(Res) at The Royal Marsden NHS Foundation Trust. | Solutions to improve waiting times and ways to improve access to radiotherapy technologies. |
| **Prof Raj Jena - ONLINE** | first Professor of AI in Radiotherapy Data Science and Machine Learning in Radiotherapy, University of Cambridge Department of Oncology | Inequity of access for rural communities, accelerate implementation of treatment advances, workforce. |
| **David Kynaston** | Industry representative for Radiotherapy4Life Taskforce | Industry developing advances and innovation – need frameworks and national structures to implement nationally and equitably |
| **Tim Cooper** | Specialist Advisor in Radiotherapy. co-author of World-class radiotherapy in the UK report. Member of NRAG | Leadership through guiding coalitions (NRAG experience), standards to improve outcomes, workforce. |
| **Georgi Welch** | Patient representative | Personal experience of cancer. Benefits of SGRT and need for nationwide implementation. Patient community experience of waiting for treatment. |
| **Dr Samantha Bostock** | Macmillan Radiotherapy Late Effects Lead RadiographeratGloucestershire | National late-effects services to reduce impact of post-treatment problems. |
| **Dr Rob Chuter** | Principal Clinical Scientist at The Christie NHS, Manchester. | Reaching NHS Net Zero by 2040 through reducing travel for patients, recognising radiotherapy as lowest carbon footprint of cancer treatments. |
| **Prof Richard Amos - ONLINE** | Associate Professor of Proton Therapy Physics, LhARA/ University College London | High-precision proton and ion-beam radiotherapy – future of radiotherapy treatments |