Engagement Report for Service Specifications

Unique Reference Number	1731
Specification Title	Penile Prosthesis Surgery (for end stage erectile dysfunction)
Lead Commissioner	Rupi Dev
Clinical Reference Group	Specialised Cancer Surgery
Which stakeholders were contacted to be involved in service specification development?	A service specification working group (SWG) was established in line with NHS England's published Methods. The draft service specification was sent the following groups for comment: • The Specialised Cancer Surgery Clinical Reference Group (CRG); and • The registered stakeholders of the Specialised Cancer Surgery CRG.
Identify the relevant Royal College or Professional Society to the specification and indicate how they have	The relevant colleges and professional associations' are either members or registered stakeholders of the Specialised Cancer Surgery CRG. These include: • British Association of Urological Surgeons [BAUS] (Registered Stakeholder); and • Royal College of Surgeons (Member of the CRG). In addition, the draft service specification was circulated to the British Association of Urological Nurses (BAUN).

been involved	The draft service specification was also sent to the following patient groups for comment: • Fight Bladder Cancer; • Prostate Cancer UK; • Diabetes UK; • Orchid Cancer; • Tackle Prostate Cancer; and • British Dupuytrens Society (Peyronies sub-group).
Which stakeholders have actually been involved?	Comments were received from BAUS. No responses were received from the Royal College of Surgeons, BAUN or the patient groups listed above, however, 14 other responses were received from registered stakeholders.
Explain reason if there is any difference from previous question	Not applicable.
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?	None identified.
How have stakeholders been involved? What engagement methods have been used?	The draft service specification was distributed to stakeholders via email for a period of four weeks of stakeholder testing. A longer stakeholder testing period was used to enable as many stakeholders to comment on the draft proposals in preparation for public consultation. Stakeholders were asked to submit their responses via email, using a standard response and in line with NHS England's standard processes for developing service specifications. Stakeholder testing asked the following questions: • It is proposed that highly specialised products will go for period

	of public consultation. The consultation period will be dependent in the level of support for the proposals and the potential impact. Do you believe the proposals positively impact patient access to care? Please provide details.
	• What level of public consultation do you recommend?
	  o 4 weeks
	  o 8 weeks
	  o 12 weeks
	• Do you have any further comments on the proposed changes to the document? If Yes, please describe below, in no more than 500 words, any further comments on the proposed changes to the document as part of this initial 'sense check'.
	• Please declare any conflict of interests relating to this document or service area.

What has happened or changed as a result of their input?	15 responses were received to stakeholder testing, of which 4 were from patients/members of the public who supported the proposals and felt that the service specification ensured equitable access to the service across the country. The remaining responses were received from clinicians, providers and industry. These stakeholders were supportive of the draft service specification in principle, but raised the following issues: 1. The number of proposed Centres were deemed to be too low. Stakeholders were also concerned that a small number of Centres would limit the training opportunities for this type of surgery and would result in unnecessary travel for patients. The number of proposed Centres has been recommended using current activity and demand. **The SWG do acknowledge that over time, and as demand increases, there should be flexibility in the number of Centres. This has been amended in the service specification.** In the SWG's opinion a smaller number of centres will support better and intense training for these types of surgeries through concentration of surgical expertise, and therefore the number of initial proposed Centres has not been altered. However, **the service specification has been amended to allow for greater network working including: (i) supporting "in-reach" operating to maintain and develop surgical expertise in as many clinical teams as possible; and (ii) enabling delivery of follow-up care outside of the Centre to limit patient travel where possible.** 2. Stakeholders recommended that the number of Centres should align to established penile cancer networks as penile cancer diagnoses were similar to the surgery numbers expected for this procedure.

	Although the SWG acknowledge the number of new cases of penile cancer and the penile prosthesis surgeries per annum are similar, the total number of surgeries performed are different in the treatment of penile cancer - patients with penile will undergo multiple surgical interventions as part of their standard management. As a result, the number of initial proposed Centres has been maintained at 4 across England (see rationale above). 3. The number of minimum surgeries per Centre and surgeon were felt to be too high. Stakeholders referenced the recent Urology Getting It Right First Time (GIRFT) Report which recommended a minimum of 10 procedures per surgeon for specialist non-cancer surgeries. Although the Urology GIRFT Report recommended a minimum of 10 procedures per surgeon for non-cancer surgeries, these were a minimum only and the Report strongly supported reducing the number of surgical procedures that are carried out in small volume centres (Recommendation 15 of the Report). The minimum numbers included in the draft service specification not only support development of individual surgeon expertise but also Centre expertise, taking into account the training of the wider team (e.g. theatre staff) and infrastructure requirements for these types of procedures. This is supported by the Urology GIRFT Report which states: "*better surgical outcomes are achieved when the team is more accustomed to the procedure*". As a result, the numbers of minimum surgeries per Centre and per surgeon are unchanged in the service specification. 4. Stakeholders queried the evidence based for revision surgery and the rationale for having just one Centre to manage all revisions. In addition, stakeholders asked for clarity regarding the standard included for revision surgery (1%) in the service specification. At the time of developing the clinical commissioning policy, HES data indicated that 30% of patients underwent revision surgery within five years of primary implantation. As a result of stakeholder feedback, this data extract has been re-run and analysed at individual provider level. Analysis of 10 years' worth of activity data indicates that approximately 22% of patients undergo revision surgery and revision rates are high across the country, including in higher volume centres. As a result of this feedback, **the service specification has been revised to allow all designated centres to carry out their revision surgery.** It is still anticipated that as expertise and volumes increase,

	revision rates will fall and therefore **the 1% revision surgery rate has been maintained, however, the standard has been amended to clarify that (i) the standard is applicable for primary implants; and (ii) within five years of implantation.**
How are stakeholders being kept informed of progress with specification development as a result of their input?	All stakeholders (including CRG members and registered stakeholders) will be notified when the draft service specification goes out to public consultation.
What level of wider public consultation is recommended by the CRG for the NPOC Board to agree as a result of stakeholder involvement?	Stakeholder feedback was mixed on the length of time for public consultation was mixed but 50% of stakeholders recommended a 12 week public consultation. The SWG believe that as a result of the amendments made to the service specification and with some targeted engagement with the relevant professional association ahead of public consultation, the draft service specification should undergo an 8 week public consultation.