

Engagement Report for Clinical Commissioning Policies

		
Unique Reference Number	B14X12	
Service Specification	Robotic Assisted Surgery for Kidney Cancer	
Accountable Commissioner	Nicola Mcculloch	
Clinical Reference Group	Specialised Urology	
Which stakeholders were contacted to be involved in the specification development?	British Association of Urological Surgeons (BAUS) Specialised Urology Clinical Reference Group Public Health England	
Identify the relevant Royal College or Professional Society to the policy and indicate how they have been involved	BAUS are the relevant Professional Society and are affiliated members of the CRG.	
Which stakeholders have actually been involved?	British Association of Urological Surgeons (BAUS) Specialised Urology Clinical Reference Group Public Health England	
Explain reason if there is any difference from previous question	Not applicable.	

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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 draft policy proposition was distributed to members of the Specialised Urology CRG and its registered stakeholders for a period of 1 week of stakeholder testing. Testing was conducted through the NPoC email account. Stakeholder testing asked the following questions:
< di	 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 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?

	why BAUS (in particular) have submitted their comments, despite being members of the PWG.
What has happened or changed as a result of their input?	 The following changes were made: Terminology of the definitions section of the proposition have been corrected.
	However, it was also agreed to review the additional references supplied by stakeholders against the original evidence review search strategy and the findings of the evidence review to ascertain whether these would constitute a reason to review the commissioning position proposed. This is proposed to take place during the period of 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.