A framework to deliver the 2026 National Cancer Plan for England commitment to streamlining access to SABR

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The Royal College of Radiologists

SABR UK Consortium

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01 Key messages

- Stereotactic Ablative Body Radiotherapy (SABR) is an established form of radiotherapy treatment which offers a higher level of precision to deliver higher biological doses than conventional radiotherapy.
- For eligible patients, SABR means fewer hospital visits and can offer improved clinical outcomes.
- For the NHS, SABR is cost-effective, can increase efficiency and capacity through hypofractionation whilst aligning with the NHS net-zero commitments and the 10 Year Health Plan for England strategic direction.
- The current model for implementing SABR for expanding and novel indications is unagile, which disincentivises its use and results in inequitable patient access.
- The 2026 National Cancer Plan for England rightly committed to streamlining SABR commissioning and incentivising its use by April 2027.
- The UK SABR Consortium and Royal College of Radiologists (RCR) have developed a proposed model to operationalise this commitment. This new implementation model will:
  - Embed established SABR indications within routine radiotherapy pathways, as it becomes a business-as-usual (BAU) treatment.
  - Establish a new National Expert SABR Review Panel to consider novel and expanding indications, providing ongoing stewardship to ensure that patients have safe access to high-quality SABR where clinically appropriate.
  - Embed the Radiotherapy Data Set (RTDS) for ongoing audit of all SABR treatments and look to more sophisticated options in the future.
- Retain quality safeguards through provision of high-quality SABR training & education and peer-reviewed clinical guidelines via the RCR and the UK SABR Consortium. This will be supported by ongoing review of quality assurance requirements as SABR indications expand and change.
- Radiotherapy tariffs should be realigned to best-practice care. SABR should be included in a new, value-based radiotherapy tariff.
- Government and NHS England (NHSE) should work with the RCR & the UK SABR Consortium to operationalise this new model by April 2027.

02 The Innovation

Stereotactic Ablative Body Radiotherapy (SABR) is a form of external beam radiotherapy that delivers higher biological doses than conventional radiotherapy with fewer fractions overall.

To facilitate this, SABR employs high-precision imaging, localisation and dose optimisation techniques to maintain patient safety by minimising the dose to surrounding healthy tissues. Where clinically indicated, SABR means fewer hospital appointments for patients and potentially reduced side effects, allowing for a significantly improved patient experience, and can offer improved clinical outcomes.

SABR was first formally commissioned in the NHS in 2013 for early-stage non-small cell lung cancers and is now routinely used for oligometastatic disease across several tumour sites, as well as other primary cancers including liver and pancreas. SABR has now largely moved into 'business as usual' (BAU) radiotherapy within clinical oncology following rigorous UK implementation programmes from both clinical and technical standpoints.

SABR can have a positive impact on NHS clinical oncology system capacity and sustainability. NHS England analysis suggests 3,500 prostate cancer patients could be treated with 5-fraction SABR each year. Compared to 20-fraction radiotherapy, this means a saving of 52,500 attendances per year in England – a major system capacity saving[1]. Additionally, studies have found that SABR can be more cost-effective than other treatment options for reasons including reduced inpatient stays and fewer linear accelerator (LINAC) hours[2,3,4]. Increased use of extreme hypofractionation with SABR aligns both with the NHS net-zero commitments[5] by minimising patient travel & NHS estate resources, and the 10 Year Health Plan for England[6] strategic direction to minimise repeated hospital-based attendances whilst maintaining high-quality cancer outcomes.

03 The challenge and the opportunity

SABR as a radiotherapy technique has moved into BAU radiotherapy provision, but SABR commissioning arrangements for its use in expanding and novel indications have not kept pace.

The current commissioning model typically requires a separate indication-specific evidence review and approval for each new indication and does not recognise the existing UK expertise and experience in the radiotherapy technique. This creates long implementation delays, and sometimes prevents implementation altogether, meaning patients who could benefit from SABR are missing out. The same problem exists when inclusion criteria need to be updated in line with the latest clinical evidence. This delays adoption of effective novel and expanding SABR uses, even though the advanced techniques employed are very similar across patient groups and anatomical sites and have been extensively externally audited.

For some patients, including those with rare cancers, SABR may offer the best available treatment even where it is not routinely used. In these cases, clinical oncology teams often must seek off-tariff approval from individual Trust leadership teams, creating duplication of effort and a risk of inequitable access to life-extending or life-saving treatment. Radiotherapy tariffs, which have not kept pace with advances in the techniques now available, compound this and undermine clinical teams' ability to offer clinical best practice.

It is important to appreciate that judicious expansion of SABR indications does not necessarily mean increasing costs to the NHS overall. On the contrary, achieving local control of a patient's cancer with SABR may indeed delay or remove entirely the need to use more expensive systemic anti-cancer treatment at a future date.

An alternative approach is needed, and the 2026 National Cancer Plan for England clearly acknowledges this, rightly committing to "streamlining the process for approving new uses of [SABR] and incentivis[ing] its use"[7]. However, progress so far has been slow and with a deadline of April 2027 it is vital this work now progresses at pace.

This document outlines a framework for delivering the National Cancer Plan commitment for improving SABR implementation. It has been developed by multi-disciplinary SABR experts which include the clinicians responsible for its use in the NHS, and with engagement from patient cancer organisations. While the focus of this document is on delivering a National Cancer Plan for England commitment for streamlining SABR access, the model should be considered for roll-out in Wales, Scotland and Northern Ireland.

04 A National SABR Framework

SABR has now widely moved into BAU activity within cancer centres for a range of established indications. However, there are a range of novel indications (i.e. for rare cancers where clinical trial evidence will be limited or atypical cases where routine treatment is not possible) and expanding indications (i.e. where contemporary clinical evidence indicate relatively minor changes are warranted to existing SABR patient cohort inclusion criteria) that require an efficient, safe and streamlined approach to implementation. In both cases, although the clinical indications are modified, the radiotherapy technique is largely unchanged and, therefore, a balance is needed that ensures patients can access SABR with ease for a novel or expanded indication whilst making sure SABR is clinically appropriate for them by assessment of expected clinical benefit and site-specific toxicity for each proposed novel or expanded indication.

Stringent quality safeguards and governance frameworks should be in place to maintain patient safety.

The guiding principles for this new model should be that:

a) Patients who will benefit from SABR have access to it in a timely manner;

b) SABR use remains safe and efficacious;

c) SABR for novel and expanding indications is subject to robust national expert review;

d) SABR is included in a new, value-based radiotherapy tariff.

This proposal outlines an approach that successfully realises these guiding principles, rectifying failures in current unagile commissioning architecture, and supporting at-pace implementation whilst maintaining robust quality safeguards.

1. Established indications:

- Continue to use nationally agreed clinical protocols and technical guidelines, as set out by the UK SABR Consortium to minimise clinical variation.
- All commissioned providers will have previously successfully undergone quality assurance benchmarking for the commissioned indication.
- High-quality training and continuing professional development educational courses for SABR will continue to be provided via the UK SABR Consortium and the Royal College of Radiologists (RCR).
- SABR is embedded into routine radiotherapy pathways: Where MDT recommendation is for SABR as the preferred treatment option, the patient is referred to clinical oncology team and, if the patient consents and the centre is approved for that indication, SABR can be provided.
- Continue with real-world data capture via the RTDS to monitor indication.

- To support existing SABR provision, radiotherapy providers will be expected to maintain high-quality local and Operational Delivery Network (ODN)-level radiotherapy governance arrangements, demonstrating compliance with national safety, quality and regulatory requirements, such as CQC fundamental standards, IR(ME)R 2017 Regulations[8], BSI-accredited quality management systems, and the recommendations of *Towards Safer Radiotherapy (2008)*[9] *and Advancing Safer Radiotherapy (2025)*[10].

2. Expanding indications:

- Establish a new national Expert SABR Review Panel (ESRP) comprising clinical, technical and quality assurance specialists to provide independent expert review and recommendation of clinical suitability and safety of proposed expanding indication application.
- The UK SABR Consortium is well-placed to support delivery of this, using a nationally agreed RCR-endorsed checklist to ensure consistency and transparency.
- Review of expanding indications by ESRP will include assessment of departures from existing clinical protocols. However, variations are expected to be minor.
- Outcome of the Expert Review will be communicated to providers, who will be expected to align with any updated guidance to minimise clinical variation.
- Review of quality assurance processes by the ESRP, with flexibility embedded meaning that it is highly likely that providers for expanding indications will have previously undergone and passed appropriate quality assurance benchmarking for the base clinical indication.
- High-quality training and continuing professional development education for the expanding indication will be included in subsequent UK SABR Consortium and RCR educational programmes.
- SABR is embedded into routine radiotherapy pathways: Where MDT recommendation is for SABR as preferred treatment option, the patient is referred to clinical oncology team and, if the patient consents and the centre fulfils training, protocol adherence and quality assurance requirements as set out by the ESRP, that provider is approved for that indication and SABR can be provided.
- To support adoption of changes in SABR provision, radiotherapy providers will be expected to maintain high-quality local and ODN-level radiotherapy governance arrangements, demonstrating compliance with national safety, quality and regulatory requirements such as CQC fundamental standards, IR(ME)R 2017 Regulations, BSI-accredited quality management systems, and the recommendations of *Towards Safer Radiotherapy (2008) and Advancing Safer Radiotherapy (2025).*
- Real-world data capture via the RTDS is used to monitor implementation of expanding indication.

3. Novel indications:

- Establish a new national ESRP comprising clinical, technical and quality assurance specialists to provide independent expert review and recommendation of clinical suitability and safety of proposed novel indication application (evidence may be limited because of the uncommon nature of the indication).
- The UK SABR Consortium is well-placed to support delivery of this, using a nationally agreed RCR-endorsed checklist to ensure consistency and transparency.

- Review of novel indications by ESRP will include assessment of departures from existing clinical protocols. Given potential novelty, variations may be significant.
- Dependent on the level of variation and risk for the novel indication, there may be additional training, education and quality assurance required before its adoption.
- Outcome of the Expert Review will be communicated to providers, who will be expected to adhere to the outcome of the ESRP review before clinical adoption to minimise clinical variation.
- SABR is embedded into new indication pathway: Where MDT recommendation is for SABR as preferred treatment option, the patient is referred to clinical oncology team and, if the patient consents and the centre fulfils training, protocol adherence and quality assurance requirements as set out by the ESRP, that provider is approved for that indication and SABR can be provided.
- Data collection on SABR toxicity and outcomes to be embedded in clinical practice over time.
  - Real-world data capture via the RTDS is used to monitor implementation of novel emerging indication.
  - In addition, there is significant potential to build on existing national infrastructure such as ProKnow, RTDS and other appropriate nationally agreed platforms for more sophisticated data collection and audit. RCR and UK SABR Consortium are keen to facilitate sector collaboration to support the collection of robust, transparent evidence on expanding and novel SABR uses.
- To support adoption of changes in SABR provision, radiotherapy providers will be expected to maintain high-quality local and ODN-level radiotherapy governance arrangements, demonstrating compliance with national safety, quality and regulatory requirements such as CQC fundamental standards, IR(ME)R 2017 Regulations, BSI-accredited quality management systems, and the recommendations of *Towards Safer Radiotherapy (2008) and Advancing Safer Radiotherapy (2025).*

Reforming tariffs to incentivise the best care provision

NHS England has recognised that radiotherapy tariffs need updating[11]. With a national commitment to streamline SABR access, now is the right time to do this work and adopt an approach which incentivises the use of innovative treatments and, more broadly, best practice care through a value-based tariff.

At present, SABR is funded via its own unit price tariff. However, the unit price fails to account for the full episode of care, including advanced treatment planning and complex imaging. The current tariff can give the false impression that SABR is more expensive for Trusts than conventionally fractionated radiotherapy, despite it requiring fewer fractions and therefore releasing LINAC hours.

Powell Brown et al (2025) present a strong case for a 'value-based' radiotherapy tariff, where the whole episode of care is accounted for and the best practice treatment is incentivised. They suggest that tariff codes could be aligned with RTDSv6 codes[12], arguing that this "could make HRGs more responsive to real time operational activity and innovative techniques". This approach would help ensure that SABR use, where clinically determined to be appropriate by the ESRP, is incentivised.

The RCR and the UK SABR Consortium support this proposal, which would also allow for a more agile approach to updating tariffs in line with research and clinical consensus – particularly important for techniques like SABR where new clinical indications are emerging at pace.

Our proposal for a new National SABR Framework (described above) would support the operationalisation of a value-based radiotherapy tariff, both representing a more agile approach which responds to changing best clinical practice and facilitating the rapid adoption of evidenced, innovative radiotherapies.

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