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

Clinical Policy Committee

Annual Report

2015-2016

Date: April 2016

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Dr Jo Roberts
Chair's introduction

The Clinical Policy Committee has robustly fulfilled its primary stated aim to:

"Enable (both CCGs) to collaboratively discharge their responsibilities for making local decisions about the funding of medicines and treatments in the NHS."

The robustness of process and procedures has cemented the role of the committee firmly in the foundations from which to build a sustainable, evidence based, financially affordable health system for Devon. The committee has increasingly turned its attention to providing policies that determine the circumstances under which treatment will be made available to the people who live in Devon, as well as continuing its role of appraising new drugs and technologies for routine commissioning. The structure of the committee with GP voting members has ensured a clinical focus to the decisions taken. The committed stable membership has also enabled ongoing development and reflective practice to consider how the value obtained from drugs and treatments can be maximised in the significant financially challenging environment that the health system of Devon finds itself in.

Next year I believe will bring further challenges; The Accelerated Access Review undertaken by Sir Hugh Taylor has published an interim report within which it states:

"A radically new approach is required to accelerate and manage entry into our health system for emerging products which promise the most significant, potentially transformative impact in terms of patient benefit and overall value."

Whilst this may be true in some parts of the NHS, the CPC appraisal process which considers clinical evidence, cost effectiveness and impact on health budgets has served the committee well. With a clinically led voting membership that understands how to weigh and balance the complex and sometimes competing demands, this committee is well placed to embrace taking decisions on the wide range of health technologies that can deliver value in the Devon health system.

A development that the CCGs will need to watch is heralded in a recent communique from Dr Keith Ridge (CPHO), which proposed the development of regional medicines optimisation committees to "evaluate non-NICE medicines," and that "the committees will have a very important role in implementation of medicines optimisation more broadly, working collaboratively with local teams and CCGs."

Personally I see this as a potential conflict for our local health economies where we need to have local determination as to the affordability of medical interventions. It will also mean that the role of the Clinical Effectiveness Team and CPC will need to evolve further to meet these challenges, something I know will be met with the professionalism that we have come to expect.

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

1. Introduction

1.1 Through the Clinical Policy Committee Northern, Eastern and Western (NEW) 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 make recommendations to the Clinical Commissioning Groups Governing Bodies, or appropriate groups with delegated authority, for approval following clinical discussion of the issues.

1.3 The Committee 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. The Process

Terms of reference

2.1 In response to the challenges faced by the organisations to commission sustainable healthcare services within the financial resources available, a revised process for clinical policy formation was agreed from April 2015. This sought to meet the needs of both of the collaborating CCGs with minimal disruption to existing decision making processes.

2.2 All output from the Clinical Policy Committee is a policy recommendation to the CCGs for approval, rather than the former mix of decisions and recommendations.

2.3 A single process ensures consistency in approach across all areas for clinical discussion, whether this is consideration of the routine commissioning of a new drug or treatment, changes to access criteria or changes recommended by non-mandatory NICE guidelines.

2.4 This has been reflected in the terms of reference of the Clinical Policy Committee, which are as given in **Appendix 1**.

Committee process and meeting arrangements

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

2.6 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 and Medicines Optimisation for South Devon and Torbay CCG.

2.7 Committee meetings were scheduled for 2015-16 at approximately 6-weekly intervals.

2.8 The committee meetings scheduled for 2016 were subject to rearrangement as these coincided with announced junior doctors strike action. Although resulting in some disruption, the committee acknowledged the clear value of enabling specialists to attend for discussion of often complex and contentious items on which a recommendation is to be made.

2.9 This resulted in six meetings being held by the Clinical Policy Committee in 2015-16. The agendas for the meetings are shown in **Appendix 2**.

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

Declaration of Interests

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

2.12 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. It also seeks to capture any interests relating to particular clinical areas where non-drug items are due to be discussed.

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

2.14 All declared interests are considered by the Chair and appropriate disclosures made to the committee at the beginning of the meeting. Where there are no interests to declare, a ‘nil’ return is required.

2.15 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.

2.16 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.

2.17 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

2.18 There are two current serving voluntary public representatives, also known as lay members, on the Committee.

2.19 Lay members bring an understanding of the necessity to balance the healthcare needs of specific patient groups with the requirement to resource a comprehensive health service. They provide the committee with the broader public's perspective during the decision making process, ensuring that the public interest is acknowledged and taken into account when the Committee makes its decisions.

The work programme

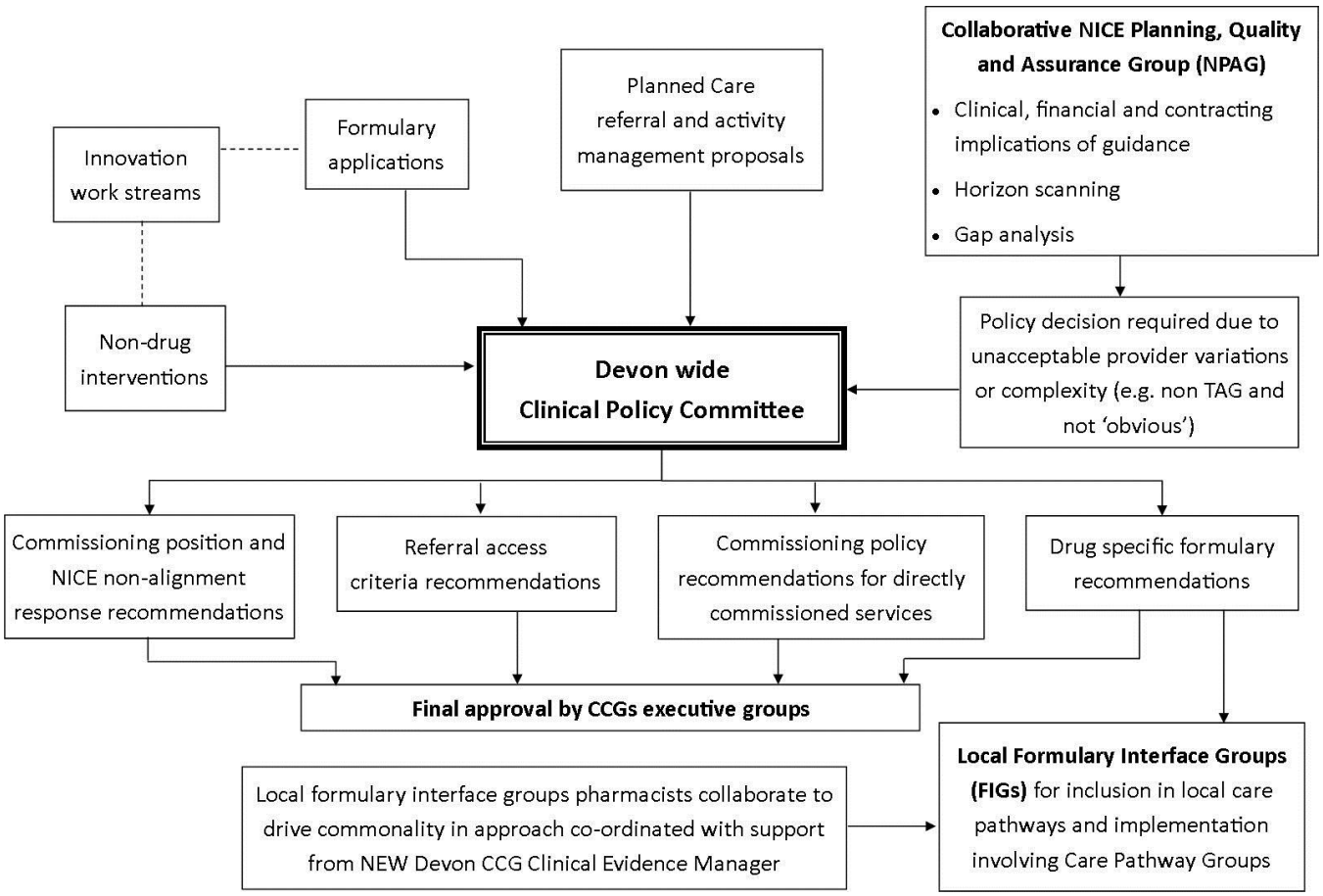
2.20 The work programme of the Clinical Policy Committee is managed by the Clinical Effectiveness Team, NEW Devon CCG.

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

- Emma Gitsham (nee Hewitt), Clinical Evidence Pharmacist/ Joint Formularies Pharmacist
- Matt Howard, Clinical Evidence Manager
- Hilary Pearce, Clinical Effectiveness Pharmacist
- Bethan Rogers, Clinical Evidence Pharmacist, and
- Petrina Trueman, Joint Formularies Pharmacist/ Clinical Evidence Pharmacist.

2.22 The work programme is proactive and responsive to a number of sources as shown in figure 1, below.

Figure 1: Clinical Policy Committee inputs and outputs



Assurance Reporting

2.23 Reporting of any outstanding risks, and associated assurance summaries, is undertaken to the CCGs by the Clinical Effectiveness Governance Manager, NEW Devon CCG.

2.24 Ratification of any formal matters arising from the Clinical Policy Committee, including changes to terms of reference, has been undertaken by the Governing Bodies of the CCGs, or appropriate groups with delegated authority.

Appeals process

2.25 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.

2.26 The appeals process documentation was updated with effect from April 2015 to reflect the changes to the Clinical Policy Committee process and terms of reference, as previously described.

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

2.28 An appeal may be made by the original applicant(s) – a clinician who has participated in the process leading to the original recommendation, 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 recommendation was made.

2.29 The grounds for appeal are (1) whether fair process has been followed by the Clinical Policy Committee in making their recommendation 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 recommendation was made.

2.30 Appeals which are upheld are referred back to the Clinical Policy Committee for reconsideration of the original application and the findings of the Appeals panel.

2.31 The Appeals panel has not been required to address any appeals during 2015-16.

NICE Planning, Quality and Assurance Group (NPAG) updates

2.32 The Clinical Policy Committee has continued to receive regular updates during 2015-16 in respect of the CCGs' NICE planning and assurance processes. This includes receipt of the minutes and verbal reports from the Chair on the commissioning implications of published Technology Appraisals and Clinical Guidelines.

Devon Formulary Interface Group (FIG) reports

2.33 The Clinical Policy Committee received an Interim Annual report of the Devon Formulary Interface Groups at its meeting in December 2015.

2.34 The Devon Formularies promote safe, clinically appropriate, cost effective prescribing in both primary and secondary care. Operationally both of the Devon Formularies are managed and co-ordinated by one team of Pharmacists and a Pharmacy Technician within the Clinical Effectiveness Team of NEW Devon CCG.

2.35 The report highlighted the work undertaken by the North and East Devon Formulary Interface Group and the South and West Devon Formulary Interface Group, up to and including September 2015.

2.36 This included review of formulary chapters, supporting the timely and planned implementation of NICE guidance and guidelines, addition of drug treatment commissioning decisions to the formulary (and agreement of the position on the formulary via the Formulary Interface Groups), receipt of formulary applications for drugs and changes to the preferred brands of drugs.

2.37 Both the Devon formularies have a geographically tailored website to reflect the decisions of the Formulary Interface Group, available on a single app on both android and Apple® devices. Updates are received immediately by users without the need for manual updates. The website and app was recently a finalist for the HSJ ‘Using Technology to Improve Efficiency’ award.

3. Commissioning recommendations

3.1 Recommendations made by the Clinical Policy Committee in 2015-16 for approval by the CCGs' executive groups are as detailed below:

*****following approval by the CCGs and completion of governance processes (including determination of appropriate place in formulary where applicable)

Topic	Date of CPC recommendation	Date of publication*	Final commissioning decision
Brimonidine gel (Mirvaso®) for the symptomatic treatment of facial erythema of rosacea in adult patients	29 April 2015	26 June 2015	The routine commissioning of brimonidine 0.5% gel (Mirvaso®) is not accepted in Devon for the symptomatic treatment of facial erythema of rosacea in adult patients.
The specialist management of abdominal wall hernia in adults	10 June 2015	10 September 2015	A Devon-wide policy for the specialist management of hernias has been agreed to ensure consistency in access to hernia repair surgery for patients with the same clinical circumstances throughout Devon. The policy takes into account that there are different types of hernias, some of which may require surgery sooner than others, as well as providing lifestyle advice to support patients prior to surgery.
Cataract surgery	29 April 2015 and 10 June 2015	19 October 2015	A Devon-wide policy for cataract surgery has been agreed to ensure consistency in access to cataract surgery for patients with the same clinical circumstances throughout Devon. There are different types of cataract and these cause different visual symptoms. The policy takes this into account and covers some ophthalmic procedures which are associated with a high rate of cataract formation. Cataract surgery is not funded until the cataract causes visual impairment which results in difficulties in everyday life.

Topic	Date of CPC recommendation	Date of publication*	Final commissioning decision
Botulinum toxin for the treatment of chronic anal fissure	22 July 2015	23 October 2015	The routine commissioning of botulinum toxin is accepted in Devon for the treatment of chronic anal fissure in adults, following failure of conservative management and topical treatment (to include glyceryl trinitrate (GTN) and diltiazem) and where surgery is considered as the only other treatment option.
Botulinum toxin for urinary incontinence due to detrusor overactivity	22 July 2015	23 October 2015	The commissioning of bladder wall botulinum toxin injection for use in adult male and female patients with urinary incontinence due to detrusor overactivity is accepted in Devon, when used in accordance with the relevant NICE clinical guideline.
The referral and specialist management of haemorrhoids in adults	22 July 2015	1 December 2015	A Devon-wide policy for the referral and specialist management of haemorrhoids in adults has been agreed to ensure consistency in access to haemorrhoid treatment for patients with the same clinical circumstances throughout Devon. Haemorrhoids can cause different symptoms of varying severity. Many patients with haemorrhoids do not need to see a specialist, and can usually be managed by their GP. The policy covers treatments that can be tried before referral to a specialist.
Assessment and removal of benign skin and subcutaneous lesions	29 April 2015 and 16 September 2015	11 January 2016	A Devon-wide policy for the removal of benign (non-cancerous) skin and subcutaneous (under the skin) lesions has been agreed to ensure consistency in access to treatment for patients with the same clinical circumstances throughout Devon. The removal of benign skin and subcutaneous lesions is not routinely funded by the NHS. Although a benign lesion may be cosmetically troublesome, unless it is of medical concern, it will not be removed.
Fluticasone furoate and vilanterol trifenatate (Relvar® Ellipta®) combination inhaler for chronic obstructive pulmonary disease (COPD)	16 September 2015	18 January 2016	The routine commissioning of Relvar® Ellipta® combination inhaler is accepted in Devon for the symptomatic treatment of adults with COPD and an exacerbation history despite regular bronchodilator therapy.

Topic	Date of CPC recommendation	Date of publication*	Final commissioning decision
Fluticasone furoate and vilanterol trifenatate (Relvar® Ellipta®) combination inhaler for asthma	16 September 2015	18 January 2016	The routine commissioning of Relvar® Ellipta® combination inhaler is not accepted in Devon for the regular treatment of asthma in adults and adolescents aged 12 years and older.
Botulinum Toxin A for the management of hemifacial spasm	16 September 2015	*Pending*	Final decision not yet taken. Recommendation that the routine commissioning of botulinum toxin A is accepted in Devon for the management of hemifacial spasm, pending the agreement of access criteria for treatment in conjunction with clinicians.
Botulinum Toxin A for the management of blepharospasm	16 September 2015	*Pending*	Final decision not yet taken. Recommendation that the routine commissioning of botulinum toxin A is accepted in Devon for the management of blepharospasm, pending the agreement of access criteria for treatment in conjunction with clinicians.
Alogliptin (Vipidia®) for type 2 diabetes	2 December 2015	22 February 2016	The routine commissioning of Alogliptin (Vipidia®) tablets is accepted in Devon for the treatment of adults with type 2 diabetes.
Budesonide prolonged release tablets (Cortiment®) for ulcerative colitis	2 December 2015	12 February 2016	The routine commissioning of budesonide 9mg prolonged release multi-matrix tablets used for up to 8 weeks treatment is not accepted in Devon for induction of remission in adults with mild to moderate active ulcerative colitis where 5-aminosalicylic acid (5-ASA) treatment is not sufficient.
Clindamycin 1%/Tretinoin 0.025% w/w gel (Treclin®) for the topical treatment of acne vulgaris	2 December 2015	11 March 2016	The routine commissioning of Clindamycin 1%/Tretinoin 0.025% w/w gel (Treclin®) is accepted in Devon for the treatment of moderate acne vulgaris in adults and children aged 12 years and older for treatment courses of up to 12 weeks.

Topic	Date of CPC recommendation	Date of publication*	Final commissioning decision
Assisted conception (policy wording amendments for clarification)	2 December 2015	17 March 2016	Minor clarifications to the previously agreed Devon-wide policy for Assisted Conception have been accepted to ensure that the policy is unambiguous and transparent. The layout of the first page of the policy has been amended to bring together information on the circumstances in which assessment and investigations for fertility are commissioned for heterosexual and same-sex couples. Eligibility criteria have been clearly separated into those which apply for assessment and investigations from those which apply to receiving assisted reproduction techniques.
Tadalafil (Cialis®) 5mg tablets for the treatment of the signs and symptoms of benign prostatic hyperplasia in adult males	24 February 2016	*Pending completion of CCGs governance and approval processes*	Final decision not yet taken. Recommendation that the routine commissioning of Tadalafil (Cialis®) 5mg tablets is not accepted in Devon for the treatment of the signs and symptoms of benign prostatic hyperplasia in adult males.
Faecal occult blood testing for patients with clinical features associated with an increased risk of cancer	24 February 2016	*Pending*	Final decision not yet taken. Recommendation that faecal occult blood testing in the groups defined by NICE for suspected colorectal cancer should be recommended in the local health community. Implementation needs further work and will be guided by the evidence and the laboratories work up in consultation with the consultants who carry out colonoscopies.

Quality and Equality Impact Assessment (QEIA)

3.2 All CCG policies have a Quality and Equality Impact Assessment (QEIA) conducted on the final policy proposal before approval by the CCG Governing Bodies, or appropriate groups with delegated authority. The core components assessed by the tool are:

- Safety – the impact of the proposal on patient safety
- Effectiveness – the impact of the proposal on the clinical effectiveness of patient care
- Experience – the impact of the proposal on the patient experience of care delivery
- Other Impacts – the impact of the proposal on other services, patient groups, staff or reputation of the organisation.
- Equality & Diversity – the impact on those in specific groups as outlined in the Equality Act 2010 and also including other hard to reach groups.

3.3 The QEIA tool assesses the impact of the recommendation and, in conjunction with other factors, provides a realistic and practical opportunity for any public consultation to be conducted as determined appropriate.

Clinical Policy Engagement and Consultation Panel

3.4 It had been identified that there was a need for a clear and consistent process for the consideration of public interest issues in relation to clinical policy recommendations to determine the need for any further engagement or formal consultation to be carried out prior to a final decision being taken by the CCGs.

3.5 This was in light of the high public profile raised by NEW Devon CCG's urgent and necessary measures which had not progressed through the Clinical Policy Committee. Reflection and discussion with NHS England identified that the Clinical Policy Committee would be the appropriate forum for clinical recommendations to be made before CCG executive level decision making. A formalised approach to consider the wider public interest issues would provide additional checks to proposals. This was considered important given the increasingly difficult local financial context.

3.6 Following an initial scoping meeting involving Clinical Policy Committee lay members and representatives from clinical effectiveness, communications, engagement and patient liaison across Devon, the suggestion for a lay-member led panel emerged.

3.7 The suggested panel process was piloted in June 2015. There was a keenness that the panel process did not recreate the discussions that had already taken place at the Clinical Policy Committee but that it provided a separate opportunity to reflect on the policy recommendation and consider the public interest issues. This consideration would follow a clear process and guidelines to ensure that it is robust and consistent. The recommendations of the pilot panel were submitted, along with the clinical policy recommendation, to the CCGs executive groups for final decision making.

3.8 Following the pilot, there were discussions with colleagues from communications, governance, patient safety and quality, and lay representatives in order to reflect on, refine and further develop the process. The panel subsequently met again in August 2015 and Terms of Reference were submitted for acceptance by the CCGs.

3.9 Meeting approximately two weeks following the Clinical Policy Committee, the lay member led panel routinely considers the wider public interest issues to determine the need for any further engagement or formal public consultation on the proposed policy recommendation.

3.10 This process and any resulting engagement or consultation precedes the CCGs' executive decision-making groups taking a final decision on whether to accept a clinical policy recommendation.

3.11 The minutes of meetings are published on the website and regular updates are reported to the Clinical Policy Committee as a standing agenda item.

3.12 Full details of the panel process, terms of reference, minutes and register of interests is made publicly available via the NEW Devon CCG website, on behalf of both CCGs in Devon.

Clinical policy patient support information

3.13 As part of the above panel process, an output is a recommendation for post-decision support communication to accompany publication of the clinical policy. This support information follows a clear and consistent format and is agreed by an editorial sub-group, comprising clinical effectiveness, communications and patient safety and quality/ engagement representatives. This ensures a timely process, drawing on the relevant expertise.

3.14 The process also ensures that the Patient Advice/Experience and Communications teams of the CCGs are fully aware of the intended publication of a clinical policy and supporting patient information to enable them to be prepared and best able to respond to any patient or public queries.

3.15 A flowchart of the clinical policy engagement/consultation and communication process is shown in **Appendix 6**.

4. Costs

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

Clinical Policy Committee meeting costs 2015-16

Meeting date	Venue	Cost
29 April 2015	Committee Room, County Hall, Exeter	£ 32.50
10 June 2015	Committee Room, County Hall, Exeter	£ 33.75
22 July 2015	Committee Room, County Hall, Exeter	£ 70.00
16 September 2015	Committee Room, County Hall, Exeter	£ 39.00
2 December 2015	Committee Room, County Hall, Exeter	£ 32.50
24 February 2016	Committee Room, County Hall, Exeter	£ 37.50

4.2 Meetings are held in Exeter, in facilities of Devon County Council as a strategic partner.

4.3 It was acknowledged that this fixed location is better able to accommodate guests, has the most effective teleconferencing facilities and is generally able to be more responsive to any issues arising as it is the secretariat's office base.

5. Communication

Commissioning policies

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 Clinical policy patient support information is similarly made available on the NEW Devon CCG website, on behalf of both CCGs in Devon, at: www.newdevonccg.nhs.uk/information-for-patients/medicines-and-treatments/clinical-policy-patient-support-information/101679. This has been produced to provide clarity for patients, the public and staff about why and how a decision has been taken in respect of commissioning a particular treatment and what it will mean for patients.

5.4 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 7**.

5.5 This framework was refreshed to ensure it operates in accordance with the Planned Care Control Centre communications and engagement plan which has been developed during the year. The plan sets out the communication and engagement activity required at Planned Care Control Centre level and the respective routes and responsibilities. For example, the specific processes for the communication of a policy without Clinical Referral Guidance, a policy with Clinical Referral Guidance and Clinical Referral Guidance without an associated policy.

5.6 The aim of the plan is to keep processes clear and simple, to have consistency of approach, to ensure accuracy, clarity, timeliness and appropriateness of information shared, and to reduce the number of individuals involved in leading on communications and engagement.

Governance documentation

5.7 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

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

5.9 Details of the Clinical Policy Engagement and Consultation Panel process, terms of reference, minutes and register of interests are also publicly accessible on the NEW Devon CCG website at: www.newdevonccg.nhs.uk/information-for-patients/medicines-and-treatments/local-decision-making/clinical-policy-committee-/clinical-policy-engagement-and-consultation-panel/101713

6. Reflective practice

Committee development sessions

6.1 Two committee development sessions were held in June and July 2015 respectively. These built on the session held in the previous year where the committee had considered factors pertinent to assessing the value for money of a health care intervention through formal health economic methodology and wider societal considerations of relevance to decision making.

6.2 The session, split into two parts, was focused on how the financial context frames committee decision making. In the first part, led by Simon Bell, Chief Finance Officer for South Devon and Torbay CCG, the committee considered the wider financial context, both nationally and locally and the anticipated future issues to be faced.

6.3 The need to make tough choices in the financial context was explored further in the second part, led by Chris Roome, Head of Clinical Effectiveness, NEW Devon CCG. This considered possible conflicts between equity, efficiency and effectiveness maximisation, differing means of assessing value and the health system consequences of funding more expensive treatments.

6.4 Further committee development is planned for 2016-17 to include the challenge of managing affordability.

Communications

6.5 The development of policy proposals that affect referral and activity management identified a need for a review of communications. Collaborative work was undertaken with the Planned Care Control Centre and Devon Referral Support Services to clearly set out the communication and engagement activity required and the respective routes and responsibilities.

6.6 The resulting Planned Care Control Centre communications and engagement plan aims to reduce the risk of misinformation, duplication or gaps in communication and ensures consistency of approach.

6.7 Subsequently, it was identified that the Clinical Policy Committee Communication Framework required refreshing in order to ensure consistency with the Planned Care Control Centre communications and engagement plan.

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 considered 17 evidence assessments in 2015-16 resulting in commissioning recommendations.

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 CCGs Governing Bodies, or appropriate groups with delegated authority, 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 in Devon.

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 (CCGs) 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 Make recommendations to the Clinical Commissioning Groups Governing Bodies, or appropriate groups with delegated authority, for approval following clinical discussion of the issues.

2.2 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.

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

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

2.5 To make recommendations for commissioned services in the context on non-alignment with non-mandatory NICE guidelines.

2.6 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 19 members as follows:

- Clinician Members of the Clinical Commissioning Groups (x8) (of whom 1 Chair)
- Lay Members (x2)
- Patient Safety and Quality (x1)
- Public Health (x1)
- Contracting (x1)
- 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 eight (8) nominated Clinical Commissioning Group members who will act with delegated executive authority from the Clinical Commissioning Groups' Governing Bodies to make commissioning recommendations (voting members).

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

3.6 Committee members are expected to aim to attend 100% of meetings. Attendance will be monitored on a rolling annual basis by the secretariat and any identified low attendance (below 66%) highlighted to the Chair to follow up with the member.

3.7 Follow up will be at the Chairs discretion but will take into consideration such matters as the reasons for non-attendance, any issues with fulfilling the role, and the nomination of a suitable deputy for planned non-attendance.

3.8 Voting members may nominate deputies, who should be current, non-lay, advisory members of the committee. 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. A deputy can only deputise for one voting member at any given meeting.

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.

- Final policy recommendations will be formed through a voting process of the Clinical Commissioning Group members with delegated executive authority (voting members). 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 a decision. 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 the decision-making process.

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 in respect of recommendations made by the committee. 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 shall be jointly nominated by the Governing Bodies of the Clinical Commissioning Groups. When absence is anticipated the Chair will nominate an existing committee member to deputise for that meeting. Otherwise the committee will nominate a Chair from those committee members present on the day.

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 and report to the Governing Bodies of Northern, Eastern and Western (NEW) Devon Clinical Commissioning Group and South Devon and Torbay Clinical Commissioning Group.

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	Understands 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 and 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.
Lay Members	Ensures that in all aspects of the clinical policy committee business, the public interest of the local population is represented in discussion and decision making. Brings an understanding of what patients, carers and the public may consider to be important when considering the advantages, disadvantages and availability of treatments. Ensures an open and accountable debate which is inclusive of all

	sectors of the community we serve. Keeps at the forethought of commissioning the benefits to the community as a whole of an inclusive, patient centred local NHS that uses its resources fairly and wisely.
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. **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.

April 2015

APPENDIX 2

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

Clinical Policy Committee

Wednesday 29th April 2015, 9.30-12.30

Committee Suite, County Hall, Exeter EX2 4QL

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	Verbal	9.30
2	Minutes of the meeting held on 18th March 2015 and matters/actions arising	Jo Roberts	Appendix 1	9.40
Items for committee recommendation				
3	Cataract surgery	Hilary Pearce	Appendix 2	9.45
4	Brimonidine for the symptomatic treatment of facial erythema of rosacea in adult patients	Emma Hewitt	Appendix 3	10.25
5	Assessment and removal of benign skin and subcutaneous lesions	Hilary Pearce/ Rob Turner	Appendix 4	10.55
Other items for consideration				
6	Annual Report 2014-15	Rebecca Heayn	Appendix 5	11.40
7	Update from NICE Planning, Quality and Assurance Group (NPAG)	Chris Roome	Appendices 6a and 6b	11.50
8	Any Other Business		Verbal	12.00
Meeting close				

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

Clinical Policy Committee

Wednesday 10th June 2015, 9.30-12.30

Committee Suite, County Hall, Exeter EX2 4QL

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	Verbal	9.30
2	Minutes of the meeting held on 29th April 2015 and matters/actions arising	Jo Roberts	Appendix 1	9.35
Items for commissioning recommendation				
3	The Specialist Management of Abdominal Wall Hernias in Adults	Bethan Rogers	Appendix 2	9.45
4	Cataract surgery	Hilary Pearce	Appendix 3	10.30
Other items for consideration				
5	Update from NICE Planning, Quality and Assurance Group (NPAG)	Chris Roome	Verbal	11.00
6	Any Other Business		Verbal	11.05
PART TWO – COMMITTEE DEVELOPMENT SESSION				
7	How does the financial context frame committee decision making?	Simon Bell/ Chris Roome		11.10
Meeting close				

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

Clinical Policy Committee

Wednesday 22nd July 2015, 9.30-12.30

Committee Suite, County Hall, Exeter EX2 4QL

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	Verbal	9.30
2	Minutes of the meeting held on 10th June 2015 and matters/actions arising	Jo Roberts	Appendix 1	9.35
Items for commissioning recommendation				
3	Botulinum toxin for the management of overactive bladder	Emma Gitsham	Appendix 2	9.45
4	Botulinum toxin for the treatment of chronic anal fissure	Bethan Rogers	Appendix 3	10.20
5	The referral and specialist management of haemorrhoids in adults	Matt Howard	Appendix 4	10.55
Other items for consideration				
6	Any Other Business			11.20
Break				11.25
PART TWO – COMMITTEE DEVELOPMENT SESSION				
7	How does the financial context frame committee decision making? (Part 2)	Chris Roome		11.30
Meeting close				

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

Clinical Policy Committee

Wednesday 16th September 2015, 9.30-12.30

Committee Suite, County Hall, Exeter EX2 4QL

AGENDA

Number	Item	Lead	Appendix	Time
1	Welcome and announcements • Apologies • Confirmation of voting members and Declarations of interest • Notification of Any Other Business	Ali Round	Verbal	9.30
2	Minutes of the meeting held on 22nd July 2015 and matters/actions arising	Ali Round	Appendix 1	9.35
Items for commissioning recommendation				
3	Botulinum Toxin A for the management of blepharospasm	Matt Howard	Appendix 2	9.45
4	Botulinum Toxin A for the management of hemifacial spasm	Matt Howard	Appendix 3	10.15
5	Fluticasone furoate and vilanterol trifenatate (Relvar® Ellipta®) combination inhaler for asthma	Emma Gitsham	Appendix 4	10.45
6	Fluticasone furoate and vilanterol trifenatate (Relvar® Ellipta®) combination inhaler for chronic obstructive pulmonary disease	Emma Gitsham	Appendix 5	11.10
7	Assessment and removal of benign skin and subcutaneous lesions	Hilary Pearce/ Alex Degan	Appendix 6	11.35
8	Management of non-routinely commissioned drug treatments	Petrina Trueman	Appendix 7	11.45
Other items for consideration				
9	Update from NICE Planning, Quality and Assurance Group (NPAG)	Chris Roome	Appendix 8	12.05
10	Any Other Business		Verbal	12.15
Meeting close				

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

Clinical Policy Committee

Wednesday 2nd December 2015, 9.30-12.30

Committee Suite, County Hall, Exeter EX2 4QL

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	Verbal	9.30
2	Minutes of the meeting held on 16th September 2015 and matters/actions arising	Jo Roberts	Appendix 1	9.35
Items for commissioning recommendation				
3	Budesonide prolonged release tablets (Cortiment®) for ulcerative colitis	Emma Gitsham	Appendix 2	9.45
4	Clindamycin 1%/Tretinoin 0.025% w/w gel (Treclin®) for the topical treatment of acne vulgaris	Matt Howard	Appendix 3	10.15
5	Alogliptin (Vipidia®) for type 2 diabetes mellitus	Petrina Trueman	Appendix 4	10.45
6	Assisted conception – policy wording amendments for clarification	Hilary Pearce	Appendix 5	11.15
7	Consideration of discussions of policy access criteria for Botulinum Toxin A for the management of blepharospasm and for the management of hemifacial spasm	Matt Howard	Appendix 6	11.30
8	Management of non-routinely commissioned drug treatments	Petrina Trueman	Appendix 7	11.40
Other items for consideration				
9	Joint Formularies Interim Report 2015	Carol Webb	Appendix 8	12.00
10	Update from NICE Planning, Quality and Assurance Group (NPAG)	Chris Roome	Appendix 9	12.15
11	Any Other Business		Verbal	12.25
Meeting close				

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

Clinical Policy Committee

Wednesday 24th February 2016, 9.30-12.30

Committee Suite, County Hall, Exeter EX2 4QL

AGENDA

Number	Item	Lead	Appendix	Time
1	Welcome and announcements • Apologies • Confirmation of voting members and Declarations of interest • Notification of Any Other Business	Andrew Craig	Verbal	9.30
2	Minutes of the meeting held on 2nd December 2015 and matters/actions arising	Andrew Craig	Appendix 1	9.35
Items for commissioning recommendation				
3	Faecal occult blood testing for patients with clinical features associated with an increased risk of cancer	Hilary Pearce	Appendix 2	9.45
4	Tadalafil (Cialis®) 5mg tablets for the treatment of the signs and symptoms of benign prostatic hyperplasia in adult males	Matt Howard	Appendix 3	10.45
Other items for consideration				
5	Update from NICE Planning, Quality and Assurance Group (NPAG)	Chris Roome	Appendices 4a & 4b	11.10
6	Update from Clinical Policy Engagement and Consultation Panel	Jono Broad/ Mac Merrett	Appendices 5a, 5b & 5c	11.25
7	Any Other Business		Verbal	11.40
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	4 / 6
Samantha Morton (as delegate)	Head of Contracting and Procurement	South Devon & Torbay CCG	1 / 1
Dr Mick Braddick VOTING MEMBER	GP Clinical Commissioner	NEW Devon CCG	6 / 6
Jono Broad	Lay Member		6 / 6
Lorna Collingwood-Burke	Chief Nursing Officer	NEW Devon CCG	0 / 6
Andrew Kingsley (as delegate)	Lead Nurse Healthcare Acquired Infections	NEW Devon CCG	4 / 6
Rob Cowdry	Contracts Governance Manager Commissioning	NEW Devon CCG	4 / 4
Barbara Jones	Head of Locality Contracting	NEW Devon CCG	2 / 2
Dr Andrew Craig VOTING MEMBER	GP Clinical Commissioner	NEW Devon CCG	6 / 6
Richard Croker	Head of Medicines Optimisation	NEW Devon CCG	5 / 6
Dr Tawfique Daneshmend	Consultant Gastroenterologist & Hepatologist	Royal Devon & Exeter NHS Foundation Trust	3 / 6
Miles Earl	Contract Accountant	NEW Devon CCG	3 / 6
Michael Rodgers (as delegate)	Management Accountant, Finance	NEW Devon CCG	1 / 1
Paul Foster	Chief Pharmacist	Torbay and South Devon NHS Foundation Trust	4 / 6
Tracey Foss (as delegate)	Chief Pharmacist	Royal Devon & Exeter NHS Foundation Trust	1 / 1
Dr Andrew Gunatilleke	Consultant in Pain Management & Anaesthesia	Torbay and South Devon NHS Foundation Trust	4 / 6

Name	Role	Organisation	Meetings attended/ possible
Dr Peter Leman VOTING MEMBER	GP Clinical Commissioner	NEW Devon CCG	4 / 6
Chris Roome (as delegate)	Head of Clinical Effectiveness	NEW Devon CCG	2 / 2
Dr Phil Melluish VOTING MEMBER	GP Clinical Commissioner	South Devon & Torbay CCG	6 / 6
Mac Merrett	Lay Member		6 / 6
Samantha Morton	Head of Contracting and Procurement	South Devon & Torbay CCG	4 / 6
Tracey Kerslake (as delegate)	Contract Manager/ Funding	South Devon & Torbay CCG	1 / 1
Tracey Polak	Assistant Director/ Consultant of Public Health	Devon County Council	2 / 6
Dr Mark Kealy (as delegate)	Consultant in Public Health	Devon County Council	3 / 3
Chris Roome	Head of Clinical Effectiveness	NEW Devon CCG	6 / 6
Dr Alison Round VOTING MEMBER	GP Clinical Commissioner	NEW Devon CCG	6 / 6
Dr Ben Waterfall VOTING MEMBER	GP Clinical Commissioner	NEW Devon CCG	5 / 6
Chris Roome (as delegate)	Head of Clinical Effectiveness	NEW Devon CCG	1 / 1
Dr Darunee Whiting VOTING MEMBER	GP Clinical Commissioner	NEW Devon CCG	4 / 6
Chris Roome (as delegate)	Head of Clinical Effectiveness	NEW Devon CCG	2 / 2

NB/ South Devon Healthcare NHS Foundation Trust and Torbay and Southern Devon Health and Care Trust merged on 1st October. They have now become Torbay and South Devon NHS Foundation Trust

ADDITIONAL ATTENDEES (EXPERTS, GUESTS AND SECRETARIAT)

Name	Role	Organisation
29th April 2015		
Charles Bill	Director Optometrist	Bills Opticians/ The Medical Eye Clinic/ SDHC
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG
Emma Hewitt	Clinical Evidence Pharmacist	NEW Devon CCG
Nabil Habib	Hon. Professor and Consultant Ophthalmic Surgeon	Plymouth Hospitals NHS Trust
Matt Howard	Clinical Evidence Manager	NEW Devon CCG
Rebecca Heayn	Clinical Effectiveness Governance Manager	NEW Devon CCG
Emily McGrath	Consultant Physician	Royal Devon and Exeter NHS Foundation Trust
Hilary Pearce	Clinical Effectiveness Pharmacist	NEW Devon CCG
Anthony Quinn	Consultant Ophthalmologist	Royal Devon and Exeter NHS Foundation Trust
Tamsin Sleep	Consultant Ophthalmologist	South Devon Healthcare NHS Foundation Trust
Rob Turner	GP	NEW Devon CCG
Karl Whittaker	Consultant Ophthalmologist	Northern Devon Healthcare NHS Trust
10th June 2015		
Stuart Andrews	Consultant Colorectal and General Surgeon	South Devon Healthcare NHS Foundation Trust
Simon Bell	Chief Finance Officer	South Devon and Torbay CCG
David Birchley	Consultant Surgeon	Royal Devon and Exeter NHS Foundation Trust
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG
Rebecca Heayn	Clinical Effectiveness Governance Manager	NEW Devon CCG
Matt Howard	Clinical Evidence Manager	NEW Devon CCG
Hilary Pearce	Clinical Effectiveness Pharmacist	NEW Devon CCG
Bethan Rogers	Clinical Evidence Pharmacist	NEW Devon CCG
Rob Turner	GP	NEW Devon CCG
John Thompson	Consultant Surgeon	Royal Devon and Exeter NHS Foundation Trust

Name	Role	Organisation
22nd July 2015		
Clare Adams	Consultant Colorectal Surgeon	Plymouth Hospitals NHS Trust
Julien Barrington	Consultant Gynaecologist	South Devon Healthcare NHS Foundation Trust
Katie Cross	Consultant Colorectal Surgeon	Northern Devon Healthcare NHS Trust
Alex Degan	GP Board Member Eastern Locality	NEW Devon CCG
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG
Emma Gitsham	Clinical Evidence Pharmacist	NEW Devon CCG
Rebecca Heayn	Clinical Effectiveness Governance Manager	NEW Devon CCG
Matt Howard	Clinical Evidence Manager	NEW Devon CCG
Nick Kenefick	Consultant Surgeon	South Devon Healthcare NHS Foundation Trust
Soumya Misra	Consultant Urologist	Northern Devon Healthcare NHS Trust
Bethan Rogers	Clinical Evidence Pharmacist	NEW Devon CCG
Mark Stott	Consultant Urologist	Royal Devon and Exeter NHS Foundation Trust
Melanie Walton	Consultant Urologist	Royal Devon and Exeter NHS Foundation Trust
16th September 2015		
Alex Degan	GP Board Member Eastern Locality	NEW Devon CCG
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG
Emma Gitsham	Clinical Evidence Pharmacist	NEW Devon CCG
Mansoor Hameed	Consultant in Respiratory and General Medicine	South Devon Healthcare NHS Foundation Trust
Rebecca Heayn	Clinical Effectiveness Governance Manager	NEW Devon CCG
Matt Howard	Clinical Evidence Manager	NEW Devon CCG
Hilary Pearce	Clinical Effectiveness Pharmacist	NEW Devon CCG
Tahrina Salam	Consultant Ophthalmologist	South Devon Healthcare NHS Foundation Trust
Petrina Trueman	Joint Formularies Pharmacist	NEW Devon CCG

Name	Role	Organisation
2nd December 2015		
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG
Emma Gitsham	Joint Formularies Pharmacist	NEW Devon CCG
Rebecca Heayn	Clinical Effectiveness Governance Manager	NEW Devon CCG
Matt Howard	Clinical Evidence Manager	NEW Devon CCG
Hilary Pearce	Clinical Effectiveness Pharmacist	NEW Devon CCG
Bethan Rogers	Medicines Information & Formulary Support Pharmacist	Royal Devon and Exeter NHS Foundation Trust
Petrina Trueman	Clinical Evidence Pharmacist	NEW Devon CCG
Carol Webb	Joint Formularies Technician	NEW Devon CCG
24th February 2016		
Mark Cartmell	Colorectal Surgeon	Northern Devon Healthcare NHS Trust
Kathryn Copping	Commissioning Support Officer - Planned Care	South Devon and Torbay CCG
Sean Costelloe	Clinical Consultant Scientist	Plymouth Hospitals NHS Trust
Eileen Deakin	Clinical Lead for Long Term Conditions	South Devon and Torbay CCG
Alex Degan	GP Board Member Eastern Locality	NEW Devon CCG
Jim Forrer	Eastern Locality Board Member	NEW Devon CCG
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG
Rebecca Heayn	Clinical Effectiveness Governance Manager	NEW Devon CCG
Matt Howard	Clinical Evidence Manager	NEW Devon CCG
Steffan James	GP Registrar – laboratory representative	Northern Devon Healthcare NHS Trust
Martin Moody	Consultant Urologist	Northern Devon Healthcare NHS Trust
John O'Connor	Consultant Clinical Scientist	Royal Devon and Exeter NHS Foundation Trust
Ed Parry-Jones	Clinical Lead for Long Term Conditions, Western	NEW Devon CCG
Hilary Pearce	Clinical Effectiveness Pharmacist	NEW Devon CCG
Mike Waterson	Consultant Biochemist	Torbay and South Devon NHS Foundation Trust

APPENDIX 4

DECLARATIONS OF INTEREST REGISTER (APRIL 2015 – MARCH 2016)

Declarations of interest made by committee members

Name of attendee	Role	Meeting Date	Declared interest
Dr Mick Braddick VOTING MEMBER	GP Clinical Commissioner	29 April 2015	Hospitality received where the drug(s)/devices(s) intervention(s)/treatment(s) under consideration were discussed by a representative from the drug/manufacturing company/companies. Galderma UK Ltd
Jonathan Broad	Lay Member	16 September 2015	Currently uses Fluticasone propionate/salmeterol (Seretide® Accuhaler®) and could possibly benefit from additional treatment.
Richard Croker	Head of Medicines Optimisation	29 April 2015 16 September 2015 2 December 2015 24 February 2016	Worked as paid adviser to above pharmaceutical/ manufacturing company/ companies. Attended advisory board on the marketing of Mirvaso® Was previously paid for advice to Galan, Martindale, Menarini, Prostrakan, Galderma Undertook advisory board for Galderma (UK) Paid member of advisory boards for Galen Pharmaceuticals Ltd, Martindale Pharma, Galderma (UK) Ltd, ProStraken Group PLC, Menarini Farmaceutica Internazionale SRL and Sterling Anglian. Spouse practice pharmacist at Bideford Medical Centre (post part funded by CCG).
Mac Merrett	Lay Member	24 February 2016	Chair of the Exeter Cancer User Group and Deputy Chair of the Peninsula Cancer Group.
Dr Jo Roberts VOTING MEMBER	GP Clinical Commissioner	10 June 2015	Father due cataract surgery.
Dr Ali Round VOTING MEMBER	GP Clinical Commissioner	24 February 2016	Spouse is clinical lead for the NICE guidance on suspected cancer.

Name of attendee	Role	Meeting Date	Declared interest
Dr Ben Waterfall VOTING MEMBER	GP Clinical Commissioner	29 April 2015 2 December 2015	Attended five South West Dermatology meetings where Galderma co-sponsor lunch. Has 3 children via IVF. Contact with most of the dermatology drug companies as sponsors of clinical meetings attended of the last 12-24 months but no specific interests on companies identified.

Additional Declarations of Interest (Experts, Guests and Secretariat)

Name of attendee	Role	Meeting Date	Declared interest
Charles Bill	Director Optometrist	29 April 2015	Director of Bill Opticians and Director of the Medial Eye Clinic. Works at Torbay Hospital eye department. Also Chairman of the Devon Local Optical Committee (LOC) and a Board Member of Local Optical Committee Support Unit (LOCSU). Bill Opticians are a group of opticians that refer patients into the NHS system. The Medical Eye Clinic is a surgical facility that performs cataract operations. The LOC represents all optometrists in Devon. LOCSU is a national board that represent all LOCs
Alex Degan	GP, Board Member Eastern Locality	22 July 2015 16 September 2015	Partner in dispensing GP practice Owner of shares in various pharmaceutical companies through investment funds. Wife – owner of shares in Astra Zeneca and various other pharmaceutical companies through investment funds. Owner of shares in various pharmaceutical companies via tracker funds. Wife – owner of shares in various pharmaceutical companies through tracker funds and holds shares in Astra Zeneca.
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	29 April 2015 and 10 June 2015	Any family member or business interests (including personal or family medical conditions) which could be seen as influencing views of the drug(s) /intervention/treatment under consideration. Family member awaiting referral for cataract surgery

Name of attendee	Role	Meeting Date	Declared interest
Nabil Habib	Hon. Professor and Consultant Ophthalmic Surgeon	29 April 2015	Operates privately at Plymouth Nuffield Health
Rebecca Heayn	Clinical Effectiveness Governance Manager	29 April 2015 and 10 June 2015	Any family member or business interests (including personal or family medical conditions) which could be seen as influencing views of the drug(s) /intervention/treatment under consideration. Family member awaiting referral for cataract surgery.
Matt Howard	Clinical Evidence Manager	29th April 2015, 22nd July 2015, 16th September 2915, 2nd December 2015. 24th February 2016	In previous post had attended a number of CPD events where refreshments, hospitality etc were sponsored by a variety of pharmaceutical companies.
Emily McGrath	Consultant Physician	29 April 2015	Has been paid honoraria of £200 for 2 teaching sessions for Galderma in the past 12 months. Neither of these related to rosacea or the product in question, but have been in general education in dermatology.
Martin Moody	Consultant Urologist	24 February 2016	Hospitality/sponsorship: Sponsored breakfast at cMDT meeting. Ate less than £5. Exact date not know but in last 12 months. Similarly at breakfast meeting for competitors. Again ate less than £5. Exact date not known.
Anthony Quinn	Consultant Ophthalmologist	29 April 2015	Chair of Consultant Eye Surgeons Partnership (South West) LLP Partner of Exeter Laser Eye Surgeons LLP
Karl Whittaker	Consultant Ophthalmologist	29 April 2015	Stated that if cataract surgery is 'rationed' by the NHS, likely to benefit financially by offering private treatment.
John Thompson	Consultant Surgeon	10 June 2015	Provider of a small number of private hernia repairs – around 30 per year.

Register of committee members' contact with healthcare industry not related to discussion at CPC meeting

Name of attendee	Role	Details of contact	Date recorded
Dr Jo Roberts VOTING MEMBER	Chair GP Clinical Commissioner	AHSN Atrial fibrillation summit facilitated round table discussion sponsorship by Pfizer / BMS	April 2015
		Meeting Pfizer account manager and regional manager re management of COPD	May 2015
		Meeting Astra Zeneca account manager re how to re-assess care pathway for diabetes	May 2015
		Meeting with ProStracken regarding adcal D3	June 2015
		Meeting with Novartis regional manager – nil specific	June 2015
		Meeting with GSK regarding seretide and some new product information	July 2015
		Meeting with Amgen regional manager regarding denosumab	July 2015
		Meeting with Daichii Sankyo regional manager regarding Edoxaban	July 2015
		Meeting with boerhinger regarding Dabigatran	July 2015
		General discussion with ABPI	August 2015
		Meeting with Lisa Anson President of Astra Zeneca	August 2015
		Meeting with regional manager Astra Zeneca re ticegralor and budget impact regarding ticegralor + aspirin	Sept 2015
		Meeting with Bayer regarding management of Atrial Fibrillation	Oct 2015
		Update with Bayer	Nov 2015
		Update meeting with Boehringer representative	Dec 2015

		Meeting with INR star and Roche regarding funding a training event for practice HCAs and nurse on management of AF	Jan 2016
		Meeting with Intrapharm Laboratories Limited regarding Carbocysteine	Jan 2016
		Meeting with Hydrate for Health	Feb 2016
		Meeting with regional manager Astra Zeneca re ticegralor and budget impact re ticegralor + aspirin	Feb 2016
		Update with Astra Zeneca regarding Symbicort inhaler Astra	Feb 2016
		Meeting Bayer	Feb 2016
		Meeting with Intrapharm Laboratories Limited regarding Carbocysteine lactulose and aquamax.	Feb 2016
		Meeting novonordisc rep regarding insulin degludec	Feb 2016
Dr Mick Braddick	GP Clinical Commissioner	Refreshments received from Galderma	29th April 2015
		Attended evening at which Spiromax was discussed and support provided	10th June 2015
Andrew Kingsley	HCAI Lead Nurse	Met with L&R/Activa (bandaging, hosiery and wound dressings company) on 16/07/15 to discuss future research and concept development opportunities.	22 July 2015
Dr Alison Round	GP Clinical Commissioner	Attended stroke update meeting where lunch was provided by a pharmaceutical company. (Cannot remember which one)	22 July 2015
		Attended talk by respiratory physician with lunch provided by a pharmaceutical company. (Cannot remember which one)	16 September 2016
		Educational event at Nuffield Hospital on paediatric dermatology. No pharmaceutical company.	24 February 2016
Emma Gitsham	Clinical Evidence Pharmacist	Received Ellipta training device inhalers and peak flow meters from GSK	22 July 2015

Register of lay committee members' declared interests not related to discussion at CPC meeting

Name of attendee	Role	Details of interests	Date recorded
Jono Broad	Lay member	Working with the SWAHSN as a patient advisor on medicines optimisation and patient safety. Involved with the NHS Leadership Academy for patient engagement. School Governor for Ashleigh Road Primary School Lecturer for Northern Devon Healthcare Preceptor programme and Essential skills for Support workers programme. Associate Non-Executive Director for Northern Devon Healthcare Trust *(from 01/02/2016)*	14 August 2015 31 December 2015
Mac Merrett	Lay member	Chair RD&E Cancer User Group. Vice Chair Peninsular Cancer Group. Member of Citizen Assembly. Sit on various Cancer groups within the Peninsular. Parish Councillor.	23 August 2015

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 recommendation, 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 recommendation was made.

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 recommendation**

  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 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 recommendation 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 recommendation 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 final policy decision of the CCGs following consideration of the Clinical Policy Committee recommendation.

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 policy decision 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, following approval by the CCGs, 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.

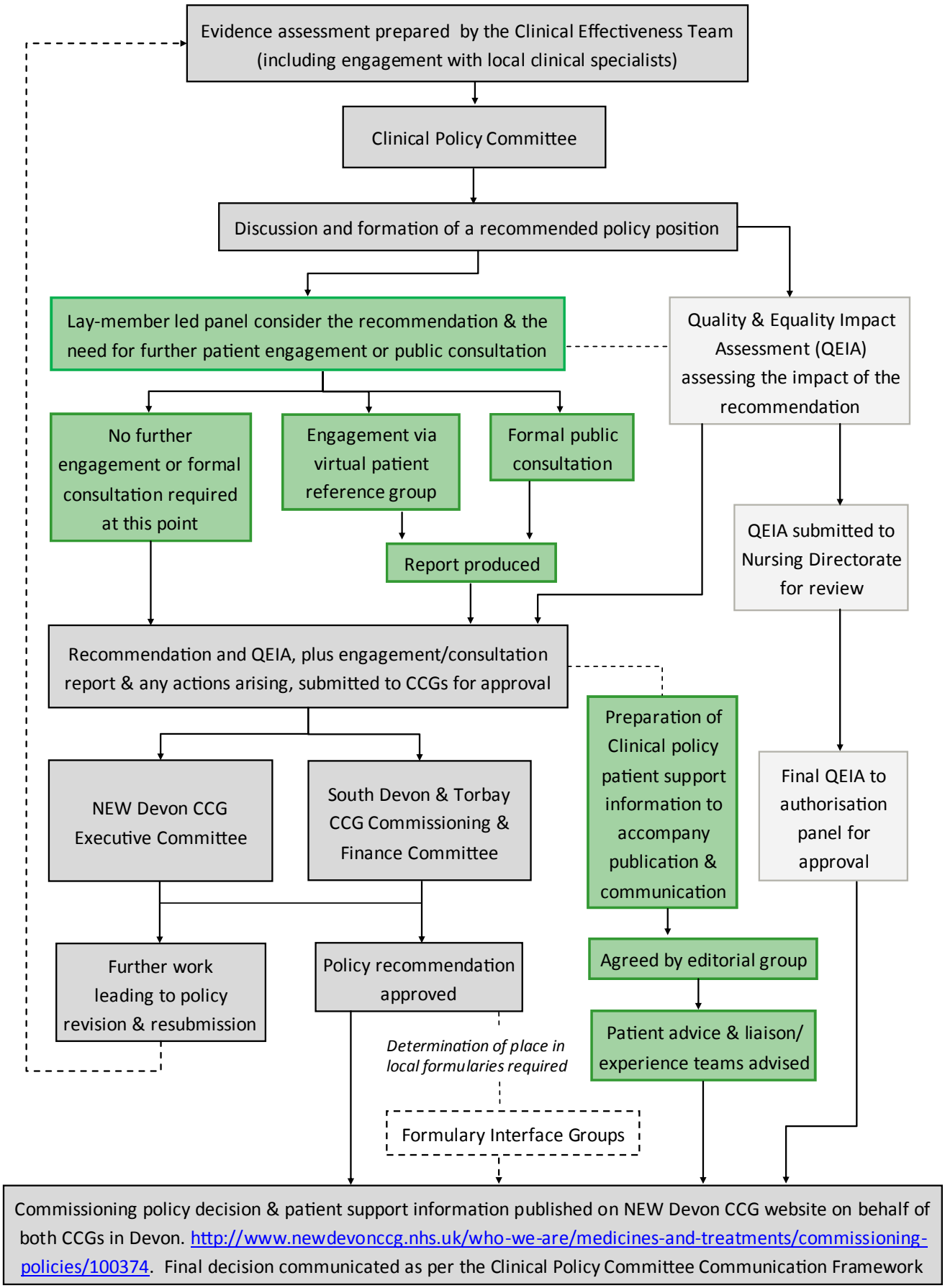
National Institute for Health and Clinical Excellence. Guide to the technology appraisal appeal process. August 2010.

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.

April 2015

Clinical policy engagement/consultation and communication process



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 in accordance with the Planned Care Control Centre communications and engagement plan with advanced notification of the implementation date

Primary care relevant drug intervention requiring further consideration through Formulary Interface Groups (FIGs) – communicated after FIG discussions

Primary care relevant drug 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 prompting local treatment pathway development incorporating the commissioning decisions

Specific notification to CCG communications and patient advice/ experience teams to support the response to patient/public queries

Engagement with Devon Referral Support Services (DRSS) and Planned Care Control Centre for articulation of commissioning decision into effective referral criteria and the agreement of an implementation date