

## Engagement Report for Clinical Commissioning Policies

<b>Unique Reference Number</b>	1803
<b>Policy Title</b>	Extracorporeal membrane oxygenation (ECMO) as a bridge to lung transplant (BTT) (all ages)
<b>Clinical Reference Group</b>	Specialised Respiratory and Cardiac Services Clinical Reference Groups (CRG)
Which stakeholders were contacted to be involved in policy development?	Stakeholders for the Specialised Respiratory CRG and Cardiac Services CRG. Noting that the primary interest and expertise is within respiratory medicine. NHS Blood and Transplant (NHS BT), the British Thoracic Society, Association of Respiratory Nurse Specialists, Cystic Fibrosis Medical Association Lung Transplant Working Group, British Lung Foundation, Pulmonary Hypertension Association UK, Royal College of Physicians
Identify the relevant Royal College or Professional Society to the policy and indicate how they have been involved	Association of lung transplant physicians, members included in PWG.
Which stakeholders have actually been involved?	There were a number of comments received from CRG members. NHS BT have been involved in drafting the papers, particularly the data which has been provided to stakeholders to set out the experience of the use of ECMO BTT in England between May 2017 – Jan 2019.
Explain reason if there is any difference from previous question	Not all organisations commented on the documents. In addition, it was suggested that the Policy Working Group (PWG) seek input from an ethics perspective on the benefit to the individual vs the benefit to the wider waiting list so both the Rare Diseases Advisory Group Ethics member and the British Transplantation Society Ethics Committee were invited to comment. Their feedback has been added to the report.
Identify any particular stakeholder organisations that may be key to the policy development that you have approached that have	None, all key stakeholders have had the opportunity to comment on the draft policy proposition.

yet to be engaged. Indicate why?	
How have stakeholders been involved? What engagement methods have been used?	<p>PWG meeting and subsequent contact for policy development. Discussion at NHS BT Advisory Group for Lung transplantation.</p> <p>The draft policy proposition was distributed to stakeholders via email for a period of two weeks of stakeholder testing, prior to the 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>
What has happened or changed as a result of their input?	<p>Minor edits have been made.</p> <p>The most significant change has been to edit the eligibility criteria to clarify that this pathway may only be considered once the patient is on the waiting list for a lung transplant (registered on the non-urgent or urgent scheme) under the care of a cardiothoracic transplant centre. This has been clarified as an inherent feature of all organ allocation systems is the need to balance the benefit to the individual with the benefit to the wider population (the waiting list as a whole) hence patients must be already listed. This issue of balance has been considered throughout the policy development process.</p>
How are stakeholders being kept informed of progress with policy development as a result of their input?	All stakeholders (including CRG members and registered stakeholders) will be notified when the draft policy proposition goes out to public consultation and will be kept informed of the policy's progress through NHS England's consultation portal website.
What level of wider public consultation is recommended by the CRG for the NPOC Board to agree as a result of stakeholder involvement?	The majority view was that the changes could reasonably be expected to be broadly supported by stakeholders and that up to 4-weeks consultation was required.