

**Engagement Report for Clinical Commissioning Policies**

<b>Unique Reference Number</b>	F06X02
<b>Policy Title</b>	Rituximab for cytopaenia complicating primary immunodeficiency
<b>Accountable Commissioner</b>	Jane Pearson-Moore
<b>Clinical Reference Group</b>	Immunology and Allergy
Which stakeholders were contacted to be involved in policy development?	Immunology and Allergy CRG membership Immunology and Allergy CRG registered 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
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

**FOR PUBLIC CONSULTATION ONLY**

<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>No comments were received from CRG-registered stakeholders. Two comments were received from CRG members.</p> <p>Key response themes were as follows:</p> <p>(1) Stakeholders requested a change to the patient pathway and governance arrangements relating to the MDT composition and the role of the immunology and haematology</p> <p>(2) Stakeholders requested clarification as to which cytopaenias are covered</p> <p>(3) Additional stakeholders were identified to include in consultation</p> <p>(4) Stakeholders identified that this policy will help greatly benefit a subgroup of PID patients who develop severe autoimmune/ autoinflammatory complications, and strongly supports the recommendation that rituximab be available to this group of patients under this policy, with suggested modifications</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. The PWG noted that the MDT needs input from both immunology and haematology, as this will improve care for patients. The PWG believed the policy had sufficient explanation of the cytopaenias covered.</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>