

**Engagement Report for Clinical Commissioning Policies**

<b>Unique Reference Number</b>	A13X12 (previously A13X06)
<b>Policy Title</b>	Tocilizumab for Giant cell arteritis (adults)
<b>Accountable Commissioner</b>	Jon Gulliver
<b>Clinical Reference Group</b>	Specialised Rheumatology
Which stakeholders were contacted to be involved in policy development?	Specialised Rheumatology CRG membership and all 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

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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 for Tocilizumab for adults with large cell vasculitis (A13X06) 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>Eleven responses were received in total; one from a CRG-registered stakeholder and ten from CRG members.</p> <p><u>Key themes from the responses included:</u></p> <ol style="list-style-type: none"> <li>1. Several stakeholders highlighted the rarity of TAK and the difficulty in obtaining high quality data.</li> <li>2. Several stakeholders requested that additional articles be included in the evidence review in addition to some minor grammatical updates to the documents.</li> <li>3. Additional stakeholders were also identified to be included as part of consultation (i.e. British Society of Rheumatology, UKIVAS, Vasculitis UK, PMRCGAUK, Vasculitis Rare Disease Working Group of the UK and Ireland).</li> <li>4. Several stakeholders requested that TAK and GCA be reviewed separately</li> </ol>
<p>What has happened or changed as a result of their input?</p>	<p>Stakeholders were invited to comment. Minor typos in the policy proposition were corrected. The evidence review was updated to include several of the additional articles suggested by stakeholders. Additional stakeholders identified will be invited to comment as part of public consultation.</p> <p>In response to (4), the Policy Working Group felt legitimate questions about the scope of the policy proposition had been raised and suggested that the Clinical Panel reviews the evidence for Tocilizumab for TAK and GCA separately. As a result, the policy was split into two: one for TAK and GCA, respectively.</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>

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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?</p>	<p>Public consultation for a period of 30 days as supported by stakeholders</p>
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