

Engagement Report for Service Specifications

Unique Reference Number	B10/s/a
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?	The Thoracic Surgery CRG Lung Cancer CRG Public Health England
Identify the relevant Royal College or Professional Society to the policy and indicate how they have been involved	Society for Cardiothoracic Surgery in Great Britain and Ireland

Which stakeholders have actually been involved?	<p>The Thoracic Surgery CRG</p> <p>Lung Cancer CRG</p> <p>Public Health England</p>
Explain reason if there is any difference from previous question	Not applicable.
Identify any particular stakeholder organisations that may be key to the service specification 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?	<p>The draft service specification was distributed to members of the Thoracic Surgery CRG and its registered stakeholders for a period of 1 week of stakeholder testing. Testing was conducted through the NPoC email account.</p> <p>Stakeholder testing asked the following questions:</p> <ul style="list-style-type: none"> • 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

	<p>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.</p> <ul style="list-style-type: none"> • It is proposed that this draft service specification 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? • What are your views in relation to the evidence base for commissioning services that perform at least 70 (rising to 150) primary lung cancer resections per year? • Does the service specification 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 service specification, and if so, why?
<p>What has happened or changed as a result of their input?</p>	<p>Some changes were made as a result of stakeholder testing and Programme of Care Board discussion:</p> <ul style="list-style-type: none"> • Inclusion of a timescale for moving from 70 primary lung cancer resections to 150; • Clarification of the proposed rota requirements, from 1 in 3 to arrangements suitable and appropriate for the unit in question.

<p>How are stakeholders being kept informed of progress with service specification development as a result of their input?</p>	<p>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.</p>
<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>Based on the expected impact on providers and the potential need for further public involvement activity to support any implementation processes, it is recommended that the service specification is subject to 30 days of public consultation.</p>

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