

## Engagement Report for Clinical Commissioning Policies

<b>Unique Reference Number</b>	1851
<b>Policy Title</b>	Pazopanib for inoperable and metastatic malignant granular cell tumour (all ages)
<b>Lead Commissioner</b>	██████████
<b>Clinical Reference Group</b>	Chemotherapy Clinical Reference Group
Which stakeholders were contacted to be involved in policy development?	<p>The draft clinical commissioning policy statement was sent to the following groups for comment:</p> <ul style="list-style-type: none"> <li>• Chemotherapy Clinical Reference Group (CRG); and</li> <li>• Registered stakeholders for the Chemotherapy CRG.</li> </ul>
Identify the relevant Royal College or Professional Society to the policy and indicate how they have been involved	<p>All of the relevant Royal Colleges and professional societies have membership on the Chemotherapy CRG. These include:</p> <ul style="list-style-type: none"> <li>• British Oncology Pharmacy Association;</li> <li>• Royal College of Pathologists; and</li> <li>• British Society for Haematology.</li> </ul> <p>Named representatives for each of these organisations were sent copies of the draft policy statement and invited to provide comment.</p>
Which stakeholders have actually been involved?	No responses were received from relevant Royal Colleges or professional societies. However, three responses were received from registered stakeholders.
Explain reason if there is any difference from previous question	Not applicable.
Identify any particular stakeholder organisations that	None identified.

<p>may be key to the policy development that you have approached that have yet to be engaged. Indicate why?</p>	
<p>How have stakeholders been involved? What engagement methods have been used?</p>	<p>The draft policy statement was distributed to stakeholders via email for a period of two weeks of stakeholder testing, in preparation for public consultation.</p> <p>Stakeholders were asked to submit their responses via email, using a standard response and in line with NHS England's standard processes for developing clinical commissioning policies.</p> <p>Stakeholder testing asked the following questions:</p> <ul style="list-style-type: none"> <li>• Do you support the proposals within the policy statement?</li> <li>• Do you have any further comments on the proposal?</li> <li>• If Yes (to question 2), 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'.</li> <li>• Please declare any conflict of interests relating to this document or service area.</li> </ul>
<p>What has happened or changed as a result of their input?</p>	<p>No changes have been made to the policy proposition as a result of feedback.</p> <p>There were three responses to stakeholder testing, of which two responses fully supported the policy proposition. The remaining respondent queried why the policy was proceeding for not routine commissioning given that the evidence appeared to demonstrate some benefit and no cost impact analysis appeared to be completed.</p> <p>Decisions about whether an intervention should be routinely available or not are made on the basis of clinical effectiveness evidence, costs are not considered at this stage. Following consideration of the available evidence, the Clinical Panel determined that the use of pazopanib in this indication was experimental and recommended that a policy statement be developed.</p>
<p>How are stakeholders being kept informed of</p>	<p>Stakeholders will be notified when the final policy proposition is published.</p>

progress with policy development as a result of their input?	
What level of wider public consultation is recommended by the CRG for the NPOC Board to agree as a result of stakeholder involvement?	Not applicable – this is a policy statement.