Engagement Report for Clinical Commissioning Policies

Unique Reference Number	1714
Policy Title	Percutaneous mitral valve leaflet repair for primary degenerative mitral regurgitation in adults
Accountable Commissioner	[redacted]
Clinical Reference Group	Cardiac Services CRG
Which stakeholders were contacted to be involved in policy development?	Registered Stakeholders of the Cardiac Services CRG and members of that CRG
Identify the relevant Royal College or Professional Society to the policy and indicate how they have been involved	British Cardiovascular Society/British Cardiac Intervention Society These organisations are not currently registered as stakeholders of the Cardiac Services CRG however the current BCS president and Honorary Secretary had the opportunity to review the policy proposition as CRG members.
Which stakeholders have actually been involved?	One Individual, one hospital and a manufacturer.
Explain reason if there is any difference from previous question	Not all stakeholders responded to the testing request
Identify any particular	N/A

stakeholder organisations that may be key to the policy development that you have approached that have yet to be engaged. Indicate why?	
How have stakeholders been involved? What engagement methods have been used?	The policy proposition and the evidence review were sent out to stakeholders via email. Stakeholders were asked to complete a response form within two weeks. A reminder email was sent out after one week.
What has happened or changed as a result of their input?	Three submissions were received during stakeholder testing and the comments were reviewed by the PWG. The PWG notes the comment by a manufacturer and agree that the policy proposition should be as generic as possible and references to the trade name - MitraClip should be changed except where it is in reference to evidence about that specific technology. Other comments were not felt to require any changes to the current policy proposition for the reasons given below: The question regarding the prior approval system is noted but is incorrect as this is the terminology used in the NHS Standard Service Conditions and is covered in detail by SC29.21. Furthermore, the number of centres are not about the policy proposition per se and further information can be found in the Integrated Impact Assessment, which will go out to public consultation. The PWG had noted the publication of new evidence in the COAPT study and this will be reviewed by the policy PHE lead.
How are stakeholders being kept informed of progress with policy development as a result of their input?	Stakeholders will be kept informed of the policy's progress through the NHS England consultation portal website. Regular updates are given at CRG meetings and other relevant fora.
What level of wider public	One individual responded that a period of public consultation of up to 12 weeks would be appropriate for this policy proposition

consultation is recommended by the CRG for the NPOC Board to agree as a result of stakeholder involvement?	as they are launching their own technology for percutaneous mitral valve leaflet repair in a few weeks and wanted to ensure that it is considered under this commissioning proposal. A period of 30 days would be in line with other policy propositions following the cardiac Commissioning through Evaluation programme and the PWG did not feel that there was a compelling reason to have a longer period in this case. Moreover, the evidence for the new technology has not been presented and can be considered once available. The PWG also noted that an extended consultation period would make it impossible for this policy proposition to be discussed at the May prioritisation meeting. As these meetings happen twice a year this would mean a delay of six months before it could be considered which the PWG felt would have a greater impact on patients than a shorter consultation period.