IMPACT OF COVID-19 ON UK RADIOTHERAPY

FLASH SURVEY 24-27 APR 2020

NHS

341 RESPONSES

THERAPEUTIC RADIOGRAPHERS

31% **of respondents agreed they had access to full and appropriate PPE**

THREE QUARTERS were concerned they would catch or spread COVID-19 due to lack of appropriate PPE

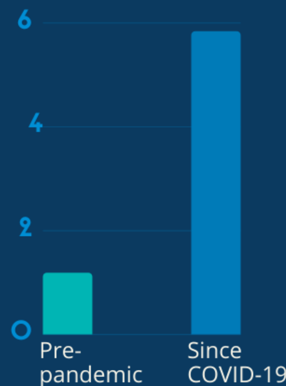
"There was a concerning delay with the correct PPE...several members of staff were exposed to the virus...via patients who we were not aware had a positive Covid-19 result at the time"

PROPORTION OF PATIENTS FACING DISRUPTIONS & DELAYS TO TREATMENT RANGED FROM **10% TO OVER 80%**

65% of respondents were concerned or extremely concerned about the impact of delays and disruptions on patients

SPARE LINAC CAPACITY

per day in hours



"Radiotherapy saves lives. Cancer doesn't go away because of a pandemic and so many people are not getting the treatment they desperately need."

ACTION RADIOTHERAPY
DEDICATED TO IMPROVING CANCER TREATMENT

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Action Radiotherapy Flash Survey 24-27th April 2020

The charity Action Radiotherapy undertook a flash survey of on the ground radiotherapy professionals, between 24-27th April 2020, to understand the current issues being faced by the UK radiotherapy service and their patients, following the changes made within the NHS, in response to the Covid-19 pandemic.

The survey was conducted using Google Forms and contained 29 questions. The survey was distributed to radiotherapy professionals via the Action Radiotherapy Daily news email list on 24th and 27th April and on twitter over these 4 days. The period of time surveyed, reflected treatment for patients in the cancer pathway, who will already have been referred and diagnosed prior to the lockdown and so does not reflect changes in practice due to delayed in diagnosis. It also contains up to date information about PPE and working practices as of 27 April 2020.

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Background

Radiotherapy treatment is needed in around 50% of patients with cancer and is required in 40% of cancer patients who are cured, being second only to surgery in its curative impact. However, it has to date been seen by many as a 'Cinderella' medical speciality; chronically underfunded and undervalued. The service has not been modernising as it could have been and so it has not benefitted from all the IT and technology that is now available for this high tech, multidisciplinary speciality. There is no commercial lobby and the speciality is multidisciplinary.

The All Party Parliamentary Group for Radiotherapy https://www.appgrt.co.uk/ were contacted by, and have been working with, the radiotherapy community since the start of the Covid-19 emergency. There have been concerns from patients, medical professionals, industry, MPs and confirmation internationally that delays and disruptions to treatment pathways due to Covid-19 will result in patients unnecessarily dying from cancer. Frustratingly, there appeared at the outset, insufficient awareness at senior NHS and political levels that many of these cancer deaths were potentially avoidable without detriment to the overall Covid-19 response. It soon emerged that one of the most effective way of protecting cancer patients was by prioritising and boosting radiotherapy services. It was evident that radiotherapy was not being prioritised as a critical service within the NHS during this pandemic.

On 28 March NICE issued COVID-19 rapid guidelines: delivery of radiotherapy. These recommended the use of the RADS (Remote, Avoid, Defer, Shorten) principle to help plan individual patient treatment with a priority list (1-5) adapted from guidance issued by NHSE. https://www.nice.org.uk/guidance/ng162. This survey reflects on the ground changes in the radiotherapy service over the last month resulting from this guidance and the overall disruption to the NHS.

Survey Results

There were **341** responses. The total UK radiotherapy workforce is around 5000 professionals and so this is likely to be a representative sample size. Responders were not able to be individually identified.

Responders

90% of responders worked in the NHS and represented all parts of the country and devolved nations. **80%** of responders were therapeutic radiographers (who make up 50% of the work force) and all other multidisciplinary professionals were represented including doctors, medical physicist, dosimetrists, engineers, allied health care professional and a researcher. **22** radiotherapy service managers responded and **8%** of responses were from staff at satellite centres, the rest being from main centres

Personal Protective Equipment (PPE)

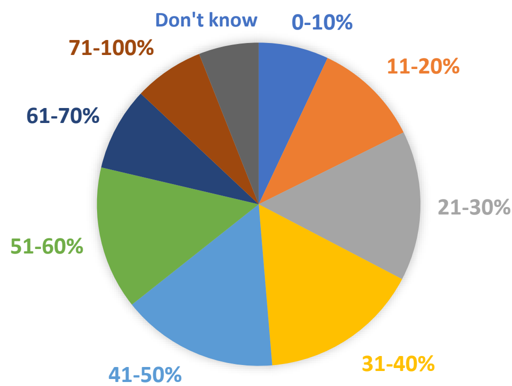
2% reported no access to appropriate PPE. Only **31%** of front-line staff felt they had excellent access to appropriate PPE. **76%** were concerned that they may contract or pass on Covid-19 due to lack of appropriate PPE, with **10%** being extremely concerned. For those working in the private sector all respondents (**100%**) rated their access to PPE as excellent or almost excellent. (n = 13 for private).

Treatment disruptions

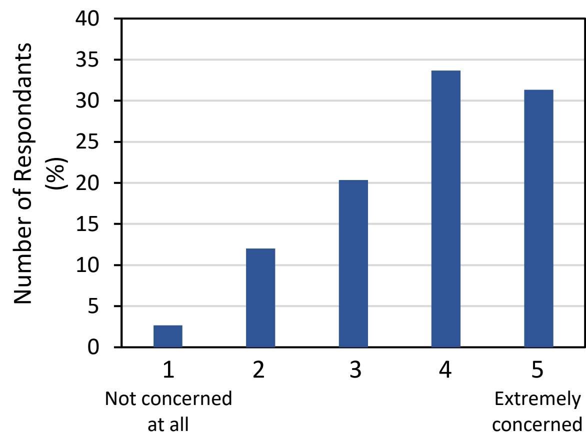
The percentage of patients who had their treatment disrupted, altered or postponed varied widely from less than 10% to over 80%. The majority (61%) reported between **21-60%** of patient treatments

disrupted. Whereas 60% of the private sector had <40% disruption to patients' treatment. **65%** of respondents were either concerned or extremely concerned about these disruptions.

Approximately what percentage of patients at your department have had their radiotherapy treatments disrupted, altered or postponed?



How concerned are you about patients' treatment being delayed or disrupted at your centre?



Easy of introduction of shorter treatment techniques as recommended in NICE guidelines

3 responders were unable to introduce Fast forward for breast cancer while **80%** had already done so.

36% had <u>not</u> been able to introduce advanced radiotherapy with SBRT with **17%** saying they were unable to do so.

Changes in machine capacity following the guidance

This was measured by changes in estimated daily spare hours of machine capacity. 80% of responders were working at full capacity (0-1 hour a day spare machine time) prior to the pandemic. However, now after the introduction of the guidance only **26%** were working at full capacity and the range of spare capacity was from up to **100 hours** a day.

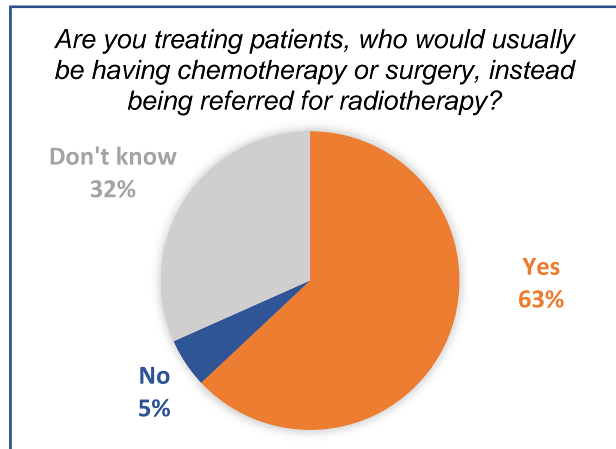
	Before Covid-19	Since Covid-19
Average spare machine capacity per day (hours)	1.2	5.8
Median spare machine capacity per day (hours)	0	3.5
Range of spare machine capacity per day (hours)	0-30	0-100

Percentage of prostate cancer patients having treatment delayed

Prostate cancer treatment makes up around 30% of the workload of a radiotherapy department. Prostate cancer treatment (in patients having neoadjuvant hormone therapy) was assigned the lowest priority (5) in the guidelines. On average **97%** of respondents reported at least some prostate cancer patients had had their treatment delayed for 1-6 months while only **3%** reported no delays and **20%** reported 100% of patients were being delayed.

Cancer treatments transferred to radiotherapy

63% of responders said they had been asked to treat additional patients who would normally be treated by chemotherapy and surgery from a range of tumour sites ranging from radical lung cancer patients referred for SABR and head and neck cancer through a range of other sites such as brain and pancreas and oesophagus though to palliative treatment.



Patient transport

The charity in the first weeks of lockdown, had heard reports of extreme difficulties with transport as volunteers self-isolated and patients needed individual transport. Trusts had even approached the military for assistance. Since the delays and cancellations of treatments transport has become less of an acute problem, however 30% of respondents did report difficulties. The main concern was the disappearance of charity and voluntary transport.

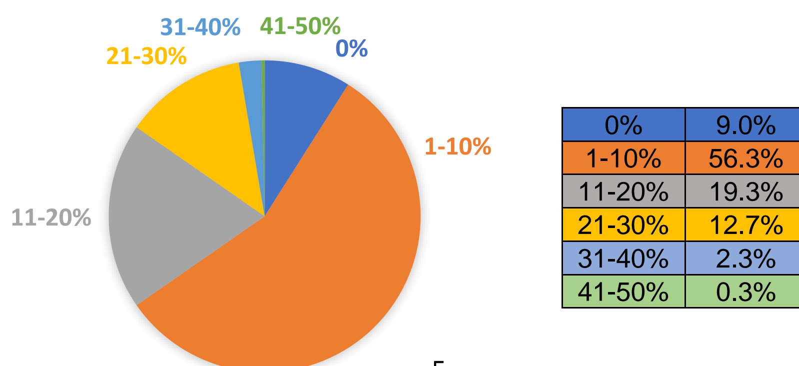
IT to support remote working, radiotherapy planning and networking

24% of responders reported poor or very poor IT infrastructure

Workforce

56% of responders reported they had up to 10% of their team currently away due to self-isolation or sickness. Only 9% reported that currently, no staff were absent from work. And approximately 10% of radiotherapy department workforce had been redeployed away from radiotherapy departments to Covid19 wards.

Approximately how many of the team are currently away due to self-isolation or sickness?

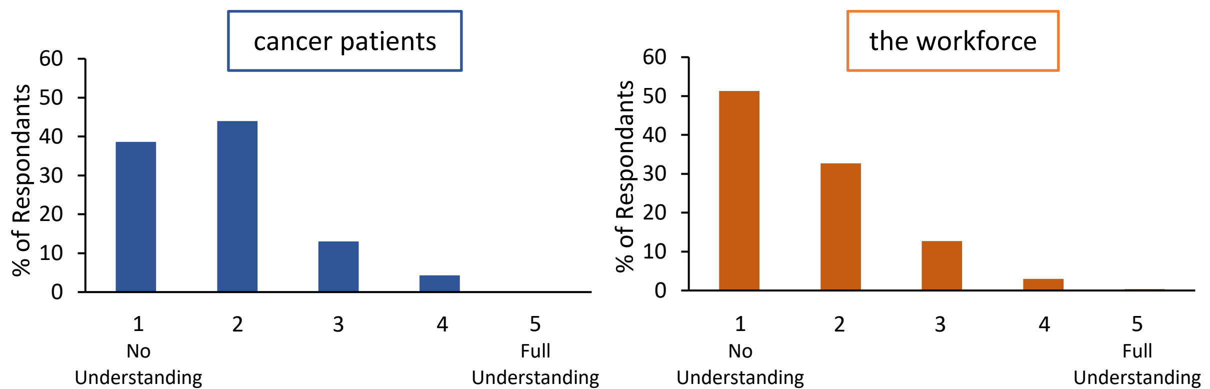


0%	9.0%
1-10%	56.3%
11-20%	19.3%
21-30%	12.7%
31-40%	2.3%
41-50%	0.3%

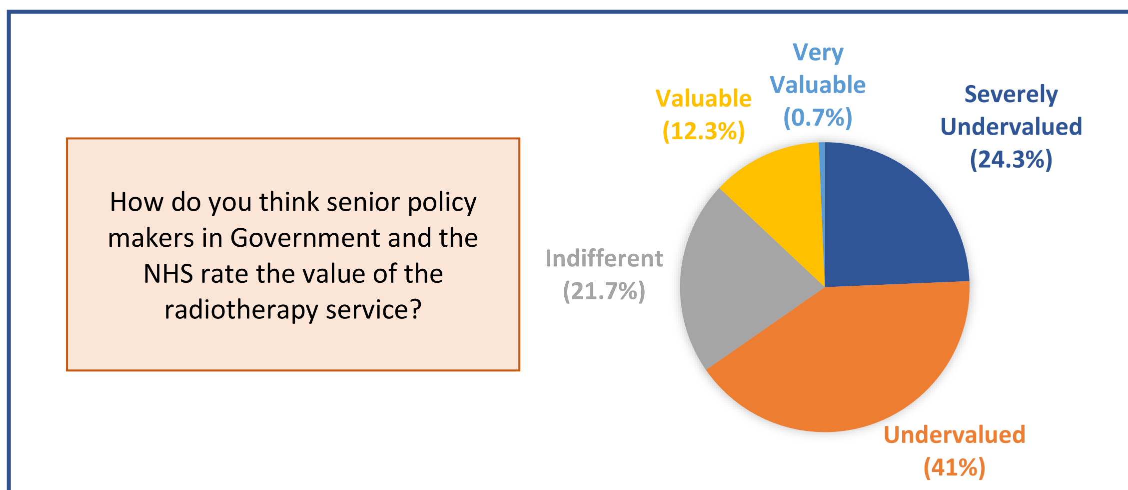
Appreciation of effect of current situation in radiotherapy on cancer patients and the workforce

The general feeling from the survey answers is that the Government do not understand the effect of the current situation, in radiotherapy, on cancer patients or on the workforce. 38% of respondents said that they felt the government had no understanding on the impact to cancer patients with no-one replying that the government had full understanding. When asked about workforce, 51% said that the Government had no understanding on the impact to the workforce.

Do you feel that the Government understand the impact of the current situation in radiotherapy, on cancer patients and the workforce?



As well as feeling like the Government didn't understand the effect of Covid-19 on radiotherapy patients and the radiotherapy workforce, most people felt like the radiotherapy service is undervalued by the Government and the NHS.



Finally, the morale of the workforce has been affected by the current crisis with more than half reporting morale to be lower.

Compared to before the Covid-19 pandemic, how is overall morale?	
A lot lower	11.7%
Lower	41%
No difference	26.3%
Higher	20.3%
A lot higher	0.7%

Summary of the free text answers

Participants were asked if they had a message to the Government about radiotherapy and its role in the current crisis. Around 80% included written comments. The responses were reviewed and grouped into four themes which represent the dominant topics. The groupings are reported here with some representative accompanying quotes. See Appendix 1 for a fuller range of quotes.

High-risk work given low priority
Radiographers deliver daily radiotherapy treatments to people with cancer. They work in very close proximity to patients (within centimetres) in order to position them accurately for their treatment. Staff are expected to continue to deliver this treatment to patients who have confirmed or suspected Covid-19. A high proportion of the comments emphasised the frustrations felt due to a lack of understanding and recognition for the type of work being done and the degree of risk radiotherapy staff are facing:

> *"Totally disregarded area of NHS with regards to protecting staff and vulnerable patients"*
>
> *"The radiotherapy workforce are not considered frontline. This is NOT the case at all."*
>
> *"It's been a horrifically stressful time. I'm fed up of people telling us we don't need PPE because other departments need it more than us."*
>
> *"The radiotherapy service (and wider cancer service) has been completely overlooked in the current crisis, and lives will be lost in the longer term"*

Many staff feel deceived and unsafe at work due to PPE measures
Many respondents commented on PPE provision and feel that the initial PPE recommendations were based on availability of PPE rather than on risk of transmission. Lack of support from employers and managers on this issue has led to an erosion of trust in many cases. Respondents also raised concerns over being exposed to the virus due to lack of PPE and testing:

> *"There was a concerning delay with the correct PPE being received in our department. Several members of staff were exposed to the virus on two known occasions via patients who we were not aware had a positive covid-19 result"*

The burden of delivering sub-optimal care and anxiety about the aftermath
It was clear from the feedback that the radiotherapy workforce are feeling the burden not being able to deliver the care that patients need and deserve. They are acutely aware that delaying treatments now will lead to a far worse situation in the near future. Their stress is compounded by a genuine fear that radiotherapy services will be overwhelmed when faced with the aftermath:

> *"so many people are not getting the treatment they desperately need"*
>
> *"Radiotherapy will be dealing with the consequences of lack of screening and surgery for years to come"*
>
> *"We are, without a doubt, going to see an increase in the number of patients being treated for later stage disease"*
>
> *"[We will be] facing a deluge of activity when society enters a post peak COVID era that threatens to overwhelm many services."*

Radiotherapy should be maximised and invested in, not restricted

Respondents were clear in their plea to maximise services rather than limit them, highlighting the capabilities and expertise available, and how, with focus on advances like SABR, radiotherapy could be transformed for the better:

> *"Now is the time to mobilise and expand radiotherapy (particularly SABR) to support patients"*
>
> *"Modern equipment, modern techniques, a highly trained workforce"*
>
> *"The service is essential regardless of the pandemic"*

Appendix 1: More free text answers

Selection of comments received from front line radiotherapy staff highlighting concerns

Personal Protective Equipment

1. The street cleaners in China, who are spraying the streets with disinfectant have better PPE than I do. The government is expecting us to risk our lives and the lives of our families to do our jobs. If they were in my shoes I'd like to see how willing they would be to turn up to work and risk their lives for the benefit of others.
2. The current recommendations for PPE is a joke and only based on the fact there is a shortage of PPE and not actual scientific based evidence.
3. WE ARE A HIGHLY AT RISK GROUP. Our faces are super close to the patient's. We have to lean our entire body into them to move them contaminating our uniform yet we've been told we are not allowed long sleeve gowns. It's disgusting.
4. Please protect vulnerable/at risk healthcare staff during this pandemic. Our health and lives are also important.
5. We are frontline staff. Give us the appropriate PPE (long-sleeve gowns and proper masks) to treat our Covid + patients. Instead we are using inappropriate short gowns leaving bare skin on arms and neck exposed and flimsy surgical masks. The current recommendations for PPE is a joke and only based on the fact there is a shortage of PPE and not actual scientific based evidence. The street cleaners in China, who are spraying the streets with disinfectant have better PPE than I do. The government is expecting us to risk our lives and the lives of our families to do our jobs. If they were in my shoes I'd like to see how willing they would be to turn up to work and risk their lives for the benefit of others.
6. We are finding a situation similar to animal farm is taking place in our hospital with nurses claiming higher importance and therefore getting better PPE etc even though none of the wards in our hospital are directly treating coronavirus (they are cancer wards and if a patient's condition deteriorates they are sent elsewhere for specialised treatment). Not a single one of us in my department became a Therapy Radiographer willing to one day have to put our lives and/or health on the line and yet this is what is expected of us. When we question this we are told "you knew what you signed up for" by management which is simply not true. It is becoming apparent that labelling NHS workers as "heroes" appears to be a strategic way of priming the public to accept the healthcare worker risks, infections and deaths as a necessary and heroic wartime type sacrifice instead of the reality that no worker needed to be at risk if maximum level PPE was provided to ALL NHS workers.
7. The radiotherapy workforce are not considered frontline. This is NOT the case at all.
   There was a concerning delay with the correct PPE being received in our department, which subsequently meant that several members of staff were exposed to the virus on two known occasions via patients who we were not aware had a positive covid-19 result at the time.
   when treating patients with test confirmed COVID-19 we should have the same PPE as frontline Drs and nurses. i.e. full long arm gowns, minimum FFP2 masks and full face visors
8. It's going to be heard to shake off that uneasy feeling arising from it being the intervention of the union that got us access to PPE - not the action of our employer.
9. Sent the recent blog [on therapy radiographer PPE] to our CEO! Now they know we exist and will visit us next week.

10. Totally disregarded area of NHS with regards to protecting staff and vulnerable patients
11. Radiotherapy is a critical service that has often been forgotten about, a lot of centres are becoming busier and don't have enough PPE. Please don't forget about us now!
12. The lack of ppe at the onset of this crisis was appalling. To make guidelines fit with the availability of ppe fraud in every sense then to change the guidelines when ppe available made it very clear that availability was the issue as the risk hadn't changed from day 1. Dishonest and showed no regard to the health and well being of their staff or patients attending treatment
13. I'm the infection control lead for my department. No one higher than a band 7 will listen to my recommendations and I've even been told to remember to act within my pay grade when challenging management on PPE provisions. It's been a horrifically stressful time. I'm fed up of people telling us we don't need PPE because other departments need it more than us. RISK IS RISK. you can't say we are less at risk because there is a shortage of PPE. Why does my life matter less than that of people in other departments?!?

Working practices

1. RT patients here aren't getting tested because they are not inpatients. But we treat suspect and covid at the end of the day.
2. Greater clarity is also needed for patients regarding self-isolating and attending for life-saving/extending radiotherapy. Many patients have thought self-isolating included not attending for radiotherapy and this has also caused increased levels of anxiety.
3. Cancer doesn't stop for coronavirus and these patient's are vulnerable to both Covid 19 and cancer progression. What a difficult position ot be in - do I risk my cancer progressing and dying from that or do I risk doing evrything I can to battle my cancer but die from Covid 19 contracted during hospital attendance for cancer treatment.
4. Stop pulling our consultants away from delivering a vital service
5. Better guidance on protection
6. why are our local Trust managers refusing to allow us to treat confirmed Covid positive "in-patients" that are considered too risky to be brought to a Linac?
7. Lack of other services eg dentists - people unable to start bisphosphonate treatment.

Work force

1. Overall very poor communication and many senior individuals are not around and working from home to protect themselves and seem to have little regard for their clinical team on the frontline.
2. The psychological impact of COVID19 within the workforce is being completely disregarded
3. The removal of the radiographer bursery has resulted in fewer therapeutic radiographer courses being available and so there is a looming additional pressure on radiographer staffing.
4. Looking to the wider oncology workforce there are absences in physics, technical and oncologist workforce, prior to the COVID-19 crisis which will be exacerbated by the pandemic. Few departments achieve the staffing models advised by professional bodies and there is little pressure on Trusts to look at this option.
5. Asking our doctors to drop days doing their planning work to work on the covid wards results in further delays for their cancer patients.
6. Younger consultants are being deployed to cover medical wards leaving a skeleton crew in the department to run the show.

Disruption in treatment

1. Radiotherapy saves lives and treatment delays will result in more cancer deaths. Delays in treatment severely affecting mental wellbeing of cancer patients
2. Set targets to ensure most cancer treatment is continuing as normal. Expect justification from Trusts if not. Covid cant be used as excuse for inaction and apathy indefinitely but if you don't set targets the sad reality is that the NHS system is not proactive or self motivating.
3. Guidelines need changing to ensure cancer patients are still getting the timely treatment they need.
4. Guidelines which aren't formal recommendations or even approved are not always very helpful.
5. Radiotherapy saves lives. Cancer doesn't go away because of a pandemic and so many people are not getting the treatment they desperately need. We are, without a doubt, going to see an increase in the number of patients being treated for later stage disease because things have been 'put on hold'
6. Practical measures can be taken to ensure optimum treatment for cancer patients during this time. Should not be a blanket one rule fits all.
7. Do not delay it, the backlash will be worse than that from the Covid19 Virus
8. Expect a need for increased capacity and increased workforce over the next 12-18 months. They also need to think about providing 'clean' RT services so that patients do not have to be delayed.
9. Radiotherapy services have continued to deliver care throughout the pandemic but are facing a deluge of activity when society enters a post peak COVID era that threatens to overwhelm many services.
10. Recovery phase must be clearly planned, funded and supported
11. We were already stretched pre CVD-19 it will take funding and cutting red tape to scale up capacity quickly
12. Stopping RT is short sighted and perhaps was a panic decision. Already stretched departments will now not be able to cope with the sudden bulge once the tap is turned back on. Hypo-fractionation will only create so much capacity, and often the departments do not have the adequate equipment or expertise to safely deliver it. Now is the time to mobilise and expand radiotherapy (particularly sbrt) to support patients
13. It is still a vital service as Covid will go away for many people, but cancer will not. Every day there is a delay could negatively affect the patient's outcomes
14. Radiotherapy will be dealing with the consequences of lack of screening and surgery for years to come
15. Need urgent working party to review impact on services post-covid and how we will 'catch-up' all the delayed treatments.
16. Please do not forget about us and our patient's. Our role is just as important as the nurses and other staff treating covid 19 patients. Cancer still exists and still needs treating appropriately to try and limit an increase in cancer deaths due to late/ diagnosis/treatment.
17. Likely to be more cancer deaths than Covid-19 deaths
18. Radiotherapy is a critical component of curative cancer treatment for many patients and one of the safer treatments to deliver at the current time. It is vital that resources are directed to ensure that treatment can continue as minimally disrupted as possible
19. I think that the government are so wrapped up in managing the current situation that radiotherapy has not been thought about. I'm more concerned about those patients that are

being delayed and will have treatment compromised. Also about how we are going to manage with the backlog of referrals.

20. Don't forget cancer patients. Cancer has been taking lives and will continue to take lives long before and after this pandemic, cancer patients are scared and there needs to be some national communication to them to make sure they know the situation fully.
21. Remember we're here, before this, during this and especially afterwards to mop up the damage. we're expecting a tsunami of patients to hit us in the 2nd half of the year.

Advanced Radiotherapy and technology

1. Make it a critical service and introduce advanced RT- what in earth are you waiting for- more deaths?
2. Radiotherapy works! Modern equipment, modern techniques, a highly trained workforce = access to SABR across the country now
3. Please roll out SABR to all centres
4. SABR is a “non-invasive” alternative to surgery for many tumours
5. This crisis has shone a light on how poor the IT provision is at our centre and we deserve and need to be modernised. Keep Microsoft teams and get us better computers.
6. Understand that this technology is rapidly evolving and improving so contimuous investment is needed to improve quality of care
7. More could be done to support staff only being in the department when absolutely necessary, even if work is less efficient due to IT issues with working remotely.
8. Individual radiotherapists should not have to fight for technological advances to improve their treatments. SBRT, DIBH and SRS should be available for more patients and the equipment to enable these types of treatment provided and training facilitated. The quality of radiotherapy and the more advanced treatment techniques should be available across all treatment centres so that wherever you live the standard of radiotherapy is equal.
9. I myself am pregnant and was initially made to feel as though I was being difficult in wanting to move away from patient facing work by one manager. I would feel much safer at home however our center is poorly equipped to facilitate any type of remote working due to outdated systems and resistance to change.
10. As important as ever but still hindered by old and inefficient IT.
11. Improve IT infrastucture to be able to work from home more
12. This crisis has shone a light on how poor the IT provision is at our centre and we deserve and need to be modernised.

Under-resourced

1. We are paying the penalty for previous under investment
2. Fund based on outcomes delivered
3. We have stepped up and giving treatment where surgery and chemo and immunotherapy etc are not able to do. For a modality that most people have not heard of and don’t adequately fund we are probably the only modality working hardest
4. Radiotherapy remains a vital role in cancer treatment, currently the only treatment that remains relatively safe to give in this crisis. The important of radiotherapy needs to be understand better, to show how under funded the service is and how more centres need funding nation wide
5. We need more investment in training (free tuition for students to come into radiotherapy/ more advertisement of radiotherapy as a career),more investment in state of the art radiotherapy machines/CT scanners/MRI linacs (a lot of our machines are approaching 10

years old - obtaining and commissioning new linacs is a slow process which needs to be speeded up)
6. Radiotherapy is a critical component of curative cancer treatment for many patients and one of the safer treatments to deliver at the current time. It is vital that resources are directed to ensure that treatment can continue as minimally disrupted as possible
7. If Radiotherapy services are not fully supported through the Covid crisis, there will be countless cancer patients whose outcomes will be seriously negatively affected

Equipment

1. Radiotherapy departments capital schemes were already under pressure as few Trusts manage the replacement of these major capital items within their normal operational and capital budgets and have relied on handout from the "linac fairy" to be able to replace older, unreliable and technologically obsolete equipment.
2. Most Trusts still have equipment which is beyond recommended lifetime, and so we will enter the post COVID-19 recover era with equipment which is not contemporary or fit for purpose

Direct messages to Government

1. Following Covid-19 you will have a cancer epidemic to deal with, so deal with it now.
2. Act now before its too late
3. Do not side-line us
4. Please pay attention!
5. There is no long term plan for this long term problem
6. That the fallout from this will be affecting Radiotherapy provision for at least the next 12-18 months - managing this crisis is going to be a long journey for all involved in RT
7. Radiotherapy is a safe and effective treatment option, but there has been endemic mis-management of this vital clinical service at governmental level with under investment in the service and lack of understanding of the benefits the treatment gives to patients for many years and successive governments.
8. The radiotherapy service (and wider cancer service) has been completely overlooked in the current crisis, and lives will be lost in the longer term as part of this.
9. Government won’t understand fully if management don't.
10. The service is essential regardless of the pandemic
11. Life saving cancer treatment is being stopped
12. Please do not prioritise covid-19 patients over cancer patients. They deserve access to lifesaving treatment too. Don't realise this too late to help them.
13. Cancer is a more deadly than COVID19 hence radiotherapy services should not be ignored
14. Concern over covid 19 is justified but the government will be judged on how well the NHS copes overall, not just on treatment of covid 19.
15. Our patients may not die of covid but because of it
16. Will someone get this sorted
17. Get your finger out !!!!!!!

Appendix 2: Survey Questions

1. Do you work in a Radiotherapy Centre?
2. Where is your centre located?
3. What is your current job role?
4. Are you a Radiotherapy Services Manager?
5. Do you primarily work in a main centre of a satellite centre?
6. How do you rate your access appropriate personal protective equipment (PPE)?
7. At work, how concerned are you that you may contract or pass on Covid-19 due to lack of appropriate Personal Protective Equipment (PPE)?
8. Approximately what percentage of patients at your department have had their radiotherapy treatments disrupted, altered or postponed?
9. How concerned are you about patients' treatment being delayed or disrupted at your centre?
10. Are you able to easily introduce the Fast Forward regime for breast cancer?
11. Are you able to easily introduce SABR in your centre?
12. Before the Covid-19 pandemic, please estimate how many hours of spare machine capacity you had at your centre, per day?
13. Since the Covid-19 pandemic, please estimate how many hours of spare machine capacity you had at your centre, per day?
14. What percentage of prostate cancer patients are having their treatment postponed at your centre? (please indicate the average duration in months if known)
15. Additional referrals: Are you treating patients, who would usually be having chemotherapy or surgery, instead being referred for radiotherapy?
16. What type of additional patients are being referred and have you any other comments about treatment alterations and disruptions?
17. Are you having difficulty with disrupted patient transport, and what have been the solutions?
18. To what extent is the IT infrastructure at your centre capable of facilitating remote working, radiotherapy planning and networking?
19. Approximately how many of the team are currently away due to self-isolation or sickness?
20. Have you or any of your colleagues been redeployed to other duties since the start of the crisis? Please give details
21. Compared to before the Covid-19 pandemic, how is overall morale?
22. Do you feel that the Government understand the impact of the current situation in radiotherapy on cancer patients?
23. Do you feel that the Government understand the impact of the current situation on the radiotherapy workforce?
24. Do you feel that senior NHS managers understand the impact of the current situation in radiotherapy on cancer patients?
25. How do you think senior policy makers in Government and the NHS rate the value of the radiotherapy service?
26. Do you feel that senior NHS managers understand the impact of the current situation on the radiotherapy workforce?
27. If you were able to give one message to the Government about radiotherapy and its role in the current crisis what would it be?
28. Is there anything else that you'd like to tell us about?