

## Engagement Report for Service Specifications

<b>Reference Number</b>	A14/S/01 Revision
<b>Service Specification Title</b>	Complex Home Ventilation
<b>Accountable Commissioner</b>	Kathy Blacker
<b>Lead Clinical Reference Group</b>	Specialised Respiratory
<b>Collaborating Clinical Reference Groups</b>	Critical Care

Which stakeholders were contacted to be involved in the policy development?	All 103 registered stakeholders for the Clinical Reference Group
Identify the relevant Royal College or Professional Society to the policy and indicate how they have been involved	The following groups are represented on the CRG and have been fully engaged in the development of the service specification: British Thoracic Society Royal College of Physicians
Which stakeholders have actually been involved? State reason for any difference from previous questions	Two registered stakeholders took the opportunity to comment on the service specification during the standard stakeholder consultation period.  The Critical Care CRG has been engaged with the development of the specification and has been involved in the drafting of the specification. Critical Care Networks will be asked to publicise the consultation.
Identify any particular stakeholder organisations that may be key to the policy develop that have been difficult to engage. Indicate why they have been difficult to engage	No particular stakeholder groups have been identified as difficult to engage with, although obviously there has been a limited response to stakeholder engagement. We suggest that the neuromuscular disease charities are made aware of the public consultation.

<p>How have the stakeholders been involved? What engagement methods have been used?</p>	<p>Standard CRG stakeholder testing methodology employed by NHS England Specialised Services in 2014.</p>
<p>What has happened or changed as a result of their input?</p>	<p>Some points of clarity and detail were changed in the final document. Numbers of consultants and case load required added to the specification.</p>
<p>How have stakeholders been informed of progress with policy development as a result of their input?</p>	<p>Stakeholders will be updated by email.</p>

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<p>What level of wider public consultation is recommended by the CRG for the NPOC Board to agree as a result of stakeholder involvement? (see Appendix One)</p>	<p>Level 2</p>
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## Appendix One

### 1. When do we need to consult and how long for?

The levels below describe a consultation period and engagement activity while a consultation is live. The levels should reflect an approach that is proportionate to the needs of the policy being consulted on. When defining the proposed level of consultation take into account the engagement involved to this point as described by the report.

<b>Level 1</b>	Minor changes – no further consultation required
<b>Level 2</b>	Intermediate changes that are broadly supported by stakeholders through prior engagement - 30 day consultation, limited engagement activity during the live consultation
<b>Level 3</b>	Significant changes that are broadly supported by stakeholders through prior engagement - 60 day consultation to include some proactive engagement activities during the live consultation period
<b>Level 4</b>	Significant changes with some contentious aspects 12 week consultation to include some proactive engagement activities during the live consultation period
<b>Level 5</b>	Highly contentious/ high volume impact on numbers of stakeholders/ high levels of dissent/ high financial implications/ high media or political profile.12 week consultation period plus an extensive range of pre and during engagement activity

*NOTE: there may be exceptional operational or legal reasons that a formal consultation might be implemented outside of this framework.*

### 2. Developing criteria for what we mean by proportionate

A series of prompt questions can help to identify the length and level of public engagement:

- How significant is the change for patients?
- Are certain patient groups disproportionately impacted?
- What is the size of the population group affected?
- What is the financial impact and affordability of the proposed change?
- Will the policy change the geography of where the services are provided?
- Is the patient group very small – can they be contacted individually?
- Has an Equality and Diversity impact assessment been done? What does this say?

### 3. Calculation tool to aid decision-making about consultation periods

<b>Target audience</b>	<b>Count</b>	<b>Significance of changes</b>	<b>Count</b>
<ul style="list-style-type: none"> <li>• Public and all patients</li> </ul>	4	<ul style="list-style-type: none"> <li>• High levels of change</li> <li>• Changes are contentious</li> <li>• High public profile</li> <li>• Political interest</li> </ul>	4
<ul style="list-style-type: none"> <li>• Specialist patient groups (&lt;1000)</li> <li>• Patients experience health inequalities in relation to these changes</li> </ul>	3	<ul style="list-style-type: none"> <li>• Medium to large number of changes</li> <li>• Consensus is not likely between stakeholders</li> </ul>	3

<ul style="list-style-type: none"> <li>Specialist patient groups (&lt;1000)</li> </ul>	2	<ul style="list-style-type: none"> <li>Small changes</li> <li>Consensus of support has already been established</li> </ul>	1
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**Target audience + significance of change = total score.**

- A score of more than 6 indicates that a level 4 or 5 consultation should be used
- A score of 5 or 6 indicates that consideration should be given to a level 3 consultation
- A score of 4 indicates that consideration should be given to a level 2 consultation
- A score of 3 or less indicates that consideration should be given to a level 1 consultation

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**Appendix 1: Stakeholders consulted on the policy**

103 registered stakeholders for the Specialised Respiratory CRG

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