

Engagement Report for Clinical Commissioning Policies

	1603	
Unique Reference Number		
Policy Title	Stereotactic radiosurgery/ radiotherapy for the treatment of pituitary adenomas [Adults]	
Accountable Commissioner	Kim Fell	
Clinical Reference Group	Specialised Surgery / Radiotherapy	
Which stakeholders were contacted to be involved in policy development?	There is an established Policy Working Group which is led by Mr Nick Phillips, Neurosurgeon. The SRS/SRT Expert Advisory Group members, Radiotherapy CRG members, Endocrinology CRG and members of the CNS tumours CRG have responded during the stakeholder feedback process. The CRG registered stakeholders also had an opportunity to respond during this initial phase.	
Identify the relevant Royal College or Professional Society to the policy and indicate how they have been involved	The radiotherapy CRG affiliated members include the Society and College of Radiographers, Royal College of Radiologists, IPEM, Macmillan Cancer Relief and Cancer Research UK. The SRS/SRT EAG has membership from the Brain Trust. The RT CRG registered stakeholders also had an opportunity to	
	respond during this initial phase.	
	The Society and College of Radiographers and Royal College of Radiologists have responded.	
Which stakeholders have actually been involved?	The Policy Working group included one PPE representative, two neurosurgeons, and a clinical oncologist specialising in SRS/SRT.	
Explain reason if there is any difference from previous question	Not applicable	
Identify any	The Endocrinology CRG was not directly contacted as a	

particular stakeholder organisations that may be key to the policy development that you have approached that have yet to be engaged. Indicate why?	stakeholder which was an oversight. The CRG has however responded during the stakeholder feedback process. Not aware of any others.
How have stakeholders been involved? What engagement methods have been used?	So far the stakeholder engagement has taken place in preparation for consultation. On line survey
What has happened or changed as a result of their input?	 a) A number of responders considered that the policy was recommending SRS/SRT as the treatment of choice arguing that conventional radiotherapy was preferred in some situations. The PWG has clarified the policy describing SRS/SRT as a treatment option for small tumours.
	b) The Endocrinology CRG was concerned that other medical treatments had not been included in the range of treatment options currently available. This has now been included.
25	c) The role of the endocrinologist in discussing the treatment options was raised and the PWG agreed to include the membership of the Pituitary MDT as defined by the NICE IOG and SRS/SRT service specification in the policy.
Orai	 A number of responders made reference to additional adverse events not included in the policy. The monitoring of vascular events has been clarified in the requirements for audit and a reference to other side effects made.
	 e) The vascular risk as a side effect of SRS/SRT was raised and PWG agreed that the monitoring of side effects is part of the audit requirements
	 f) The PWG have included Quality of life / patient experience in the audit section although this was not raised in the stakeholder feedback.
	g) It was noted that some feedback suggested that pituitary

	adenomas should be treated by Tier 3 /4 SRS/SRT providers. This is contrary to the current NHS England position and was noted by the PWG.
How are stakeholders being kept informed of progress with policy development as a result of their input?	The policy will be published for public consultation. The CRG members including affiliated members from Professional organisations, Macmillan, Brain Trust and Cancer Research UK will be fully informed of these changes.
What level of wider public consultation is recommended by the CRG for the NPOC Board to agree as a result of stakeholder involvement?	6 weeks public consultation with an on line survey
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