

Engagement Report for Clinical Commissioning Policies

Unique Reference Number	A03/P(HSS)a
Policy Title	Total Pancreatectomy with Islet Autotransplant
Accountable Commissioner	Sarah Watson
Clinical Reference Group	Specialised Endocrinology
Which stakeholders were contacted to be involved in policy development?	The Specialised Diabetes stakeholders were consulted on this service specification from which this policy was originally drafted prior to the CRG closing. The Specialised Endocrinology CRG's stakeholders were also consulted on the service specification. This proposal has been through 3 CRGs and so the HPB CRG was also consulted in 2014. This policy proposition was circulated to stakeholders from both the HPB CRG and Specialised Endocrinology originally as a policy to commission TP IAT and now as a Not Routinely Commissioned policy.
Identify the relevant Royal College or Professional Society to the policy and indicate how they have been involved	<p>The proposal was also presented at national meetings and all the units in the UK that could or may be interested in being involved were contacted. Written support was received for the original proposal to commission the service from:</p> <ul style="list-style-type: none"> i). Diabetes UK ii). ABCD (Association of British Clinical Diabetologists) iii). AUGIS (Association of Upper Gastrointestinal Surgeons of Great Britain and Ireland) iv). The Pancreatic Society of Great Britain and Ireland v). The American Pancreatic Association vi). IPITA (International Pancreatic Islet Transplant Association) <p>There has been no communication directly to these organisations from NHS England to these groups since this proposal was not agreed by the Clinical Panel and a DNC policy proposition drafted. There has been some discussion with the Clinical Leads for the proposal to ensure there is engagement with the RCP and RCS during the period of public consultation.</p>
Which stakeholders have actually been involved?	No stakeholders have been involved in the drafting of the DNC policy.
Explain reason if there is any difference from previous question	The DNC policy proposition has been drafted for public consultation following on from the decision of the Clinical Panel to not support the policy proposition drafted by the Policy Working Group.

Draft for Consultation

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
How have stakeholders been involved? What engagement methods have been used?	The policy has been sent to a number of CRGs and through them more widely into professional organisations. The original policy proposition was subject to this consultation. Since the original policy was not supported by the Specialised Services Clinical Panel the policy has been rewritten as a Non Routinely Commissioned policy and has been out to stakeholders of the Specialised Endocrinology and HPB CRGs for a 1 week consultation.
What has happened or changed as a result of their input?	Minor editing changes, no material change.
How are stakeholders being kept informed of progress with policy development as a result of their input?	If the policy is agreed for public consultation stakeholders will be informed about the consultation and the route for policy development at that point.
What level of wider public consultation is recommended by the CRG for the NPOC Board to agree as a result of stakeholder involvement?	One month consultation minimum.