Engagement Report for Service Specifications

Unique Reference Number	URN 1707
Specification Title	Extra Corporeal Membrane Oxygenation (ECMO) for Respiratory Failure in adults.
Lead Commissioner	Nicola Symes
Clinical Reference Group	Adult Critical Care
Which stakeholders were contacted to be involved in service specification development?	The multi-disciplinary teams of the 5 current service providers in England, plus the centre in Scotland NHS Scotland Public Health England Quality Surveillance Team, NHS England Patient Representative Registered stakeholders of the Adult Critical Care CRG
Identify the relevant Royal College or Professional Society to the specification and indicate how they have been involved	Faculty of Intensive Care Medicine – as a registered stakeholder of the Adult Critical Care CRG Intensive Care Society – – as a registered stakeholder of the Adult Critical Care CRG

Which stakeholders have actually been involved?	The multi-disciplinary teams of the 5 current service providers in England, plus the centre in Scotland NHS Scotland Public Health England Quality Surveillance Team, NHS England Registered stakeholders of the Adult Critical Care CRG
Explain reason if there is any difference from previous question	
Identify any particular stakeholder organisations that may be key to the specification development that you have approached that have yet to be engaged. Indicate why?	Not applicable
How have stakeholders been involved? What engagement methods have been used?	MDT members of the existing service providers were engaged in the service specification review through a series of email and teleconference discussions. The service specification was subject to 14 day stakeholder testing for all registered stakeholders of the adult critical care CRG.
What has happened or changed as a result of their input?	The revised service specification reflects the input and views of the stakeholders involved in its development. No further changes have been made following comments received as a result of the 14 day Stakeholder Testing period.
How are stakeholders being kept informed of	Those stakeholders on the working group are being kept advised of progress of the service specification.

progress with specification development as a result of their input?	The engagement report will be shared with the adult critical care CRG for information.
What level of wider public consultation is recommended by the CRG for the NPOC Board to agree as a result of stakeholder involvement?	Four week public consultation – all stakeholders who responded answered ‘yes’ to question suggesting consultation of up to six weeks.

Stakeholder/CRG Feedback

Organisation Responding	Feedback Received	SWG response	Resulting Action
Cochrane Critical Care and Emergency Review Group	We may refer to a published Cochrane Review on extracorporeal membrane oxygenation for critically ill adults (Tramm R, Ilic D, Davies AR, Pellegrino VA, Romero L, Hodgson C. Extracorporeal membrane oxygenation for critically ill adults. Cochrane Database of Systematic Reviews 2015, Issue 1. Art. No.: CD010381. DOI: 10.1002/14651858.CD010381.pub2.). This review was published in 2015 and includes four studies (including the cited RCT). No meta-analysis was performed due to relevant heterogeneity. The summary of this review points at the limited evidence available so far: 'Extracorporeal membrane oxygenation remains a rescue therapy. Since the year 2000, patient treatment and practice with ECMO have considerably changed as the result of research findings and technological advancements over time. Over the past four decades, only four RCTs have been published that compared the intervention versus conventional treatment at the time of the study. Clinical heterogeneity across these published studies prevented pooling of data for a meta-analysis. We recommend combining results of ongoing RCTs with results of trials conducted after the year 2000 if no significant shifts in technology or treatment occur. Until these new results become available, data on use	Noted. The working group recognise the Cochrane review conclusion that the evidence for ECMO as a stand-alone therapy is inconclusive. The working group also noted that the HTA-funded CESAR study in the UK found that a specialist severe respiratory failure pathway which included access to ECMO provided benefit for the UK	The working group decided the evidence cited in the service specification was accurate and appropriate for the service being provided in the UK. No action required.

	of ECMO in patients with acute respiratory failure remain inconclusive. For patients with acute cardiac failure or arrest, outcomes of ongoing RCTs will assist clinicians in determining what role ECMO and ECPR can play in patient care.' We suggest including this view into section 3.4 (Evidence Base)	population and noted that the service is commissioned in line with the findings of this study. This specification only refers to ECMO for respiratory failure and reference to evidence for cardiac failure is not required.	
Barts Health NHS Trust	The national service aims to deliver timely access to ECMO support for eligible patients with severe respiratory failure. Service organisation will consider how best to balance the needs to ensure sufficient institutional experience whilst minimising the total access times for all potential patients (in contrast to minimising the maximum access time which does not consider population densities). Similar geospatial evaluation of services has been used to evaluate major trauma systems (Jansen et al, J Trauma Acute Care Surg 2018). Easy access is important for families of patients who support patients and wish to be present when patients are critically unwell. Barts Health NHS Trust applied to be commissioned as a national respiratory ECMO centre in 2017. The Trust was not selected as the favoured bidder in that process.	Noted. The working group agreed that these service aims are reflected in the service specification.	No action required
University Hospitals Bristol NHS Foundation Trust	changes that could reasonably be expected to be broadly supported by stakeholders - up to 6 week consultation No comments	Noted	No action required
NHS Grampian. Aberdeen Royal Infirmary	changes that could reasonably be expected to be broadly supported by stakeholders - up to 6 week consultation.	Noted	No action required

	No comments		
British Thoracic Society	Page 2 and page 7: 001 structure process - There is a specialist MDT team. We suggest that the specification needs to specify the membership of this team to ensure national consistency (e.g. nursing team, physiotherapy, medical teams (intensivist, surgeon, respiratory physician), SALT, Dietician, access to OT, access to psychologist). Page 3: Inclusion/exclusion criteria No age criteria is mentioned - should reference to Cesar criteria (age<65) be made.	Noted. The structure and process indicator – details of the specialist MDT as suggested is included within the full detail of the Quality Indicators, but not in the summary. The full details will be included as an appendix. In line with other NHS services, age is not a specific barrier to access. Treatment is offered as appropriate, depending on an individual's clinical presentation. It is recognised that for research purposes the CESAR trial age criteria was limited to <65.	No action required