

**Engagement Report for Clinical Commissioning Policies**

|  |   |
|--|---|
| <b>Unique Reference Number</b>   | 1770  |
| <b>Policy Title</b>  | Percutaneous patent foramen ovale closure for the prevention of recurrent cerebral embolic stroke (adults aged 60 years and under).   |
| <b>Accountable Commissioner</b>  | ██████████  |
| <b>Clinical Reference Group</b>  | 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<br>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?  | 2 Individuals, Arrhythmia Alliance, and 2 NHS Hospitals.  |
| Explain reason if there is any difference from previous question   | Not all registered stakeholders responded to the testing.   |

|  |   |
|--|---|
| <p>Identify any particular stakeholder organisations that may be key to the policy development that you have approached that have yet to be engaged. Indicate why?</p> | <p>N/A</p>  |
| <p>How have stakeholders been involved? What engagement methods have been used?</p>  | <p>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.</p>  |
| <p>What has happened or changed as a result of their input?</p>  | <p>Five submissions were made during stakeholder testing and the comments were reviewed by the PWG. Three submissions did not suggest any changes to the policy proposition.</p> <p>The PWG noted the comments made in the other two submissions but did not consider that they required changes to be made to the policy proposition for the reasons given below.</p> <p>The DEFENSE-PFO trial which published in March 2018 will be reviewed by the Evidence Reviewer and consideration given by the PWG.</p> <p>The age criteria in the policy is reflective of and supported by clinical trial evidence that supports the proposed clinical rationale for treating patients within this age range.</p> <p>The policy proposition requires consideration of patients for PFO closure at an MDT including a stroke specialist and an interventional cardiologist as a minimum but did not feel that it was necessary to prescribe all possible members.</p> |
| <p>How are stakeholders being kept informed of progress with policy development as a result of their input?</p>  | <p>Stakeholders will be kept informed of the policy's progress through the NHS England consultation portal website.</p> <p>Regular updates are given at CRG meetings and other relevant fora.</p>   |

What level of wider public consultation is recommended by the CRG for the NPOC Board to agree as a result of stakeholder involvement?

One individual responded that a period of up to 12 weeks was most appropriate for public consultation but did not give a reason for this.  
As the other four responses did not concur with this view it is recommended that a period of public consultation of 30 days is undertaken.