GIG CYMRU NHS WALES
Cyd-bwyllgor Comisiynu
Joint Commissioning Committee

Stereotactic Ablative Body Radiotherapy (SABR)

Service Specification: SS219

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1.7	N/A	Inclusion of reference to the Wales Cancer Network Radiotherapy service specification and other NWJCC SABR policies	12/09/2024
		Inclusion of new providers	12/09/2024

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Statement

NHS Wales Joint Commissioning Committee (NWJCC) will commission the service of Stereotactic Ablative Body Radiotherapy (SABR) for people with cancer (covered by NWJCC commissioning policies, CP76, CP121, CP124, PP278, CP279 and PPS280) in line with the criteria outlined in this specification.

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

Welsh Language

NWJCC is committed to treating the English and Welsh languages on the basis of equality, and endeavour to ensure commissioned services meet the requirements of the legislative framework for Welsh Language, including the Welsh Language Act (1993), the Welsh Language (Wales) Measure 2011 and the Welsh Language Standards (No.7) Regulations 2018.

Where a service is provided in a private facility or in a hospital outside of Wales, the provisions of the Welsh language standards do not directly apply but in recognition of its importance to the patient experience, the referring health board should ensure that wherever possible patients have access to their preferred language.

In order to facilitate this, NWJCC is committed to working closely with providers to ensure that in the absence of a Welsh speaker, written information will be offered and people have access to either a translator or 'Language-line' if requested. Where possible, links to local teams should be maintained during the period of care.

Decarbonisation

NWJCC is committed to taking assertive action to reducing the carbon footprint through mindful commissioning activities. Where possible and taking into account each individual patient's needs, services are provided closer to home, including via digital and virtual access, with a delivery chain for service provision and associated capital that reflects the NWJCC commitment.

Disclaimer

NWJCC 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, or Local Authority.

NWJCC disclaims any responsibility for damages arising out of the use or non-use of this policy.

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 NHS Wales Joint Commissioning Committee (NWJCC) 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.

NWJCC currently commissions SABR for the following:

- Non-small cell lung cancer in people aged 18 and above
- Metachronous extracranial oligometastatic cancer (all ages)
- Hepatocellular carcinoma (HCC) (adults)
- Previously irradiated, locally recurrent primary pelvic tumours in people aged 18 and above
- Primary kidney cancer in people aged 18 and above
- Locally advanced, inoperable, non-metastatic pancreatic carcinoma (LANPC) in people aged 18 and above

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. Lung cancer incidence rates are projected to fall by 2% in the UK between 2023-2025 and 2038-2040. 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[1]. Small cell lung cancer (SCLC) accounts for approximately 15% of all lung cancers.

[1] Types of lung cancer | Cancer Research UK

Lung cancer is one of the main drivers of health inequalities in Wales. Lung cancer inequalities are largely driven by smoking inequalities which relate to deprivation. The rates of lung cancer incidence per 100,000 people are 2.75x higher in the most deprived fifth compared to the least deprived fifth[2].

Approximately 100 patients in Wales with NSCLC are eligible for treatment with SABR each year.

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)[3].

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[4]).

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.

Approximately 100 patients per annum in Wales are eligible for treatment with SABR for oligometastatic cancer.

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[5]).

There are approximately 300 new diagnoses of hepatocellular carcinoma per year in Wales 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

[2] Lung cancer inequalities in Wales: Investigating the relationship between deprivation, smoking and lung cancer inequalities - Emily Heath (2022)

[3] https://www.cancerresearchuk.org/health-professional/cancer-statistics/incidence

[4] https://www.esmo.org/guidelines

[5] https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/liver-cancer

developing. Approximately 6 patients per annum in Wales with hepatocellular carcinoma are eligible for treatment with SABR.

Pelvic Tumours

The pelvis is the lower part of the torso, located between the abdomen and the legs. This area contains a number of different organs including the reproductive organs, the bladder and the large intestine (sometimes referred to as the colon or bowel).

Cancerous tumours can occur in any of these organs in the pelvis, however, they most commonly occur in the prostate, gynaecological organs and the rectum. Tumours may originate in these organs (referred to as primary cancer) or may spread to the pelvic region from other parts of the body (known as secondary cancers). Usually tumours in the pelvic region are a combination of primary and secondary cancers.

Initial treatment options for tumours in the pelvis depend on the location and size of the tumour, and a combination of different treatments is usually used including surgery, systemic anti-cancer therapy (e.g., chemotherapy) and radiotherapy.

Primary tumours in the pelvis can occur in a number of different locations including the prostate, bladder, gynaecological organs and bowel. In 2019 in Wales, there were:

- 2,971 cases of newly diagnosed prostate cancer
- 535 cases of newly diagnosed bladder cancer
- 981 newly diagnosed cases of cervical, ovarian and uterine cancers
- 5,105 new cases of anal, colon, colorectal and rectal cancer[6].

An estimated 8 people would be eligible for treatment per year

Kidney cancer

The kidneys are part of your body's urinary system. Kidney cancer develops when abnormal cells in either of the kidneys start to divide and grow in an uncontrolled way.

There are approximately 650 new cases of kidney cancer per year in Wales. The most common (86%) specific location for kidney cancers in the UK is the kidney itself[7]. Local experts estimate that approximately 16 patients with primary kidney cancer per year would be eligible for treatment with SABR in Wales.

Pancreatic Cancer

[6] WCISU: Cancer incidence in Wales 2002-2019

[7] Kidney cancer incidence statistics | Cancer Research UK

Pancreatic cancer is a type of cancer that starts in the pancreas, an organ near the stomach and is relatively rare. Exocrine tumours start in the exocrine cells, where enzymes that help to digest food are made[8].

Patients with pancreatic cancer normally present as an emergency or via a hospital referral from the GP because of symptoms. Common symptoms include jaundice due to blockage of bile ducts, severe upper abdominal or back pain, loss of appetite and weight loss.

Ninety-six percent of all pancreatic cancers are exocrine tumours. The most common type of pancreatic cancer, pancreatic ductal adenocarcinoma (PDAC), is an exocrine tumour. There are approximately 415 people diagnosed with pancreatic cancer each year in Wales[9]. Around 30% of PDAC present as locally advanced, inoperable cancer which has not spread to other parts of the body (known as LANPC). Around 75% of patients with LANPC are fit enough to receive active treatment. Around 65% of patients that receive treatment for LANPC have disease that remains localised following chemotherapy[10]. Therefore, it is estimated that around 35 eligible patients per year may choose SABR as an alternative to chemoradiotherapy and will meet the criteria for the intervention described in this policy statement.

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 NWJCC commissioning policies for SABR.

The objectives of this service specification are to:

- details the specifications required to deliver SABR services for people who are residents in Wales
- ensure minimum standards of care are set for the use 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

[8] Clinical Commissioning Policy Statement Stereotactic ablative body radiotherapy for patients with locally advanced, inoperable, non-metastatic pancreatic carcinoma (adults) URN (2011) [210901P] October 2021

[9] Extrapolated figures given in NHS England SABR for LANPC policy to Welsh population (5%)

[10] Hudson E, Hurt C, Mort D, Brewster AE, Iqbal N, Joseph G, Crosby TDL, Mukherjee S.
Induction chemotherapy followed by chemoradiation in locally advanced pancreatic cancer: an effective and well-tolerated treatment. Clinical Oncology. 2010;22(1):27-35. Available from https://www.clinicaloncologyonline.net/article/S0936-6555(09)00324-0/fulltext

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).
  - Service Specification of External Beam Radiotherapy Services for the NHS in Wales

- **NHS Wales Joint Commissioning Committee policies and service specifications**
  - Stereotactic Ablative Body Radiotherapy (SABR) for the Management of Surgically Inoperable Non-Small Cell Lung Cancer in Adults, Commissioning Policy (CP76), 2023
  - Stereotactic Ablative Body Radiotherapy (SABR) for Hepatocellular Carcinoma, Commissioning Policy (CP124), 2020
  - Stereotactic Ablative Body Radiotherapy (SABR) SABR for Oligometastatic Cancer, Commissioning Policy (CP121), 2020
  - Stereotactic Ablative Body Radiotherapy (SABR) for patients aged 18 years old and above with previously irradiated, locally recurrent primary pelvic tumours, Policy Position Statement (PP278), 2023
  - Stereotactic Ablative Body Radiotherapy (SABR) for people aged 18 years old and above with primary kidney cancer, Commissioning Policy (CP279), 2024
  - Stereotactic ablative body radiotherapy (SABR) for patients aged 18 years old and above with locally advanced, inoperable, non-metastatic pancreatic carcinoma (LANPC), Policy Position Statement (PP280), 2023
  - Positron Emission Tomography (PET), Commissioning Policy (CP50), 2020
  - Thoracic Surgery, Service Specification (CP144), 2020

- **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

- **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 (2021)

2. Service Delivery

The NHS Wales Joint Commissioning Committee will commission Stereotactic Ablative Body Radiotherapy (SABR) for people with cancer in line with the criteria identified in NWJCC commissioning policies CP76, CP121, CP124, PP278, CP279 and PPS280.

2.1 Access Criteria

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

- Stereotactic Ablative Body Radiotherapy (SABR) for the Management of Surgically Inoperable Non-Small Cell Lung Cancer in Adults, CP76, 2023
- Stereotactic Ablative Body Radiotherapy (SABR) for Hepatocellular Carcinoma, CP124, 2020
- Stereotactic Ablative Body Radiotherapy (SABR) SABR for Oligometastatic Cancer, CP121, 2020
- Stereotactic Ablative Body Radiotherapy (SABR) for patients aged 18 years old and above with previously irradiated, locally recurrent primary pelvic tumours, PP278, 2023
- Stereotactic Ablative Body Radiotherapy (SABR) for people aged 18 years old and above with primary kidney cancer, CP279, 2024
- Stereotactic ablative body radiotherapy (SABR) for patients aged 18 years old and above with locally advanced, inoperable, non-metastatic pancreatic carcinoma (LANPC), PP280, 2023

2.2 Service description

In addition to the standards required within the Contract between NWJCC 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'[11].

[11] RCR, IPEM, NPSA, and BIR, Towards Safer Radiotherapy. The Royal College of Radiologists, London, 2008

- Centres carrying out SABR should adhere to the guidance in 'On Target: ensuring geometric accuracy in radiotherapy'[12].
- In addition to a broad knowledge and experience of advanced radiotherapy, members of the core team should have received detailed training relevant to the equipment that will be used within the centre. (SABR UK Consortium Guidelines Standard TE.2)[13].
- 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)[14].
- 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)[12].
- 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[12].

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.

[12] On Target: ensuring geometric accuracy in radiotherapy. Royal College of Radiologists, College of Radiographers, IPEM (awaiting publication)

[13] https://www.sabr.org.uk/
[14] 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)[12].

Clinical Standards

- Contours (both Target and Organ at Risk) and Radiotherapy dosimetric distributions forming treatment plans should be reviewed by two clinical specialists to ensure that planning constraints are met as detailed in the SABR UK Consortium Guidelines[15].
- 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)[15].
- 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)[16]. 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)[15].

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

2.4 Exclusion Criteria

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

[15] https://www.sabr.org.uk/
[16] https://ctep.cancer.gov/protocoldevelopment/electronic_applications/ctc.htm

- Stereotactic Ablative Body Radiotherapy (SABR) for the Management of Surgically Inoperable Non-Small Cell Lung Cancer in Adults, Commissioning Policy (CP76), 2023
- Stereotactic Ablative Body Radiotherapy (SABR) for Hepatocellular Carcinoma, Commissioning Policy (CP124), 2020
- Stereotactic Ablative Body Radiotherapy (SABR) SABR for Oligometastatic Cancer, Commissioning Policy (CP121), 2020
- Stereotactic Ablative Body Radiotherapy (SABR) for patients aged 18 years old and above with previously irradiated, locally recurrent primary pelvic tumours, Policy Position Statement (PP278), 2023
- Stereotactic Ablative Body Radiotherapy (SABR) for people aged 18 years old and above with primary kidney cancer, Commissioning Policy (CP279), 2024
- Stereotactic ablative body radiotherapy (SABR) for patients aged 18 years old and above with locally advanced, inoperable, non-metastatic pancreatic carcinoma (LANPC), Policy Position Statement (PP280), 2023

Only those indications as set out in the above policies are currently routinely commissioned by NWJCC. Additional indications which may be candidates for future commissioning will be considered via NWJCC'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

Patient pathways are described in the relevant commissioning policies listed in 2.4.

2.7 Service providers/Designated Centres

Clatterbridge Cancer Centre NHS Foundation Trust
Clatterbridge Road
Birkenhead
Wirral
CH63 4JY

The Lingen Davies Oncology Centre
Royal Shrewsbury Hospital
Mytton Oak Rd
Shrewsbury
SY3 8XQ

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

South West Wales Cancer Centre
Singleton Hospital
Sketty Lane
Sketty
Swansea
SA2 8QA

Velindre Cancer Centre
Velindre Road
Whitchurch
Cardiff
CF14 2TL

The following table shows which centre is the provider of SABR by indication and by patient health board of residence:

Policy	Indication	ABUHB	BCUHB	CTMUHB	CVUHB	HDUHB	PTHB	SBUHB
CP76	NSCLC	VCC	CCC	VCC	VCC	SWWCC	RSH	SWWCC
CP121	Lung metastasis	VCC	CCC	VCC	VCC	SWWCC	RSH	SWWCC
	Bone (non-spine)	VCC	CCC	VCC	VCC	SWWCC	RSH	SWWCC
	Lymph nodes	VCC	CCC	VCC	VCC	SWWCC	RSH	SWWCC
	Liver metastasis	VCC	CCC	VCC	VCC	SWWCC	QEH	SWWCC
	Adrenal	VCC	CCC	VCC	VCC	SWWCC	QEH	SWWCC
	Spine	VCC	CCC	VCC	VCC	VCC	QEH	VCC
CP124	HCC	VCC	CCC	VCC	VCC	SWWCC	QEH	SWWCC
PP278	Pelvis	VCC	CCC	VCC	VCC	SWWCC	QEH	SWWCC
CP279	Kidney	VCC	VCC	VCC	VCC	SWWCC	VCC	SWWCC
PP280	Pancreas	SWWCC	CCC	SWWCC	SWWCC	SWWCC	QEH	SWWCC

Key:

ABUHB	Aneurin Bevan University Health Board
BCUHB	Betsi Cadwaladr University Health Board
CCC	Clatterbridge Cancer Centre
CTMUHB	Cwm Taf Morgannwg University Health Board
CVUHB	Cardiff and Vale University Health Board
HDUHB	Hywel Dda University Health Board
PTHB	Powys Teaching Health Board
QEH	Queen Elizabeth Hospital Birmingham
RSH	Royal Shrewsbury Hospital
SBUHB	Swansea Bay University Health Board
SWWCC	South West Wales Cancer Centre
VCC	Velindre Cancer Centre

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, an IPFR should be submitted.

Further information on making IPFR requests can be found at: Individual Patient Funding Requests

3. Quality and Patient Safety

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

The centre must 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)[17]
- 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

The Royal College of Radiologists (RCR), Institute of Physics and Engineering in Medicine (IPEM), National Patient Safety Agency (NPSA), and the British Institute of Radiology (BIR), Towards Safer Radiotherapy. The Royal College of Radiologists, London, 2008

[17] 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[18].
- All procedures should be part of departmental QART procedures in accordance with ISO9001:2000 or similar[19].
- The linear accelerators used should be commissioned in line with IPEM report 94 'Acceptance Testing and Commissioning of Linear Accelerators'[20].
- 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[21], IPEM report 103 'Small Field MV Photon Dosimetry'[22] and IAEA 'Dosimetry of small static fields used in external beam radiotherapy'[23] should be adhered to.
- Additional guidance may be found in AAPM report TG66 'Quality Assurance for computed-tomography simulators and the computed-simulation process'[24].
- 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.

[18] SABR UK Consortium Guidelines 2019
[19] https://www.iso.org/standard/21823.html
[20] 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
[21] Patel, I, Report 81: Physics Aspects of Quality Control in Radiotherapy, 2nd edition. Institute of Physics and Engineering in Medicine (IPEM), 2018
[22] Aspradakis M et al. Report 103: Small Field MV Photon Dosimetry. Institute of Physics and Engineering in Medicine (IPEM), 2010
[23] 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
[24] 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

NWJCC will be responsible for commissioning services in line with this policy. 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

NWJCC 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 Section 2.2.

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[25] (62 days from the point of suspicion)
- Clinical Oncology Sub Committee (COSC) Time to Radiotherapy performance metrics
- Radiotherapy dataset (RTDS, UK Cancer Stats)[26]
- Toxicity outcomes (first two years or 50 patients)

4.3 Date of Review

This document is scheduled for review before November 2027 where we will check if any new evidence is available.

[25] https://collaborative.nhs.wales/networks/wales-cancer-network/
[26] http://www.ncin.org.uk/collecting_and_using_data/rtds

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

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 NHS Wales Joint Commissioning 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.

The Assessment demonstrates the policy is robust and there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken.

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 NWJCC.

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: Individual Patient Funding Requests.

Annex i Codes

Code Category	Code	Description
OPCS	Y91.5	Megavoltage treatment for hypo fractionated stereotactic radiotherapy

Annex ii Abbreviations and Glossary

Abbreviations

ABUHB	Aneurin Bevan University Health Board
BCUHB	Betsi Cadwaladr University Health Board
CCC	Clatterbridge Cancer Centre
CTMUHB	Cwm Taf Morgannwg University Health Board
CVUHB	Cardiff and Vale University Health Board
HCC	Hepatocellular Carcinoma
HDUHB	Hywel Dda University Health Board
IPFR	Individual Patient Funding Request
LANPC	Locally advanced, inoperable, non-metastatic pancreatic carcinoma
NSCLC	Non-small Cell Lung Cancer
NWJCC	NHS Wales Joint Commissioning Committee
PTHB	Powys Teaching Health Board
QEH	Queen Elizabeth Hospital Birmingham
RSH	Royal Shrewsbury Hospital
SABR	Stereotactic Ablative Body Radiotherapy
SBUHB	Swansea Bay University Health Board
SWWCC	South West Wales Cancer Centre
VCC	Velindre Cancer Centre

Glossary

Individual Patient Funding Request (IPFR)
An IPFR is a request to NHS Wales Joint Commissioning Committee (NWJCC) to fund an intervention, device or treatment for patients that fall outside the range of services and treatments routinely provided across Wales.

NHS Wales Joint Commissioning Committee (NWJCC)
NWJCC is a joint committee of the seven local health boards in Wales. The purpose of NWJCC is to ensure that the population of Wales has fair and equitable access to the full

range of Tertiary Services. NWJCC ensures that services within our portfolio 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.