



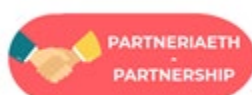
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Pwyllgor Gwasanaethau Iechyd  
Arbenigol Cymru (PGIAC)  
Welsh Health Specialised  
Services Committee (WHSSC)

## **Specialised Services Service Specification: CP219**

### **Stereotactic Ablative Body Radiotherapy (SABR)**

*June 2021  
Version 1.0*



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## Statement

The Welsh Health Specialised Services Committee commission the service of Stereotactic Ablative Body Radiotherapy (SABR) for people with cancer (covered by WHSSC commissioning policies CP76<sup>1</sup>, CP121<sup>2</sup> and CP124<sup>3</sup>) in-line with the criteria identified in this specification.

In creating this document WHSSC has reviewed the requirements and standards of care that are expected to deliver this service.

## Disclaimer

WHSSC assumes that healthcare professionals will use their clinical judgment, knowledge and expertise when deciding whether it is appropriate to apply this document.

This document may not be clinically appropriate for use in all situations and does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

WHSSC disclaims any responsibility for damages arising out of the use or non-use of this document.

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<sup>1</sup> Stereotactic Ablative Body Radiotherapy (SABR) for the management of surgically inoperable Non-Small Cell Lung Cancer in Adults (CP76)

<sup>2</sup> The use of Stereotactic Ablative Radiotherapy (SABR) in the treatment of Oligometastatic disease (CP121)

<sup>3</sup> The use of Stereotactic Ablative Radiotherapy (SABR) as a treatment option for patients with Hepatocellular carcinoma or Cholangiocarcinoma (CP124)

## 1. Introduction

This document has been developed as the Service Specification for the planning and delivery of Stereotactic Ablative Body Radiotherapy (SABR) for people resident in Wales. This service will only be commissioned by the Welsh Health Specialised Services Committee (WHSSC) and applies to residents of all seven Health Boards in Wales.

### 1.1 Background

Stereotactic Ablative Body Radiotherapy (SABR) is a highly targeted form of radiotherapy which targets a tumour with radiation beams delivered with advanced radiation techniques. The treatment is delivered in a smaller number of treatments (hypofractionation) than conventional radiotherapy usually using one, three, five or eight fractions. The aim of treatment with SABR is to ensure that the tumour receives a high dose of radiation whilst the tissues close to the tumour receive a lower dose of radiation sparing the surrounding healthy normal tissues. SABR should be seen as one component of a high quality integrated and comprehensive oncology service offering a full range of treatment options for Welsh patients.

WHSSC currently commissions SABR for the following cancers:

- Stereotactic Ablative Body Radiotherapy (SABR) for the management of surgically inoperable non-small cell lung cancer in adults. WHSSC commissioning policy CP76
- Stereotactic ablative radiotherapy (SABR) for patients with metachronous extracranial oligometastatic cancer (all ages). WHSSC interim commissioning policy CP121
- Stereotactic ablative radiotherapy (SABR) for patients with hepatocellular carcinoma (HCC) (adults). WHSSC interim commissioning policy CP124

### ***Lung cancer***

Lung cancer is the third most common cancer in the UK. It is more common as you get older. While incidence in men is decreasing, it is increasing in women. However the overall incidence of lung cancer is decreasing<sup>4</sup>. Approximately 80 to 85% of lung cancers in the UK are diagnosed as non small cell lung cancer (NSCLC). There are three main types of NSCLC: adenocarcinoma, squamous cell carcinoma and large cell carcinoma<sup>5</sup>. Small cell lung cancer (SCLC) accounts for approximately 15% of all lung cancers.

Lung cancer has the widest absolute inequality in incidence of any cancer in Wales. The most deprived fifth of the population has more than two and a half times the incidence compared to the least deprived. Geographical differences in incidence of lung cancer across Wales are primarily due to

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<sup>4</sup> Macmillan Cancer UK

<sup>5</sup> [Types of lung cancer | Cancer Research UK](#)

historic trends in smoking and exposure to tobacco smoke, especially in areas of high deprivation<sup>6</sup>.

During 2019-20 approximately 90 patients in Wales with surgically inoperable non-small cell lung cancer were treated with SABR.

### ***Oligometastatic cancer***

Oligometastatic cancer is a form of metastatic cancer. Metastatic cancer is a cancer that has spread from the part of the body where it started (the primary site) to other parts of the body. When cancer spreads, the most common sites it spreads to are the lymph nodes, lung, bones, spine and liver. Metastatic cancer is diagnosed in approximately 140,000 patients in the UK per year (Cancer Research UK (CRUK) 2018)<sup>7</sup>.

There is no consensus on the definition of oligometastatic cancer, however this term is generally used when the disease is confined to a small number of sites in the body (between one and five sites) as opposed to being widespread across the body (European Society for Medical Oncology, 2018<sup>8</sup>).

Metastatic cancer can occur at diagnosis (synchronous) or the cancer can come back after previous treatment. If the metastasis develops more than six months after the original (primary) cancer is treated, this is called a metachronous metastasis.

It is estimated that approximately 100 patients per annum in Wales will be eligible for SABR to treat oligometastatic cancer<sup>9</sup>.

### ***Hepatocellular carcinoma***

Hepatocellular carcinoma (HCC) is the most common type of primary liver cancer. This type of liver cancer develops from the main liver cells called hepatocytes. The disease is more likely to develop in men than women and becomes more common in older people (Cancer Research UK, 2018<sup>10</sup>).

There are approximately 300 new diagnoses of hepatocellular carcinoma per year in Wales<sup>7</sup> and the number of diagnoses is increasing due to people living with obesity, viral hepatitis and alcohol excess. These factors cause damage and scarring of the liver (known as cirrhosis), which increases the likelihood of hepatocellular carcinoma developing. It is estimated that

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<sup>6</sup> <http://www.wcisuwales.nhs.uk/cancer-incidence-in-wales>

<sup>7</sup> <https://www.cancerresearchuk.org/health-professional/cancer-statistics/incidence>

<sup>8</sup> <https://www.esmo.org/guidelines>

<sup>9</sup> Stereotactic ablative radiotherapy (SABR) for patients with metachronous extracranial oligometastatic cancer (all ages). WHSSC interim commissioning policy CP121

<sup>10</sup> <https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/liver-cancer>

approximately 6 patients per annum in Wales with hepatocellular carcinoma will be eligible for treatment with SABR<sup>11</sup>.

## 1.2 Aims and Objectives

The aim of this service specification is to define the requirements and standard of care essential for delivering SABR for people with cancer in accordance with the criteria in the published WHSSC commissioning policies.

The objectives of this service specification are to:

- detail the specifications required to deliver SABR services for people who are resident in Wales
- ensure minimum standards of care are set for the delivery of SABR
- ensure equitable access to SABR
- identify centres that are able to provide SABR for Welsh patients
- improve outcomes for people accessing SABR services.

## 1.3 Relationship with other documents

This document should be read in conjunction with the following documents:

- **NHS Wales**
  - All Wales Policy: [Making Decisions in Individual Patient Funding requests](#) (IPFR).
- **WHSSC policies and service specifications**
  - [WHSSC Commissioning policy: Stereotactic Ablative Body Radiotherapy \(SABR\) for the Management of Surgically Inoperable Non-Small Cell Lung Cancer in Adults](#), CP76, 2014
  - WHSSC Commissioning Policy: Stereotactic Ablative Body Radiotherapy (SABR) for Hepatocellular Carcinoma, CP124, 2020
  - WHSSC Commissioning Policy: Stereotactic Ablative Body Radiotherapy (SABR) SABR for Oligometastatic Cancer, CP121, 2020
  - [WHSSC Commissioning policy: Positron Emission Tomography \(PET\)](#), CP50a, 2020
  - [WHSSC Service Specification: Thoracic Surgery, CP144, 2020](#)

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<sup>11</sup> Stereotactic ablative radiotherapy (SABR) for patients with hepatocellular carcinoma (HCC) (adults). WHSSC commissioning policy CP124

- **National Institute of Health and Care Excellence (NICE) guidance**
  - [Improving Supportive and Palliative Care for adults with cancer](#), NICE Cancer Service Guidance (CGG4) March 2004
  - [Lung Cancer: Diagnosis and management](#), NICE Guideline (NG122), March 2019
  - [Suspected Cancer: Recognition and referral](#), NICE Guideline (NG12) July 2017
  - [End of Life Care for Adults: service delivery](#), NICE Guideline (NG142), October 2019
  - [Lung Cancer in Adults](#), NICE Quality Standard (QS17), December 2019
  - [End of life care for adults](#), NICE Quality Standard (QS13) March 2017
  
- **Relevant NHS England policies**
  - [Adult External Beam Radiotherapy Services Delivered as Part of a Radiotherapy Network Service Specification \(170091/S\), January 2019](#)
  - [Operational Delivery Networks for Adult External Beam Radiotherapy Services \(170092/S\), January 2019](#)
  - [Clinical Commissioning Policy: Stereotactic Ablative Body Radiotherapy for Non-Small-Cell Lung Cancer \(Adult\) \(NHSCB/B01/P/a\), April 2013](#)
  - [Clinical Commissioning Policy: Stereotactic Ablative Radiotherapy \(SABR\) for Hepatocellular Carcinoma \(Adults\) \(URN: 1913\) \[200206P\], April 2020](#)
  - [Clinical Commissioning Policy Stereotactic ablative radiotherapy \(SABR\) for patients with metachronous extracranial oligometastatic cancer \(all ages\) \(URN: 1908\) \[200205P\], April 2020](#)
  
- **Other published documents**
  - [Stereotactic Ablative Radiotherapy: A Resource, SABR UK Consortium, January 2019](#)
  - [Radiotherapy for lung cancer: RCR consensus statements, June 2020](#)
  - [On Target: ensuring geometric accuracy in radiotherapy. Royal College of Radiologists, College of Radiographers, IPEM \(awaiting publication\)](#)



## 2. Service Delivery

The Welsh Health Specialised Services Committee commission Stereotactic Ablative Body Radiotherapy (SABR) for people with cancer (covered by WHSSC commissioning policies CP76<sup>12</sup>, CP121<sup>13</sup> and CP124<sup>14</sup>) in-line with the criteria identified in this specification.

### 2.1 Access Criteria

Access criteria are dependent on cancer type. For further information see the following WHSSC commissioning policies:

- [WHSSC Commissioning policy: Stereotactic Ablative Body Radiotherapy \(SABR\) for the Management of Surgically Inoperable Non-Small Cell Lung Cancer in Adults](#), CP76, 2014
- WHSSC Interim Commissioning policy: Stereotactic Ablative Body Radiotherapy (SABR) for patients with metachronous extracranial oligometastatic cancer (all ages), CP121, 2020
- WHSSC Interim Commissioning policy: Stereotactic Ablative Body Radiotherapy (SABR) for patients with Hepatocellular Carcinoma (HCC) (adults). CP124, 2020.

### 2.2 Service description

In addition to the standards required within the contract between WHSSC and any provider, specific quality standards and measures will be expected. The provider must also meet the standards as set out below.

#### Technical and Staff Standards

- Stereotactic Ablative Body Radiotherapy (SABR) equipment must comply with radiation protection, medical device, health and safety and other relevant legal requirements and standards.
- Centres carrying out SABR should adhere to the recommendations detailed in the National Patient Safety Agency report 'Towards Safety in Radiotherapy'<sup>15</sup>.
- Centres carrying out SABR should adhere to the guidance in 'On Target: ensuring geometric accuracy in radiotherapy'<sup>16</sup>.
- In addition to a broad knowledge and experience of advanced radiotherapy, members of the core team should have received

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<sup>12</sup> Stereotactic Ablative Body Radiotherapy (SABR) for the management of surgically inoperable Non-Small Cell Lung Cancer in Adults (CP76)

<sup>13</sup> The use of Stereotactic Ablative Radiotherapy (SABR) in the treatment of Oligometastatic disease (CP121)

<sup>14</sup> The use of Stereotactic Ablative Radiotherapy (SABR) as a treatment option for patients with Hepatocellular carcinoma or Cholangiocarcinoma (CP124)

<sup>15</sup> [RCR, IPEM, NPSA, and BIR, Towards Safer Radiotherapy. The Royal College of Radiologists, London, 2008](#)

<sup>16</sup> [On Target: ensuring geometric accuracy in radiotherapy. Royal College of Radiologists, College of Radiographers, IPEM \(awaiting publication\)](#)

detailed training relevant to the equipment that will be used within the centre. (SABR UK Consortium Guidelines Standard TE.2)<sup>17</sup>

- Each member of the SABR core multidisciplinary team must demonstrate appropriate specialist training in the use of SABR. Such training could be attendance at an approved SABR course or visit to a centre established in delivering SABR to observe the various processes. Significant clinical experience in the application of advanced 3D conformal or intensity-modulated (Volumetric Modulated) radiotherapy (as appropriate to local SABR process) and relevant image-guidance technology is recommended (SABR UK Consortium Guidelines Standard TE.1)<sup>18</sup>.
- In addition to a broad knowledge and experience of advanced radiotherapy, members of the core multidisciplinary team should have received detailed training relevant to the equipment that will be used within the centre. (SABR UK Consortium Guidelines Standard TE.2)<sup>12</sup>
- The service should ensure adequate tumour site specialist oncology staff with links to integrated MDTs, including cross cover.
- New SABR services should be established with the support of a formal mentoring process to ensure robust quality assurance procedures are in place for treatment planning and delivery prior to service commencement<sup>12</sup>.

### **Specialist team**

- The SABR service should establish a core multi-disciplinary team consisting of clinical oncology, therapeutic radiography and medical physics. The SABR team should include two members from each of these three areas of core expertise to provide peer review to ensure safe treatment, cross cover and service resilience.
- To be quorate, and to ensure robust decision making in alignment with best practice, SABR MDT meetings should consist of a minimum of one consultant clinical oncologist, one therapeutic radiographer and one radiotherapy physicist.
- The consultant clinical oncologists within the MDT should have the relevant clinical expertise for the particular clinical indications for which treatment with SABR is being considered.
- Where radiology advice is required, a consultant radiologist may attend the SABR MDT as an extended MDT member.
- There should be a professional lead for the core MDT components of the service.

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<sup>17</sup> <https://www.sabr.org.uk/>

<sup>18</sup> <https://www.sabr.org.uk/>

- The team will consist of named individuals agreed by the relevant Head of Service.
- The lead clinical oncologist will act as overall clinical lead for SABR and will be responsible for ensuring that the other standards are met (SABR UK Consortium Guidelines Standard M.1)<sup>12</sup>.

### **Clinical Standards**

- Contours (both Target and Organ at Risk) and Radiotherapy dosimetric distributions forming treatment plans should be reviewed by two clinicians to ensure that planning constraints are met as detailed in the SABR UK Consortium Guidelines<sup>19</sup>.
- It is the responsibility of the SABR team to follow these patients up in order to document local control and toxicity.
- There will be regular multi-disciplinary review of all SABR cases (SABR UK Consortium Guidelines Standard M.4)<sup>15</sup>.
- There should be detailed documents defining consistent processes involved in selecting, outlining, planning, quality assurance and delivering SABR and follow up of patients.
- All patients receiving SABR shall have clinical follow-up for a minimum of two years, and ideally for at least five years. Full records must be kept of all late toxicity using Common Terminology Criteria for Adverse Events (CTCAE v4.0)<sup>20</sup>. Any local recurrences should be documented and fully investigated to determine if they represent in-field or marginal failures. (SABR UK Consortium Guidelines Standard C.4)<sup>15</sup>.

### **2.3 Interdependencies with other services or providers**

- SABR should be fully integrated within a department delivering conventional radiotherapy.
- SABR is delivered within the context of the wider cancer pathway and range of services (diagnostic and treatment) that patients may require. These may include:
  - Pre-treatment imaging (CT, MRI, PET)
  - Other forms of radiotherapy
  - In-patient and out-patient systemic anti-cancer therapy
  - Cancer surgery

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<sup>19</sup> <https://www.sabr.org.uk/>

<sup>20</sup> [https://ctep.cancer.gov/protocoldevelopment/electronic\\_applications/ctc.htm](https://ctep.cancer.gov/protocoldevelopment/electronic_applications/ctc.htm)

## 2.4 Exclusion Criteria

For information on exclusion criteria see the relevant WHSSC commissioning policies:

- [WHSSC Commissioning policy: Stereotactic Ablative Body Radiotherapy \(SABR\) for the Management of Surgically Inoperable Non-Small Cell Lung Cancer in Adults](#), CP76, 2014
- WHSSC Commissioning policy: Stereotactic Ablative Body Radiotherapy (SABR) for patients with metachronous extracranial oligometastatic cancer (all ages), CP121, 2020.
- WHSSC Commissioning policy: Stereotactic Ablative Body Radiotherapy (SABR) for patients with Hepatocellular Carcinoma (HCC) (Adults). CP124, 2020.

Only those indications as set out in the above three policies are currently routinely commissioned by WHSSC. Additional indications which may be candidates for future commissioning (such as oligo-progressive disease, pancreatic cancer, and renal cancer) will be considered via WHSSC's established evidence appraisal and prioritisation processes as the evidence base develops.

## 2.5 Acceptance Criteria

The service outlined in this specification is for patients ordinarily resident in Wales, or otherwise the commissioning responsibility of the NHS in Wales. This excludes patients who whilst resident in Wales, are registered with a GP practice in England, but includes patients resident in England who are registered with a GP Practice in Wales.

## 2.6 Patient Pathway (Annex i)

- Patient pathways are described in the relevant commissioning policies.

## 2.7 Service provider/Designated Centre

- Velindre Cancer Centre  
Velindre Road  
Whitchurch  
Cardiff  
CF14 2TL
- Clatterbridge Cancer Centre NHS Foundation Trust  
Clatterbridge Road  
Birkenhead  
Wirral  
CH63 4JY

- Queen Elizabeth Hospital  
University Hospitals Birmingham NHS Foundation Trust  
Mindelsohn Way  
Edgbaston  
Birmingham  
B15 2GW

## **2.8 Exceptions**

If the patient does not meet the criteria for treatment as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the All Wales IPFR Panel.

If the patient wishes to be referred to a provider outside of the agreed pathway, and IPFR should be submitted.

Further information on making IPFR requests can be found at: [Welsh Health Specialised Services Committee \(WHSSC\) | Individual Patient Funding Requests](#)

### 3. Quality and Patient Safety

The provider should work to written quality standard and provide monitoring information to the lead commissioner. The quality management systems should be externally audited and accredited.

The centre should enable the patients, carers and advocates informed participation and to be able to demonstrate this. Provision should be made for patients with communication difficulties and for children, teenagers and young adults.

#### 3.1 Quality Indicators (Standards)

The SABR service should:

- deliver a recommended minimum activity of 25 patients per year to maintain expertise. In applying this recommendation to rarer indications and complex SABR cases it is advised that these services are developed on a regional basis across networks. (SABR UK Consortium Guidelines Standard M.2)<sup>21</sup>
- have a structured clinical outcomes collection and analysis programme
- audit practice to inform change
- report and learn from radiotherapy error and near-miss events
- prospectively collect an RTDS-compatible dataset for routine submission to the Welsh Cancer Intelligence Surveillance Unit or Public Health England
- collect relevant diagnosis specific data on clinical outcome measures including:
  - overall survival
  - progression free survival
  - tumour local control
  - acute and late toxicity
- collect patient satisfaction data and other patient reported measures
- describe links to clinical trials, national registries and academic studies.

#### 3.2 National Standards

- [RCR, IPEM, NPSA, and BIR, Towards Safer Radiotherapy. The Royal College of Radiologists, London, 2008](#)

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<sup>21</sup> <https://www.sabr.org.uk/>

### 3.3 Other quality requirements

- Local procedures should be documented, regularly reviewed (at least annually) and there should be good multidisciplinary communication and team working<sup>22</sup>.
- All procedures should be part of departmental QART procedures in accordance with ISO9001:2000 or similar<sup>23</sup>.
- The linear accelerators used should be commissioned in line with IPEM report 94 'Acceptance Testing and Commissioning of Linear Accelerators'<sup>24</sup>.
- To ensure that the planning and treatment process is safe the appropriate recommendations in IPEM report 81 'Physics Aspects of Quality Control in Radiotherapy' 2nd edition<sup>25</sup>, IPEM report 103 'Small Field MV Photon Dosimetry'<sup>26</sup> and IAEA 'Dosimetry of small static fields used in external beam radiotherapy'<sup>27</sup> should be adhered to.
- Additional guidance may be found in AAPM report TG66 'Quality Assurance for computed-tomography simulators and the computed-simulation process'<sup>28</sup>.
- the provider should have a recognised system to demonstrate service quality and standards
- the service should have detailed clinical protocols setting out nationally (and local where appropriate) recognised good practice for each treatment site
- the quality system and its treatment protocols will be subject to regular clinical and management audit
- the provider is required to undertake regular patient surveys and develop and implement an action plan based on findings.

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<sup>22</sup> [SABR UK Consortium Guidelines 2019](#)

<sup>23</sup> <https://www.iso.org/standard/21823.html>

<sup>24</sup> [Kirby, D., S. Ryde, and C. Hall, Report 94: Acceptance Testing and Commissioning of Linear Accelerators. Institute of Physics and Engineering in Medicine \(IPEM\), 2007](#)

<sup>25</sup> [Patel, I, Report 81: Physics Aspects of Quality Control in Radiotherapy, 2nd edition. Institute of Physics and Engineering in Medicine \(IPEM\), 2018](#)

<sup>26</sup> [Aspradakis M et al. Report 103: Small Field MV Photon Dosimetry. Institute of Physics and Engineering in Medicine \(IPEM\), 2010](#)

<sup>27</sup> [IAEA, Dosimetry of small static fields used in external beam radiotherapy. An international code of practice for reference and relative dose determination. Technical report series No. 483. 2017](#)

<sup>28</sup> [Mutic, S., J.R. Palta, E.K. Butker, et al., Quality assurance for computed-tomography simulators and the computed-tomography-simulation process: report of the AAPM Radiation Therapy Committee Task Group No. 66. Med Phys, 2003. 30\(10\): p. 2762-92](#)

## **4. Performance monitoring and Information Requirement**

### **4.1 Performance Monitoring**

WHSSC will be responsible for commissioning services in line with this service specification. This will include agreeing appropriate information and procedures to monitor the performance of organisations.

For the services defined in this policy the following approach will be adopted:

- Service providers to evidence quality and performance controls
- Service providers to evidence compliance with standards of care

WHSSC will conduct performance and quality reviews on an annual basis.

### **4.2 Key Performance Indicators**

The providers will be expected to monitor against the full list of Quality Indicators derived from the service description components described in this specification.

The provider should also monitor the appropriateness of referrals into the service and provide regular feedback to referrers on inappropriate referrals, identifying any trends or potential educational needs.

In particular, the provider will be expected to monitor against the following target outcomes:

- Performance against the Wales Single Cancer Pathway<sup>29</sup> (62 days from the point of suspicion)
- Clinical Oncology Sub Committee (COSC) Time to Radiotherapy performance metrics
- Radiotherapy dataset (RTDS, UK Cancer Stats)<sup>30</sup>
- Toxicity outcomes (first two years or 50 patients)

### **4.3 Date of Review**

This document is scheduled for review before June 2024, where we will check if any new evidence is available.

If an update is carried out the policy will remain extant until the revised policy is published.

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<sup>29</sup> <https://collaborative.nhs.wales/networks/wales-cancer-network/>

<sup>30</sup> [http://www.ncin.org.uk/collecting\\_and\\_using\\_data/rtds](http://www.ncin.org.uk/collecting_and_using_data/rtds)



## **5. Equality Impact and Assessment**

The Equality Impact Assessment (EQIA) process has been developed to help promote fair and equal treatment in the delivery of health services. It aims to enable Welsh Health Specialised Services Committee to identify and eliminate detrimental treatment caused by the adverse impact of health service policies upon groups and individuals for reasons of race, gender re-assignment, disability, sex, sexual orientation, age, religion and belief, marriage and civil partnership, pregnancy and maternity and language (Welsh).

This policy has been subjected to an Equality Impact Assessment.

## **6. Putting Things Right**

### **6.1 Raising a Concern**

Whilst every effort has been made to ensure that decisions made under this policy are robust and appropriate for the patient group, it is acknowledged that there may be occasions when the patient or their representative are not happy with decisions made or the treatment provided.

The patient or their representative should be guided by the clinician, or the member of NHS staff with whom the concern is raised, to the appropriate arrangements for management of their concern.

If a patient or their representative is unhappy with the care provided during the treatment or the clinical decision to withdraw treatment provided under this policy, the patient and/or their representative should be guided to the LHB for [NHS Putting Things Right](#). For services provided outside NHS Wales the patient or their representative should be guided to the [NHS Trust Concerns Procedure](#), with a copy of the concern being sent to WHSSC.

### **6.2 Individual Patient Funding Request (IPFR)**

If the patient does not meet the criteria for treatment as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the All Wales IPFR Panel.

If an IPFR is declined by the Panel, a patient and/or their NHS clinician has the right to request information about how the decision was reached. If the patient and their NHS clinician feel the process has not been followed in accordance with this policy, arrangements can be made for an independent review of the process to be undertaken by the patient's Local Health Board. The ground for the review, which are detailed in the All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR), must be clearly stated

If the patient wishes to be referred to a provider outside of the agreed pathway, and IPFR should be submitted.

Further information on making IPFR requests can be found at: [Welsh Health Specialised Services Committee \(WHSSC\) | Individual Patient Funding Requests](#)

## Annex i Codes

<b>Code Category</b>	<b>Code</b>	<b>Description</b>
OPCS	Y91.5	Megavoltage treatment for hypofractionated stereotactic radiotherapy

## **Annex ii Abbreviations and Glossary**

### **Abbreviations**

<b>AWMSG</b>	All Wales Medicines Strategy Group
<b>IPFR</b>	Individual Patient Funding Request
<b>NSCLC</b>	Non-Small Cell Lung Cancer
<b>SMC</b>	Scottish Medicines Consortium
<b>WHSSC</b>	Welsh Health Specialised Services Committee

### **Glossary**

#### **Individual Patient Funding Request (IPFR)**

An IPFR is a request to Welsh Health Specialised Services Committee (WHSSC) to fund an intervention, device or treatment for patients that fall outside the range of services and treatments routinely provided across Wales.

#### **Welsh Health Specialised Services Committee (WHSSC)**

WHSSC is a joint committee of the seven local health boards in Wales. The purpose of WHSSC is to ensure that the population of Wales has fair and equitable access to the full range of Specialised Services and Tertiary Services. WHSSC ensures that specialised services are commissioned from providers that have the appropriate experience and expertise. They ensure that these providers are able to provide a robust, high quality and sustainable services, which are safe for patients and are cost effective for NHS Wales.