

Engagement Report for Clinical Commissioning Policies

Unique Reference Number	B01X26
Policy Title	The use of Stereotactic Ablative Radiotherapy (SABR) as a treatment option for patients with Hepatocellular carcinoma or Cholangiocarcinoma
Accountable Commissioner	Kim Fell
Clinical Reference Group	Radiotherapy
Which stakeholders were contacted to be involved in policy development?	Radiotherapy Clinical Reference Group SABR CtE Oversight Group (included SABR Consortium representation)
Identify the relevant Royal College or Professional Society to the policy and indicate how they have been involved	Royal College of Radiologists, Society and College of Radiographers and IPEM are the relevant Professional Society and were represented on the Radiotherapy CRG.
Which stakeholders have actually been involved?	Radiotherapy Clinical Reference Group SABR Consortium SABR CtE Oversight Group Public Health England
Explain reason if there is any difference from previous question	Not applicable.
Identify any particular stakeholder organisations	None.

<p>that may be key to the policy development that you have approached that have yet to be engaged. Indicate why?</p>	
<p>How have stakeholders been involved? What engagement methods have been used?</p>	<p>The draft policy statement, together with the supporting Evidence Review, was distributed to members of the Radiotherapy CRG and its registered stakeholders for a period of 1 week of stakeholder testing. Testing was conducted through the NPoC email account. It should be noted that the Policy Working Group contained the main stakeholders for the intervention, PWG meetings were conducted via teleconference and email exchange.</p> <p>Stakeholder testing asked the following questions:</p> <ul style="list-style-type: none"> • It is proposed that this draft policy proposition will go for a 30 day period of public consultation. Please indicate if additional time is needed and why. • Has all of the relevant evidence been taken into account? If not, what is missing? • Does the policy proposition accurately describe the current pathway that patients experience? If not, what is different? • Please provide any comments that you may have about the potential impact on equality and health inequalities which might arise as a result of the proposed changes that we have described. • Are there any key stakeholder groups with whom we need to engage as part of the policy development process? • Are there any changes or additions you think need to be made to this policy proposition, and if so, why?
<p>What has happened or changed as a result of their input?</p>	<p>All comments were noted and no changes to the policy required. However, for transparency and to remove any doubt, the links to the SABR CtE programme and the SABR clinical trials, both supported by NHS England, should be confirmed with the SABR Steering group and NIHR.</p> <p>There was a variation in the support on details and quality of the evidence reviews for SABR. Questions of the evidence being complete and up to date have been addressed by SPH. The PWG felt that there was sufficient uncertainty still that justified continuing to support the current policy and continuing with NHS England support for the relevant clinical trials and CtE</p>
<p>How are stakeholders being kept informed of progress with</p>	<p>It should be noted that the Policy Working Group contained the main stakeholders for the intervention, as such stakeholders are kept informed about development through teleconferences and email exchange.</p>

policy development as a result of their input?	
What level of wider public consultation is recommended by the CRG for the NPOC Board to agree as a result of stakeholder involvement?	It is recommended that the policy proposition is subject to 30 days of public consultation.

For public consultation