

## Consultation Report

### Topic details

<b>Title of Service Specification:</b>	Penile Prosthesis Surgery (For end stage erectile dysfunction)
<b>Programme of Care:</b>	Cancer Programme of Care
<b>Clinical Reference Group:</b>	Specialised Cancer Surgery
<b>URN:</b>	1731

### 1. Summary

This report summarises the outcome of a public consultation that was undertaken to test the service specification proposal.

### 2. Background

This is a new service specification for penile prosthesis surgery (for end stage erectile dysfunction). The purpose of the service specification is to support implementation of the clinical commissioning policy for penile prosthesis surgery for end stage erectile dysfunction (published by NHS England in 2016) through the designation of specialist penile prosthesis surgery centres.

Penile prosthesis surgery is high risk urological surgery and it is usually the last treatment option for men with end stage erectile dysfunction. Commissioning responsibility for this treatment transferred from Clinical Commissioning Groups (CCGs) to Specialised Commissioning in April 2017, however, no centres have ever been formally commissioned by NHS England to provide this surgery. Prior to the transfer of responsibility to NHS England, most procedures were undertaken through spot purchase arrangements made by CCGs.

The draft service specification has been subject to stakeholder testing and public consultation in line with the standard Methods.

### 3. Publication of consultation

The service specification was published and sign-posted on NHS England's website and was open to consultation feedback for a period of 60 days from Friday 18<sup>th</sup> January 2019 till 19<sup>th</sup> March 2019. Consultation comments have then been shared

with the Service Specification Working Group (SWG) to enable full consideration of feedback and to support a decision on whether any changes to the service specification might be recommended.

Respondents were asked the following consultation questions:

- Do you believe the proposals positively impact patient access to care? Please provide details.
- What do you consider to be the major impacts of the proposals on patients?
- How could patients be supported with these impacts?
- Do you think the proposed quality indicators included in the service specification are appropriate to measure and monitor this service in the future?
- Are there any changes or additions you think need to be made to this document, and why?

#### **4. Results of consultation**

There were 97 responses to public consultation of which:

- 58 responses were received from individual clinicians;
- 13 responses were on behalf of NHS service providers;
- 21 responses were from individual patients or members of the public;
- 2 responses were received from patient charities;
- 1 response was received on behalf of the relevant professional association;
- 1 response was from an industry provider; and
- 1 response was received from a commissioner.

Of the 97 responses received, 23 respondents (equating to 24% of the total responses) actively supported the draft proposals. This included support from 9 individual patients, 13 individual clinicians and 1 charity organisation (Fight Bladder Cancer UK).

The remaining 74 responses raised the following concerns with the draft proposals:

- With only four centres proposed in the first instance, respondents felt that the draft proposals would result in an over-centralisation of services. Although respondents acknowledged the procedure required specialist expertise, they recommended increasing the number of centres to between 7 and 11 centres. Concerns regarding over-centralisation of services were referenced in 33 individual responses.
- Respondents commented on the impact of four centres on patient travel. Respondents commented that with an increased need to travel, this could in turn impact access to the procedure with some people choosing not to have the procedure as a result of the travel distances involved. Some respondents felt this would have a detrimental impact to patients, especially as existing data

shows that not enough men access the treatment currently. Travel concerns were raised in 40 individual responses.

- Respondents commented that with only four centres, there would be an increase in waiting times and less resilience across the system to offer appropriate access to care if one service was unable to deliver. Respondents commented that measures relating to waiting times were missing from the service specification and recommended that this would be an important measure to ensure timely access to treatment if the number of centres was to be centralised.
- Respondents commented on the impact on training with only four centres, suggesting that the proposals could lead to a de-skilling of the surgical workforce and that new junior doctors would not gain the same training opportunities limiting the availability of surgeons in the future.
- The draft proposals included recommended minimum individual surgeon and unit numbers. Respondents felt these numbers were too high and referenced the Getting It Right First Time (GIRFT) Report for Urology which suggested a minimum number of specialist procedures for non-cancer cases to be 10 cases per surgeon.

## **5. How have consultation responses been considered?**

Responses have been carefully considered and noted in line with the following categories:

- Level 1: Incorporated into draft document immediately to improve accuracy or clarity
- Level 2: Issue has already been considered by the CRG in its development and therefore draft document requires no further change.
- Level 3: Could result in a more substantial change, requiring further consideration by the CRG in its work programme and as part of the next iteration of the document
- Level 4: Falls outside of the scope of the specification and NHS England's direct commissioning responsibility

## **6. Has anything been changed in the service specification as a result of the consultation?**

The responses to public consultation have been reviewed by the SWG and the National Programme of Care (NPoC) for Cancer.

Responses from public consultation were graded as Level 1. Therefore, as a result of public consultation, and working in conjunction with the relevant professional association (the British Association of Urological Surgeons), the following amendments have been made to the service specification:

- The minimum procedure numbers per surgeon and unit included in the service specification have been amended in line with the Getting Right First Time Report for Urology.
- The reference to the proposed number of centres has been removed. It is anticipated that regional commissioning teams will designate providers using the standards set out in the service specification, taking into account their local geography and clinical expertise.
- To support regional commissioning teams in designating providers, the clinical co-dependencies outlined in the service specification have been strengthened and the list of complex surgical procedures included as an Appendix in the service specification has been updated.

No other changes have been made to the service specification as a result of public consultation feedback.

**7. Are there any remaining concerns outstanding following the consultation that have not been resolved in the final service specification proposal?**

None.