

Engagement Report for Service Specifications

Unique Reference Number	A07/S02
Title	Service Specification: Renal Transplantation
Accountable Commissioner	Jon Gulliver
Lead Clinical Reference Group	Renal Transplant
Collaborating Clinical Reference Groups	Renal Dialysis

Which stakeholders were contacted to be involved in the development of the service specification?	British Transplantation Society, Renal Association, Royal College of Physicians, NHS Blood & Transplant and British Society for Histocompatibility and Immunogenetics (CRG professional organisations and CRG members), patient and public CRG members and registered stakeholders.
Identify the relevant Royal College or Professional Society to the policy and indicate how they have been involved	British Transplantation Society, Renal Association and Royal College of Physicians – membership of CRG

<p>Which stakeholders have actually been involved? State reason for any difference from previous questions</p>	<p>As above.</p>
<p>Identify any particular stakeholder organisations that may be key to the specification development that have been difficult to engage. Indicate why they have been difficult to engage</p>	<p>No groups identified as particularly difficult to engage.</p>
<p>How have the stakeholders been involved? What engagement methods have been used?</p>	<p>CRG members involved in development of draft specification. Standard CRG stakeholder testing methodology employed by NHS England Specialised Services.</p>
<p>What has happened or changed as a result of their input?</p>	<p>Minor amendments e.g. proposed changes to activity thresholds for AiT Transplants.</p>
<p>How have stakeholders been informed of progress with the development of the service specification as a result of their input?</p>	<p>Email updates on drafts of policy as it has developed. Standard CRG stakeholder testing methodology employed by NHS England Specialised Services.</p>

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)

Level 2 – the substance of the proposed 2016/17 renal transplant service specification has not changed materially, but there are some clearer and more defined standards included in addition to an update for accuracy. There is support for these changes within the CRG and associated stakeholder groups identified above.

FOR PUBLIC CONSULTATION

Appendix One

1. When do we need to consult and how long for?

The levels below describe a consultation period and engagement activity while a consultation is live. The levels should reflect an approach that is proportionate to the needs of the policy being consulted on. When defining the proposed level of consultation take into account the engagement involved to this point as described by the report.

Level 1	Minor changes – no further consultation required
Level 2	Intermediate changes that are broadly supported by stakeholders through prior engagement - 30 day consultation, limited engagement activity during the live consultation
Level 3	Significant changes that are broadly supported by stakeholders through prior engagement - 60 day consultation to include some proactive engagement activities during the live consultation period
Level 4	Significant changes with some contentious aspects 12 week consultation to include some proactive engagement activities during the live consultation period
Level 5	Highly contentious/ high volume impact on numbers of stakeholders/ high levels of dissent/ high financial implications/ high media or political profile. 12 week consultation period plus an extensive range of pre and during engagement activity

NOTE: there may be exceptional operational or legal reasons that a formal consultation might be implemented outside of this framework.

2. Developing criteria for what we mean by proportionate

A series of prompt questions can help to identify the length and level of public engagement:

- How significant is the change for patients?
- Are certain patient groups disproportionately impacted?
- What is the size of the population group affected?
- What is the financial impact and affordability of the proposed change?
- Will the policy change the geography of where the services are provided?
- Is the patient group very small – can they be contacted individually?
- Has an Equality and Diversity impact assessment been done? What does this say?

3. Calculation tool to aid decision-making about consultation periods

Target audience	Count	Significance of changes	Count
<ul style="list-style-type: none"> • Public and all patients 	4	<ul style="list-style-type: none"> • High levels of change • Changes are contentious • High public profile • Political interest 	4

<ul style="list-style-type: none"> Specialist patient groups (<1000) Patients experience health inequalities in relation to these changes 	3	<ul style="list-style-type: none"> Medium to large number of changes Consensus is not likely between stakeholders 	3
<ul style="list-style-type: none"> Specialist patient groups (<1000) 	2	<ul style="list-style-type: none"> Small changes Consensus of support has already been established 	1

Target audience + significance of change = total score.

- A score of more than 6 indicates that a level 4 or 5 consultation should be used
- A score of 5 or 6 indicates that consideration should be given to a level 3 consultation
- A score of 4 indicates that consideration should be given to a level 2 consultation
- A score of 3 or less indicates that consideration should be given to a level 1 consultation

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