Engagement Report for Service Specifications

Unique Reference Number	
Specification Title	Specialist maternity care for women diagnosed with abnormally invasive placenta
Lead Commissioner	Anthony Prudhoe
Clinical Reference Group	Specialised Women's CRG
Which stakeholders were contacted to be involved in service specification development?	All registered stakeholders with the Specialised Women's CRG. CRG members, including PPV members.
Identify the relevant Royal College or Professional Society to the specification and	Royal College of Obstetricians and Gynaecologists

indicate how they have been involved	
Which stakeholders have actually been involved?	CRG clinical and PPV members CRG Stakeholders
Explain reason if there is any difference from previous question	Stakeholder decision to participate in stakeholder feedback
Identify any particular stakeholder organisations that may be key to the specification development that you have approached that have yet to be engaged. Indicate why?	Limited patient responses, so as part of the public consultation patient support groups will be contacted directly
How have stakeholders been involved? What engagement methods have been used?	CRG and RCOG have been included in stakeholder testing. Standard stakeholder testing methods have been used plus direct emails to RCOG
What has happened or changed as a result of their input?	Changes have been made to the service specification in response to comments received

How are stakeholders being kept informed of progress with specification development as a result of their input?	Stakeholder updates will be made as part of the formal consultation process
What level of wider public consultation is recommended by the CRG for the NPOC Board to agree as a result of stakeholder involvement?	60 days

Stakeholder/CRG Feedback - Specialist maternity care for women diagnosed with abnormally invasive placenta

Organisation Responding	Feedback Received		SPWG response	Resulting Action
Central Manchester University Hospitals	Is the **Scope** as outlined in the service specification clear? **If no please outline why** Is the **Care pathway and clinical dependencies** as outlined in the service specification clear? **If no please outline why** **Please provide any further comments on the proposed service specification and/or outline proposed changes to the document as part of this initial 'sense check'.**	1) The elective referral pathway has elements that are non-specific and with limited benefit to the diagnostic value. This will have financial and capacity implications. More clarity is required regarding the number of Caesarean sections at referral. Reports vary on the incidence of AIP with placenta praevia. (The RCOG reports a chance of 11% with one Caesarean section which increases to 40 % with two of Caesarean sections). Other risk factors such as IVF and endometrial curettage are difficult to calculate and establish an association. A more targeted and critical risk factor assessment is essential. 2) In non-elective transfers, there is no target time for transfer. This is also not available in the literature. Such a service will have an impact on the ambulance service and will need to be addressed.	The service specification describes that the single greatest risk factor for AIP is previous caesarean delivery. This is also referenced in Appendix 2 The service specification describes that the service will be delivered as part of a provider network. The detail with regard to how the network will work	None None

			and be commissioned will be contained in the commissioning plan that will support the delivery of the service specification. The services that are procured to deliver this service will be responsible for ensuring that elective and non-elective protocols are in place that describe patient management and ambulance arrangements to support these	
	Please declare any conflict of interests relating to this document or service area.	3) Urology support usually needs oncology experience, especially in open bladder surgery. 4) The clear definition of the specification for the theatre space that is required and whether capacity for a hybrid theatre is	This will be included in the service specification Providers who bid to be a AIP centre will have to demonstrate their	Change to specification

		needed as well. 5) As a general point it would be helpful to know whether a separate funding stream for this service is envisaged. 6) The service specification does not appear to describe any outcome measures 7) The service specification does not refer to cell salvage/	capacity to deliver all aspects of the service specification NHS England is working through the financial modelling and funding streams to support this service specification Now in included in the service specification No included in the service specification	 Change to service specification Change to specification
Specialised Women's Service CRG Member	Is the **Scope** as outlined in the service specification clear? **If no please outline why** Is the **Care pathway and clinical dependencies** as outlined in the service	Yes		

	specification clear? **If no please outline why**	1. An increasingly important component of management of AIP is recognition of scar ectopic pregnancy on ultrasound in the first trimester of pregnancy. A large proportion of these will go on to develop AIP, and it may be appropriate to offer termination of pregnancy at an early stage to prevent this, and to reduce the risks of major haemorrhage and additional surgical complications if the pregnancy does go to term.	The SSWG does not agree that the pathway should include a section on termination of pregnancy as it is highly contentious whether this is appropriate advice.	No change
		Confirmation of scar ectopic pregnancy in the first trimester requires specialised experience. Management of termination in these circumstances may also involved increased risk of bleeding and require additional expertise and experience. I would strongly recommend that the pathway includes a section on early pregnancy identification and management.	Caesarian scar eptopic is usually diagnosed at 6-8 weeks and is not carried out as part of this service specification/service	No change
		2. There is a risk of referral centres being overwhelmed with referrals for additional scans in women with low-lying placentas with the current specifications set out in Appendix 1. The Appendix lacks clarity of definition of “low placenta”	The SSWG acknowledges this statement and will update the service specification in line with the to be published green top	No change

		or “placenta praevia”. The definition should be based on a transvaginal scan assessing the distance between the lower placental border and the internal os, with a minimum threshold distance for referral (I would suggest referral if the distance is ≤2cm). Transabdominal assessment of placenta praevia is notoriously inaccurate since it is often difficult or impossible to identify the internal cervical os by this route.	guidance when this is available	
		3. Women with low posterior placenta, not crossing the internal os, are at low risk of AIP and do not need to follow this pathway.	The SSWG agrees with this but quite often the problem is not appropriately assessed and if referring hospitals are in any doubt they should refer to AIP centres	No change
	Please provide any further comments on the proposed service specification and/or outline proposed changes to the document as part of this initial ‘sense check’. **Please declare any conflict of interests relating to this document or service area.**	4. Is there strong evidence for including MROP requiring blood transfusion as a “major risk”? There is much variability in whether transfusion is required and I am not aware that there is good evidence that this is a major risk factor, compared with MROP without transfusion, which only considered a minor risk.	This has been re labelled as a minor risk factor	Change made

		No conflicts of interest to declare		
PPI member of Specialised Women's CRG	Is the **Scope** as outlined in the service specification clear? **If no please outline why** Is the **Care pathway and clinical dependencies** as outlined in the service specification clear? **If no please outline why** **Please provide any further comments on the proposed service specification and/or outline proposed changes to the document as part of this initial 'sense check'.** **Please declare any conflict of interests relating to this document or service area.**	Yes Yes From the perspective of women the service specification and proposed procedures for referral will ensure they receive the specialist care required. The emphasis on the importance of guidance and training on accurate antenatal diagnosis is welcome and also the inclusion of post natal care with midwives experienced in the care of seriously ill women. . I have no conflict of interests		