Engagement Report for Clinical Commissioning Policies

Unique Reference Number	**1674**
Policy Title	**Stereotactic ablative radiotherapy for small cell lung cancer and stage I-III non small cell primary lung cancer (excluding early stage non small cell lung cancer unsuitable for surgery)**
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 SABR Consortium (representative with expertise in the treatment of lung cancer)
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	N/A Stakeholder responses have been received from NCRI-ACP-RCP Society for Cardiothoracic Surgery in Great Britain and Ireland; Specialised Cancer Surgery CRG representing Thoracic surgery

question	Clinical Expert Group for Lung Cancer
Identify any particular stakeholder organisations that may be key to the policy development that you have approached that have yet to be engaged. Indicate why?	N/A
How have stakeholders been involved? What engagement methods have been used?	The draft policy proposition, together with the supporting Evidence Review, was distributed to members of the Radiotherapy CRG and its registered stakeholders for a period of 2 weeks 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. Stakeholder testing asked the following questions: • It is proposed that highly specialised products will go for period of public consultation. Please select the consultation level that you consider to be most appropriate. (6 weeks or up to 12 weeks) • Do you have any further comments on the proposed changes to the document? • If Yes, please describe below, in no more than 500 words, any further comments on the proposed changes to the document as part of this initial 'sense check'. • Please declare any conflict of interests relating to this document or service area.
What has happened or changed as a result of their input?	All comments were noted and no changes to the policy have been made based on the available evidence. However, an issue was raised about the role of SABR in the treatment of early stage small cell lung cancer patients unsuitable for surgery.
How are stakeholders being kept informed of progress with policy	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.

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?	There were 8 responders to the stakeholder feedback, 4 did not respond to this question, 3 recommended 12 weeks and 1 recommended 6 weeks It is recommended that the policy proposition is subject to 12 weeks of public consultation. *It was noted that some respondents felt we should commission SABR for T1T2N0 for the medically inoperable group of SCLC based on excellent local control and morbidity reports from single centres AND drawing parallels from NSCLC practice. Obviously there will be NO comparative study for this relatively infrequent group of patients.*