



DEBATE PACK

Number CDP-0197, 17 July 2019

Spending of the Department of Health and Social Care on Non- Invasive Precision Therapies for Cancer

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Summary

On 18 July 2019 there will be a general debate on the spending of the Department of Health and Social Care on non-invasive precision therapies for cancer. The debate will take place in the House of Commons Chamber and will be led by Grahame Morris MP. This Commons Library debate pack has been prepared ahead of the debate and contains information on precision medicine and NHS cancer services as well as an overview of other relevant material.

Contents

1.	Precision medicine and cancer	2
1.1	The 2015 Cancer Strategy	3
1.2	Modernising radiotherapy services	4
1.3	The NHS Long Term Plan	5
2.	Cancer expenditure in England	7
3.	Cancer plans in the devolved administrations	8
4.	Library briefings on cancer	9
5.	News	11
6.	Parliamentary Material	12
6.1	Oral Questions	12
6.2	Written Questions	14

The House of Commons Library prepares a briefing in hard copy and/or online for most non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.

1. Precision medicine and cancer

Precision therapies (also known as ‘precision medicine’, ‘personalised medicine’ or ‘stratified medicine’) use the opportunities presented by more accurate diagnosis to offer better targeted treatments, improved medicines efficacy and fewer side effects. NHS England describes personalised medicine as “...a move away from a ‘one size fits all’ approach to the treatment and care of patients with a particular condition, to one which uses new approaches to better manage patients’ health and targets therapies to achieve the best outcomes in the management of a patient’s disease or predisposition to disease.”¹

Initiatives such as the [100,000 Genomes Project](#) are improving understanding of the role played by genetics in the development of disease, by sequencing whole human genomes for certain rare/inherited diseases and cancers.²

The Parliamentary Office of Science and Technology (POST) has published a briefing ([POSTNote Number 598, April 2019](#)) on advances in cancer treatment. This explains that over the past decade, important progress has been made in “targeted” and “personalised” treatments.

Using advances in physics and engineering combined with new diagnostic capabilities and genome editing techniques, some treatments can now be tailored to specific patients and specific types of cancer cells. This also means that patients for whom the treatment is unlikely to work will avoid unnecessary exposure to toxicity.

This [POSTNote](#) covers the following advances in specific treatment areas that have recently shown promising results in clinical trials and/or in clinical practice:

- Immunotherapy:
 - Chimeric Antigen Receptor T-cell (CAR-T) Therapy, which engineers a patient’s T-cells so they will attack cancer cells more efficiently
 - Immune Checkpoint Inhibitors, which block immune cell mechanisms, releasing the “brakes” on the immune system so that it can better kill cancer cells
- Radiotherapy:
 - Proton Beam Therapy (PBT), which irradiates cancer tumours with a beam of protons (small parts of atoms)
 - Systemic Radiotherapy, which involves infusing or injecting radioisotopes into the patient to damage cancer cells
- Oncolytic Virus Therapy, which uses viruses to kill cancer cells and stimulate the immune response
- Combined Approaches

¹ [NHS England, personalised medicine](#)

² [Genomics England, Why is cancer in the 100,000 Genomes Project?](#)

See also:

- [NHS England, Genomics webpage](#)
- [NHS England, Improving Outcomes Through Personalised Medicine \(2016\)](#)
- [NHS UK Pharmacogenetics and Stratified Medicine Network](#)

1.1 The 2015 Cancer Strategy

In 2015 the Independent Cancer Taskforce published [Achieving World-Class Cancer Outcomes: A Strategy for England 2015- 2020](#). This noted that the NHS 100,000 Genomes project "...will help inform the future of cancer medicine, enabling us to predict, prevent, personalise and precisely diagnose." The 2015 Cancer Strategy included a recommendation for NHS England to develop access to molecular diagnostics and immunotherapy for the treatment of cancer:

In recent years, a number of immunotherapy drugs have been developed, and are showing significant promise. They could be 'game changers' due both to the magnitude and durability of their effect in some patients and the number of different tumour types implicated. We will have to handle adoption of these therapies within the NHS carefully, as they have a different profile of toxicities and side effects to many of the treatments currently in use. There could also be major implications for the training and size of the medical oncology workforce and how some cancer services are delivered.

Recommendation 32: The chemotherapy Clinical Reference Group (CRG) in NHS England should establish an expert working group to monitor emerging evidence and advise on the use of immunotherapies in different types of cancer, considering the implications for funding, roll-out and workforce.

(...)

Recommendation 37: NHS England should transform access to molecular diagnostics to guide treatment for cancer:

- NHS England should nationally commission access to molecular diagnostic tests to guide treatment, starting with the following cancer types in 2016: melanoma, lung, colorectal, breast and all paediatric cancers. This would be in addition to haematological cancers, with a further broadening out to all cancer types where treatments are already subject to a molecular diagnostic test by 2020.
- Use of molecular diagnostic tests by providers should be added to the COSD data set.
- NHS England should undertake a year by year review of molecular diagnostics capacity given the pace of scientific and technological advance.
- NHS England should develop plans to move to a validated multiplex molecular diagnostic panel by end 2016³

A PQ response in April 2018 noted that the development of immunotherapies for the treatment of cancer is an emergent area of

³ Independent Cancer Taskforce, [Achieving World-Class Cancer Outcomes: A Strategy for England 2015- 2020](#) (2015)

clinical practice, and that the National Institute for Health and Care Excellence (NICE) has recommended a number of immunotherapies for routine use on the NHS, and these are commissioned by NHS England.⁴

The Government accepted all of the Independent Cancer Taskforce's recommendations, and implementation is being led by NHS England's National Cancer Board. NHS England have so far published two progress reports on the implementation of the 2015 Strategy:

- [Achieving World-Class Cancer Outcomes: A Strategy for England 2015-2020 – One Year On 2015-16 \(October 2016\)](#)
- [Achieving World-Class Cancer Outcomes: A Strategy for England 2015-2020 – Progress Report 2016-17 \(October 2017\)](#)

NHS England is working on the third progress report into the delivery of the five-year cancer strategy for England. While reporting on the progress that has been made, the report will also look to the future and the fit between the cancer strategy and the long-term plan for the NHS.

In December 2017, Health Education England published phase one of its [Cancer Workforce Plan](#), to deliver the cancer strategy to 2021.

1.2 Modernising radiotherapy services

[Achieving World-Class Cancer Outcomes: A Strategy for England 2015-2020 – Progress Report 2016-17 \(October 2017\)](#) provides the following section on modernising radiotherapy services, which notes that new radiotherapy machines can target radiation doses more precisely:

We have invested in a major modernisation of radiotherapy services and streamlined the process for bringing new drugs to market. We are also improving patient access to, and experience of, cancer care, so the care an individual patient receives is the very best, no matter where they live or their background.

Radiotherapy services across England are being transformed thanks to a £130m investment over the two years to October 2018. This is the largest single modernisation and upgrade of cancer treatment equipment for 15 years.

We are upgrading or replacing older radiotherapy machines, and investing in new treatment systems such as proton beam therapy. With access to the most modern, innovative techniques, in every part of the country, cancer patients will have a better experience of cancer care and better health outcomes no matter where they live.

Radiotherapy remains one of the most effective cancer treatments available. The new radiotherapy machines use leading-edge technology to target radiation doses more precisely and can reduce treatment time from weeks to days. They also employ a specialist technique that reduces the chances of breast cancer patients experiencing long-term side-effects from radiotherapy exposure.

In the first tranche of the £130m investment up to March this year, 23 hospitals received new or upgraded linear accelerator radiotherapy machines. The Next Steps on the Five Year Forward

⁴ PQ 134411, 3 April 2018

View set out our commitment for the next tranche of funding – for a further 50 new radiotherapy machines in at least 34 more hospitals by October 2018. We are already almost half way through this second tranche, with funding for 23 new machines in 20 hospitals committed.

Everyone who needs radiotherapy treatment should have access to safe, efficient and high-quality care, leading to higher cure rates and fewer side-effects. So that we maximise the benefit of the £130m investment programme for all patients who need radiotherapy, alongside this progress report we have launched a consultation on the establishment of 11 radiotherapy networks across England, creating a new way of collaborative working that delivers joined-up, sustainable services.

These networks will make best use of clinical expertise, new technology and treatment techniques and the wider cancer workforce, with:

- improved access to modern, innovative radiotherapy techniques, enabling more patients to benefit from cutting edge technology and treatments
- up to 15% more patients treated within a clinical trial framework over three years, through improved patient referral between centres within networks, aiding faster development of new treatments for patients
- reduced mortality and morbidity from adverse side-effects and the introduction of nationally-developed treatment protocols
- around a 15% increase in equipment utilisation for England as a whole over the next three-year period
- patients with less common and rarer cancers benefiting from improved access to innovative and specialist high-quality radiotherapy, treated by expert clinicians who will have regular experience of treating their condition.⁵

NHS England is responsible for commissioning advanced radiotherapy services, including techniques such as Intensity Modulated Radiotherapy (IMRT). NHS England has published service specifications for radiotherapy, and further information, on its website.⁶ As noted in the Progress Report for 2016-17 (set out above), NHS England has also established 19 Cancer Alliances across the country to bring together local clinical and operational staff from providers and other healthcare, to improve care and treatment for all people with cancer.⁷

See also:

- [Cancer Research UK, Radiotherapy](#)
- [NHS England, Proton beam therapy](#)

1.3 The NHS Long Term Plan

The [NHS Long Term Plan](#), published in January this year, stated that patients will have more personalised therapeutic options. Chapter 3 of

⁵ NHS England, [Achieving World-Class Cancer Outcomes: A Strategy for England 2015-2020 – Progress Report 2016-17 \(October 2017\)](#)

⁶ [NHS England, Modernising radiotherapy services in England](#)

⁷ [NHS England, Cancer Alliances – improving care locally](#)

the Long Term Plan included a number of commitments to improve cancer care, including offering patients with cancer whole genome sequencing (para 3.38 and 3.63), and investment in “faster, smarter and effective” radiotherapy (para 3.62):

3.38. From 2019, we will begin to **offer all children with cancer whole genome sequencing** to enable more comprehensive and precise diagnosis, and access to more personalised treatments. This will reduce the use of harmful medications and interventions, support increased access to clinical trials and reduce the number of young patients who experience lifelong health problems caused by high doses of chemotherapy and radiotherapy. **Children and young people in England will also be amongst the very first in Europe to benefit from a new generation of CAR-T cancer therapies.** And children who need proton beam therapy are now for the first time beginning to be able to access the most sophisticated modern precision treatment in the world here in the NHS without needing to travel abroad.

(...)

3.62. **Safer and more precise treatments including advanced radiotherapy techniques and immunotherapies will continue to support improvements in survival rates.** We will complete the £130 million upgrade of radiotherapy machines across England and commission the NHS new state-of-the-art Proton Beam facilities in London and Manchester. Reforms to the specialised commissioning payments for radiotherapy hypofractionation will be introduced to support further equipment upgrades. Faster, smarter and effective radiotherapy, supported by greater networking of specialised expertise, will mean more patients are offered curative treatment, with fewer side effects and shorter treatment times. Starting with ovarian cancer, we will ensure greater access to specialist expertise and knowledge in the treatment of cancers where there are fewer or more risky treatment options.

3.63. **We will extend the use of molecular diagnostics and, over the next ten years, the NHS will routinely offer genomic testing to all people with cancer for whom it would be of clinical benefit, and expand participation in research.** The NHS will begin from 2020/21 to offer more extensive genomic testing to patients who are newly diagnosed with cancers so that by 2023 over 100,000 people a year can access these tests.⁸

[NHS England provide further information](#) about the implementation of the Long Term Plan ambitions and commitments to improve cancer outcomes and services in England over the next ten years.

⁸ [NHS Long Term Plan, 7 January 2019](#)

2. Cancer expenditure in England

Some information on total NHS England specialised commissioning expenditure on cancer was made available in response to a Parliamentary Question (PQ) asked by Tim Farron ([PQ 259149 Cancer: Health Services, 6 June 2019](#)). The following table shows a breakdown of figures from 2013-14 to 2017-18, as estimated for NHS England Specialised Commissioning. The PQ response noted that NHS England can only provide information on expenditure on services that it commissions through its specialised commissioning function so the table below does not reflect total NHS expenditure on cancer services in England (for example, other services would be commissioned locally by clinical commissioning groups and therefore not collected centrally):

National Programme of Care	2013/14 £ million	2014/15 £ million	2015/16 £ million	2016/17 £ million	2017/18 £ million
B01 - Radiotherapy	340.2	315.2	368.5	425.0	420.4
B02 - Chemotherapy	1,730.8	2,305.9	1,417.1	1,858.3	2,014.8
B03 - Specialised Cancer Surgery			1,071.3	806.3	1,240.5
B04 - Specialised Cancer Diagnostics	56.3	66.3	78.3	78.1	98.2
B05 - Children and Young Adult Cancer Services	79.9	94.0	121.9	124.1	178.8
Total	2,207.2	2,781.4	3,057.1	3,291.8	3,952.6

Tim Farron has also received a PQ response setting out capital funding for new radiotherapy equipment (PQ 223787 [NHS: Capital Investment](#), 25 February 2019).

PQ responses also provide information on Government funding for cancer research, via the National Institute for Health Research (NIHR). The latest figures show NIHR spent £136 million on cancer research in 2017/18, an increase from £101 million in 2010/11. This constitutes the largest investment in a disease area.⁹

Section 3 of this briefing (Parliamentary material) refer to a number of PQ responses that refer to NHS trust expenditure on cancer services, and capital investment in advanced radiotherapy machines. See for example:

- PQ 223787 [\[NHS: Capital Investment\]](#), 25 February 2019
- PQ 220081 [\[NHS: Finance\]](#), 18 February 2019

⁹ See: [PQ 259146 \[Cancer: Health Services\], 6 June 2019](#); and [PQ 151135 \[Cancer: Medical Treatments and Research\], 14 June 2018](#)

3. Cancer plans in the devolved administrations

The Scottish Government's cancer strategy, [Beating Cancer: Ambition and Action](#), was published in March 2016. The strategy contains over 50 actions to improve prevention, detection, diagnosis, treatment and after care for those affected by cancer, including funding for:

- radiotherapy equipment and to support radiotherapy recruitment and training
- better support for people with cancer and their families, for example, through Link Workers and other initiatives like Macmillan's Improving the Cancer Journey
- reducing inequalities in screening uptake
- improvements in surgical treatments
- swift access to diagnostics for people with suspected cancer
- improvements across the palliative care sector and to support targeted action on training and education
- supporting waiting times performance

In November 2016 the Welsh Government launched the Cancer Delivery Plan for Wales 2016-2020. The [cancer delivery plan](#) includes a focus on:

- prevention and early diagnosis
- fast and effective treatments
- meeting the needs of people and providing the best supportive cancer care

Information on cancer services and policies in Northern Ireland can be found in the Northern Ireland Assembly Research and Information Service Research Paper, [Cancer: Northern Ireland](#) (Paper 32/17, 28 June 2017)

4. Library briefings on cancer

[NHS Key Statistics: England, May 2019](#)

Section 4 looks at cancer waiting times statistics

31 May 2019 | Commons Briefing papers | CBP-7281

[World Cancer Day: 2019](#)

29 Jan 2019 | Lords Library notes - Topical | LLN-2019-0013

[Debate on e-petition 225767 relating to lowering the age for smear tests for cervical cancer from 25 to 18](#)

24 January 2019 | Commons Debate packs | CDP-2019-0013

[Early diagnosis and the cancer workforce in the NHS long-term plan](#)

04 Jan 2019 | Commons Debate packs | CDP-2018-0282

[Ovarian cancer diagnosis and treatment](#)

29 Oct 2018 | Commons Debate packs | CDP-2018-0229

[The future of breast cancer](#)

17 Oct 2018 | Commons Debate packs | CDP-2018-0223

[NHS maximum waiting times and patient choice policies](#)

Section 1.5 looks at cancer treatment

16 Oct 2018 | Commons Briefing papers | CBP-7171

[Case for HPV vaccination for boys](#)

01 May 2018 | Commons Debate packs | CDP-2018-0106

[NHS Cancer Targets](#)

30 Apr 2018 | Commons Debate packs | CDP-2018-0105

[Cancer treatment](#)

18 Apr 2018 | Commons Debate packs | CDP-2018-0090

[Cancer Strategy](#)

19 Feb 2018 | Commons Debate packs | CDP-2018-0037

[World Cancer Day: 2018](#)

30 Jan 2018 | Lords Library notes - Topical | LLN-2018-0013

[Innovative Cancer Treatments](#)

19 Jan 2018 | Lords Briefing packs - Debates | LBP-2018-0014

[Blood cancer care in the NHS](#)

16 Jan 2018 | Commons Debate packs | CDP-2018-0013

[World Cancer Day, 4 February 2017](#)

31 Jan 2017 | Lords In Focus - Topical | LIF-2017-0011

[Cancer Strategy one year on](#)

06 Dec 2016 | Commons Debate packs | CDP-2016-0239

5. News

[Christie cancer hospital's £4.5m proton beam therapy donation](#), BBC, 20 June 2019

[Simple blood test can pinpoint if cancer will return](#), Times, 2 June 2019

[Health secretary wants NHS to roll out genetic tests to detect diseases](#), Guardian, 20 March 2019

[How NHS investment in proton beam therapy is coming to fruition](#), The BMJ, 11 February 2019

[Half a million lives will be saved over the next decade under plans for gene revolution in NHS](#), Telegraph, 7 January 2019

[Radiotherapy should be given at different times of day to reduce side effects, Leicester Uni study suggests](#), Telegraph, 2 January 2019

[The NHS is revolutionising cancer treatment. Let's back its mission](#), Guardian, 5 October 2018

[Personalised cancer treatment wins fast-track NHS approval](#), Financial Times, 2 September 2018

[Tailored treatment for prostate cancer could save men from devastating side-effects](#), Telegraph, 7 November 2017

[Breast cancer patients could be spared debilitating side effects with targeted treatment, five year study shows](#), Telegraph, 2 August 2017

6. Parliamentary Material

6.1 Oral Questions

[Radiotherapy Services](#), HC, 7 May 2019, 659 cc424-5

Asked by: Sir David Evennett (Bexleyheath and Crayford) (Con) |
Party: Conservative Party

May I welcome the NHS long-term plan commitment to complete the £130 million upgrade of radiotherapy machines throughout England? I ask my right hon. Friend to confirm that more effective radiotherapy will mean patients experiencing fewer side effects and having shorter treatment.

Answered by: Matt Hancock | **Party:** Conservative Party |
Department: Health and Social Care

Yes, that is exactly right. That is why we have put in place the new LINACs—linear accelerators, the equipment that is being rolled out across the country in a £130 million programme. We are always looking at what more we can do to help people to beat cancer.

[Radiotherapy Services](#), HC, 7 May 2019, 659 c424

Asked by: Grahame Morris | **Party:** Labour Party

One in four people currently receive radiotherapy—a number that will increase if the Government achieve their early diagnosis targets. Ministers dispute that 20,000 people in England annually miss out on appropriate access to life-saving radiotherapy. What is the Secretary of State's estimate? Will he commit to meeting representatives of the Radiotherapy4Life campaign to discuss how we can improve radiotherapy provision in England?

Answered by: Matt Hancock | **Party:** Conservative Party |
Department: Health and Social Care

I am absolutely happy to meet the group. According to the latest figures, about four in 10 of all cancer patients are treated with radiotherapy; it is a critical treatment to tackle cancer. As I say, there has been an investment programme to replace and upgrade radiotherapy equipment, with 80 upgrades or replacements over the past three years, but there is clearly more to do to make sure that people with cancer get the best possible treatment.

[NHS Facilities](#), HC, 15 January 2019, 652 c999

Asked by: Tim Farron (Westmorland and Lonsdale) (LD) | **Party:** Liberal Democrats

It is 12 long months since the Government closed their consultation on whether to upgrade NHS radiotherapy facilities. Meanwhile, in south Cumbria, cancer patients have to make daily round trips of up to four hours for weeks on end to receive treatment. When will the Government respond to the consultation and when will they invest in satellite radiotherapy provision in places such as Westmorland General Hospital?

Answered by: Matt Hancock | **Party:** Conservative Party |
Department: Health and Social Care

We will respond to the consultation very soon. We wanted to get the NHS long-term plan published first, because clearly the two are strongly linked. I pay tribute to the hon. Gentleman's work chairing the all-party group on radiotherapy and I look forward to working with him.

[Cancer: Early Diagnosis](#), HC, 23 October 2018, 648 c126

Asked by: Tim Farron (Westmorland and Lonsdale) (LD) | **Party:** Liberal Democrats

The Secretary of State is right to say that early diagnosis provides more opportunity to cure and treat cancers. Some 60% of those treated for cancer will receive radiotherapy, and nearly every radiotherapy centre in the country has linear accelerators that are enabled to provide the advanced SABR, or stereotactic ablative body radiotherapy, technology, but Government—NHS England—contracts mean that out of the 52 centres in England no more than 20 are contracted to actually use this technology. That means that either patients are not receiving the highest quality life-saving standard of treatment that they could be or that trusts are providing it anyway but are not being paid and valuable data on mistreatment are being completely lost. Will the right hon. Gentleman order NHS England to stop this recklessness, and frankly lethal, nonsense and agree to every—

Answered by: Matt Hancock | **Party:** Conservative Party | **Department:** Health and Social Care

And also, Mr Speaker, the hon. Gentleman's all-party group is meeting my Minister, the Under-Secretary of State for Health and Social Care, my hon. Friend the hon. Member for Winchester (Steve Brine), on this very matter. Since 2016 we have put £130 million of funding in to try to resolve the issue that the hon. Gentleman talks about: to make sure that all new equipment is capable of delivering advanced radiotherapy. Work on this is ongoing.

[Radiotherapy](#), HC, 23 October 2018, 648 c123

Asked by: Grahame Morris | **Party:** Labour Party

I thank the Minister for that reply. May I point out how effective advanced radiotherapy is against many cancers affecting the soft tissue? I must declare an interest as a beneficiary of the treatment myself. The latest NHS research shows that treating prostate cancer with 20 treatments of advanced radiotherapy is far better for patient outcomes and would save the NHS more than £20 million a year, but the current tariffs system disincentives trusts from saving this money, as their income is based on the number of treatments. Will the Minister meet me and representatives of the all-party group on radiotherapy to discuss how we might address this anomaly and improve treatments?

Oral questions - 1st Supplementary

Answering member: Steve Brine | **Party:** Conservative Party | **Department:** Health and Social Care

It is good to see the hon. Gentleman in his place and looking so well—I am glad we looked after him well. He is absolutely right that access to advanced radiotherapy treatments is critical, as is

getting them against the key standard. I would be very pleased to meet his all-party group and discuss its manifesto for radiotherapy.

[Radiotherapy](#), HC, 23 October 2018, 648 c123

Asked by: Grahame Morris (Easington) (Lab) | **Party:** Labour Party

If he will ensure that NHS England enables NHS trusts to provide advanced radiotherapy treatment.

Oral questions - Lead

Answering member: The Parliamentary Under-Secretary of State for Health and Social Care (Steve Brine) | **Party:** Conservative Party | **Department:** Health and Social Care

Yes, we are fully committed to ensuring that the most innovative cancer treatments are available to patients on the NHS. Since 2016, the radiotherapy modernisation programme has seen £130 million of new investment to ensure that all new equipment is capable of delivering advanced radiotherapy.

[Cancer Strategy](#), HC, 24 July 2018, 645 c864

Asked by: Grahame Morris (Easington) (Lab) | **Party:** Labour Party

Only 5% of the NHS cancer budget, about £385 million a year, is spent on radiotherapy, and that underinvestment is affecting patient access to advanced modern radiotherapy and outcomes. Is it not time to make the cancer drugs fund a cancer treatment fund and extend those opportunities?

Oral questions - Supplementary

Answering member: Steve Brine | **Party:** Conservative Party | **Department:** Health and Social Care

We are looking at the future of the cancer drugs fund as part of the new 10-year plan. There is a radiotherapy review at the moment, as the hon. Gentleman will be aware. Knowing him, he will be engaging with the review in his area. He talks about the latest radiotherapy and, of course, we have the new proton beam therapy treatment coming online in London and Manchester, for which children and patients are currently sent overseas. That is a great step forward, but there is an awful lot more to do, which is why the 10-year plan will have cancer at its heart.

6.2 Written Questions

[Immunotherapy](#), HC, PQ 272295, 8 July 2019

Asked by: Dodds, Anneliese | **Party:** Labour Party · Cooperative Party

To ask the Secretary of State for Health and Social Care, what steps he is taking to increase the availability of immunotherapy.

Answering member: Seema Kennedy | **Party:** Conservative Party | **Department:** Department of Health and Social Care

When an immunotherapy treatment has been approved by the National Institute for Health and Care Excellence (NICE), all

relevant providers are required to implement NICE's guidance and make the treatment available for patients on the National Health Service.

The NHS Long Term Plan sets out our commitment to making safer and more precise treatments, including advanced radiotherapy techniques and immunotherapies, available on the NHS to support improvements in survival rates.

[Radiotherapy: Expenditure](#), HC, PQ 259148, 6 June 2019

Asked by: Farron, Tim | **Party:** Liberal Democrats

To ask the Secretary of State for Health and Social Care, what proportion of the NHS cancer budget was spent on radiotherapy treatment in each of the last five years.

Answering member: Seema Kennedy | **Party:** Conservative Party | **Department:** Department of Health and Social Care

We are not able to provide this information. NHS England can only provide information on those services that it commissions through its specialised commissioning function. Other services would be commissioned locally by clinical commissioning groups (CCGs) and therefore not collected centrally.

The attached table shows a breakdown of figures for the years 2013-14 to 2017-18, as estimated for NHS England Specialised Commissioning by NHS England.

[Cancer: Medical Treatments](#), HC, PQ 236367, 2 April 2019

Asked by: Shannon, Jim | **Party:** Democratic Unionist Party

To ask the Secretary of State for Health and Social Care, how much the NHS spent on providing oncological treatment in each year since 2010.

Answering member: Caroline Dinéage | **Party:** Conservative Party | **Department:** Department of Health and Social Care

NHS England holds data in relation to the number of people starting definitive cancer treatment in each year from 2010. This includes people who have received their first cancer treatment in that year, which includes all types of cancer treatment and not just oncological treatments (chemotherapy and radiotherapy).

The number of people receiving their first treatment for cancer each year has risen significantly each year since 2010. It should be noted that the 2018 data is published but includes three months of provisional data, so could be subject to slight adjustment.

Year Patients receiving first treatment

2010 242,396

2011 252,483

2012 259,853

2013 264,437

2014 271,662

2015 279,887
 2016 285,894
 2017 295,133
 2018 308,058
 Total 2,459,803

NHS England holds data in relation to specialised commissioning spend that will contribute to the overall spend, from 2013/14 onwards. The financial values have been consolidated through the use of NPoC (National Programme of Care) codes and are taken from our annual spend analysis exercise. This exercise uses Provider Aggregate Contract Monitoring as the basis for the data; where this data is incomplete hubs will apportion / estimate any missing values. The costs for chemotherapy and specialised cancer surgery have been combined for 2013/14 and 2014/15.

	2013/14	2014/15	2015/16	2016/17	2017/18
NPoC	£ million				
B01 - Radiotherapy	340.2	315.2	368.5	425.0	390.9
B02 - Chemotherapy			1,417.1	1,858.3	2,014.8
B03 - Specialised cancer surgery	1,730.8	2,305.9	1,071.3	806.3	1,240.5
B04 - Specialised cancer diagnostics	56.3	66.3	78.3	78.1	98.2
B05 - Children and young adult cancer services	79.9	94.0	121.9	124.1	178.8
Total	2,207.2	2,781.4	3,057.1	3,291.8	3,923.1

Additionally, as a further indication toward total spend, NHS Improvement estimates the total cost to National Health Service trusts and NHS foundation trusts for providing oncological treatment as follows.

Year	Estimated total cost (£ million)
2010-11	£1,801
2011-12	£2,051
2012-13	£2,259
2013-14	£2,457
2014-15	£2,706
2015-16	£2,864

2016-17 £2,955

2017-18 £3,224

The data source for the table is from reference costs, which are the average unit costs to NHS trusts and NHS foundation trusts of providing defined services in a given financial year to NHS patients. Cost data provided includes:

Those that relate to the following treatment function code (TFC):

260 - Paediatric medical oncology

370 - Medical oncology

503 - Gynaecological oncology

800 - Clinical oncology (previously radiotherapy);

Cancer multi-disciplinary team meetings;

Chemotherapy and radiotherapy services; and

Cancer related community health services.

This may not cover all costs associated with oncology. There are areas related to oncology where the costs cannot be identified.

These would include:

Homecare drugs;

Diagnostic imaging; and

Other cancer related health resource groups (HRGs) in other TFCs.

There are no primary care costs included within the data.

Data on the number of IT systems used within oncology treatment in the NHS is not available.

[Radiotherapy](#), HC, PQ 230713, 19 March 2019

Asked by: Farron, Tim | **Party:** Liberal Democrats

To ask the Secretary of State for Health and Social Care, if his Department will make an estimate of the number of cancer centres that will be delivering stereotactic body radiation therapy services by (a) 2020 and (b) 2029.

Answering member: Steve Brine | **Party:** Conservative Party |

Department: Department of Health and Social Care

In 2016/17, regional specialised commissioning teams undertook a review of local access to stereotactic ablative body radiotherapy (SABR) in the treatment of early non-small cell lung cancer for patients not suitable for surgery, in line with the current clinical commissioning policy, to ensure sufficient capacity. This review resulted in an increase from 17 SABR Centres in England to 25 and all centres underwent an external quality assurance process prior to commencing treatment delivery.

NHS England is committed to expanding access to all forms of evidence based innovative radiotherapy. Such radiotherapy usually involves the highly targeted delivery of a higher radiation dose given in a smaller number of fractions. SABR is an example of this type of radiotherapy.

To support this approach, NHS England has invested in both clinical trials, Commissioning through Evaluation and is also

investing £130 million to modernise radiotherapy equipment. This means that new technologies able to deliver innovative treatments using image guidance at the time of treatment are gradually becoming widely available. NHS England is also investing in the establishment of 11 Radiotherapy Operational Delivery Networks which are expected to play an important role in driving the development of local radiotherapy services, including expanding access to innovative radiotherapy and clinical trial participation. At this stage, no estimate has been made of the numbers of radiotherapy centres that will be delivering SABR in either 2020 or 2029.

[Radiotherapy](#), HC, PQ 230710, 14 March 2019

Asked by: Farron, Tim | **Party:** Liberal Democrats

To ask the Secretary of State for Health and Social Care, how many radiotherapy centres deliver stereotactic body radiation therapy.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health and Social Care

There are 25 providers, two of which work in partnership, of stereotactic body radiation therapy, which is called Stereotactic Ablative Radiotherapy (SABR). Currently, SABR is routinely commissioned to treat early non-small cell lung cancer in patients that are not suitable for surgery.

SABR is currently restricted to these 25 centres in England whilst evidence of clinical effectiveness emerges. This is regularly reviewed by NHS England's national specialised commissioning team and was last reviewed during 2016/17. It is expected that access will be reviewed again over the course of 2019/20 and 2020/21. However, this will be dependent on the emergence of clinical evidence and the development of new NHS England clinical commissioning policy.

[Radiotherapy](#), HC, PQ 230081, 13 March 2019

Asked by: Farron, Tim | **Party:** Liberal Democrats

To ask the Secretary of State for Health and Social Care, how many Linear Accelerator machines NHS England purchased as a result of the £130 million funding allocated to the Linear Accelerator programme in (a) 2016-17, (b) 2017-18 and (c) 2018-19; and how many machines it plans to purchase in (i) 2019-20 and (ii) 2020-21 as a result of that programme.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health and Social Care

Since October 2016, the Radiotherapy Modernisation Programme has funded over 80 replacement or upgraded Linear Accelerators (LINACs) and additional networking capability. The breakdown of equipment funded is as follows:

2016/17 – 18 replacement LINACs and 12 upgrades;

2017/18 – 26 replacement LINACs; and

2018/19 – 25 replacement LINACs, one upgrade and seven treatment planning systems.

Decisions on further funding in future years have not yet been taken and will depend partly on the outcome of the Spending Review later this year.

[Radiotherapy](#), HC, PQ 228048, 7 March 2019

Asked by: Morris, Grahame | **Party:** Labour Party

To ask the Secretary of State for Health and Social Care, whether the new Radiotherapy Operational Delivery Networks announced by NHS England will be funded through the £20.5bn of extra funding announced in 2018.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health and Social Care

NHS England has committed to providing each of the 11 Radiotherapy Operational Delivery Networks with additional resources to support continued delivery of the radiotherapy modernisation programme. This will include resources provided from the £20.5 billion revenue investment into the National Health Service, in particular to support improved use of digital networking, peer review and quality assurance.

The NHS Long Term Plan also sets out a commitment to review the national tariff to ensure that appropriate incentives are in place to encourage providers to deliver modern techniques, including hypofractionation, and to upgrade and replace equipment. This work will commence during 2019/20.

[Radiotherapy](#), HC, PQ 228020, 7 March 2019

Asked by: Farron, Tim | **Party:** Liberal Democrats

To ask the Secretary of State for Health and Social Care, what proportion of cancer patients should have received radiotherapy as part of their cancer treatment in 2018.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health and Social Care

This information is not recorded.

[Radiotherapy](#), HC, PQ 228019, 7 March 2019

Asked by: Farron, Tim | **Party:** Liberal Democrats

To ask the Secretary of State for Health and Social Care, what proportion of NHS England's £130 million funding for the Linear Accelerator programme was spent in (a) 2016-17 (b) 2017-18 (c) 2018-19; what funding his Department plans to allocate to that programme in (i) 2019-20 and (ii) 2020 - 21; and if he will make a statement.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health and Social Care

Since October 2016, the Radiotherapy Modernisation Programme has funded over 80 replacement or upgraded Linear Accelerators (LINACs) and additional networking capability. The breakdown of spend is as follows:

2016/17 - £35.6 million

2017/18 - £45.8 million

2018/19 - £50.4 million

The LINACs replacement and upgrade budget for 2018/19 was £45 million. The £50.4 million figure above includes a £468,000 'overspend', covered by the cancer transformation fund, plus radiotherapy networking support, also from the cancer transformation fund. This is detailed in the following table:

The Christie NHS Foundation Trust	£956,000
Lancashire Teaching Hospitals NHS Foundation Trust	£632,000
South Tees Hospitals NHS Foundation Trust	£560,000
Cambridge University Hospitals NHS Foundation Trust	£1,372,000
East Suffolk and North Essex NHS Foundation Trust	£732,000
The Clatterbridge Cancer Centre NHS Foundation Trust	£600,000
Total	£4,852,000

Decisions on further funding in future years have not yet been taken and will depend partly on the outcome of the Spending Review later this year.

[NHS: Capital Investment](#), HC, PQ 223787, 25 February 2019

Asked by: Farron, Tim | **Party:** Liberal Democrats

To ask the Secretary of State for Health and Social Care, what proportion of the capital budget was used to support radiotherapy in 2018; and what proportion of the capital budget will not be committed by the end of the 2018-19 financial year.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health and Social Care

Modernising radiotherapy services is crucial to our ambition to increase cancer survival rates and a number of strategic Departmental capital programmes have supported investment in 2018-19 in this area.

In 2018-19 around £106 million capital funding has been budgeted for the following radiotherapy related programmes:

£46 million for the Linear Accelerator programme, part of £130 million of investment over three years; and

£60 million for the Proton Beam Therapy programme, part of £250 million investment in two new centres by 2020-21.

This investment represents 1.8% of the total £5.983 billion 2018-19 capital Departmental Expenditure Limit.

The Department has also approved £29.4 million of capital investment in 2018-19 to Cancer Alliances to encourage local areas to find new and innovative ways to diagnose cancer earlier, improve the care for those living with cancer and ensure each cancer patient gets the right care for them.

In addition to this central programme, individual National Health Service provider organisations will also have made local capital

investments to support radiotherapy from their own local capital programmes. The Department does not collect information at this level of granularity.

The Department's overall capital budget is fully committed in 2018-19 and we work closely with NHS England, NHS Improvement and other delivery partners to ensure that it is utilised to maximum effect to support improvements in patient care.

[NHS: Finance](#), HC, PQ 220081, 18 February 2019

Asked by: Barron, Sir Kevin | **Party:** Labour Party

To ask the Secretary of State for Health and Social Care, how has the £300 million per year to fund new diagnostic equipment and additional staff capacity announced in the 2015 Comprehensive Spending Review has been allocated.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health and Social Care

The 2015 Comprehensive Spending Review made a commitment to invest up to £300 million per year by 2020/21. The published financial profile agreed for the NHS England Cancer Programme over the four years to 2020/21 was:

2017/18	2018/19	2019/20	2020/21
£123 million	£140 million	£154 million	£190 million

This is being invested in earlier diagnosis and personalised care, including additional staff capacity and equipment. In addition, £130 million has been invested to modernise radiotherapy equipment. Funding has been allocated for over 80 new or upgraded linear accelerators across the country since October 2016.

[Radiotherapy](#), HC, PQ 217130, 8 February 2019

Asked by: Morris, Grahame | **Party:** Labour Party

To ask the Secretary of State for Health and Social Care, whether funding for the new radiotherapy operational delivery networks will be allocated from the £20.5 billion of additional funding announced by the Government in 2018.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health and Social Care

NHS England has now published two new service specifications relating to the provision of radiotherapy services for adults which will take effect from 1 April 2019, as follows:

External beam radiotherapy services delivered as part of a radiotherapy network (adults); and

Operational delivery networks (ODN) for external beam radiotherapy services (adults).

The specifications describe a number of requirements including:

Each ODN will be hosted by a single radiotherapy provider within the ODN;

Each ODN establishes a Network Oversight Group to facilitate the ongoing development of the Network;

The Network Oversight Group must be chaired by a provider Chief Executive Officer or Executive Director;

The Chair must be from a different provider to that of the ODN host; and

The Chair must be able to represent the wider cancer system, to enable consensus to be reached across organisational boundaries on the network plan and oversee the delivery of the work programme.

In addition, NHS England, via the National Cancer Programme of Care, will establish an Implementation Oversight Group to provide support to radiotherapy networks as they form. The group will comprise specialised commissioners, Network Chairs and the ODN hosts together to share learning and drive improvement. It will also provide a conduit for progress reporting and issue escalation through to both the Specialised Commissioning Oversight Group and the National Cancer Board.

NHS England is working with NHS Digital and a small number of National Health Service providers to develop and test approaches to information governance and data sharing implications when using cloud-based technology solutions. They are also exploring options to upgrade radiotherapy planning system software to support information technology connectivity. They intend to disseminate the learning from these early test sites.

NHS England is committed to ensuring the success of the ODNs and therefore intends to provide additional resources over and above the normal funding of radiotherapy services to support their establishment. The resources will be held by the ODN host provider who will be responsible for the programme management function, including the establishment and maintenance of a Network Oversight Group and any clinical subgroups needed to agree and implement change.

NHS England also intends to provide additional investment in each year of the Long Term Plan to support information technology connectivity across Networks including the use of digital solutions. NHS England intends to test a number of approaches to explore the information governance and technical requirements required in the last few months of this year. This will include testing a number of models that we think will be relevant in different geographies across the country (e.g. rural, providers not on same system etc.) Specific funding will be confirmed in due course once NHS England has worked through these issues with three test sites across England.

[Pancreatic Cancer](#), HC, PQ 214126, 4 February 2019

Asked by: Turley, Anna | **Party:** Labour Party · Cooperative Party

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to improve the outcomes of pancreatic cancer diagnoses in line with the NHS England 2015 cancer strategy.

Answering member: Steve Brine | **Party:** Conservative Party | **Department:** Department of Health and Social Care

The 2015 cancer strategy set ambitions for higher survival and improved patient experience and quality of life for all cancer patients, including pancreatic cancer patients. The NHS Long Term Plan takes forward those ambitions, stating that by 2028 three in four cancers will be diagnosed at an early stage and 55,000 more people will survive their cancer for five years or more.

Over the last two years, NHS England have allocated over £200 million funding through their Cancer Alliances for earlier diagnosis and personalised care. In addition, £130 million funding has been invested in over 80 new or replacement linear accelerators in the modernisation of radiotherapy services.

NHS England will shortly be introducing a Faster Diagnostic Standard of 28 days for all cancer patients, including those with pancreatic cancer, which when taken together with the 62-day referral to treatment standard, will mean that all patients should expect to start their treatment within 34 days of diagnosis. This is a maximum, and trusts should continue to treat patients more quickly particularly where there is a strong clinical need.

[Prostate Cancer: Radiotherapy](#), HC, PQ 210605, 29 January 2019

Asked by: Shannon, Jim | **Party:** Democratic Unionist Party

To ask the Secretary of State for Health and Social Care, when the new prostate cancer radiotherapy will be available on the NHS.

Answering member: Steve Brine | **Party:** Conservative Party | **Department:** Department of Health and Social Care

The future availability of any new or novel treatments on the National Health Service would be subject to large scale clinical trials demonstrating the safety and efficacy of the treatment approach and subsequent assessments of its cost effectiveness for routine use.

NHS England welcomes the development of new technologies that have the potential to improve clinical outcomes and has established a national process to enable decisions to be made about whether such technologies should be routinely available to patients in England. The document at the following link sets out the process, including how to submit new proposals, which would be the next step in relation to this technique.

<https://www.england.nhs.uk/wp-content/uploads/2017/09/spec-comm-service-development-policy.pdf>

[Radiotherapy](#), HC, PQ 185035, 6 November 2018

Asked by: Cameron, Dr Lisa | **Party:** Scottish National Party

To ask the Secretary of State for Health and Social Care, when more detail and timescales are planned to be published on NHS England's proposed networked model for radiotherapy services; and if his Department will take steps to ensure that high quality radiotherapy is available closer to people's homes.

Answering member: Steve Brine | **Party:** Conservative Party | **Department:** Department of Health and Social Care

Final service specifications setting out the detailed function and requirements of Radiotherapy Networks and Radiotherapy providers will be published shortly. The establishment of

Radiotherapy Networks is designed to improve access to high quality, innovative and advanced radiotherapy, as close to home as possible.

Alongside the publication of the service specifications, NHS England will also publish a report setting out stakeholders' feedback during public consultation and NHS England's response.

[Radiotherapy](#), HC, PQ 183398, 1 November 2018

Asked by: Ashworth, Jonathan | **Party:** Labour Party · Cooperative Party

To ask the Secretary of State for Health and Social Care, with reference to paragraph 7 of the report, Next Steps on the Five Year Forward View, published by NHS England in March 2017, how many state of the art new and upgraded linear accelerators are available to NHS patients in England; and how many have been introduced since the publication of that report.

Answering member: Steve Brine | **Party:** Conservative Party | **Department:** Department of Health and Social Care

In October 2016, NHS England announced a £130 million fund to modernise radiotherapy across England. This is ensuring that older linear accelerators (LINACs - radiotherapy machines) being used by hospitals across the country are being upgraded or replaced, giving cancer patients access to the latest leading-edge technology regardless of where they live. Since October 2016, NHS England has approved funding to replace or upgrade 78 machines across England, with 48 of those since publication of Next Steps on the Five Year Forward View (NSFYFV). We will meet the commitment in NSFYFV shortly, completing the modernisation programme.

[Radiotherapy](#), HC, PQ 173488, 9 October 2018

Asked by: Loughton, Tim | **Party:** Conservative Party

To ask the Secretary of State for Health and Social Care, what assessment he has made of the adequacy of the capacity of high-energy proton beam cancer therapy in the UK for NHS patients.

Answering member: Steve Brine | **Party:** Conservative Party | **Department:** Department of Health and Social Care

During the development of the business case for the Department for the NHS Proton Beam Therapy (PBT) centres, an assessment of the internationally accepted standard clinical indications that are likely to benefit from PBT was made, and the associated patient numbers, together with an assessment of the numbers and types of patients for whom further clinical trials and evaluative studies are justified. This will allow all appropriate paediatric and teenage and young adult patients with a paediatric spectrum of tumours to be accommodated. It is essential that a robust evidence base is established for specific situations in commoner adult cancers where there is currently little, if no evidence of superior outcomes, hence the research capacity built in to the programme. NHS England is commissioning two PBT Centres in England based on this assessment and after reaching full capacity they should be able to treat up to 1,500 patients per annum.

[Radiotherapy](#), HC, PQ 173486, 9 October 2018

Asked by: Loughton, Tim | **Party:** Conservative Party

To ask the Secretary of State for Health and Social Care, how many NHS England patients have been treated with high-energy proton beam cancer therapy in England and Wales in each of the last five years.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health and Social Care

NHS England has not funded any patients to have high-energy proton beam therapy in England and Wales in the last five years.

Over the past five years, 895 National Health Service patients have been treated overseas with high-energy proton beam therapy at a total cost of just over £91 million. These figures include patients from England, Scotland and Northern Ireland but exclude patients from Wales. NHS England does not routinely split financial information between treatment and travel/subsistence costs. Further detail is provided in the following table.

	2013/14	2014/15	2015/16	2016/17	2017/18	Total
Number of patients approved for referral	119	144	213	203	216	895
Total cost	£9.13 million	£12.63 million	£20.81 million	£24.51 million	£24.19 million	£91.27 million

[Radiotherapy](#), HC, PQ 173485, 9 October 2018

Asked by: Loughton, Tim | **Party:** Conservative Party

To ask the Secretary of State for Health and Social Care, what facilities in the UK offer high-energy proton beam cancer therapy treatment in (a) the NHS and (b) the private sector.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health and Social Care

In April 2012, the Secretary of State for Health and Social Care announced that £250 million would be invested to build proton beam therapy facilities at The Christie Hospital in Manchester and University College London Hospital (UCLH). Contracts were signed with Varian Medical Systems, Interserve Construction at The Christie, and Bouygues UK at UCLH at the end of July 2015. The Christie has been operational since 20 August 2018 and expects the first patients to be treated in the autumn. UCLH is currently on schedule to begin treating patients in summer 2020.

NHS England does not hold information about high-energy proton beam provision in the private sector.

[Radiotherapy](#), HC, PQ 171668, 12 September 2018

Asked by: Farron, Tim | **Party:** Liberal Democrats

To ask the Secretary of State for Health and Social Care, when he plans to publish the Government response to the consultation on

allocating funds to radiotherapy services which closed on 24 January 2018.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health and Social Care

Following the consultation – ‘Modernising radiotherapy services in England’ – NHS England plan to publish a consultation report which outlines the feedback themes, alongside publication of the final radiotherapy service specification. The publication is currently expected to take place in autumn 2018.

[Radiotherapy](#), HC, PQ 171340, 11 September 2018

Asked by: Morris, Grahame | **Party:** Labour Party

To ask the Secretary of State for Health and Social Care, how NHS England monitors clinical commissioning groups' cancer treatment performance in respect of access to advanced radiotherapy; and what steps NHS England takes to address instances of poor performance.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health and Social Care

Clinical commissioning groups are not responsible for ensuring access to advanced radiotherapy techniques, such as Intensity Modulated Radiotherapy (IMRT). The commissioning of all radiotherapy in England is the responsibility of NHS England's Specialised Commissioning team. Access to IMRT is monitored against a national average access standard of 25%, performance against this standard is consistently around 45%. From April 2019, Radiotherapy Networks, working in close partnership with Specialised Commissioners and Cancer Alliances, will play a key role in increasing access to both advanced and innovative radiotherapy, as well as ensuring adherence to best practice treatment protocols.

[Radiotherapy](#), HC, PQ 171339, 11 September 2018

Asked by: Morris, Grahame | **Party:** Labour Party

To ask the Secretary of State for Health and Social Care, what assessment he has made of the effect of levels of funding on the ability of the NHS to increase access to radiotherapy.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health and Social Care

Since 2016, the Radiotherapy Modernisation programme has seen £130 million of new funding invested in improving radiotherapy equipment. As a result, the National Health Service has so far received 73 new or upgraded linear accelerators, enabling the delivery of advanced treatment techniques and faster treatment times. From April 2019, NHS England will be establishing 11 Radiotherapy Networks to build on this investment and lead the development of services at a local level. This will include ensuring that every patient benefits from best clinical practice and has access to innovative and advanced treatments and techniques.

[Radiotherapy](#), HC, PQ 170800, 11 September 2018

Asked by: Morris, Grahame | **Party:** Labour Party

To ask the Secretary of State for Health and Social Care, what assessment he has made of the adequacy of the performance of Clinical Commissioning Groups to improve access to advanced radiotherapy.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health and Social Care

Clinical commissioning groups are not responsible for ensuring access to advanced radiotherapy techniques, such as Intensity Modulated Radiotherapy (IMRT). The commissioning of all radiotherapy in England is the responsibility of NHS England's Specialised Commissioning team. Access to IMRT is monitored against a national average access standard of 25%, performance against this standard is consistently around 45%. From April 2019, Radiotherapy Networks, working in close partnership with Specialised Commissioners and Cancer Alliances, will play a key role in increasing access to both advanced and innovative radiotherapy, as well as ensuring adherence to best practice treatment protocols.

[Ovarian Cancer](#), HC, PQ 162542, 17 July 2018

Asked by: Sturdy, Julian | **Party:** Conservative Party

To ask the Secretary of State for Health and Social Care, whether he has plans to authorise a national clinical audit of ovarian cancer; and if he will make a statement.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health and Social Care

Public Health England (PHE) has been funded by cancer charities to pilot and assess the feasibility of an ovarian cancer audit, this pilot will take place over the next two years.

Since early diagnosis increases survival outcomes, NHS England is working to diagnose cancer earlier and faster. This is particularly important for cancers like ovarian, where early diagnosis makes a huge difference in survival. We are developing new models of care and pathways that will transform services by speeding up diagnosis. This includes the commitment to roll out a new Faster Diagnosis Standard by 2020 to ensure that patients referred for an investigation with a suspicion of cancer are diagnosed or have cancer ruled out within 28 days.

NHS England has also committed more than £200 million in cancer services between 2017 and 2019, to accelerate diagnosis, improve survival and enhance quality of life.

NHS England is introducing Rapid Diagnostic and Assessment Centres which will operate as one-stop shops to reduce time-to-diagnosis and time-to-first treatment. This is a real step change in the way people with unclear symptoms are identified, diagnosed and treated. General practitioners can refer patients suffering from vague symptoms.

NHS England is also delivering the largest single upgrade in National Health Service cancer treatment for the last 15 years. The £130 million radiotherapy modernisation programme is upgrading and replacing radiotherapy equipment in hospitals across England.

Through this programme, patients will have access to the most modern, innovative radiotherapy techniques to create better health outcomes and improve patient experience.

The Department is also closely working with PHE to develop an approach to raise awareness of generic symptoms that can indicate a wider number of cancers, including ovarian cancer, and the need to visit the doctor promptly with these symptoms.

PHE also ran a regional pilot ovarian campaign in the North West of England from 10 February to 16 March 2014. The campaign's key message was 'Feeling bloated, most days, for three weeks or more could be a sign of ovarian cancer. Tell your doctor'.

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