Engagement Report for Clinical Commissioning Policies

Unique Reference Number	A14X01
Policy Title	Rituximab for connective tissue disease associated Interstitial Lung Disease
Accountable Commissioner	Kathy Blacker
Clinical Reference Group	Specialised Respiratory CRG
Which stakeholders were contacted to be involved in policy development?	All 103 registered stakeholders for the CRG
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?	2 registered stakeholders took the opportunity to comment on the service specification during the standard stakeholder consultation period.
Explain reason if there is any difference from previous question	
Identify any particular stakeholder organisations	No particular stakeholder groups have been identified as difficult to engage with.

that may be key to the policy development that you have approached that have yet to be engaged. Indicate why?	
How have stakeholders been involved? What engagement methods have been used?	Standard CRG stakeholder testing methodology employed by NHS England Specialised Services in 2014.
What has happened or changed as a result of their input?	PWG agrees that not all the available evidence was reviewed in the version submitted to Clinical Panel. There are two papers which should have been included at the time of submission and a further three papers which were published between the completion of the evidence review and the meeting of the clinical panel. These are refenced by the stakeholder. PWG agrees that currently the strongest available evidence demonstrates benefit for rescue therapy in life threatening disease when all other therapy has failed. PWG believes that a not routinely commissioned policy for Rituximab in CTD-ILD will mean that this patient group will be strongly disadvantaged despite clear evidence of benefit. PWG concludes that the policy proposition could be reworked to cover the use of Rituximab for rescue therapy in defined connective tissue disease associated ILD only. PWG agree that ongoing clinical trials will define the role of Rituximab as first line treatment in this patient group but first line therapy should not be included in this policy proposition. The Recital trial is unlikely to publish within the next two years, partly due to difficulties relating to excess treatment costs for multi-centre trials. **The PWG are seeking the advice of the POC Board as to the next steps for this policy proposition. The PWG would recommend that the original policy proposition is reworked to focus the use of Rituximab for rescue therapy in defined connective tissue disease associated ILD only.**
How are stakeholders being kept informed of progress with policy development as a result of their input?	Stakeholders will be updated by email.
What level of	The PWG do not feel that the policy proposition to not routinely

wider public consultation is recommended by the CRG for the NPOC Board to agree as a result of stakeholder involvement?	commission the use of Rituximab for connective tissue disease associated ILD should proceed to public consultation at this time given the need for further work as a result of the stakeholder feedback.