FOR PUBLIC CONSULTATION ONLY



Engagement Report for Clinical Commissioning Policies

Unique Reference Number	F01X08
Policy Title	Treatments for Graft versus Host Disease (GvHD) following Haematopoietic Stem Cell Transplantation
Accountable Commissioner	Kate Turner
Clinical Reference Group	Blood and Marrow Transplantation
Which stakeholders were contacted to be involved in policy development?	All CRG members and 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
nave been used?	The draft policy proposition and evidence review 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. Four responses were received – two each from CRG members and CRG stakeholders. <u>The responses are summarised as follows:</u> 1. CRG members and stakeholders noted that Extracorporeal photopheresis (ECP) is currently only available in a limited number of locations in England and that equity of access be considered before implementing the service. 2. One CRG member requested that, in light of Etanercept being not routinely commissioned, a different treatment be offered for chronic gut GvHD. 3. CRG stakeholders noted that, in light of the long treatment period for GvHD, further consideration needs to be given to ensure equitable access to treatment post 100 days. One CRG stakeholder requested that the funding arrangements be better reflected in the policy proposition. 4. One CRG stakeholder highlighted that the policy fails to account for the risk and cost of infectious complications that may occur as a result of GvHD. The following stakeholders will be contacted as part of consultation: African-Caribbean Lekaemia Trust, Bloodwise, Myeloma UK, MDS UK, CLL Support and Leukaemia Care. All responses either supported or had no comments on the public consultation lasting 30 days.
What has happened or changed as a result of their input?	 The Policy Working Group considered the responses which can be summarised as follows: In response to (1) the PWG noted that the impact assessment report will set out potential options for accessing ECP. This document will be shared with stakeholders during public consultation. In response to (2) the PWG noted that it did not consider Etanercept for chronic GvHD as this is outside the British Committee for Standards in Haematology (BCSH) guidelines In response to (3) the PWG noted that NHS England can only set policy for those patients for whom it has commissioning responsibility. It is for CCGs to determine commissioning criteria post 100 days. PWG agreed this could be made more clear and updated the Policy Proposition (Section 10 Proposed mechanism for funding) accordingly. In response to (4) the PWG noted that infectious complications was beyond the scope of the policy proposition.

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Informess with holicy	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.
What level of wider public consultation is recommended by the CRG for the NPOC Board to agree as a result of stakeholder involvement? (see Appendix One)	Public consultation for a period of 30 days as supported by stakeholders.