



# Resource impact summary report

Resource impact

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NICE has recommended that ProKnow can be used in radiotherapy for data archiving, communication and management while further evidence is generated. The recommendation includes use of all 3 ProKnow modules:

- ProKnow DS – database system used for importing and analysing patient data.
- ProKnow CA – contouring accuracy tool that allows users to practise, study and improve anatomical contours.
- ProKnow PS – platform for creating and comparing radiotherapy treatment plans.

NHS England (NHSE) commissioned a pilot of ProKnow (including all 3 modules) in March 2022 across 49 specialist cancer centres, with funding provided until March 2025. The pilot is part of the Radiotherapy Transformation Programme, aiming to improve the quality and reduce variability of radiotherapy service delivery. Data collected by NHS radiotherapy centres using ProKnow under the NHSE-commissioned pilot scheme will help generate evidence. The full details of the key outcomes to be captured while further evidence is generated are outlined in the [early value assessment guidance](#).

Current standard care varies across centres, and local treatment planning teams use local protocols for peer review in most NHS centres. There is a need to increase standardisation of radiotherapy treatment planning protocols across specialist radiotherapy centres in the NHS.

Using ProKnow within the NHS may enable greater adherence to national guidance and local peer review protocols. It may also result in higher-quality radiotherapy treatment plans because of the increased number of peer reviews performed, including re-review (either internally or externally). It may also increase flexibility to peer review as it allows peer review collaboration across radiotherapy services.

Using ProKnow may also improve standardisation and training across radiotherapy services. It may support wider adoption of more complex treatment modalities and improve outcomes at smaller radiotherapy sites by facilitating access to oncologists across radiotherapy services. However, clinical experts noted that ProKnow is unlikely to have any direct effect on patient outcomes but facilitates peer review and training, which may have a direct effect. Also, the committee concluded that there is very limited evidence to support the benefits of ProKnow.

Experts highlighted that the key parameters impacting resource use are the technology cost and the length of peer review activity. The cost of ProKnow is commercial in confidence. For more details on the price of ProKnow, contact [Daniel.Baines@elekta.com](mailto:Daniel.Baines@elekta.com).

Due to a lack of robust data on current practice and the variation across organisations and services, the size of the resource impact will need to be determined at a local level.

Radiotherapy services are commissioned by NHSE specialised commissioning. Providers are NHS hospital trusts.

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