

## **Engagement Report for Clinical Commissioning Policies**

Unique Reference Number	1857
Policy Title	Stereotactic radiosurgery (SRS) and stereotactic radiotherapy (SRT) to the surgical cavity following resection of cerebral metastases (all ages).
Clinical Reference Group	Radiotherapy
Which stakeholders were contacted to be involved in policy development?	A policy working group was established in line with standard processes.
	The draft policy proposition was sent the following stakeholders for comment:
	<ul> <li>Registered stakeholders for the Radiotherapy Clinical Reference Group (CRG);</li> <li>Registered stakeholders for the Specialised Cancer Surgery CRG; and</li> <li>Registered stakeholders for the Neurosciences CRG.</li> </ul>
Identify the relevant Royal College or Professional Society to the policy and indicate how they have been involved	<ul> <li>The relevant colleges and/or professional societies are registered stakeholders of the CRGs and include:</li> <li>Society of British Neurological Surgeons;</li> <li>Royal College of Radiologists; and</li> <li>Society and College of Radiographers.</li> </ul>
	All relevant colleges and/or professional societies were sent a copy of the policy for comment. The policy was also sent to the British Neuro-oncology Society for comment.
Which stakeholders have actually been involved?	Responses were received from Royal College of Radiologists, Society and College of Radiographers. In addition, a further 9 responses were received from registered stakeholders including Sarcoma UK.
Explain reason if there is any difference from previous question	Not applicable.
Identify any particular stakeholder organisations that may be key to the	None.

policy development that you have approached that have yet to be engaged. Indicate why? How have stakeholders been involved? What engagement methods have been used?	The draft policy proposition was distributed to stakeholders via email for a period of 2 weeks of stakeholder testing between 24 <sup>th</sup> July to 7 <sup>th</sup> August 2019, in preparation for public consultation. Stakeholders were asked to submit their responses via email, using a standard response and in line with NHS England's standard processes for
What has happened or changed as a result of their input?	<ul> <li>developing clinical commissioning policies.</li> <li>Of the 12 responses received, 7 respondents fully supported the draft policy proposition. The remaining respondents raised the following; <ul> <li>a) Published evidence was not considered. A review of the submitted references has been completed by PHE lead and an evidence report completed. There was no new evidence submitted by stakeholders that met the PICO criteria. PWG is recommending no change on this basis.</li> <li>b) The evidence used to inform the NICE Guidelines was referenced. The evidence used by NICE did not meet the PICO criteria. PWG recommends no change.</li> <li>c) The shortcomings of whole brain radiotherapy were highlighted. The clinical commissioning policy is explicit that WBRT is now only used in cases where SRS, SRT or surgery are not feasible. PWG recommends no change.</li> <li>d) The role of SRS/SRT prior to surgery was highlighted and considered to be out of scope. PWG recommends no change.</li> </ul> </li> </ul>
How are stakeholders being kept informed of progress with policy development as a result of their input?	All registered stakeholders will be notified when the policy proceeds to public consultation.
What level of wider public consultation is recommended by the CRG for the NPOC Board to agree as a result of stakeholder involvement?	A public consultation period of 30 days is recommended.