

Engagement Report for Clinical Commissioning Policies

	DIAVOA	
Unique Reference Number	B11X01	
Service Specification	Gastroelectrical Stimulation for Gastroparesis	
Accountable Commissioner	Nigel Andrews / Nicky Mcculloch	
Clinical Reference Group	Oesophago-Gastric (Upper GI)	
Which stakeholders were contacted to be involved in the specification development?	Oesophago-Gastric Surgery CRG members Oesophago-Gastric Surgery CRG registered stakeholders Upper GI advisory group Public Health England	
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?	Oesophago-Gastric Surgery CRG members Oesophago-Gastric Surgery CRG registered stakeholders Upper GI advisory group Public Health England	
Explain reason if there is any difference from previous question	None.	
Identify any particular	The British Diabetic association, British Society of Gastroenterology and British Obesity and Metabolism Surgery	

stakeholder organisations that may be key to the policy development that you have approached that have yet to be engaged. Indicate why?	Society (BOMSS) will need to be approached as part of the public consultation.
How have stakeholders been involved? What engagement methods have been used?	The draft proposition policy, along with impact assessments, was circulated to CRG members 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. Stakeholder testing asked the following questions:
	 Declaration: Before completing the survey you must declare any financial or other interests in any specialised services. For example, if you are responding on behalf of a voluntary organisation and your organisation received any funding within the last two years (including sponsorship or grants) from companies that manufacture drugs or treatments used in the treatment of specialised services, you must declare this. If you are a commercial supplier to the NHS of specialised services this should also be specified. It is proposed that this draft policy proposition will go for a 30 day period of public consultation. Please indicate if
ços	 additional time is needed and why. Has all of the relevant evidence been taken into account. If not, what is missing? Does the policy proposition accurately describe the current
	 pathway that patients experience. If not, what is different? Please provide any comments that you may have about the potential impact on equality and health inequalities which might arise as a result of the proposed changes that we have described.
	 Are there any key stakeholder groups with whom we need to engage as part of this process?
	 Are there any changes or additions you think need to be made to this policy proposition, and if so, why?
	It should be noted that the PWG proposed that the policy support a not for routine commissioning position.
What has happened or	The following actions are proposed:

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changed as a result of their input?	 The Gastroparesis patient support group, the British Diabetic Association, British Society of Gastroenterology and British Obesity and Metabolism Surgery Society (BOMSS) will be approached for their input through the public consultation process. Stakeholder feedback underlined the difficulties faced by the PWG in developing clear eligibility criteria which matched the patient populations that <u>may</u> benefit from the intervention. This was echoed within the Clinical Panel report, and may indicate a need to undertake an early review of the policy proposition when/if approved during 2016. The PWH will review additional references supplied by stakeholders against the search criteria used in the evidence review to ensure that nothing relevant has been excluded. This is recommended to take place during public consultation.
How are stakeholders being kept informed of progress with policy development as a result of their input?	It should be noted that the CRG contained the main stakeholders for the intervention, as such stakeholders are kept informed about development through teleconferences and email exchange.
What level of wider public consultation is recommended by the CRG for the NPOC Board to agree as a result of stakeholder involvement?	It is recommended that the policy proposition is subject to 30 days of public consultation.
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