

**Engagement Report for Clinical Commissioning Policies**

<b>Unique Reference Number</b>	A10X05
<b>Policy Title</b>	Everolimus for prevention of organ rejection following heart transplantation
<b>Accountable Commissioner</b>	Sarah Watson
<b>Clinical Reference Group</b>	Cardiac Surgery
Which stakeholders were contacted to be involved in policy development?	All registered CRG stakeholders Director of Heart Transplant Papworth Hospital, Cambridge Director of Heart Transplant Hareworth Hospital, London Director of Heart Transplant Freeman Hospital, Newcastle upon Tyne Director of Heart Transplant Wythenshawe Hospital, Manchester Director of Heart Transplant Queen Elizabeth Hospital, Birmingham Director of Heart Transplant Great Ormond Street Hospital, London Congenital Heart CRG and its stakeholders
Identify the relevant Royal College or Professional Society to the policy and indicate how they have been involved	Representatives of relevant Royal College or Professional Societies were contacted for Stakeholder Testing as part of the CRG
Which stakeholders have actually been involved?	All of the key stakeholders listed above were invited to comment
Explain reason if there is any difference from previous question	Not applicable

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<p>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?</p>	<p>None</p>
<p>How have the stakeholders been involved? What engagement methods have been used?</p>	<p>The draft policy was circulated to the full membership of the CRG and registered stakeholders for one week for their views, both to establish whether any amendments to the policy are required, and to understand from their perspective what the key questions to ask at consultation might be.</p> <p>One comment was received from CRG-registered stakeholders. No comments were received from CRG members.</p> <p>Key response themes were as follows: The stakeholder commented that everolimus should be routinely commissioned as an alternative to sirolimus for a significant proportion of patients who are intolerant of sirolimus but may be tolerant of everolimus</p>
<p>What has happened or changed as a result of their input?</p>	<p>Stakeholders were invited to comment. See Appendix for detailed stakeholder comments.</p> <p>No updates were made to the policy proposition, as Clinical Panel has concluded there is not sufficient evidence to routinely commission everolimus for prevention of organ rejection following heart transplantation.</p> <p>No updates were made to the evidence review.</p>
<p>How are stakeholders being kept informed of progress with policy development as a result of their input?</p>	<p>This engagement report, along with the updated policy proposition will be circulated as part of the public consultation. Stakeholders will be notified and invited to comment further.</p>
<p>What level of wider public consultation is recommended by the CRG for the NPOC Board to agree as a result of stakeholder involvement?</p>	<p>Public consultation for a period of 30 days as supported by stakeholders.</p>