Northern, Eastern and Western Devon Clinical Commissioning Group
South Devon and Torbay Clinical Commissioning Group

Clinical Policy Committee

Annual Report

2013-2014

Date: April 2014

Contents

Dr Jo Roberts
Chair's introduction

The inception of the Clinical Commissioning Groups of NEW Devon and South Devon and Torbay has resulted in new ways of working, both as individual CCGs, but also importantly in collaboration in specific areas. The success of the Clinical Policy Committee in its first year demonstrates the benefits of combining processes to achieve outcomes that the individual Clinical Commissioning Groups of NEW Devon and South Devon and Torbay wish to achieve. The Clinical Policy Committee is the common route by which NEW Devon and South Devon and Torbay CCGs can take commissioning decisions in tandem for new health technologies. This provides for reduced variation in access to treatments and derives maximum value for money for the resources committed.

Reconfiguration of NHS Bodies across Devon led to a revaluation of the means by which local health communities took decisions and then embedded these into practice. One such area was to maximise the skills available to us by combining the resources that existed within the Clinical Effectiveness and Medicines Optimisation (CEMO) teams across the whole of Devon. Clinical effectiveness is a significant corner stone of the CEMO workload, its remit is to identify, evaluate and disseminate the best clinical evidence that represents good value to our local health communities. It is through the Clinical Policy Committee that much of this work is consolidated into commissioning policy. Development of the Clinical Policy Committee enables a unified approach to assessing the evidence and making a decision that considers the value offered by new technologies and treatments presented to the committee by the clinical effectiveness team.

The Clinical Policy Committee provides the common approval mechanisms for all new drugs onto the formularies within Devon. Historically there has been much commonality in approach to supporting the four individual Joint formularies that had developed across Devon; however a few specific different approaches to commissioning of new medicines have surfaced. These present challenges to implement the common commissioning decision across Devon via the newly merged joint formularies, however we have a common goal and we are working to develop the process that will facilitate this to best effect.

I am keen that the reputation of the Clinical Policy Committee to take respected decisions grows, and that it becomes a valued choice for evaluating a wide range of health technologies to support the commissioning processes for the whole of Devon.

Dr Jo Roberts
Chair, Clinical Policy Committee
Clinical Lead for Innovation, Communication and Engagement, Medicines Optimisation
South Devon and Torbay Clinical Commissioning Group

1. Introduction

1.1 Through the Clinical Policy Committee Northern, Eastern and Western Devon CCG and South Devon and Torbay CCG work together to carry out their responsibilities for making local decisions about the funding of medicines and treatments in the NHS.

1.2 The Committee determines whether the Clinical Commissioning Groups will make funding available to commission specific treatments and healthcare interventions from provider organisations. This is within financial limits delegated from the Governing Bodies.

1.3 The Committee makes recommendations to members of the Clinical Commissioning Groups on whether specific treatments represent good value, appropriate, evidence based choices for adoption into primary care treatment plans via formularies and clinical management pathways. It approves policy documents that define the clinical circumstances under which clinical services, procedures and interventions will be commissioned.

2. The Process

2.1 The terms of reference of the Clinical Policy Committee are as given in **Appendix 1**.

2.2 The process is guided by the National Prescribing Centre principles and rationale for local decision making.

2.3 Meetings are held at approximately 6 weekly intervals across a rotation of locations including Exeter, Ivybridge and Tiverton/Cullompton.

2.4 The process and organisation is hosted by NEW Devon CCG and run by the Clinical Effectiveness Team. The Clinical Policy Committee is chaired by Dr Jo Roberts, Clinical Lead for Innovation, Communication and Engagement, Medicines Optimisation for South Devon and Torbay CCG.

2.5 Seven meetings were convened by the Clinical Policy Committee in 2013-14. The agendas for the meetings are shown in **Appendix 2**.

2.6 The committee is well supported and attendance at the meetings for the last year is shown in **Appendix 3**.

Declaration of Interests

2.7 The Clinical Policy Committee operates a formal process for the declaration and handling of conflicts of interests.

2.8 Committee members, secretariat, guests and clinical specialists are required to complete a Declaration of Interests form prior to the start of each meeting. This specifies the drug/technology due to be considered along with details of

any comparative products, and the respective pharmaceutical company/ manufacturer.

2.9 Details are also captured and recorded of any other healthcare industry contact members have had since the last meeting.

2.10 All declared interests are considered by the Chair and disclosed to the committee at the beginning of the meeting. Where there are no interests to declare, a 'nil' return is required.

2.11 Following consultation with other members the Chair will decide to what extent a member who has declared an interest should participate in the discussion and determination of the issue. It is recognised that individuals may have some interaction with the healthcare industry and while these should be declared it does not necessarily preclude membership and involvement in discussions.

2.12 It is also acknowledged that members of the Clinical Policy Committee should act in accordance with the Principles of Public Life (the Nolan Principles) as set out in the Constitutions of the CCGs.

2.13 A record of declared interests is kept by the secretariat and full details are made publicly available in the minutes of the meeting. A register of all declared interests for the year is included in **Appendix 4**.

Public Involvement

2.14 Lay members are involved in the discussions at the meeting to ensure that the broader public perspective informs the decisions that the Committee make.

2.15 Malcolm Merrett was welcomed as a lay member of the Clinical Policy Committee at its first meeting in May 2013.

2.16 A process for the recruitment of further lay members to the Clinical Policy Committee was undertaken in January/February 2014. The communications teams of NEW Devon CCG and South Devon & Torbay CCG agreed a press release for circulation to media across Devon, Plymouth and Torbay, as well as Healthwatch, Pulse, HSJ and social media. Details were published on the NEW Devon CCG website, including a full lay member role description and details of the application process.

2.17 The engagement of Malcolm Merrett in the recruitment process was valuable, in reviewing the lay member role specification and being involved with the review of applications and interview process. As an existing lay member of the committee it was acknowledged that he was well-placed to draw on his experience, answering any specific questions that potential lay members might have regarding the committee and the practicalities of fulfilling a lay member role on it.

2.18 It was also beneficial to be able to draw on the experience of Christine Buswell, a lay member for the Exeter sub-locality of the Eastern locality, who is not directly involved with the committee itself but has experience as a lay member within the CCG. Following an invitation to existing lay members, she had offered to assist with the selection and interview of applicants and was able to bring the benefit of her knowledge to the recruitment process.

2.19 Following a shortlisting and interview process in March 2014, Jonathan Broad was appointed as a further lay member to the Clinical Policy Committee.

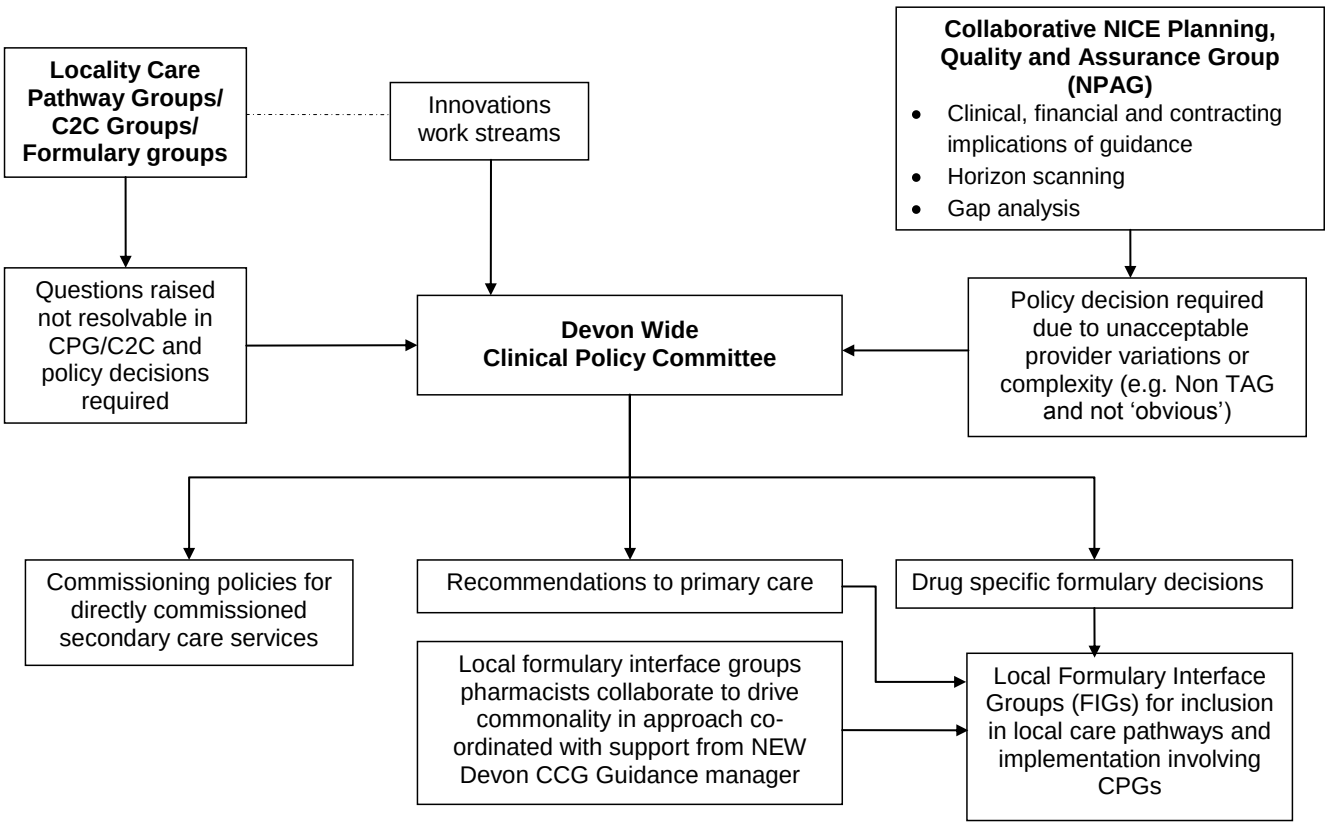
2.20 It was recognised that links had been fostered between CCG lay members involved with different committees through engagement in this process. This is encouraging for future networking and support between lay members.

The work programme

2.21 The work programme of the Clinical Policy Committee is managed by the Clinical Effectiveness team, NEW Devon CCG.

2.22 This is proactive and responsive to a number of sources. A schema of Clinical Policy Committee inputs and outputs is shown in figure 1, below.

Figure 1: Schema of Clinical Policy Committee inputs and outputs



2.23 In the last year, assessments have been undertaken and presented to the committee by five members of the Clinical Effectiveness team:

- Gareth Franklin, Clinical Guidance Manager
- Hilary Pearce, Clinical Effectiveness Pharmacist
- Chris Roome, Head of Clinical Effectiveness
- Petrina Trueman, Joint Formularies Pharmacist, and
- Sanjay Verma, Clinical Evidence Pharmacist.

Variation in predecessor organisations' clinical access policies

2.24 The Clinical Policy Committee considered the approach to addressing variations in the inherited policies from the former NHS commissioning organisations at their inaugural meeting in May 2013. The Committee considered the merits of harmonising by imposing a position immediately compared to instituting a process to harmonise. It was decided that the policies from the former commissioning organisations should continue to be applied until they are formally reviewed by the CCGs. This provides clarity of the interim position for the Individual Funding Panel where applications are received for treatments subject to differing access criteria across Devon.

2.25 Variations in treatment commissioning policies between the former PCTs are being addressed by the Clinical Effectiveness Team. This programme of work is anticipated to take 12-18 months to complete (by end December 2014). To date work has been completed on approximately 50% of policies and is on-going for a further 30% of policies. The Clinical Effectiveness Team is working with the Business Intelligence Team to look at procedure rates for acute trusts to provide background information required to develop the Devon-wide policies for some procedures.

Assurance Reporting

2.26 Reporting of any outstanding risks, and associated assurance summaries, is undertaken to the Integrated Governance Committee of NEW Devon CCG and the Quality Committee of South Devon & Torbay CCG. This is carried out by the Clinical Effectiveness Governance Manager, NEW Devon CCG on a bi-monthly basis. Within the year only one risk arising from the Clinical Policy Committee has been reported. This risk concerns the known variation in predecessor organisations' clinical access policies which is being addressed by a formal programme of work as outlined above.

2.27 Ratification of any formal matters arising from the Clinical Policy Committee, including the appeals process and changes to terms of reference, has been undertaken by the Governing Body of NEW Devon CCG and the Quality Committee of South Devon & Torbay CCG.

Appeals process

2.28 The committee operates an appeals process for which a panel of people independent of the original decision are constituted to decide on the validity of the appeal.

2.29 The appeals process of the Clinical Policy Committee is as set out in **Appendix 5**.

2.30 An appeal may be made by the original applicant(s) – a clinician who has participated in the process leading to the original decision, either through submitting written evidence and clinical views at the appropriate times during the preparation of committee papers or attending the committee meeting at which the decision was taken.

2.31 The grounds for appeal are 1) whether fair process has been followed by the Clinical Policy Committee in making their decision and 2) a material inaccuracy in or omission from the evidence considered by the committee that would make a substantive difference to the appraisal in relation to the medicine or treatment on which a decision was made.

2.32 Appeals which are upheld are referred back to the committee for reconsideration.

2.33 No appeals have been received in 2013-14.

3. Commissioning decisions

3.1 Commissioning policy decisions made by the Clinical Policy Committee this year are as detailed below:

Drug or technology	Commissioning position	Date of decision
Abatacept subcutaneous injection for rheumatoid arthritis	Commissioning policy in place	4th Sept 2013
Aclidinium inhalation powder for Chronic Obstructive Pulmonary Disease	Commissioning policy in place	11th June 2013
Aflibercept for the treatment of Wet Age Related Macular Degeneration in patients with a suboptimal response to treatment with ranibizumab	Revocation of former policy of the Peninsula Health Technology Commissioning Group in light of NICE TA294	9th Oct 2013
Anti-vascular endothelial growth factor (anti-VEGF) therapy for choroidal neovascularisation caused by pathological myopia	Revocation of former policy of the Peninsula Health Technology Commissioning Group in light of NICE TA298	5th March 2014
Certolizumab for ankylosing spondylitis	Commissioning policy in place	5th March 2014
Certolizumab for psoriatic arthritis	Commissioning policy in place	5th March 2014

Drug or technology	Commissioning position	Date of decision
Circumcision	Commissioning policy in place	31st July 2013
DAS28 scores in the initiation of treatment with biological therapies for rheumatoid arthritis	Commissioning statement in place	4th Sept 2013
Dupuytren's Contracture Treatment	Commissioning policy in place	7th May 2013
Exogen® low-intensity pulsed ultrasound system for healing of non-union long bone fractures	Commissioning policy in place	7th May 2013
Flutiform® for the treatment of asthma in adults and children over 12 years	Not routinely commissioned	31st July 2013
Treatment of focal hyperhidrosis	Commissioning policy in place	7th May 2013
Glycopyrronium inhalation powder therapy for Chronic Obstructive Pulmonary Disease	Commissioning policy in place	11th June 2013
Imiquimod 3.75% (Zyclara™) for actinic keratosis	Not routinely commissioned	9th Oct 2013
Indacaterol inhalation powder hard capsules for Chronic Obstructive Pulmonary disease	Commissioning policy in place	11th June 2013
Insulin degludec for type 1 and type 2 diabetes	Not routinely commissioned	9th Oct 2013
Linaclotide (Constella®) for the symptomatic treatment of moderate-to-severe irritable bowel syndrome with constipation (IBS-C)	Not routinely commissioned	20th Nov 2013
Lixisenatide for type 2 diabetes	Not routinely commissioned	31st July 2013
Renavit® for the dietary management of water soluble vitamin deficiency in renal failure patients receiving haemodialysis	Commissioning policy in place	31st July 2013
Rituximab in combination with methotrexate for rheumatoid arthritis	Commissioning policy in place	4th Sept 2013
Rituximab without methotrexate for rheumatoid arthritis	Commissioning policy in place	4th Sept 2013
Tocilizumab without methotrexate for rheumatoid arthritis	Commissioning policy in place	4th Sept 2013

3.2 To ensure that the organisations are meeting their statutory responsibilities, commissioning policy decisions were ratified by the Governing Body of NEW Devon CCG and the Quality Committee of South Devon & Torbay CCG. This is an interim measure until the Legislative Reform Order to the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), is made allowing CCGs to specifically exercise their powers jointly by way of a joint decision making body. The Clinical Policy Committee will then

act under full delegated authority from both CCGs and decisions will not require ratification.

Equality Impact Assessments

3.3 To ensure best practice, Equality Impact Assessments are completed for each commissioning policy decision of the Clinical Policy Committee by the Clinical Effectiveness Governance Manager. These are submitted to the Equality and Diversity Manager, along with the policy to which it relates, for agreement before being published on the NEW Devon CCG website at: www.newdevonccg.nhs.uk/who-we-are/medicines-and-treatments/commissioning-policies/equality-impact-assessments/100397

3.4 An Equality Impact Assessment (EIA) is a systematic way of seeing how any policies may affect groups of people differently based on the protected characteristics of diversity. EIAs are similar to risk assessments. In the same way a risk assessment would be taken forward, an EIA allows the assessor to identify potential problems and resolve or minimise them where possible.

4. Costs

4.1 The meeting/venue costs for Clinical Policy Committee meetings held in the last year are shown below.

Clinical Policy Committee meeting room costs 2013-14

Meeting date	Venue	Cost
7th May 2013	Committee Room, County Hall, Exeter	No charge
11th June 2013	Committee Room, County Hall, Exeter	No charge
31st July 2013	The Watermark, Ivybridge	£72.00
4th September 2013	Committee Room, County Hall, Exeter	No charge
9th October 2013	Tiverton Hospital	No charge
20th November 2013	The Watermark, Ivybridge	£110.40
5th March 2014	The Hayridge Centre, Cullompton	No charge

4.2 Meetings are rotated between venues across the CCGs' footprint and, where possible, are held in NHS facilities or those of Devon County Council, which makes no charge as we are a strategic partner. The meeting facilities at The Watermark are operated by Ivybridge Town Council.

5. Communication

5.1 All commissioning policies, categorised by body system, are made publicly available on the NEW Devon CCG website, which hosts these policies on behalf of both CCGs in Devon, at: www.newdevonccg.nhs.uk/who-we-are/medicines-and-treatments/commissioning-policies/100374

5.2 A communication framework is in place for the timely and effective dissemination of concise, targeted information to the key individuals and groups who need to know about the decisions. The Clinical Policy Committee Communication Framework is as shown in **Appendix 6**.

5.3 Full details of the Clinical Policy Committee including governance documentation (minutes of meetings, terms of reference, appeals process and communication framework) is publicly accessible on the NEW Devon CCG website at: www.newdevonccg.nhs.uk/who-we-are//medicines-and-treatments/clinical-policy-committee/100372

5.4 This annual report will similarly be made publicly available once ratified.

6. Reflective practice

6.1 The preparation and presentation of an assessment for Survimed OPD HN, a tube feed product, following a formulary application prompted consideration of what the CCGs' policy should be on accepting and deleting items into routine use through the formulary where the considerations are principally of a 'technical nature'.

6.2 It was agreed that where a product contains the same active ingredient and delivers a therapeutically equivalent dosage to an existing formulary product in a cost advantageous manner the formulary team should make proposals to the Formulary Interface Groups (FIGs) directly about inclusion or exclusion of the product. Deletions from the formulary which would cause a tension with NICE guidance, existing CPC policy, NHS England policies or result in inequity of access across Devon to specific pharmacologically active therapies should be referred to the Clinical Policy Committee.

6.3 This position was formalised in the governance arrangements of the Clinical Policy Committee by addition to the terms of reference in November 2013.

Committee development sessions

6.4 Two committee development sessions have been held during the year, in July and November 2013 respectively.

6.5 The Committee discussed and considered its key role in considering opportunity cost and the implications of decisions to commission and not to commission. The Committee went on to discuss and consider how to assess and weigh evidence related to clinical effectiveness and value for money.

7. Conclusion

7.1 Through the Clinical Policy Committee the CCGs in Devon discharge their responsibilities for making local decisions about the funding of medicines and treatments collaboratively, ensuring consistency in local decision making for patients in Devon.

7.2 The Clinical Policy Committee has taken 22 commissioning decisions in 2013-14. These comprise consideration of new medicines and treatments, addressing variations in the treatment commissioning policies of former organisations, and the formal revocation of policies where these have been superseded by NICE guidance.

7.3 The Clinical Policy Committee are asked to receive this annual report as a record of activity and the governance arrangements underpinning the Committee.

7.4 The Governing Body of NEW Devon CCG and the Quality Committee of South Devon & Torbay CCG are asked to accept and ratify this annual report to endorse the role of the Clinical Policy Committee. Following ratification the report will be made publicly available via the NEW Devon CCG website on behalf of both CCGs.

APPENDIX 1

Northern, Eastern and Western Devon Clinical Commissioning Group
South Devon and Torbay Clinical Commissioning Group

Clinical Policy Committee

Terms of Reference

1. Purpose of the Group

1.1 The Clinical Policy Committee (CPC) exists to enable Northern, Eastern and Western (NEW) Devon and South Devon and Torbay Clinical Commissioning Groups to collaboratively discharge their responsibilities for making local decisions about the funding of medicines and treatments in the NHS.

1.2 The commissioning organisations have a legal duty to have in place arrangements for making decisions and adopting policies on whether particular health care interventions are to be made available for patients for which the commissioner is responsible. This duty includes the requirement to provide a written statement of the reasons for a general policy on whether a specific intervention is to be made available.

2. Functions

The Clinical Policy Committee will:

2.1 Working within financial limits delegated from the Governing Bodies, determine whether the commissioning organisations will make funding available to commission specific treatments and healthcare interventions from provider organisations.

2.2 Approve policy documents that define the clinical circumstances under which clinical services, procedures and interventions will be commissioned.

2.3 Make recommendations to members of the Clinical Commissioning Groups on whether specific treatments represent good value, appropriate, evidence-based choices for adoption into primary care treatment plans via formularies and clinical management pathways.

2.4 Provide a written rationale for the determination of commissioning decisions and recommendations.

2.5 Establish processes for the dissemination of commissioning decisions and recommendations, including the publication of decisions on publically accessible websites.

2.6 For treatments and interventions which are expected to exceed delegated budgetary authority, report via an agreed process to the Clinical Commissioning Groups' Governing Bodies as to whether commissioning would be recommended by the committee.

2.7 Note reports, from the Clinical Commissioning Groups' NICE planning and assurance processes, on the commissioning implications of published Technology Appraisals and Clinical Guidelines.

3. Membership

3.1 It is the role of the Chair of the Committee to confirm that the members have all the relevant competencies in order for the Committee to undertake the business on the agenda. The committee membership will reflect the descriptions provided in the Local decision-making Competency Framework of the National Prescribing Centre whilst recognising that the scope of the Clinical Policy Committee extends beyond that of medicines. Members will be expected to contribute the competency sets defined in this guide and summarised in Appendix one.

3.2 A current membership list will be maintained by the committee secretariat and published on the website.

3.3 The committee will comprise 18 members as follows:

- Clinician Members of the Clinical Commissioning Groups (x8)
  (of whom 1 Chair and 1 deputy Chair)
- Lay Representation (x2)
- Patient Safety and Quality (x1)
- Public Health (x1)
- Contracting/Finance (x1)
- Head of Clinical Effectiveness
- Head of Medicines Optimisation
- Secondary Care Clinician (x2)
- Secondary Care Chief Pharmacist (x1)

3.4 Committee membership will comprise 8 nominated Clinical Commissioning Group members who will act with delegated executive authority from the Clinical Commissioning Groups' Governing Bodies to take commissioning decisions (voting members).

3.5 Voting members may nominate senior managers to act as their deputy. Deputies may also attend the committee to represent non-voting members. It is the responsibility of the committee member to ensure that the deputy is appropriately briefed and possesses the required competencies.

3.6 The committee includes lay membership to ensure the public interest is reflected in decision making.

4. Meetings and Conduct of Business

4.1 The frequency of meetings of the committee shall be determined by need, but it is expected that there will be a minimum of six meetings per year.

4.2 Minutes or draft recommendations are to be sent for comment to appropriate clinicians and the Chair within one month of the meeting, and papers are to be disseminated to committee members prior to each meeting.

4.3 The quorum will consist of half of the members being present to include a minimum of 4 voting members. The chair will ascertain who the voting members are before transacting committee business.

4.4 Decision making will compromise two stages:

- All members of the Group may participate in discussions and debate about the possible outcomes of a commissioning decision.

- The Clinical Commissioning Group members with delegated executive authority (voting members) will take a final decision on behalf of the commissioning organisations. Where a consensus is not apparent the Chair will consider whether further discussion is likely to lead to a consensus before taking a majority view from the voting members to be final. At the Chair's discretion a secret ballot may be held. The Chair has a vote. In the absence of a majority view further debate will continue until a majority view can be obtained or the Chair decides to exercise a casting vote.

4.5 Decisions will be reached after considering an assessment of the information which is known about the proposed intervention. This will be presented in a standardised format and will present information on:

- The reason for the proposal – clinical need and impact on patient care

- Technical details of the intervention

- Details of the health problem for which the intervention is proposed, including an estimate of likely numbers affected

- National strategic direction

- Evidence supporting efficacy of the intervention
- Information known about the safety of the intervention
- Current service
- Details of stakeholder engagement including any patient or public engagement undertaken in relation to the intervention or service
- Cost effectiveness and resource impact

4.6 Where a product contains the same active ingredient and delivers a therapeutically equivalent dosage to an existing formulary product in a cost advantageous manner the formulary team should make proposals to the Formulary Interface Groups (FIGs) directly about inclusion or exclusion of the product. Deletions from the formulary which would cause a tension with NICE guidance, existing CPC policy, NHS England policies or result in inequity of access across Devon to specific pharmacologically active therapies should be referred to the Clinical Policy Committee.

4.7 Clinicians and service providers will be invited to attend the committee to present the case for commissioning and to participate in the discussions prior to taking the commissioning decision or recommendation. The diversity of work managed by the Committee will require specialist input in order to cover all facets and interests. Therefore consultants and clinical specialists will be invited to represent specialist interests and contribute to decision-making.

4.8 Minutes will be produced and published on the website of the secretariat host organisation following approval at the subsequent meeting.

4.9 Decisions are effective from the date of publication.

4.10 Meetings may be attended in person or via teleconferencing where services exist.

4.11 The committee will operate an appeals process for which a panel of people independent of the original decision will be constituted to decide on the validity of the appeal. Appeals which are upheld will be referred back to the committee for reconsideration.

5. Officers of the Committee

5.1 A Chair and deputy Chair shall be jointly recommended by the Governing Bodies of the Clinical Commissioning Groups. In the absence of the Chair and deputy Chair the committee should nominate an attending member to chair the meeting.

5.2 A secretariat from the host Clinical Commissioning Group will provide administrative, professional and technical support such as taking minutes, recording and following up administrative actions, and presenting scientific and professional assessments to the committee.

6. Governance/ Reporting arrangements

6.1 The Committee will operate under joint delegated authority from the Governing Bodies of Northern, Eastern and Western (NEW) Devon Clinical Commissioning Group and South Devon and Torbay Clinical Commissioning Group. It will report jointly to the governing body of South Devon and Torbay CCG and the Integrated Governance Committee of NEW Devon CCG.

6.2 The Terms of Reference will be reviewed annually.

7. Declaration of Interests

7.1 All members of the committee and attendees will be expected to complete a declaration of interest. The Chair will ask that declarations of interest are made known to the committee members to indicate any issues where there is a personal competing interest whether financial, academic or research. A register is to be kept by the Committee Co-ordinator.

ROLES AND FUNCTIONS OF GROUP MEMBERS

(Reference: Local decision-making Competency framework – for groups involved in making local decisions about the funding of medicines and treatment in the NHS, National Prescribing Centre 2012)

Specific responsibilities of members of the Clinical Policy Committee

Committee Role	Responsible Functions
Chair	**Facilitates decision making process** Agreeing agenda. Ensuring appropriate range of competency exists within the Group. Draws together differing expertise and opinions. Communicates complex decisions in a manner that reflects Group responsibility using language understood by all audiences. **Group (internal) communication** Communicates within the Group to ensure that relevant views are considered at appropriate points in the meeting. **Deliberation, reasoning and ethical judgment** Ensure clear articulation of reasons for and against a proposal.
All	Engagement in deliberative processes to support ethical judgment in decision making. Understands and questions personal assumptions and assumptions of other members of the committee. Understanding of the organisations' ethical framework. Understands the wide variety of evidence and the role it may play in making judgements.
Clinical Commissioners	Engage in and facilitate deliberative processes to support ethical judgement in decision-making. Make a population based commissioning decision based upon judgment and opinion formed in the deliberative processes. Ensure that commissioning decisions are recognised by the Clinical Commissioning Group governing body.
Patient safety and quality	Understands the principles of safe and effective commissioning. Understand the governance and safety arrangements that may be necessary to ensure the intervention or service is commissioned appropriately. Ability to summarise succinctly, with underpinning evidence, complex legislative, governance and safety implications to inform decision making. Understands the impact on quality of care, resources and expenditure that a proposal may have. Understands the NHS requirements for engagement with patients and the public and where appropriate the use of formal consultation.

Head of Clinical Effectiveness	Understand the assessment of evidence and issues important in the interpretation of clinical evidence and cost effectiveness information. Understands quantitative and qualitative research methodologies. Ability to engage in technical clinical discussions with clinicians. Ability to compare needs and benefits of treatments across groups of patients within the context of the health needs of the population. Understands the appropriate use of data sources used to inform the decision making process.
Head of medicines optimisation & Secondary care chief pharmacist	Specialist knowledge on range of procurements and supply systems for medicines. Specialist knowledge on the licensing, legislation and systems governing prescribing, supply and administration of medicines and treatments. Understands the principles and governance arrangements necessary for the safe and effective use of medicines.
Contracting/ finance	Understands the financial and contractual arrangements across the range of service providers. Assesses the contractual and financial implications of decisions and imbeds the commissioning intent into the contracting processes. Understands the relationship between finance and commissioning. Understands the interdependence of the local health economy and takes into consideration the impact that changes made in one part may have on other parts.
Public Health	Understand epidemiological data and its appropriate use in decision making. Ability to assess and compare the needs of individual patients or groups of patients within the overall context of the health needs of the population. Understands and has access to sources of relevant clinical economic and population information including information provided by stakeholders.
Clinical Effectiveness professional and scientific support (in attendance)	**Assessment of evidence** Scopes the problem to identify best available evidence. Synthesises evidence from a range of standard sources. Maps epidemiology of the disease in question. Assesses impact of different options at individual patient, pathway, and population level. Interprets and presents the clinical and non-clinical evidence so the Group members can understand the process. Writes and presents reports clearly and succinctly using appropriate terminology that the committee can understand. **Financial and commissioning information data** Provides financial, contractual and performance data. Communicates options and works with commissioning, contracting and finance staff following the meeting to ensure the commissioning intention is realised.

Clinical Effectiveness professional and scientific support *Continued.*	**External Communication and engagement** Engagement with stakeholder groups. **Governance and Safety** Assess evidence relating to safe use of the technology. Assess the impact of procurement and supply arrangements. Assess the impact on patient adherence with treatment. Presents information in a format understood by decision-making group.
Secretariat (in attendance)	**Administration** Administers the decision making process to ensure the Group meets at appropriate times, members have the relevant information, actions and decisions are recorded. Ensuring compliance with legal and ethical responsibilities relevant to local decision making. Information governance, data protection, management of documents and records. Organise agenda, plan meetings, circulate papers, record keeping, post meeting actions. Produce and distribute minutes. Maintain audit trail of documents. Enquiry handling. **Screening Requests** Assessment of topic for suitability for submission to CPC. Identify when written submission is lacking essential information. Knows about the suite of existing commissioning policies. **External Communication and engagement** Engagement with stakeholder groups. Communication of decisions. Handles Freedom of Information (FOI) requests.

APPENDIX 2

Northern, Eastern and Western Devon Clinical Commissioning Group
South Devon and Torbay Clinical Commissioning Group

Clinical Policy Committee

Tuesday 7th May 2013, 14.00-16.00

Committee suite, County Hall, Exeter

AGENDA

Number	Item	Lead	Appendix	Time
1	Welcome and introductions	Jo Roberts		14.00
2	Apologies for absence	Rebecca Heayn		14.10
3	Terms of reference	Jo Roberts	Appendix 1	14.15
4	Dermatological treatments for focal hyperhidrosis	Chris Roome	Appendices 2a & 2b	14.25
5	Exogen ultrasound for non-union long bone fractures	Petrina Trueman	Appendix 3	14.40
6	Dupuytren's Contracture	Chris Roome	Appendices 4a & 4b	15.00
7	Variations in predecessor organisations clinical access policies – interim CCG policy	Chris Roome	Appendix 5	15.10
8	Update from NICE Planning, Quality and Assurance Group (NPAG)	Chris Roome	Appendices 6a & 6b	15.30
9	Future meeting arrangements	Jo Roberts		15.40
10	Any other business			15.55
Meeting close				

Northern, Eastern and Western Devon Clinical Commissioning Group
South Devon and Torbay Clinical Commissioning Group

Clinical Policy Committee

Tuesday 11th June 2013, 14.00-16.00

Committee suite, County Hall, Exeter

AGENDA

Number	Item	Lead	Appendix	Time
1	Welcome and introductions	Jo Roberts		14.00
2	Apologies for absence	Rebecca Heayn		14.05
3	Confirmation of voting members and declaration of interests	Jo Roberts		14.10
4	Aclidinium and glycopyrronium inhaled therapy for treatment of COPD	Hilary Pearce	Appendix 1	14.15
5	Indacaterol for treatment of COPD	Petrina Trueman	Appendices 2a & 2b	14.45
6	Minutes of the meeting held on 7th May 2013 and matters/actions arising	Jo Roberts	Appendices 3a & 3b	15.00
7	Dental Implants	Hilary Pearce	Appendix 4	15.15
8	Update from NICE Planning, Quality and Assurance Group (NPAG)	Chris Roome	Appendices 5a & 5b	15.25
9	Future meeting dates – for information	Rebecca Heayn	Appendix 6	15.40
10	Any other business			15.45
Meeting close				

Northern, Eastern and Western Devon Clinical Commissioning Group
South Devon and Torbay Clinical Commissioning Group

Clinical Policy Committee

Wednesday 31st July 2013, 10.00-12.00

Henlake Suite, The Watermark, Ivybridge

AGENDA

Number	Item	Lead	Appendix	Time
1	Welcome and introductions	Jo Roberts		10.00
2	Apologies for absence	Rebecca Heayn		
3	Confirmation of voting members and declaration of interests	Jo Roberts		10.05
4	Minutes of the meeting held on 11th June 2013 and matters/actions arising	Jo Roberts	Appendix 1	10.10
5	Decision making discussion	Chris Roome		10.20
6	Laser surgery for short sight	Hilary Pearce	Appendix 2	10.30
7	Circumcision	Hilary Pearce	Appendices 3a & 3b	10.35
8	Planned Treatment Abroad	Hilary Pearce	Appendix 4	10.40
9	Lixisenatide for the treatment of type 2 diabetes	Petrina Trueman	Appendices 5a & 5b	10.45
10	Flutiform for asthma in adults and children over 12	Petrina Trueman	Appendices 6a & 6b	11.05
11	Renavit for the dietary management of water soluble vitamin deficiency in renal failure patients receiving dialysis	Gareth Franklin	Appendix 7	11.25
12	Update from NICE Planning, Quality and Assurance Group (NPAG)	Chris Roome	Appendices 8a & 8b	11.35
13	Any other business			11.50
Meeting close				

Northern, Eastern and Western Devon Clinical Commissioning Group
South Devon and Torbay Clinical Commissioning Group

Clinical Policy Committee

Wednesday 4th September 2013, 10.00-12.00

Committee Suite, County Hall, Exeter

AGENDA

Number	Item	Lead	Appendix	Time
1	Welcome and announcements • Apologies • Confirmation of voting members and Declarations of interest • Notification of Any Other Business	Jo Roberts		10.00
2	Minutes of the meeting held on 31st July 2013 and matters/actions arising	Jo Roberts	Appendix 1	10.05
3	Subcutaneous abatacept for rheumatoid arthritis	Hilary Pearce	Appendices 2 & 3	10.15
4	Rituximab with methotrexate for rheumatoid arthritis	Hilary Pearce	Appendix 4	10.25
5	Tocilizumab without methotrexate for rheumatoid arthritis	Hilary Pearce	Appendix 5	10.45
6	Rituximab without methotrexate for rheumatoid arthritis	Hilary Pearce	Appendix 6	11.05
7	DAS28 scores for initiation of biologics for rheumatoid arthritis	Hilary Pearce	Appendix 7	11.15
8	Multiple chemical sensitivity	Hilary Pearce	Appendix 8	11.40
9	Update from NICE Planning, Quality and Assurance Group (NPAG)	Chris Roome	Appendices 9a & 9b	11.45
10	Any Other Business			11.55
Meeting close				

Northern, Eastern and Western Devon Clinical Commissioning Group
South Devon and Torbay Clinical Commissioning Group

Clinical Policy Committee

Wednesday 9th October 2013, 10.00-12.00

Room C, Tiverton Hospital

AGENDA

Number	Item	Lead	Appendix	Time
1	Welcome and announcements • Apologies • Confirmation of voting members and Declarations of interest • Notification of Any Other Business	Jo Roberts		10.00
2	Minutes of the meeting held on 4th Sept 2013 and matters/actions arising	Jo Roberts	Appendix 1	10.05
3	Declaration and handling of potential conflicts of interest	Rebecca Heayn	Appendix 2	10.15
4	Committee members development session – Evidence Assessment	Chris Roome		10.25
5	Intrathecal baclofen for severe spasticity in adults	Hilary Pearce	Appendix 3	10.35
6	Urinary catheterisation	Hilary Pearce	Appendix 4	10.40
7	Imiquimod 3.75% (Zyclara) For Acitinic Keratosis	Sanjay Verma	Appendices 5a & 5b	10.45
8	Survimed OPD HN	Petrina Trueman	Appendices 6a & 6b	11.10
9	Update from NICE Planning, Quality and Assurance Group (NPAG)	Chris Roome	Appendices 7a & 7b	11.15
10	Future meeting dates and venues	Rebecca Heayn		11.25
11	Insulin Degludec for use in type 1 and type 2 diabetes	Petrina Trueman	Appendices 8a, 8b & 8c	11.30
12	Any Other Business			11.55
Meeting close				

Northern, Eastern and Western Devon Clinical Commissioning Group
South Devon and Torbay Clinical Commissioning Group

Clinical Policy Committee

Wednesday 20th November 2013, 10.00-12.00

Stowford Room, The Watermark, Ivybridge

AGENDA

Number	Item	Lead	Appendix	Time
PART ONE – REGULAR BUSINESS				
1	Welcome and announcements • Apologies • Confirmation of voting members and Declarations of interest • Notification of Any Other Business	Jo Roberts		10.00
2	Minutes of the meeting held on 9th Oct 2013 and matters/actions arising	Jo Roberts	Appendix 1	10.05
3	Review of Terms of Reference	Rebecca Heayn	Appendix 2	10.10
4	Appeals process	Rebecca Heayn	Appendix 3	10.15
5	Public involvement – lay member update	Rebecca Heayn		10.20
6	Linaclotide for the treatment of Irritable Bowel Syndrome with constipation	Sanjay Verma	Appendices 4a & 4b	10.25
7	Update from NICE Planning, Quality and Assurance Group (NPAG)	Chris Roome	Appendices 5a & 5b	10.50
8	Any Other Business and tea/coffee			10.55
PART TWO – COMMITTEE DEVELOPMENT SESSION				
9	"It looks like it works; now should we commission it?" • Assessing clinical evidence • Assessing the value of an intervention • Making choices • Effectiveness, Efficiency, and Equity trade-offs	Chris Roome		11.00
Meeting close				

Northern, Eastern and Western Devon Clinical Commissioning Group
South Devon and Torbay Clinical Commissioning Group

Clinical Policy Committee

Wednesday 5th March 2014, 10.00-12.00

Room 3, The Hayridge Centre, Cullompton EX15 1DJ

AGENDA

Number	Item	Lead	Appendix	Time
1	Welcome and announcements • Apologies • Confirmation of voting members and Declarations of interest • Notification of Any Other Business	Jo Roberts		10.00
2	Minutes of the meeting held on 20th November 2013 and matters/actions arising	Jo Roberts	Appendix 1	10.05
3	Certolizumab for psoriatic arthritis	Hilary Pearce	Appendix 2	10.15
4	Certolizumab for ankylosing spondylitis	Hilary Pearce	Appendix 3	10.40
5	Bevacizumab for pathological myopia	Hilary Pearce	Appendix 4 (to be tabled)	11.05
6	Update from NICE Planning, Quality and Assurance Group (NPAG)	Chris Roome	Appendices 5a, 5b & 5c	11.30
7	Public involvement – lay member update	Rebecca Heayn		11.45
8	Any Other Business			11.55
Meeting close				

APPENDIX 3

ATTENDANCE OF COMMITTEE MEMBERS

Name	Role	Organisation	Meetings attended/ possible
Dr Jo Roberts VOTING MEMBER	Chair GP Clinical Commissioner	South Devon & Torbay CCG	7 / 7
Dr Mick Braddick VOTING MEMBER	GP Clinical Commissioner	NEW Devon CCG	7 / 7
Dr Andrew Craig VOTING MEMBER	GP Clinical Commissioner	NEW Devon CCG	6 / 7
Richard Croker	Head of Medicines Optimisation	NEW Devon CCG	7 / 7
Dr Tawfique Daneshmend	Consultant Gastroenterologist & Hepatologist	Royal Devon & Exeter NHS Foundation Trust	4 / 7
Dr Mike Finnegan (as delegate)	Consultant in Acute Medicine	Plymouth Hospitals NHS Trust	1 / 1
Paul Foster	Chief Pharmacist	South Devon Healthcare NHS Foundation Trust	5 / 7
Tracey Foss (as delegate)	Principal Pharmacist	Royal Devon & Exeter NHS Foundation Trust	1 / 1
Niall Ferguson	Director of Pharmacy	Northern Devon Healthcare NHS Trust	1 / 1
Dr Keith Gillespie VOTING MEMBER	GP Clinical Commissioner	NEW Devon CCG	5 / 7
Dr Andrew Gunatilleke	Consultant in Pain Management & Anaesthesia	South Devon Healthcare NHS Foundation Trust	4 / 7
Dr Stephen Hunt VOTING MEMBER	GP Clinical Commissioner	NEW Devon CCG	3 / 7
Dr Phil Melluish VOTING MEMBER	GP Clinical Commissioner	South Devon & Torbay CCG	6 / 7
Mac Merrett	Lay Member		6 / 7
Chris Roome	Head of Clinical Effectiveness	NEW Devon CCG	7 / 7
Dr Alison Round VOTING MEMBER	GP Clinical Commissioner	NEW Devon CCG	6 / 7
Tracey Polak	Assistant Director/ Consultant of Public Health	Devon County Council	3 / 7
Tina Henry (as delegate)	Consultant in Public Health	Devon County Council	1 / 1
Mike Wade (as delegate)	Consultant in Public Health	Devon County Council	1 / 1
Dr Darunee Whiting VOTING MEMBER	GP Clinical Commissioner	NEW Devon CCG	4 / 7
Richard Croker (as delegate)	Head of Medicines Optimisation	NEW Devon CCG	3 / 3

Name	Role	Organisation	Meetings attended/ possible
Alison Wilkinson	Head of Contracting and Business Intelligence	NEW Devon CCG	3 / 7
Rob Cowdry (as delegate)	Contracts Governance Manager, Commissioning	NEW Devon CCG	1 / 1
Barbara Jones (as delegate)	Head of Locality Contracting (Northern & Eastern Localities)	NEW Devon CCG	2 / 2
Samantha Morton (as delegate)	Head of Contracting and Procurement	South Devon & Torbay CCG	1 / 1
Jenny Winslade	Chief Nursing Officer	NEW Devon CCG	0 / 7
Andrew Kingsley (as delegate)	Patient Safety and Quality	NEW Devon CCG	4 / 4

ADDITIONAL ATTENDEES (EXPERTS, GUESTS AND SECRETARIAT)

Name	Role	Organisation
7th May 2013		
Cheryl Baldwick	Lead Clinician for Trauma and Orthopaedics	Northern Devon Healthcare NHS Trust
Dr Rebecca Batchelor	Consultant Dermatologist and Lead Clinician	Royal Devon & Exeter NHS Foundation Trust
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG
Rebecca Heayn	Clinical Effectiveness Governance Manager	NEW Devon CCG
Petrina Trueman	Joint Formularies Pharmacist	NEW Devon CCG
11th June 2013		
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG
Dr Michael Gibbons	Consultant Respiratory Physician	Royal Devon & Exeter NHS Foundation Trust
Dr David Halpin	Consultant Physician & Honorary Associate Professor NHS Respiratory Clinical Lead (SW)	Royal Devon & Exeter NHS Foundation Trust
Rebecca Heayn	Clinical Effectiveness Governance Manager	NEW Devon CCG
Dr Philip Hughes	Consultant Chest Physician	Plymouth Hospitals NHS Trust
Hilary Pearce	Clinical Effectiveness Pharmacist	NEW Devon CCG
Petrina Trueman	Joint Formularies Pharmacist	NEW Devon CCG
31st July 2013		
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG
Gareth Franklin	Clinical Guidance Manager	NEW Devon CCG
Rebecca Heayn	Clinical Effectiveness Governance Manager	NEW Devon CCG
Dr Catherine Lissett	Consultant in Diabetes and Endocrinology	South Devon Healthcare NHS Foundation Trust
Hilary Pearce	Clinical Effectiveness Pharmacist	NEW Devon CCG
Petrina Trueman	Joint Formularies Pharmacist	NEW Devon CCG
Sanjay Verma	Clinical Evidence Pharmacist	NEW Devon CCG

Name	Role	Organisation
4th September 2013		
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG
Dr Richard Haigh	Consultant Rheumatologist & Honorary Senior Clinical Lecturer	Royal Devon & Exeter NHS Foundation Trust
Rebecca Heayn	Clinical Effectiveness Governance Manager	NEW Devon CCG
Dr Jon King	Consultant Rheumatologist	Plymouth Hospitals NHS Trust
Dr Stuart Kyle	Consultant Rheumatologist	Northern Devon Healthcare NHS Trust
Hilary Pearce	Clinical Effectiveness Pharmacist	NEW Devon CCG
Sanjay Verma	Clinical Evidence Pharmacist	NEW Devon CCG
Dr Nick Viner	Consultant Rheumatologist	South Devon Healthcare NHS Foundation Trust
9th October 2013		
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG
Dr Daniel Flanagan	Consultant Physician	Plymouth Hospitals NHS Trust
Rebecca Heayn	Clinical Effectiveness Governance Manager	NEW Devon CCG
Petrina Trueman	Joint Formularies Pharmacist	NEW Devon CCG
Sanjay Verma	Clinical Evidence Pharmacist	NEW Devon CCG
20th November 2013		
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG
Rebecca Heayn	Clinical Effectiveness Governance Manager	NEW Devon CCG
Hilary Pearce	Clinical Effectiveness Pharmacist	NEW Devon CCG
Sanjay Verma	Clinical Evidence Pharmacist	NEW Devon CCG
5th March 2014		
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG
Dr Richard Haigh	Consultant Rheumatologist & Honorary Senior Clinical Lecturer	Royal Devon & Exeter NHS Foundation Trust
Rebecca Heayn	Clinical Effectiveness Governance Manager	NEW Devon CCG
Hilary Pearce	Clinical Effectiveness Pharmacist	NEW Devon CCG

APPENDIX 4

DECLARATIONS OF INTEREST REGISTER (APRIL 2013 – MARCH 2014)

Declarations of interest made by committee members

Name of attendee	Role	Meeting Date	Declared interest
Dr Andrew Craig VOTING MEMBER	GP Clinical Commissioner	31 July 2013	*Received gifts, benefits or sponsorship of any kind, whether refused or accepted worth over £25 or several small gifts worth a total of over £100 from the above or closely related pharmaceutical/manufacturing company/companies.* West Hoe Surgery has received sponsorship from Napp and Nova-Nordisk for quarterly clinical governance afternoons. This takes the form of sandwiches at lunch and CPR and fire training annually.
Richard Croker	Head of Medicines Optimisation	20 November 2013	Provided paid advice to Galan Pharmaceuticals regarding Laxido.
Dr Andrew Gunatilleke	Consultant in Pain Management & Anaesthesia	5 March 2014	*In receipt of payment/gift for transport and hospitality to attend national or international meetings.* Received funding to go to the World Pain Congress in Edinburgh – 2008 (Pfizer)
Dr Jo Roberts VOTING MEMBER	Chair GP Clinical Commissioner	20 November 2013 5 March 2014	Meeting with Bayer Regional Manager applying for medical education grant circa £20,000 to support audit software implementation for CCG. Meeting with Abbot Healthcare Products' representative. Meeting with Astra Zeneca leadership team. Meeting with Janssen Senior leadership – discussion regarding partnership working.
Dr Alison Round VOTING MEMBER	GP Clinical Commissioner	11 June 2013 20 November 2013	Works as clinical advisor for a health/life assurance company one hour a week. Spouse is professor of Primary Care Diagnostics in University of Exeter, and receives grants to support his work. He does not receive any grants or fees from pharmaceutical companies. Attended a meeting at which a Bayer representative (contraception) was present but did not speak.

Additional Declarations of Interest (Experts, Guests and Secretariat)

Name of attendee	Role	Meeting Date	Declared interest
Daniel Flanagan	Consultant Physician	9 October 2013	*In receipt of payment/gift for transport and hospitality to attend national or international meetings or symposia*. (In relation to discussion on Insulin Degludec for use in type 1 and type 2 diabetes ; Novo Nordisk); Travel and accommodation for European association for the study of diabetes meeting September 2012 from Novo Nordisk
Michael Gibbons	Consultant Respiratory Physician	11 June 2013	Organised an educational meeting in October 2012 sponsored by Boehringer-Ingelheim. The meeting was an interstitial lung disease meeting not related to diseases or drugs discussed.
Richard Haigh	Consultant Rheumatologist & Honorary Senior Clinical Lecturer	4 September 2013 5 March 2014	Work as paid adviser to pharmaceutical /manufacturing company/companies; UCB representative training on what NHS wants from companies selling biologic drugs, 2011. *In receipt of payment/gift for transport and hospitality to attend national or international meetings or symposia*; Roche paid registration and travel to attend EULAR annual scientific meeting in Berlin Pharmaceutical trials (no personal payment to me, RD&E FT gains income). *Have taken part in drug trial for the above drug/s/devices:* • Roche (Tocilizumab) trials - SUMMACTA trial complete 2012 (2 patients); ACT-TAPER currently recruiting (2 patients). • Bristol-Myers Squibb: ASCORE observational study – just about to start recruitment. Advisory Board UCB: Cimzia in rheumatoid arthritis 2011. Various pharmaceutical/ manufacturing companies sponsor refreshments & catering at regional national rheumatology scientific educational meetings attended over the last 3 years.
David Halpin	Consultant Respiratory Physician	11 June 2013	*In receipt of lecture fees in excess of £150 in the last year from pharmaceutical /manufacturing company /companies.* *In receipt of payment/gift for transport and hospitality to attend national or international meetings or symposia.* *Has interests with regard to a competitor of drug or device.* Sponsorship received to attend international meetings and honoraria for lecturing, attending advisory boards and preparing educational material from Almirall, Astra Zeneca, Boehringer, Ingelheim, Chiesi, GlaxoSmithKline, Allen and Handburys, Intermune, Norvatis, Nycomed, MSD and Pfizer. Participated in trials of Aclidinium but not in last three years.

Name of attendee	Role	Meeting Date	Declared interest
Phil Hughes	Consultant Respiratory Physician	11 June 2013	*Participated in drug trial for drug devices.* *In receipt of lecture fees in excess of £150 in the last year from pharmaceutical/ manufacturing company/companies.* *Received hospitality where the drug(s)/ devices(s) under consideration were discussed by a representative of a drug/ manufacturing company/companies.* *Received payment/gift for transport and hospitality to attend national or international meetings or symposia.* *Has interests with regard to a competitor of drug or device;* In relation to (a) Aclidinium (Almirall) & glycopyrronium (Novartis) inhaled therapy for treatment of COPD and (b) Indacaterol (Novartis) for treatment of COPD Applies to Novartis, Boeringer Ingelheim, Allen and Handburys.
Jon King	Consultant Rheumatologist	4 September 2013	Relates to discussions on subcutaneous abatacept (Bristol Myers Squibb) for rheumatoid arthritis, rituximab with methotrexate (Roche) for rheumatoid arthritis, tocilizumab without methotrexate (Roche) for rheumatoid arthritis, rituximab without methotrexate (Roche) for rheumatoid arthritis and DAS scores for initiation of biologics for rheumatoid arthritis. . Other drugs which can be used in rheumatoid arthritis: adalimumab, belimumab (AbbVie, GlaxoSmithKline), certolizumab, etanercept (UCB Pharma, Pfizer, golimumab, infliximab (Merck Sharp & Dohme) *Have taken part in drug trial for the above drug/s device*; currently involved in multiple clinical trials involving all of the above apart from belimumab. *Received gifts, benefits or sponsorship of any kind, whether refused or accepted worth over £25 or several small gifts worth a total of over £100 from the above or closely related pharmaceutical/ manufacturing company/companies*; Sponsorship from UCB to attend EULAR 2011 London and Roche for EULAR 2012
Stuart Kyle	Consultant Rheumatologist	4 September 2013	*Received gifts, benefits or sponsorship of any kind, whether refused or accepted worth over £25 or several small gifts worth a total of over £100 from the above or closely related pharmaceutical/ manufacturing company/companies*; received honoraria from Abbvie, UCB and Chugai Roche.
Catherine Lissett	Consultant in Diabetes and Endocrinology	31 July 2013	*In receipt of payment/gift for transport and hospitality to attend national or international meetings or symposia.* In 2007 Nova-Nordisk provided funding for attendance of the annual meeting of the European Association for the Study of Diabetes.

APPENDIX 5

Northern, Eastern and Western Devon Clinical Commissioning Group
South Devon and Torbay Clinical Commissioning Group

Clinical Policy Committee

Appeals process

1. Introduction

1.1 This Appeals process applies to the operation of the Clinical Policy Committee of Northern, Eastern and Western (NEW) Devon and South Devon & Torbay Clinical Commissioning Groups (CCGs).

2. Grounds for appeal

2.1 An appeal may be made by the original applicant(s). An applicant is considered to be a clinician who has participated in the process leading to the original decision, either through submitting written evidence and clinical views at the appropriate times during the preparation of committee papers or attending the committee meeting at which the decision was taken.

2.2 The grounds for appeals are limited to the following:

- **Ground one: whether fair process has been followed by the Clinical Policy Committee in making their decision**

  The CCGs are committed to following a fair process throughout local decision making. This ground relates only to the fairness of the process followed. A commissioning decision with which an appellant does not agree is not unfair for that reason.

- **Ground two: a material inaccuracy in or omission from the evidence considered by the committee that would make a substantive difference to the appraisal in relation to the medicine or treatment on which a decision was made**

3. Appeals panel

3.1 Appeals will be considered by a panel. The panel will comprise at least 3 individuals independent of the original decision who will decide whether the appeal is upheld. These members will be aided in their discussion by the chair of CPC and the Head of Clinical Effectiveness, NEW Devon CCG. The majority view of the independent members will decide the final outcome of the

appeal. The independent members will be selected from the Governing Bodies of NEW Devon CCG and South Devon and Torbay CCG.

3.2 The independent members of the appeals panel will elect a chairperson for the consideration of each appeal.

3.3 The administration of the appeals panel will be managed by the Clinical Policy Committee secretariat on behalf of NEW Devon and South Devon & Torbay CCGs.

4. Process

4.1 Appeals should be submitted within two months of notification of the Clinical Policy Committee decision.

4.2 Requests for appeal should be submitted to the Clinical Policy Committee secretariat in writing.

4.3 The request for appeal should clearly state the ground(s) on which the appeal is being made, the aspect(s) of the commissioning decision or process being appealed against, and the reasons why the aspects being appealed against fall within the specified ground(s) of appeal. Enough detail should be given to demonstrate an arguable case. The secretariat will provide appropriate documents on which to submit the appeal.

4.4 Reapplications will not be accepted within 12 months of the original decision unless the applicant can establish material changes in circumstances.

5. Decisions of the appeals panel

5.1 If the appeal is rejected the original decision of the Clinical Policy Committee will stand.

5.2 If the appeal is upheld the application will be referred back to a future meeting of the Clinical Policy Committee for reconsideration of the original application and the findings of the Appeals panel.

5.3 Decisions of the Appeals panel will be communicated to the appellant by the Chair of the Appeals panel.

5.4 If the appellant is unhappy with the decision of the Appeals panel they will have the opportunity to make a complaint in line with the NEW Devon CCG standard complaints procedure.

6. Reconsideration of applications by the committee

6.1 Where an appeal is upheld and the original application referred back to the Clinical Policy Committee for reconsideration, the appellant will be invited to:

- submit any supporting evidence or documentation to the secretariat for circulation to committee members prior to the meeting at which the appeal is scheduled
- attend the meeting at which the appeal is scheduled for the part of the meeting pertaining to the appeal
- present any data or points of argument that they wish during the meeting.

6.2 In line with standard operating procedures, the appellant will be required to complete a declaration of interests form prior to attendance at the committee meeting.

6.3 The outcome of the committee's reconsideration will be communicated to the appellant and to the local health community as per the Clinical Policy Committee communication framework.

7. Complaints

7.1 Complaints about the operation of the Clinical Policy Committee will be dealt with in line with the standard complaints procedure of NEW Devon CCG.

7.2 An appeal decision cannot be overturned through the complaints process.

8. References

National Institute for Health and Clinical Excellence. Developing and updating local formularies: Good practice guidance. December 2012.

National Institute for Health and Clinical Excellence. Guide to the technology appraisal appeal process. August 2010.

NHS South West. Cancer Drugs Fund Appeals and Complaints process. 2011.

North East Treatment Advisory Group. Process for appealing recommendations made by the North East Treatment Advisory Group. June 2012.

Northern, Eastern and Western Devon Clinical Commissioning Group
South Devon and Torbay Clinical Commissioning Group

Clinical Policy Committee

Communication Framework

The Clinical Policy Committee operates within the guiding principles published by the Department of Health for processes supporting local decision-making to ensure that all relevant policies and decisions are publicly available on the NEW Devon CCG website, along with details of the decision-making processes and governance arrangements.

A communication framework is in place as set out below for the timely and effective dissemination of concise, targeted information to the key individuals and groups who need to know about the decisions.

Local health community dissemination:

- Secondary care only intervention – communicated by standard distribution list to key individuals and groups across the Devon health community
- Referral criteria for routine procedures – communicated by standard distribution list to include primary care practices
- Primary care relevant intervention requiring further consideration through Formulary Interface Groups (FIGs) – communicated after FIG discussions
- Primary care relevant intervention that is **not** routinely commissioned – communicated by standard distribution list to include primary care practices

Public availability:

- Published on NEW Devon CCG website

Communication for local health system action:

- Specific communication direct to specialists involved with the process
- Communication to Formulary Interface Groups (FIGs) prompting local treatment pathway development incorporating the commissioning decisions
- Engagement with Devon Referral Support Services (DRSS) [Devon Access and Referral Team (DART)/ Tamar Referral and Appointments Centre (TRAC)] for articulation of commissioning decision into effective referral criteria