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Pwyllgor Gwasanaethau Iechyd  
Arbenigol Cymru (PGIAC)  
Welsh Health Specialised  
Services Committee (WHSSC)

# **Specialised Services Service Specification: CP146**

## **Proton Beam Therapy**

*January 2018*

*Version 1.0*

<b>Document information</b>	
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## **1. Aim**

### **1.1 Introduction**

This document has been developed as the service specification for the planning of Proton Beam Therapy (PBT) for people resident in Wales. This service is only commissioned by the Welsh Specialised Services Committee (WHSSC) and applies to residents of all seven Health Boards in Wales.

PBT is currently delivered through the NHS Proton Overseas Programme. However, on establishment of a proton beam service for the United Kingdom (currently planned to begin in 2018) the NHS Proton Overseas Programme will be wound down and the specification outlined within this policy will be delivered by the UK service. It is intended that current pathways for Welsh patients will be maintained as far as possible until an assured service is secured in the UK.

The purpose of this document is to:

- detail the specification for Proton Beam Therapy services for people who are resident in Wales
- identify which organisations are able to provide a Proton Beam Therapy service for Welsh patients
- enable all patients in Wales to have equity of access to PBT services.

### **1.2 Relationship with other policy and service specifications**

This document should be read in conjunction with the following documents:

- WHSSC Specialised Services Commissioning Policy: Proton Beam Therapy for adults with cancer– CP147
- WHSSC Specialised Services Commissioning Policy: Proton Beam Therapy for children, teenagers and young adults with cancer – CP148
- All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR)
- NHS England Highly Specialised Commissioning, [Proton Beam Therapy Service \(adults and children\) Service Specification](#)
- Clinical Commissioning Policy: [Proton Beam Radiotherapy \(High Energy\) for Paediatric Cancer Treatment – NHS overseas programme](#)

- Clinical Commissioning Policy: [Proton Beam Radiotherapy \(High Energy\) for Young Adult Cancer Treatment – NHS overseas programme](#)
- Clinical Commissioning Policy: [Proton Beam Radiotherapy \(High Energy\) for Skull Base Tumour Treatment – NHS overseas programme \(adult\)](#).

### **1.3 Background**

Proton Beam Radiotherapy (PBT) refers to the use of high-energy proton beams used instead of conventional radiotherapy to treat cancer and some other non-malignant tumours. Like conventional radiotherapy, PBT is capable of being targeted to match a high dose treatment to the shape and position of the tumour area within the body. Because of the characteristic properties of PBT to stop at a precise depth in tissue with little dose beyond that point, it can allow treatment with reduced volumes of irradiated normal tissues in some situations when compared to conventional radiotherapy. It is this property that allows treatment to be delivered with potentially reduced risks of late side effects, and which can permit escalation of radiation dose to radical levels for some tumours situated next to sensitive structures such as the spinal cord or brain, where conventional radiotherapy may be difficult.

Due to these benefits, PBT may be particularly suitable for complex cancers in children, teenagers and young people (to reduce late side effects), and tumours of the base of the skull or the spine in adults (to allow dose escalation and minimize damage to surrounding tissue).

PBT is given in a number of daily treatments over several weeks.

PBT is relatively expensive compared to conventional radiotherapy. The indication for treatment in any individual patient has to take into account the evidence base, complex cancer pathways, the social and personal context, and the likelihood of any improved clinical outcomes compared to locally available radiotherapy techniques.

PBT should be seen as one component of a high quality integrated and comprehensive oncology service offering a full range of treatment options for Welsh patients.

#### **1.3.1 Children, teenagers and young adults (TYA)**

With increasing survival, the long term complications that result from radiotherapy can have a major impact on clinical outcomes; physical (growth, hormonal, fertility), emotional, neuropsychological and social well-being. The growing normal tissues in children and TYA groups can be particularly vulnerable to these effects. There is also a long term risk of radiation-induced second cancers after any radiation treatment. The

evidence is that these risks can be reduced by precision radiotherapy, and in some clinical situations this may be best achieved with PBT.

### **1.3.2 Adults**

Some highly selected adult indications including rare cancers situated at the skull base or around the spine present major challenges for conventional radiotherapy as they are situated close to radiosensitive normal tissues that limit the dose that can be given without unacceptable side effects. There is evidence for these particular indications that PBT may allow a significantly higher dose to be given to the tumour safely which may give a higher probability of local tumour control and potential for cure.

### **1.3.3 NHS Proton Beam Therapy Service**

A low energy proton facility exists at Clatterbridge Cancer Centre in Merseyside as a national referral centre for the treatment of certain types of ocular cancers only. This is not part of the current WHSSC service specification.

Access to PBT is available overseas through the NHS England National Proton Clinical Reference Panel. Clinically appropriate patients from Wales can access PBT services from three providers, two in the USA and one in Switzerland.

All patients considered suitable for PBT are referred via WHSSC to the UK National Proton Clinical Reference Panel for case review and a recommendation on approval for funding is sent back to WHSSC.

The national panel reviews all relevant clinical details and radiological imaging with a target response time for a decision of within 10 working days of receiving a complete application. On approval a patient can be referred to the designated proton treatment centre abroad. Clinical details and a formal clinician-to-clinician referral is then made by the referring clinical oncologist to the proton treatment centre following direct consultation with the patient (and parents if a paediatric case) about the aims and objectives of treatment.

If accepted for treatment the practical travel and accommodation arrangements are made by the referring centre team in conjunction with the proton treatment centre. Travel and accommodation costs will be paid by NHS Wales for the patient and their accompanying family members (for children generally two parents, or appropriate family members for TYA patients). The patient will travel to the proton treatment centre abroad for the duration of assessment, planning and proton treatment. On completion of treatment, follow up is by the referring treatment centre.

NHS Wales will continue to follow the process described above until facilities to provide PBT are available in the UK (see section 1.3.4 and 1.3.5). Provision of PBT will be in line with the agreed WHSSC commissioning policies (see section 1.2).

### **1.3.4 Future NHS service provision in the UK**

The UK government has committed £250 million to developing high energy PBT services in the UK. Two facilities are currently being built at The Christie in Manchester and University College London Hospital (UCLH). Services are expected to commence from August 2018 at The Christie and in September 2020 from UCLH. Both UCLH and The Christie have development plans to provide further enhanced facilities and services to NHS patients to ensure they become world-leading centres in delivering high-energy PBT.

Each centre will deliver 3 gantries and a combined capacity for a maximum of 1500 cases per annum with the first patients being treated in Manchester in August 2018. Having multiple gantries and 2 clinical sites offers enhanced disaster recovery opportunities in the case of machine breakdowns, thus reducing the potential of breaks in care which might lead to a negative impact on outcome. It is expected that the technology available will be of the highest specification, and there will be full specialist multidisciplinary support for paediatric and other specialised cases. There is a commitment to single national protocols being employed across both proposed proton sites to ensure maintenance of best practice, as well as the collation of outcome data nationally, to inform practice.

When both English centres are fully operational, overseas referral will stop (expected early 2022).

When the NHS service starts there will be a ramping-up period, during which time it will still be necessary for some Welsh patients requiring PBT to be sent for treatment abroad. This is to allow the NHS service to increase its clinical expertise and capacity in a safe and controlled manner.

Once both PBT centres in England have opened a comprehensive data set will be collected for all patients and clinical outcomes recorded and followed.

The range of indications for PBT will inevitably grow with time. NHS Wales, WHSSC and the All Wales PBT Advisory Group (AWPROT – see Appendix 1) will have to develop a process to keep these changes under review in order to allow timely and evidence based updates to all existing commissioning policies. There are no definite plans for a NHS PBT facility in Wales.

### **1.3.5 Other (non NHS) service providers in the UK**

There is interest in PBT in the UK from several private providers. One of these - Proton Partners International (PPI) - is currently developing several private radiotherapy facilities across the UK including the Rutherford Cancer Centre which is located in Newport, Gwent. The Rutherford Centre will incorporate a single PBT treatment room and a single linear accelerator, as well as diagnostics, consulting rooms and a chemotherapy unit. It is expected to open in February 2018. The Rutherford Centre in Newport will be networked with four other UK PPI proton beam facilities within the next few years.



## **2. Service Delivery**

### **2.1 Service model**

#### **2.1.1 Aims of service**

##### **Aim**

The aim of the service is to provide appropriately indicated high energy PBT services for adult, teenage and young adult (age 16 – 24 years), and paediatric patients (age < 16 years), to improve cancer outcomes, reduce morbidity arising from treatment and support the patient and family throughout their cancer journey and beyond.

The current programme will change as the UK Overseas Programme is phased out and the service is commissioned from within the UK. This service specification will be periodically reviewed and updated to reflect these changing commissioning arrangements.

This document covers the provision of PBT services for people who are resident in Wales, including those who are currently accessing the overseas PBT Programme.

#### **2.1.2 Service description/care pathway**

##### *Facilities and equipment*

In addition to the standards required within the Contract, specific quality standards and measures will be expected. The provider must:

##### Essential

- meet technical standards in accordance with the equipment specification and equipment supplier's service delivery model
- ensure modern equipment is used including treatment planning system tools, image fusion, image guidance, adaptive radiotherapy and oncology information systems
- clinical practice and the handling of associated patient datasets must be covered by explicit information governance arrangements and must comply with data protection legislation.
- be fully integrated with a department delivering conventional radiotherapy
- have full patient immobilisation systems available

- all equipment and other services must comply with radiation protection, medical device, health and safety and other relevant legal requirements and standards.
- have formal, detailed contingency plans and contracts in place for patient treatment to continue in the event of technical interruptions and/or breakdown, in order to minimise treatment delays and interruptions. This includes detailed contingency plans in the event of both gantry and cyclotron failure.

#### Desirable

- have the PBT centre situated within a hospital campus
- have in-patient and out-patient care on the same campus/site available.

### **2.1.3 Staffing**

#### Essential

The PBT service must:

- have a specialist team of staff appropriately trained in the delivery of PBT (see section 2.1.9)
- ensure adequate site specialist oncology staff with links to integrated MDTs, including cross cover (see section 2.1.10)
- ensure that all cancer specialist MDTs refer patients according to nationally agreed guidelines
- ensure that appropriately trained and accredited paediatric clinical oncologists supervise paediatric treatments
- meet the national standards for training and practice of the relevant professional bodies (equivalent to, for example, Royal College of Radiologists (RCR), Society and College of Radiographers (SCoR), Institute of Physics and Engineering in Medicine (IPEM) and Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER), and for patients treated with PBT in the UK, , referrers, operators, practitioners and medical physics expert (MPE) must be staff approved or accredited by the relevant UK professional bodies.
- demonstrate processes for the management of risk to staff
- support the development of the UK PBT service by, for example, making provision by agreement for training placements for UK PBT clinicians and technicians.

### Desirable

- Clinical oncologists in cancer specialist MDTs with regular PBT referrals will ensure training in order to develop adequate specialist knowledge of PBT so as to be able to advise patients and colleagues, and refer appropriately, irrespective of whether the clinical oncologist is personally involved in the planning and delivery of PBT.

## **2.1.4 Clinical standards and pathways**

### Essential

- provide assurance that radiotherapy is delivered according to national and international standards where appropriate and applicable
- be accredited and inspected by the appropriate regulatory bodies
- participate in national quality assurance programmes
- have treatment capacity and administrative processes to be able to accept patients within a timescale to allow pathways that meet clinically relevant start to radiotherapy target times
- ensure the safe treatment of patients in accordance with agreed protocols
- demonstrate processes for the management of risk to patients
- have dedicated multi-disciplinary team (MDT) programmes for (i) children; (ii) teenagers & young adults and; (iii) adults
- deliver care in settings appropriate to age
- take a lead in engagement with appropriate multi-disciplinary diagnostic and treatment teams
- provide links or appropriate referral to full interdisciplinary care (see section 2.1.9)
- have provision for supportive therapy including chemotherapy
- provide emergency management of acutely ill patients (including children)
- make provision for psychosocial multi-disciplinary teams
- provide treatment summaries back to the referring centres on completion of treatment within two weeks of completion of treatment (including dose plans when requested)
- enter patients prospectively into local or national registry and outcome evaluation programmes

- ensure patient data is entered into any nationally agreed minimum datasets
- collaborate with UK RTDS data collection
- provide treatment to patients in accordance with the nationally agreed (National Cancer Research Institute (NCRI), Children's Cancer and Leukaemia (CCL), and Clinical Research Network (CSG) clinical trial protocols within the UK Clinical Research Network (UKCRN) Study Portfolio and guidelines (Children's Cancer and Leukaemia Group (CCLG)) where these exist
- participate in high quality clinical trials and formal national programmes
- have formal links with, or form part of, an Academic/University centre.

### **2.1.5 Patients**

#### Essential

- ensure protection of children and adults at risk in line with the requirements of the Welsh legislative framework and Standard 2.7 (Safeguarding Children and Safeguarding Adults at Risk) of the Health and Care Standards (2015)<sup>1</sup>
- have case/patient management/concierge service to facilitate patient pathways and referrals including arranging accommodation and providing day-to-day support to families and carers of PBT patients whilst receiving treatment
- provide patients with information appropriate to their needs and treatment pathway.

### **2.1.6 Paediatric specific**

#### Essential

- comply with the Good Practice Guide for Paediatric Radiotherapy<sup>2</sup>
- ensure specialist paediatric anaesthesia is available for all patients if required, including induction and recovery rooms (see section 2.1.11)
- ensure play therapy access is available for all patients
- be formally connected to a high-volume paediatric oncology department
- participate in multicentre, multidisciplinary clinical trials

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<sup>1</sup> [http://www.wales.nhs.uk/sitesplus/documents/1064/24729\\_Health%20Standards%20Framework\\_2015\\_E1.pdf](http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf)

<sup>2</sup> [https://www.rcr.ac.uk/system/files/publication/field\\_publication\\_files/BFCO%2812%295\\_Good\\_practice\\_1.pdf](https://www.rcr.ac.uk/system/files/publication/field_publication_files/BFCO%2812%295_Good_practice_1.pdf)

- ensure specialised Consultant Oncology Review at least weekly and within the PBT centre
- all clinical staff who have any contact with children, young people and/or parents/carers must have up-to-date level 2 training in child protection<sup>3</sup>
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#### Desirable

- ensure that the paediatric service has formal specialist academic leadership and links
- the paediatric oncology department is ideally on the same campus and within the same organisational framework.

### **2.1.7 Population covered**

- The population of Wales.
- For indications and exclusions please refer to the relevant WHSSC specialised commissioning policies listed in section 1.2.

### **2.1.8 Any acceptance and exclusion criteria and thresholds**

- The provider may withdraw treatment and refer the patient back to the referring centre if the patient is considered not to be complying with their treatment regime. Prior to any treatment withdrawal, the provider must have discussed this with the patient and the referring centre, explaining the reasons for treatment withdrawal and actions the patient and/or referring centre need to take. The provider must inform NHS Wales when treatment is withdrawn and actions taken to prevent and mitigate this action.

### **2.1.9 Specialist teams**

The PBT service must have a specialist team of staff appropriately trained in the delivery of PBT. Every patient will have a named key worker. The team must include:

- clinical oncologists
- therapy radiographers
- physicists
- anaesthetists
- play therapists

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<sup>3</sup> [Safeguarding children and young people: roles and competences for health care staff 2014](#)

- medical engineers
- dosimetrists
- administrative support
- qualified nurses

Fully constituted multi-disciplinary teams must be in place that recognise/evaluate the whole patient pathway, not just the delivery of protons.

### **2.1.10 Interdependencies with other services/providers**

The provision of PBT treatment must be viewed in the context of the wider range of other services which a patient may need access to, often concurrently. This service should be integrated with these services to ensure patient-sensitive treatment scheduling. The relevant services are listed below, each of which may be specified in existing NHS frameworks:

- Oncology – paediatric, teenage and young adult and adult
- Specialist out-patient anaesthetic services
  - includes induction and recovery rooms
  - for children, delivered by a trained paediatric anaesthetist
- Endocrinology
- Specialist head and neck cancer surgery
- Sarcoma surgery
- Neurosurgery
  - Paediatric and adult neurosurgery
  - Specialist skull-base neurosurgery
  - Specialist spinal surgery
- In-patient and out-patient systemic anti-cancer therapy
- In-patient services e.g. acute admission, rehabilitation
- Conventional radiotherapy including relevant (to PBT case mix) site specialist teams
- Site specialist radiology – paediatric and adult
- Play therapy – paediatric only
- Allied health services as required, including but not exclusive
  - Psychology
  - Occupational Therapy

- Physiotherapy
- Dietetics
- Speech and Language Therapy
- Primary care services (GP)
- Access to additional support services
  - Accommodation for patients and carers
  - Support services for patients and carers (e.g. social services, charities, education)
  - Transport

### **2.1.11 Anaesthesia**

Anaesthesia must be provided by an appropriately trained and experienced anaesthetist. They should have advanced training in paediatric life support and maintain these competencies by annual training that is, ideally, multi-disciplinary and scenario based.

All the above competencies must be assessed through the annual appraisal process and revaluation.

In addition to the above there must be in place:

- Lead theatre practitioner/Operating Department Practitioner
- Pre-anaesthesia assessment
- Appropriately trained recovery staff
- Standard and established pathway for paediatric resuscitation
- Standard and established pathway for paediatric intensive care retrieval and transport if critical care is required.

For PBT treatment centres which are not part of an acute hospital site the following should be provided:

- a service level agreement (SLA) with the regional paediatric intensive care retrieval and transport service to ensure that critical care support is immediately available if required.
- a service provided by consultant paediatricians, who would be available to attend to support the resuscitation and management of a deteriorating child should the need arise.

All those anaesthetising children must have up-to-date level 2 training in child protection.<sup>4</sup> This must be maintained by annual updates of current policy, practice and case discussion.

## **2.2 Care pathway**

Please refer to:

- WHSSC Specialised Services Commissioning Policy: Proton Beam Therapy for adults with cancer– CP147
- WHSSC Specialised Services Commissioning Policy: Proton Beam Therapy for children, teenagers and young adults with cancer – CP148

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<sup>4</sup> [Safeguarding children and young people: roles and competences for health care staff 2014](#)



### **3. Quality and Patient Safety**

#### **3.1 Quality and Patient Safety**

The provider must work to written quality standards and provide monitoring information to the lead purchaser. The quality management system must be externally audited and accredited.

The centre must enable the patients, carers and advocates informed participation and to be able to demonstrate this. Provision should be made for patients with communication difficulties and for children.

#### **3.2 Quality Indicators (Standards)**

##### **3.2.1 Locally defined outcomes**

The PBT programme should aim to deliver the following:

- improved cancer survival and cure rates
- ability to minimise and reduce the short and long-term side effects of treatment
- delivery of accurately targeted therapeutic doses of radiation to tumours
- maintenance of good patient (and family) experience of treatment
- maintenance of safe integration with other aspects of treatment and interventions within the clinical pathway of care
- development of clear clinical outcome information to support further clinical and service development
- development of the UK based service, infrastructure, clinical protocols and pathways of care.

##### **3.2.2 Provider outcomes**

The provider must:

- have a structured clinical outcomes collection and analysis programme
- audit practice to inform change
- report and learn from radiotherapy error and near-miss events, to inform practice
- prospectively collect an RTDS-compatible dataset for routine submission to the Welsh Cancer Intelligence Surveillance Unit or Public Health England

- collect relevant diagnosis specific data on clinical outcome measures
  - overall survival
  - progression free survival
  - tumour local control
  - acute and late toxicity
- patient satisfaction data
- describe links to clinical trials, national registries and academic studies

### **3.2.3 Applicable national standards (including Royal Colleges)**

- Be accredited by relevant national regulatory authorities, including HSE
  - Ionising Radiation Medical Exposure Regulations (2018)<sup>5</sup>
  - Ionising Radiation Regulations 99 (2017)<sup>6</sup>
- Provide assurance that radiotherapy is delivered according to national and international standards where appropriate and applicable including the Good Practice Guide for Paediatric Radiotherapy (RCR/CCLG).
- Be accredited by national and/or state regulatory board.
- Provide treatment to patients in accordance with the nationally agreed (NCRI, CCL, CSG and NHRC) clinical trial protocols within the UKCRN Study Portfolio and guidelines (CCLG) where these exist.
- Follow the recommendations for volume definition and peer review contouring by [The Royal College of Radiologists: Radiotherapy target volume definition and peer review](#), 2017.
- Ensure protection of children and other vulnerable people in line with national standards:
  - [Safeguarding Vulnerable People in the Reformed NHS - Accountability and Assurance Framework](#), 2015.
  - The Royal College of Radiologists: [Good Practice Guide for Paediatric Radiotherapy](#), 2015.
  - Royal College of Anaesthetists: [Guidance on the provision of paediatric anaesthesia services](#), 2017.

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<sup>5</sup> [Regulations on medical exposure to ionising radiation - GOV.UK](#)

<sup>6</sup> [Health and Safety: Ionising Radiation](#)

- Meet the national standards of the relevant professional bodies (equivalent to, for example, Royal College of Radiologists (RCR), Society and College of Radiographers (SCoR) and Institute of Physics and Engineering in Medicine (IPEM)
- Comply with the appropriate data protection and information governance requirements (see: <http://www.wales.nhs.uk/nwis/page/52618>).

### **3.2.4 Other quality requirements**

- recognised UK clinical oncology experts to visit and assess clinical quality including patterns of integrated care
- the provider will have a recognised system to demonstrate service quality and standards
- the service will have detailed clinical protocols setting out nationally (and local where appropriate) recognised good practice for each treatment site
- the quality system and its treatment protocols will be subject to regular clinical and management audit
- the provider is required to undertake regular patient surveys and develop and implement an action plan based on findings.

## 4 Putting Things Right: Raising a Concern

Whilst every effort has been made to ensure that decisions made under this policy are robust and appropriate for the patient group, it is acknowledged that there may be occasions when the patient or their representative are not happy with decisions made or the treatment provided. The patient or their representative should be guided by the clinician, or the member of NHS staff with whom the concern is raised, to the appropriate arrangements for management of their concern:

- If the patient does not meet the criteria for treatment within this policy, an [Individual Patient Funding Request](#) (IPFR) can be made by the patient's clinician and will be considered by WHSSC under the guidance of the All Wales Individual Patient Funding Request (IPFR) Panel.
- If an IPFR is declined by the panel, a patient and/or their NHS representative has a right to request information about how the decision was reached. If the patient and their NHS clinician feel **the process** has not been followed in accordance with this policy, arrangements can be made for an independent review of the process to be undertaken by the patient's Local Health Board.
- The grounds for the review, which are detailed in the All Wales Policy: [Making Decisions on Individual Patient Funding Requests](#) (IPFR), must be clearly stated.

## **5. Performance Monitoring and Information Requirements**

### **5.1 Performance Monitoring**

WHSSC will be responsible for commissioning services in line with this policy. This will include agreeing appropriate information and procedures to monitor the performance of organisations.

For the services defined in this policy the following approach will be adopted:

- Service providers to evidence quality and performance controls
- Service providers to evidence compliance with standards of care

WHSSC will conduct performance and quality reviews on an annual basis.

### **5.2 Key Performance Indicators**

The providers will be expected to monitor against the full list of Quality Indicators derived from the service model components described in Section 2. These will be developed once the final service specification has been agreed.

The provider should also monitor the appropriateness of referrals into the service and provide regular feedback to referrers on inappropriate referrals, identifying any trends or potential educational needs.

In particular, the provider will be expected to comply with the current Welsh pathway standards:

- Wales cancer waiting times:
  - patients newly diagnosed with cancer referred via the urgent suspected cancer route to start definitive treatment within 62 days of receipt of referral.
  - patients newly diagnosed with cancer (not via the urgent route) will start definitive treatment within 31 days of diagnosis (regardless of the referral route).

## **6. Equality Impact and Assessment**

The Equality Impact Assessment (EQIA) process has been developed to help promote fair and equal treatment in the delivery of health services. It aims to enable Welsh Health Specialised Services Committee to identify and eliminate detrimental treatment caused by the adverse impact of health service policies upon groups and individuals for reasons of race, gender re-assignment, disability, sex, sexual orientation, age, religion and belief, marriage and civil partnership, pregnancy and maternity and language (Welsh).

This policy has been subjected to an Equality Impact Assessment.

The assessment demonstrates the policy is robust and there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken.

## **7. Appendix 1 - Terms of Reference**

### **7.1 Introduction**

The purpose of this document is to define the Terms of Reference for the 'All Wales Proton Beam Therapy (PBT) Advisory Group' (AWPROT).

This Group has been established to advise the Welsh Health Specialised Services Committee (WHSSC) on the provision of PBT services for the people of Wales.

This Group is accountable to WHSSC and will report via the Clinical Oncology Sub-Committee (COSC) to the Welsh Scientific Advisory Committee (WSAC).

### **7.2 Purpose**

The output from this Group will underpin the commissioning of Specialised Services to ensure equitable access to safe, effective, sustainable and acceptable services for the people of Wales.

The Group will be responsible for undertaking the following functions:

- Describe the current arrangements for people in Wales to access PBT.
- Advise WHSSC on future demand for PBT, new indications and where to access the service.
- To propose referral pathways in accordance with national guidance.
- Present a plan to develop new commissioning policies and a service specification for people in Wales.
- Review the evidence base for PBT, including that underpinning the three English Clinical Commissioning Policies approved for routine commissioning.
- Confirm the process for introducing and commissioning Category 1 and Category 2 indications.
- Develop and publish commissioning policies for PBT in Wales (in line with WHSSC procedure, see: (<http://www.whssc.wales.nhs.uk/sitesplus/documents/1119/Policy%20for%20Policies%20v3.0.pdf>) which reflects the approved position in Wales.
- Develop and publish a service specification for people in Wales.

- Consider the implications of the report from the England QA process and quality indicators for PBT when published.
- Make arrangements for the proper governance of its programme of work.
- Make recommendations to WHSSC on the actions to be taken as a result of the review, in particular the decisions affecting the commissioning and delivery of PBT for people living in Wales.
- Making arrangements for clinical advice to and leadership of the review.
- To consider other items as required by WHSSC.

### 7.3 Membership

The Group will be chaired by Dr Martin Rolles, ABMU Cancer Lead and Consultant Clinical Oncologist Singleton Hospital. The appointment will be fixed for the lifetime of the Group.

In the absence of the Chair and/or an appointed deputy, the remaining members present shall elect one of themselves to chair the meeting.

The membership of the Group is presented in Table 1.

Other members may be appointed, or invited to attend specific meetings as expert advisors as deemed appropriate by the Group.

The Group may establish sub-groups to carry out on its behalf specific aspects of the business within its remit.

The following members of the WHSSC Team will be observers on the Group:

- Dr Andrew Champion, Assistant Director, Evidence Evaluation, WHSSC
- Luke Archard, Specialised Planner – cancer and blood / cardiac, WHSSC.

**Table 1: All Wales PBT Advisory Group membership**

Dr Martin Rolles (Chair)	ABMU Cancer Lead, Consultant Clinical Oncologist Singleton Hospital
Jaap Vaarkamp	Head of Radiotherapy Physics, Betsi Cadwaladr UHB
Dr Win Soe	Consultant Clinical Oncologist, Betsi Cadwaladr UHB



Dr James Powell	Consultant Clinical Oncologist, Velindre NHS Trust
Dr Nachi Palaniappan	Consultant Clinical Oncologist, Velindre NHS Trust
Tony Millin	Medical Physicist, Velindre NHS Trust
Dr Russell Banner	Consultant Clinical Oncologist, Swansea
Prof. Roger Taylor	Professor of Clinical Oncology, Swansea University and Honorary Consultant Clinical Oncologist, Singleton Hospital
Simon Ryde	Interim Director, MPCE Head of Radiotherapy Physics, Singleton Hospital
Dr Tom Crosby	Cancer Network Lead Clinician and Consultant Clinical Oncologist, Velindre NHS Trust
Christine Morrell	Chief Scientific Adviser (Health), Welsh Government
Dr Sian Lewis	Acting Medical Director, WHSSC

The group secretariat function will be provided by the Assistant Director of Evidence Evaluation who will ensure that all papers are distributed at least 5 working days prior to the meeting.

The Group will exist until completion of all key tasks as set out in section 7.2 above.

#### **7.4 Meetings**

The Chair will ensure the Group's decisions are balanced, equitable, transparent and unbiased to ensure decisions are made upon the best interests of NHS Wales. The Chair may convene additional meetings as deemed necessary.

The timing of meetings will be arranged to allow adequate time for the business of the group to be conducted effectively.

At least 50% of member must be present to allow any formal business to take place.

Meetings shall be held every three months.

### *Dealing with Members' interests during meetings*

The Chair must ensure that the decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual members must demonstrate, through their actions, that their contribution to the decision making is based upon the best interests of the NHS in Wales.

Where individual Members identify an interest in relation to any aspect of business set out in the meeting agenda, that member must declare an interest at the start of the meeting. Members should seek advice from the Chair if they are in any doubt as to whether they should declare an interest. All declarations of interest made at a meeting must be recorded in the minutes.

## **7.5 Reporting and assurance arrangements**

The Chair of the Group shall:

- report formally to WHSSC on the Group's activities. This includes verbal updates on activity, the submission of the minutes and written reports
- bring to WHSSC's specific attention any significant matters under consideration by the Group, and
- ensure appropriate escalation arrangements are in place to alert WHSSC of any urgent/critical matters.

## **8. Appendix 2 - Group membership**

### **Advisory Group Chair**

Dr Martin Rolles                      Consultant Clinical Oncologist, Swansea

### **Advisory Group Members**

Dr Russell Banner                      Consultant Clinical Oncologist, Swansea

Dr Tony Millin                          Medical Physicist, Velindre

Dr Simon Ryde                          Interim Director MPCE, Head of Radiotherapy Physics, Swansea

Dr James Powell                        Consultant Clinical Oncologist, Velindre

Dr Meriel Jenney                        Consultant Paediatric Oncologist, Cardiff

Dr Nachi Palaniappan                    Consultant Clinical Oncologist, Velindre

Dr Win Soe                                Consultant Clinical Oncologist, Glan Clwyd

Dr Jaap Vaarkamp                        Head of Radiotherapy Physics, Glan Clwyd

Dr Tom Crosby                          Consultant Clinical Oncologist, Velindre

Dr Owen Tilsley                         Consultant Clinical Oncologist, Velindre

Dr Rob Orford                            Chief Scientific Adviser (Health), Welsh Government

Dr Eve Gallop-Evans<sup>7</sup>                    Consultant Clinical Oncologist, Velindre

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<sup>7</sup> From March 2017