Engagement Report for Clinical Commissioning Policy Statements

Unique Reference Number	1608
Policy Title	Bendamustine for relapsed multiple myeloma (all ages)
Accountable Commissioner	Rupinder Dev
Clinical Reference Group	Chemotherapy Clinical Reference Group
Which stakeholders were contacted to be involved in policy development?	A Policy Working Group (PWG) was established in line with NHS England's standard methods. The draft policy proposition was sent to the following groups for comment: • Chemotherapy Clinical Reference Group (CRG); and • Registered stakeholders for the Chemotherapy CRG.
Identify the relevant Royal College or Professional Society to the policy and indicate how they have been involved	All of the relevant Royal Colleges and professional societies have membership on the chemotherapy CRG. These include: • British Oncology Pharmacy Association; • Royal College of Pathologists; and • British Society for Haematology. Named representatives for each of these organisations were sent copies of the draft policy proposition and invited to provide comment.
Which stakeholders have actually been involved?	No responses were received from relevant Royal Colleges or professional societies. However, 5 responses were received from registered stakeholders.
Explain reason if there is any difference from previous	Not applicable.

question	
Identify any particular stakeholder organisations that may be key to the policy development that you have approached that have yet to be engaged. Indicate why?	None identified.
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 two weeks of stakeholder testing, 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 developing clinical commissioning policies. Stakeholder testing asked the following questions: • It is proposed that highly specialised products will go for period of public consultation. Please select the consultation level that you consider to be most appropriate. (6 weeks or up to 12 weeks) • Do you have any further comments on the proposed changes to the document? • If Yes, please describe below, in no more than 500 words, any further comments on the 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.
What has happened or changed as a result of their input?	No changes have been made to the policy proposition as a result of feedback. There were 5 responses to stakeholder testing. One respondent strongly supported the draft policy proposition and two respondents did not provide any further comments. The remaining two respondents suggested that there was a particular sub-group of patients that would benefit from bendamustine and commented that: • **The PICO had only compared bendamustine with supportive care and had not compared its effectiveness with other lines of chemotherapy.**

	On review, the PWG believes that the PICO was correct as bendamustine is currently available via the Cancer Drugs Fund (CDF) as a last line treatment only and at this stage, supportive care is the only alternative. • **The policy proposition had not accounted for the use of bendamustine in combination with other treatments such as thalidomide.** This is outside of the bendamustine treatment criteria as per the CDF and therefore outside of the scope of this policy proposition. • **The evidence review only considered studies from 2008 onwards and that many studies on the effectiveness of bendamustine would have been prior to this period.** On review, the PWG believes the time period for studies was correct and in line with NHS England's standard approach. The stakeholder did not identify any relevant studies prior to 2008 for PWG consideration. • **Bendamustine was a cost-effective treatment and removing this treatment option would offer no savings.** No studies on cost-effectiveness were found during the evidence review. The not for routine commissioning position is based on the clinical evidence and cost impact is not considered till after stakeholder testing.
How are stakeholders being kept informed of progress with policy development as a result of their input?	All stakeholders (including CRG members and registered stakeholders) will be notified when the draft policy proposition goes out 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?	As feedback was mixed during stakeholder testing and the drug is currently available through the Cancer Drugs Fund, the PWG is recommending an 8 week public consultation period.