Specialised Services
Commissioning Policy: CP50a

Positron Emission Tomography

August 2020
Version 6.0
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<td><strong>Document name</strong></td>
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<td><strong>Author</strong></td>
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<td><strong>Date first published</strong></td>
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<td><strong>Date first revised</strong></td>
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<td><strong>Second revision date</strong></td>
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<td><strong>Third revision date</strong></td>
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<td><strong>Commissioning Team</strong></td>
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<td><strong>Target audience</strong></td>
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<tr>
<td><strong>Description</strong></td>
</tr>
<tr>
<td><strong>Document No</strong></td>
</tr>
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Commissioning Policy CP50a, Positron Emission Tomography (PET)

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Policy Statement

Welsh Health Specialised Services Committee (WHSSC) will commission positron emission tomography - computed tomography (PET-CT) services in accordance with the criteria outlined in this document.

In creating this document WHSSC has reviewed this clinical condition and the options for its treatment. It has considered the place of positron emission tomography - computed tomography (PET-CT) in current clinical practice, whether scientific research has shown the treatment to be of benefit to patients, (including how any benefit is balanced against possible risks) and whether its use represents the best use of NHS resources.

Disclaimer

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

This policy 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 policy.
1. Introduction
This policy has been developed for the planning and delivery of positron emission tomography - computed tomography (PET-CT) 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.

This updated policy (2020) has been developed in collaboration with the All Wales PET Advisory Group (AWPET). This Group is tasked with reviewing the evidence base for PET-CT and advising WHSSC on the introduction of new indications, ensuring that all decisions are made following a systematic review of the available evidence.

This policy presents an up to date summary of relevant indications for the use of PET-CT, where there is good evidence that patients will benefit from improved disease assessment resulting in altered management and improved outcomes.

The indications in this policy are divided into oncological and non-oncological and then by body site/system.

The purpose of this document is to:
- set out the circumstances under which patients will be able to access PET-CT services
- clarify the referral process and pathways
- define the clinical criteria that patients must meet in order to access treatment
- enable all patients in Wales to have equity of access to PET-CT services

1.1 Plain Language Summary
A PET-CT scan is a nuclear medicine imaging technique that produces a three dimensional image or picture of functional processes in the body. The purpose of a PET scan is to improve diagnosis and treatment planning for both cancer and non-cancer indications.

PET-CT is a non-invasive imaging technique that combines information from two different modalities. PET provides information about functional and metabolic cellular activity, while a CT scanner gives precise anatomical localisation.

The procedure usually involves injecting a radio-labelled tracer into the body. The radio-labelled tracer can be a sugar (glucose), an amino acid, or a vitamin. The tracer is taken up and accumulates in metabolically active cells (such as malignant cells), and emits gamma rays detected by the PET scanner to produce colour-coded images of the body demonstrating the
cellular activity of both normal and malignant tissue. The CT scanner detects the X-rays emitted by the X-ray tube during exposures.

Images acquired from both PET and CT devices can be combined into a single superimposed image (PET-CT). This image provides important diagnostic information as well as assessing the effectiveness of treatment in cancer. The radio-labelled tracers are then passed out of the body in the urine or bowel movement.

1.2 Aims and Objectives
This policy defines the commissioning position of WHSSC on the use of positron emission tomography - computed tomography (PET-CT). It includes an up to date list of all PET-CT indications currently commissioned and funded by WHSSC for Welsh residents.

The objectives of this policy are to:
- ensure the commissioning of PET-CT for Welsh residents
- ensure equitable access to PET-CT
- define criteria for people to access PET-CT
- describe evidence based indications (see section 2.2) that will improve disease assessment, resulting in altered management and improved outcomes.

1.3 Epidemiology
Positron emission tomography (PET) has become a central diagnostic tool in the management of patients with cancer and many other non-cancer conditions, and its role continues to evolve. PET influences clinical decision making, and there is an increasing body of high quality evidence to demonstrate the contribution of PET to improved patient outcomes in a number of disease areas\(^1\),\(^2\). All recent indications added to this policy in 2018, 2019 and 2020 are supported by the best available evidence and this is presented separately in Appendix 1.

In Wales in 2019-20, PETIC performed a total of 2,939 PET scans\(^3\) and the North Wales service performed 819. This equates to a total of 3,758 scans per annum for the whole of Wales and is equivalent to 1,198 scans per million population. Demand for PET continues to grow and it has been estimated that the total number of scans performed in Wales in 2020-21

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2 Evidence-based indications for the use of PET-CT in the UK 2013/16 The Royal College of Radiologists, Royal Colleges of physicians, British Nuclear Medicine Society, Administration of Radioactive substances Advisory Committee
3 PETIC annual report 2017-2018, Cardiff University
could be 4,671 (1,489 per million population) if this revised policy is fully implemented^4.

According to the NCRI^5 there are 1.05 PET scanners per million population in England. The 2005 RCR recommendations suggest an allowance of approximately 1 scanner per million population. In Wales, there are currently 0.39 PET Scanners per million population, which is significantly lower than the rest of the UK. However, from June 2020 a new interim mobile PET service will operate for two days each week at Singleton Hospital, Swansea.

1.4 What NHS Wales has decided

WHSSC has carefully reviewed the evidence of positron emission tomography - computed tomography (PET-CT). We have concluded that there is enough evidence to fund the use of positron emission tomography - computed tomography (PET-CT) within the criteria set out in section 2.1.

1.5 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 of the Epilepsy Surgery Programme. (Some brain FDG PET scans are performed as part of the pre-surgical evaluation of epilepsy and within the costs of the Epilepsy Surgery Programme).

- **National Institute of Health and Care Excellence (NICE) guidance**
  - [Epilepsies: diagnosis and management](#), NICE Clinical Guideline (CG137) February 2020
  - [Prostate Cancer: diagnosis and management](#), NICE Guideline (NG131), May 2019

^4 All Wales PET Advisory Group and WHSSC
^5 UK PET Core Lab - Home Page
- **Bladder cancer: diagnosis and management**, NICE guideline (NG2), February 2015.
- **Ovarian Cancer: recognition and initial management**, NICE Clinical Guideline (CG122), April 2011
- **Improving Outcomes for people with Sarcoma**, Cancer Service Guideline (CSG9) NICE, March 2006.
- **Improving Outcomes in head and neck cancers**, Cancer Service Guideline (CSG6) NICE, November 2004.

### Relevant Scottish Medicine Consortium (SMC) policies
- **PET-CT Guidelines**, Scottish Clinical Imaging Network (SCIN), NHS Scotland.

### Relevant NHS England policies

### Other published documents
- **Evidence-based indications for the use of PET-CT in the United Kingdom, 2016**. The Royal College of Radiologists. BFCR (16)3. 2016
- **PET-CT in the UK. A strategy for development and integration of a leading edge technology within routine clinical practice.** The Royal College of Radiologists. (August 2005).
2. Criteria for Commissioning

The Welsh Health Specialised Services Committee approve funding of PET-CT in line with the criteria identified in this policy.

2.1 Referral Criteria

Clinicians are requested to consider the contents of this policy when discussing management options with patients.

It is expected that in all cases, PET-CT will influence management and that the patient will have been discussed at a multidisciplinary team (MDT) meeting.

The referral for PET-CT should include the clinical review of the patient by a member of the referring MDT. The role of PET-CT in the various indications will be subject to prospective and retrospective audit by the Wales Research and Diagnostic Positron Emission Tomography Imaging Centre (PETIC) and the North Wales service on behalf of WHSSC.

2.2 Criteria for Treatment

2.2.1 Oncological Indications

**Adrenocortical carcinoma**

- Assessment of selected patients with adrenocortical carcinoma being considered for invasive treatment where cross sectional imaging is inconclusive. [*2018*]

**Anal Cancer**

- Staging of selected patients considered for radical treatment with equivocal imaging. [*2015*]

**Bladder cancer**

- Consider FDG PET-CT for people with muscle-invasive bladder cancer or high-risk non-muscle-invasive bladder cancer before radical treatment if there are indeterminate findings on CT or MRI, or a high risk of metastatic disease (for example, T3b disease). [*2019*]

**Breast Cancer**

- Assessment of extent of disease in selected patients with disseminated or high suspicion of disseminated breast cancer (both primary and recurrent) when the appropriate conventional examination(s) are negative or equivocal. [*2018*]
- In limited circumstances when regional nodal involvement outside axillary levels I and II is suspected on conventional imaging (i.e.: level III infraclavicular or extra-axillary locoregional nodes-
supraclavicular/internal mammary) and not amenable to biopsy. [2018]

- Differentiation of treatment induced brachial plexopathy from tumour infiltration in symptomatic patients with an equivocal or normal MR. [2018]
- Assessment of response to chemotherapy in patients when disease is not well demonstrated using other techniques including tumour markers. [2018]

**Cancer of Unknown Primary (CUP)**

- Detection of the primary site in biopsy proven malignancy where imaging and histopathology have failed to show a primary site and in whom radical management is proposed. [2015]
- Prior to referral the patient should have been discussed in an MDT, conventional imaging and diagnostic investigations should have been undertaken as recommended in NICE clinical guideline 104, Metastatic malignant disease of unknown primary origin and identification of the primary site should be viewed as pivotal to proceeding with radical management. [2015]

**Cervical cancer**

- Staging or restaging of patients with carcinoma of the uterine cervix being considered for exenterative surgery. [2015]
- Staging of patients with carcinoma of the uterine cervix FIGO stage <IB2 with suspicious pelvic nodes on MRI or FIGO stage IB2-IVB with the exception of those patients with stage IVB who have disease outside of a radically-treatable radiotherapy field. [2015]
- Suspected recurrence of cervical or endometrial cancer where other imaging is equivocal and where there is a potential radical treatment option such as para-aortic radiotherapy or stereotactic radiotherapy for in-field lymph node recurrences. [2015]
- **PET-CT for response assessment of locally advanced cervical cancer after chemoradiotherapy. [New 2020]**

**Colorectal cancer**

- Re-staging of colorectal cancer prior to surgery for the removal of metastases from the liver or lung or radical extensive pelvic surgery. [2015]
- Re-staging of known colorectal cancer when conventional imaging has failed to show the cause of rising tumour markers. [2015]
Restaging of patients with recurrence being considered for radical treatment for oligometastatic colorectal cancer

- Restaging of patients with colorectal cancer recurrence being considered for radical surgery to confirm oligometastatic status. [2019]
- Restaging of patients being considered for radical surgery with equivocal findings on other imaging modalities. [2019]

Endometrial cancer

- Staging or restaging of patients with carcinoma of the endometrium being considered for exenterative surgery. [2015]
- Suspected recurrence of endometrial cancer where other imaging is equivocal where there is a potential radical treatment option. [2015]

Head and neck cancer

- To identify the primary site in patients presenting with metastatic squamous cell carcinoma in cervical lymph nodes, with no primary site identified on other imaging. [2015]
- To differentiate relapse from treatment effects in patients suspected to have tumour recurrence where magnetic resonance imaging (MRI) is uncertain or equivocal. [2015]
- As part of the initial clinical staging of patients with N3 cancer of the upper aerodigestive tract. [2015]
- Response assessment at 3-6 months following completion of radical chemo-radiotherapy. [2018]
- As part of the initial clinical staging of patients with T4 nasopharyngeal of hypopharyngeal squamous cell carcinoma. [2018]
- Include PET-CT imaging as part of the initial clinical staging of patients with T4 oropharyngeal cancer. [New 2020]

Lung Cancer

- Investigation of solitary pulmonary nodule in cases where a biopsy is not possible or has failed, depending on nodule size, position and CT characterisation. [2015]
- Investigation of patients with non-small cell lung cancer who are staged as candidates for surgery on CT, to look for involved intrathoracic lymph nodes and distant metastases. [2015]
- Investigation of patients with non-small cell lung cancer who are otherwise surgical candidates and have, on CT, limited N2/3 disease of uncertain pathological significance. [2015]
- Investigation of patients with non-small cell lung cancer who are candidates for radical radiotherapy on CT. [2015]
- Assessment of possible recurrent non-small cell lung cancer when radical treatment is being contemplated. [2015]
- Assessment of the extent of disease in mesothelioma prior to planned radical decortication. [2015]
- PET-CT is indicated in staging of patients with small-cell lung cancer with limited disease on CT being considered for radical therapy [2018].

**Lymphoma**
- The staging, re staging, assessment of residual masses, assessment of possible recurrence and pre transplant assessment in Hodgkin Lymphoma, and high grade Non-Hodgkin Lymphoma. [2015]
- Staging of patients with early stage follicular lymphoma being considered for radiotherapy. [2015]

**Myeloma**
- Staging and response to treatment of non-secretory myeloma. [2015]
- Staging of presumed solitary plasmacytomata. [2018]

**Neuroendocrine tumours (Ga DOTA and/or FDG PET)**
- FDG-PET: Staging or restaging of selected patients with poorly differentiated tumours prior to treatment with negative or normal metaiodobenzylguanidine (mIBG) and octreotide scans. [2015]
- Ga-DOTA: The staging of patients with neuroendocrine tumours and the assessment of suspected recurrence, following discussion at the neuroendocrine tumours MDT meeting where imaging is pivotal to patient management. [2015]

**Oesophago-gastric carcinoma**
- Staging of patients with oesophageal or oesophago-gastric cancer prior to radical treatment e.g. surgery or radical chemoradiotherapy. [2015]
- PET-CT for the restaging of locally advanced oesophageal and oesophagogastric junctional tumours following neoadjuvant treatment. [New 2020]

**Prior to radical SABR in oligometastatic disease**
- Restaging of patients with cancer recurrence being considered for SABR to confirm oligometastatic status. [2019]
- Restaging of patients being considered for SABR with equivocal findings on other imaging modalities. [2019]
Other Cancer Sites

- Other cancer sites including melanoma and testicular where there is particular difficulty in staging, restaging or the assessment of possible recurrence. [2015]

Ovarian, fallopian tube and primary peritoneal cancer

- Detection of tumour in selected patients with ovarian, fallopian tube and primary peritoneal carcinoma who have rising CA125 levels and equivocal or negative imaging. [2019]
- Suspected recurrence of ovarian, fallopian tube and primary peritoneal carcinoma where other imaging is equivocal and where there is a potential radical treatment option. [2019]

Parathyroid Adenomas (18F-Choline)

- 18F-Fluorocholine PET for Parathyroid tumour localisation after failed surgery or for recurrent hyperparathyroidism, where the tumour has not been found using conventional anatomical and functional techniques, including Sestamibi scans, ultrasound and 4D CT. [New 2020]

Pancreatic cancer

- People with obstructive jaundice. If the diagnosis is still unclear after pancreatic protocol CT, offer fluorodeoxyglucose-positron emission tomography/CT (FDG-PET-CT) and/or endoscopic ultrasound (EUS) with EUS-guided tissue sampling. [2019]
- People without jaundice who have pancreatic abnormalities on imaging. If the diagnosis is still unclear after pancreatic protocol CT, offer FDG-PET-CT and/or EUS with EUS-guided tissue sampling. [2019]
- Offer fluorodeoxyglucose-positron emission tomography/CT (FDG-PET-CT) to people with localised disease on CT who will be having radical cancer treatment (surgery, radiotherapy or systemic therapy). [2019]

Prostate Cancer (18 F-Choline PET/CT or 18F-PSMA PET)

- Staging evaluation of high-risk patients with carcinoma of the prostate and equivocal findings on conventional imaging before curative treatment where confirmation or exclusion of distant disease would directly influence patient management. [2018]
- Suspected recurrence in patients with a rapidly rising prostate-specific antigen (PSA) and negative or equivocal conventional imaging where the results would directly influence patient management. (For guidance and based on current evidence, the following PSA thresholds will apply in order to qualify for a Choline PET scan: a PSA of at least 1 or a PSA doubling time of 6 months or less.) [2018]
Sarcoma

- Assessment of suspected malignant transformation with plexiform neurofibromas in patients with neurofibromatosis type 1. [2018]
- Staging of high grade sarcomas, unless already proven to have metastatic disease, especially Ewing’s sarcoma, rhabdomyosarcoma, leiomyosarcoma, osteosarcoma, malignant fibrous histiocytoma, synovial sarcoma and myxoid liposarcoma. [2018]
- Pre-amputation in the setting of a high grade sarcoma where the detection of distant disease will alter the surgical management. [2018]
- To stage patients with metastatic sarcoma considered for liver or lung metastasectomy where anatomical imaging has not identified any extra-thoracic or extra-hepatic disease which could preclude surgery. [2018]

Thyroid cancer

- Assessment of patients with elevated thyroglobulin levels and negative iodine scintigraphy with suspected recurrent disease. [2018]
- To evaluate disease in treated medullary thyroid carcinoma associated with elevated calcitonin levels with equivocal or normal cross-sectional imaging, bone and octreotide scintigraphy. [2018]

Vaginal cancer

- Staging or restaging of patients with vaginal carcinoma being considered for exenterative surgery. [2018]
- Suspected recurrence of vaginal cancer where other imaging is equivocal and where there is a potential radical treatment option. [2018]

Vulval cancer

- Staging or restaging of patients with vulval carcinoma being considered for exenterative surgery. [2018]
- Suspected recurrence of vulval cancer where other imaging is equivocal and where there is a potential radical treatment option. [2018]

2.2.2 Non-Onco logical Indications

Cardiac

- Referrals to Guy’s and St Thomas’s NHS Foundation Hospital for cardiac PET for the assessment of myocardial viability and hibernation will be considered on a named patient basis only. [2015]
Known or suspected cardiac sarcoidosis
- Assessment of activity and distribution of disease at baseline in those cases where there is diagnostic uncertainty despite conventional assessments and where treatment would be altered if ongoing cardiac inflammation is confirmed. [2019]
- Assessment of disease response where other measures to monitor response are unhelpful and/or in patients with disease resistant to treatment. [2019]

Infection and pyrexia of unknown origin (PUO)
- To identify the cause of pyrexia of unknown origin where conventional investigations have not revealed a source. [2019]
- Detection of site of focal infection in immunocompromised patients or problematic cases of infection. [2019]
- Evaluation of vascular graft or cardiac implantable device related infection in selected cases provided sufficient time has elapsed since surgery. [2019]

Vasculitis
- Evaluation of suspected vasculitis in selected cases, where conventional imaging has proved inconclusive; for example, to determine the extent and distribution of the disease activity or to exclude underlying malignancy which may be a paraneoplastic phenomenon, resulting in atypical presentations of vasculitis. [2019]

2.3 Treatment
Treatment and clinical management plans are expected to be affected by the results of PET (including upstaging or down staging of patients). This will be subject to prospective audit.

2.4 Exclusion Criteria
PET-CT is only commissioned for those indications listed in section 2.2.

2.5 Continuation of Treatment
Healthcare professionals are expected to review a patient’s health at regular intervals to ensure they are demonstrating an improvement to their health due to the treatment being given.

If no improvement to a patient’s health has been recorded then clinical judgement on the continuation of treatment must be made by the treating healthcare professional.
2.6 Acceptance Criteria
The service outlined in this policy 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.

2.7 Patient Pathway (Annex i)
Clinicians in South East Wales (excluding Swansea Bay, Hywel Dda and West Bridgend) and parts of Mid Wales should refer their patients to the Wales Research and Diagnostic PET Imaging Centre (PETIC) Cardiff

Clinicians in South West Wales, and parts of Mid Wales should refer their patients to the mobile PET-CT service at Singleton Hospital, Swansea (from June 2020).

Clinicians in North Wales and parts of Mid Wales should refer their patients to Nuclear Medicine, Wrexham Maelor Hospital, Wrexham.

The patient flow for mid Wales should generally follow the pattern for cancer referral to the north and south Wales specialist centres. Patients from mid Wales who would otherwise be referred to the Royal Shrewsbury Hospital for specialist treatment should be referred to north Wales for PET scans

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

2.8 Designated Centre
Refer patients resident in South East Wales and parts of Mid Wales to:
- Wales Research and Diagnostic PET Imaging Centre (PETIC) University Hospital of Wales Heath Park Cardiff CF14 4XN

[Referral forms, contact details and further information on PETIC can be found on the PETIC website at Wales Research and Diagnostic PET Imaging Centre - Cardiff University]

Refer patients resident in South West Wales, and parts of Mid Wales to:
- Nuclear Medicine Singleton Hospital Swansea Bay University Health Board Sketty Lane
Swansea
SA2 8QA

[Referral forms, contact details and further information can be found on the PETCT Swansea Website at: Home Page - PETCT-Swansea.org.uk]

Refer patients resident in North Wales and parts of Mid Wales to:

- Nuclear Medicine
  Wrexham Maelor Hospital
  Croesnewydd Road
  Wrexham
  LL13 7TD

2.9 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: Welsh Health Specialised_Services_Committee_(WHSSC)_|_Individual_Patient_Funding_Requests

2.10 Clinical Outcome and Quality Measures
The Provider must work to written quality standards and provide monitoring information to the lead commissioner.

The centre must enable the patient’s, carer’s and advocate’s 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.

2.11 Responsibilities
For South Wales and parts of Mid Wales, clinicians should refer all PET scan requests to PETIC, Heath Park, Cardiff or Singleton Hospital, Swansea. Clinicians in North Wales and parts of Mid Wales should refer their patients to Wrexham Maelor Hospital.
Referrers should:
- inform the patient that this treatment is not routinely funded outside the criteria in this policy, and
- refer via the agreed pathway.

Clinicians considering treatment should:
- discuss all alternative treatments with the patient
- advise the patient of any side effects and risks of the potential treatment
- inform the patient that treatment is not routinely funded outside of the criteria in the policy, and
- confirm that there is contractual agreement with WHSSC for the treatment.

In all other circumstances an IPFR must be submitted.
3. Evidence

WHSSC is committed to regularly reviewing and updating all of its commissioning policies based upon the best available evidence of both clinical and cost effectiveness.

Evidence to support the indications marked [2018], [2019] or [2020] is presented in Appendix 1 (which is a separate document).

3.1 Date of Review

This policy will be reviewed by WHSSC and the All Wales PET Advisory Group (AWPET) on an annual basis. AWPET, a subgroup of the Clinical Oncology Sub-Committee (COSC) of the Welsh Scientific Advisory Committee (WSAC), will be asked to scrutinise any new evidence of clinical and cost effectiveness to help inform WHSSC of any change to the list of indications included in this document.
4. 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.

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.
5. Putting Things Right: Raising a Concern

5.1 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.

5.2 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

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<th>Code</th>
<th>Description</th>
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<tr>
<td>OPCS</td>
<td>U10.4</td>
<td>Myocardial positron emission tomography</td>
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<td>Positron tomography NEC</td>
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<td>OPCS</td>
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Annex ii  Abbreviations and Glossary

Abbreviations

AWMSG  All Wales Medicines Strategy Group
IPFR   Individual Patient Funding Request
SMC    Scottish Medicines Consortium
WHSSC  Welsh Health Specialised Services

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.