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

Clinical Policy Committee

Annual Report

2017-18

Date: April 2018

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Dr Jo Roberts
Chair's introduction

Writing a committee's annual report is a great opportunity to review what has been accomplished over the past year. However possibly more importantly it is an opportunity to reflect on whether the committee remains fit for purpose and whether its role is responding to the organisational changes that are occurring around it.

The annual report, which these comments preface, demonstrates the continued value of the Clinical Policy Committee and robust high quality work that the clinical effectiveness team produce in order to support the process. It is reassuring that applicants who attend CPC to present their evidence to the committee consistently comment positively on the governance that underlies the CPC decisions, and the assiduous way in which the committee conducts itself, irrespective of whether the outcome is in favour of their proposal, or not.

The committee's membership has remained stable for the past year although we have one persistent vacancy. Unfortunately Mick Braddick, a true stalwart, has recently stepped down. Mick was a truly valued voting member of CPC and could provide challenging perspectives that frequently described the conflicts that we face when trying to take population based decisions, whilst not ignoring the person centred medicine as clinicians we inherently have at our hearts. This is a common area of contention within the committee as ultimately commissioners need to address what is in the best interest of our population, whilst recognising a population consists of a multitude of disparate individuals with their individual needs.

The landscape of the organisations that CPC serve is ever changing, the Devon-wide STP is now well established. The STP provides an invaluable role in helping to shape the decisions of the CCGs, although ultimately it is the CCGs that maintain the responsibility for commissioning decisions. We now have emerging locality care providers (LCPs) and a single strategic commissioner with South Devon and Torbay CCG and NEW Devon CCG working as a single organisation. In view of the uncertainty of change we believe it is important that CPC maintains its current constitution of GP voting members representing the CCGs' constitution.

The dominating factor that remains hard to address when making commissioning decisions is the financial situation that both CCGs face, as both remain in a state of significant financial deficit. We have deliberated long and hard about how affordability could be defined in a way that CPC could account for, when making recommendations. Chris Roome and I led a development session for the combined governing bodies entitled 'Can we afford cost-effectiveness?', the result of this will be a proposal to the

governing bodies on how CPC can evolve a means of prioritising within a definable budget. We believe that this will be increasingly necessary as financial stability is established and to contributed to the sustainability of this.

I would like to sincerely thank the Clinical Policy Committee members for their continued professional contribution. I would also like to thank all the specialists who collaborate when a technology is being evaluated especially those who attend committee meetings, as their specialist perspective adds a significant richness to the debate. Last of all I would like to thank all of the clinical effectiveness team for their professionalism and dedication in providing the level of expertise to CPC.

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 NHS 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

Committee process and meeting arrangements

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 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.

2.4 Committee meetings were scheduled for 2017-18 at approximately eight-weekly intervals. This resulted in six meetings being held, the agenda for which are shown in **Appendix 2**.

2.5 The committee members' attendance at meetings for the last year is shown in **Appendix 3**, along with details of guests who attended for the discussion of specific items or to support the work of the committee.

The work programme

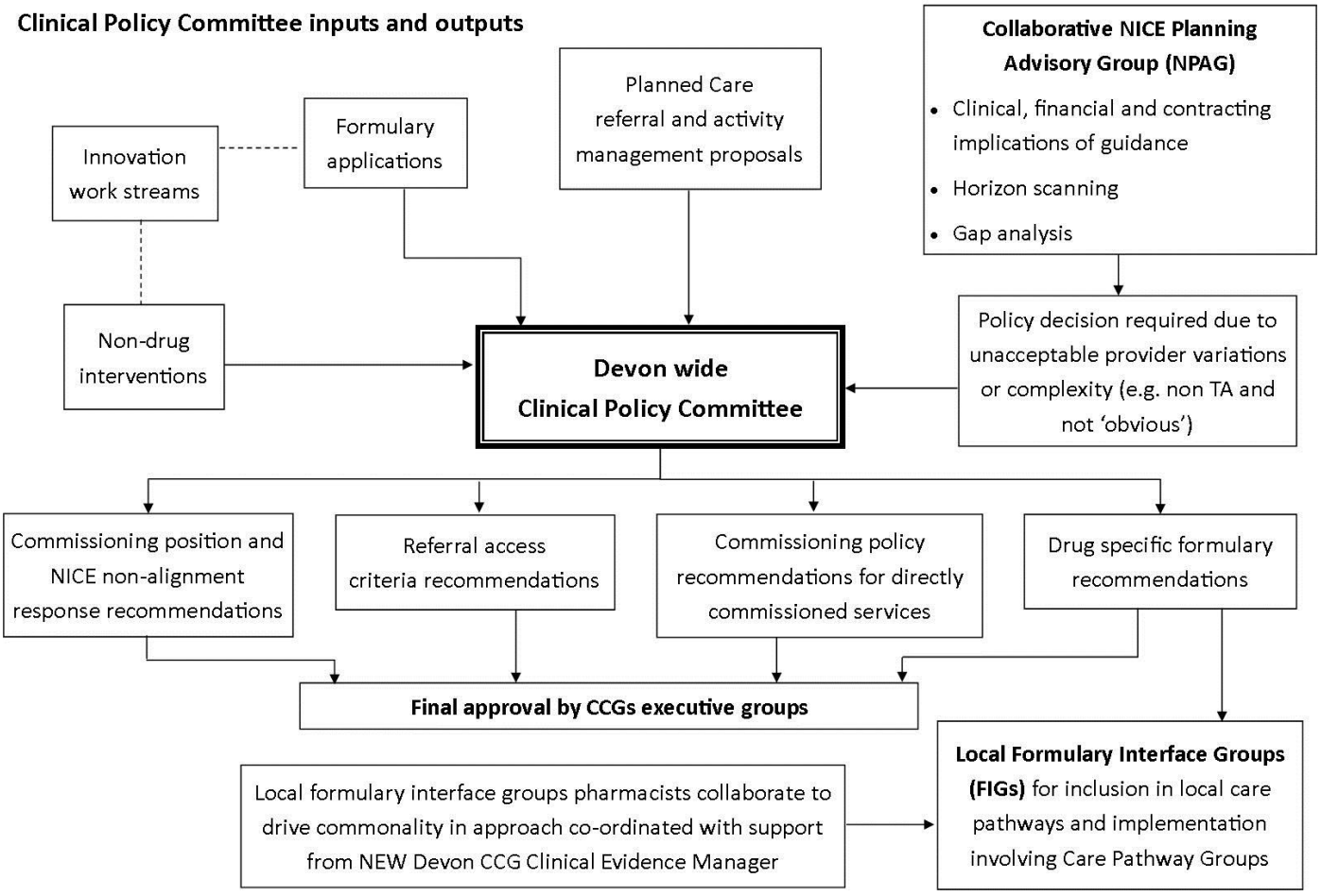
2.6 The work programme of the Clinical Policy Committee is managed by the Clinical Effectiveness Team, NEW Devon CCG.

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

- Matt Howard, Clinical Evidence Manager
- Hannah Jones, Healthcare Evidence Reviewer
- Hilary Pearce, Clinical Effectiveness Pharmacist, and
- Naomi Scott, Healthcare Evidence Reviewer

2.8 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



Changes in membership

2.9 Long-standing committee member Dr Mick Braddick announced that he would be stepping down from the committee due to retirement, attending his last meeting in March 2018. The committee expressed their thanks for his commitment to the committee since its inception in 2013 and for all his valuable input over this time. Consideration will be given to finding a suitable candidate to fill the vacancy this creates from the Eastern Locality, NEW Devon CCG, and at the same time the existing vacancy from the Western Locality, NEW Devon CCG.

Declaration of Interests

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

2.11 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.

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

2.13 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.

2.14 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.

2.15 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.

2.16 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

2.17 The committee has two voluntary public members, known as lay public members.

2.18 The Clinical Policy Committee welcomed Mark Taylor as a new lay public member to the committee from 1 April 2017.

2.19 Lay public members help ensure that the committee balances the healthcare needs of specific patient groups with the requirement to resource a comprehensive health service. They serve to assist with the

broader public perspective during the decision making process, ensuring that the public interest is acknowledged and taken into account when the Committee makes its decisions.

Clinical Policy Engagement and Consultation Panel

2.20 The lay public members are also integral to the Clinical Policy Engagement and Consultation Panel, which exists to support NEW Devon and South Devon and Torbay CCGs to determine the need for any further engagement or formal public consultation on recommendations made by the Clinical Policy Committee.

2.21 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.

2.22 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.

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

2.24 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.

Quality and Equality Impact Assessment (QEIA)

2.25 All Clinical Policy Committee policy recommendations have a Quality and Equality Impact Assessment (QEIA) conducted on them as an integral step in the process of policy formation, prior to approval by the CCGs.

2.26 The QEIA tool tests the impact of a proposed change through a narrative account and a guided rating scale, across a number of core components. These include the impact of the proposal on patient safety, the clinical effectiveness of patient care, the patient experience of care delivery and the impact of the proposal on other services, patient groups, staff or the organisation. For example, this may include financial or reputational impact. The tool also assesses the impact on those in specific groups as outlined in the Equality Act 2010 and other hard to reach groups.

2.27 Impact is rated using a scale from negative to positive to allow for risks and benefits to be quantified. The total impact is calculated through an estimate of the number of patients affected and the total time for which they will be affected.

2.28 The QEIA also includes details of the measurements that could be used to determine the impact of the proposed change. This may include an examination of prescribing or activity data, regular formulary review/applications, the numbers of patient contacts with the CCGs, incidents reported and applications to the Individual Funding Panel for use outside of the policy criteria.

2.29 A flowchart showing how the clinical policy engagement/consultation, QEIA and CCG approval processes operate is shown in **Appendix 5**.

Reporting

2.30 The Clinical Policy Committee makes clinical policy recommendations to the Governing Bodies of the CCGs, or appropriate groups with delegated authority, for approval following clinical discussion of the issues.

2.31 In addition to this, ratification of any other formal matters arising from the Clinical Policy Committee, including changes to terms of reference or process, is undertaken by the Governing Bodies of the CCGs, or appropriate groups with delegated authority.

2.32 Reporting of any identified risks is undertaken to the CCGs by the Clinical Effectiveness Governance Manager, NEW Devon CCG in accordance with the organisations' risk reporting procedures.

Appeals process

2.33 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.

2.34 The appeals process of the Clinical Policy Committee is as set out in **Appendix 6**.

2.35 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.

2.36 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.

2.37 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.

2.38 The Appeals panel has not been required to address any appeals during 2017-18.

NICE Planning Advisory Group (NPAG) updates

2.39 The Clinical Policy Committee has continued to receive regular updates during 2017-18 in respect of the CCGs' NICE planning 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

2.40 The Clinical Policy Committee received an Annual Report of the Devon Formulary Interface Groups (FIGs) at its meeting in July 2017.

2.41 The aim of the Devon Formularies is to promote prescribing which is safe, clinically appropriate and cost-effective in both primary and secondary care, providing guidance on locally recommended drug choices. The Formularies are delivered through the two FIGs which reflect natural healthcare communities. Representatives from both primary and secondary care sit on each FIG.

2.42 The report highlighted the work undertaken by the North and East Devon Formulary Interface Group and the South and West Devon Formulary Interface Group from April 2016 to March 2017.

2.43 It was noted that during the year:

- the publication of new or revised national guidance prompted review of a eight formulary chapters.
- 49 NICE Technology Appraisals and one Highly Specialised Technology have been added to the formularies in line with statutory commissioning responsibilities.

- after recommendation by the Clinical Policy Committee and approval by the CCGs the FIG consults with appropriate clinicians to position the drug entry within the formularies. This process was undertaken for four drugs.
- 17 new product applications were received.
- the inclusion of eight formulary preferred brands were approved. The brands had been identified by the Medicines Optimisation teams and underwent a standardised assessment of key criteria.
- the removal of seven products from one or both of the formularies were approved.
- seven applications for a change in formulary status were considered by one or both of the formularies.
- the App had been downloaded 1010 times to different mobile devices.
- there were around 100,000 page views per month across both formularies.

3. Commissioning recommendations

3.1 Recommendations made by the Clinical Policy Committee in 2017-18 for approval by the CCGs' executive groups are as detailed below:

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

Topic	Date of CPC recommendation	Date of publication*	Final commissioning decision
Sodium oxybate for narcolepsy with cataplexy	24 May 2017	21 July 2017	The routine commissioning of sodium oxybate is accepted in Devon for the treatment of narcolepsy with cataplexy in adults aged 19 years and over: • to allow continuation of treatment in individuals reaching 19 years old who had previously been successfully treated with sodium oxybate under the NHS England commissioning policy criteria • in patients aged 19 years and older who meet equivalent criteria
Leicicarbon A suppositories for the management of chronic constipation	24 May 2017	21 July 2017	The routine commissioning of Leicicarbon A suppositories is accepted in Devon for the management of chronic constipation.
Safinamide (Xadago®) for mid-to late-stage fluctuating Parkinson's Disease	26 July 2017	26 September 2017	The routine commissioning of Safinamide (Xadago®) is not accepted in Devon for patients with mid-to-late stage fluctuating Parkinson's disease.
Tiotropium bromide monohydrate and olodaterol hydrochloride (Spiolto® Respimat®) combination inhaler for chronic obstructive pulmonary disease (COPD)	26 July 2017	26 September 2017	The routine commissioning of Tiotropium bromide monohydrate and olodaterol hydrochloride (Spiolto® Respimat®) combination inhaler is accepted in Devon for chronic obstructive pulmonary disease (COPD)

Topic	Date of CPC recommendation	Date of publication*	Final commissioning decision
Assisted Conception policy - update	27 September 2017	22 November 2017	The revised policy: • clarifies and includes details of the method of conception which the CCGs will routinely fund in respect of donor insemination for clinical indications (i.e. situations where the male partner is infertile, or is likely to pass on an inheritable genetic condition, an infection such as HIV or if severe rhesus incompatibility has been a problem because of the male partner's homozygous status). • removes certain statements on surgical sperm retrieval from the policy as NHS England has taken over commissioning responsibility for these procedures. • amends text to leave reference to the existence of a separate policy for cryopreservation to preserve fertility but does not replicate details of this (allowing the policies to be updated independently). • clarifies that there is insufficient evidence currently to suggest nicotine replacement therapies (NRT) or e-cigarettes have a negative effect on the outcome of assisted reproduction techniques and therefore patients who use them should not be excluded from NHS treatment.
Certolizumab for psoriatic arthritis	Change in policy position noted 27 September 2017	Policy removed in light of NICE Technology Appraisal guidance 21 August 2017	CCGs' policy position now incorporated into the recommendations in the mandatory NICE Technology Appraisal guidance TA445 (Certolizumab pegol and secukinumab for treating active psoriatic arthritis after inadequate response to DMARDs), published in May 2017. The policy has therefore been removed.
Dexamethasone intravitreal implant (Ozurdex®) for treating non-infectious posterior uveitis	Change in policy position noted 27 September 2017	Policy removed in light of NICE Technology Appraisal guidance 27 September 2017	CCGs' previous policy position now incorporated into the recommendations in the mandatory NICE Technology Appraisal guidance TA460 (Adalimumab and dexamethasone for treating non-infectious uveitis), published in July 2017. The policy has therefore been removed.

Topic	Date of CPC recommendation	Date of publication*	Final commissioning decision
Collagenase injection (Xiapex®) for treating Dupuytren's contracture	Change in policy position noted 27 September 2017	Policy removed in light of NICE Technology Appraisal guidance 27 September 2017	CCGs' previous policy position now incorporated into the recommendations in the mandatory NICE Technology Appraisal guidance TA459 (Collagenase clostridium histolyticum for treating Dupuytren's contracture), published in July 2017. The policy has therefore been removed. The CCGs' policy on Dupuytren's Contracture Treatment remains in place but has been updated to refer to NICE guidance in respect of medical treatment with collagenase enzymes (Xiapex®).
Cryopreservation policy - update	27 September 2017	*Pending finalisation of communications* To coincide with publication of the policy, it was agreed that patients who currently have cryopreserved material and the partners of patients who have died with cryopreserved material should be informed of the revisions to the policy so that they can understand how this may affect them.	The revised policy states that cryopreservation to preserve fertility will be routinely funded for patients aged 39 years and younger who meet the criteria; includes the long term use of gonadotoxic drugs; and is funded for patients in whom stopping treatment for a prolonged period of time to enable conception is not an option. In respect of the criteria which will not be routinely funded, the proposed policy now clarifies that sterilisation includes individuals in whom sterilisation has been reversed and that cryopreservation will not be funded solely because individuals wish to delay conception, e.g. for personal lifestyle reasons. There continues to be an initial storage period of 5 years for gametes and embryos for those meeting the eligibility criteria. Renewal of storage will now be at five year intervals up to the 40th birthday for patients meeting the criteria and following discussion between the clinician and patient at the renewal period. After subsequent consideration of the storage of gametes or embryos following patient death, the CCGs' have agreed to fund storage for 12 months following a patient's death.

Topic	Date of CPC recommendation	Date of publication*	Final commissioning decision
Biological agents for psoriatic arthritis	29 November 2017	15 December 2017	Clarification provided to local trusts that the CCGs support the use of some biological therapies for psoriatic arthritis in sequences not explicit in the range of NICE technology appraisals, where clinically appropriate.
Azelastine hydrochloride and fluticasone propionate (Dymista®) for allergic rhinitis	29 November 2017	1 March 2018	The routine commissioning of Azelastine hydrochloride and fluticasone propionate (Dymista®) is not accepted in Devon for allergic rhinitis
Fluticasone furoate and vilanterol trifenatate (Relvar® Ellipta®) combination inhaler for asthma	29 November 2017	No change to the existing policy position at this time.	The routine commissioning of Fluticasone furoate and vilanterol trifenatate (Relvar® Ellipta®) combination inhaler is not accepted in Devon for asthma. This would be reconsidered if there is a change in its licence, to allow switching from other inhalers.
FreeStyle Libre device for interstitial glucose monitoring in diabetes	24 January 2018	26 March 2018	A 6 month trial of the FreeStyle Libre is accepted for patients in Devon with type 1 diabetes who meet the specific initiation and continuation criteria described in the policy.
Management of Meibomian cysts (chalazia) –update	24 January 2018	7 April 2018	Sets out the circumstances in which the referral and specialist management of meibomian cysts is commissioned.
Midodrine for orthostatic hypotension due to autonomic dysfunction	21 March 2018		No policy position required. Further work to be undertaken via the Formulary Interface Groups.
Bevacizumab for radiation maculopathy	21 March 2018	*Pending completion of CCGs governance and approval processes*	Final decision not yet taken. Recommendation that the routine commissioning of bevacizumab is accepted in Devon for radiation maculopathy
Bevacizumab for rubeosis iridis and neovascular glaucoma	21 March 2018	*Pending completion of CCGs governance and approval processes*	Final decision not yet taken. Recommendation that the routine commissioning of bevacizumab is accepted in Devon for rubeosis iridis and neovascular glaucoma

Topic	Date of CPC recommendation	Date of publication*	Final commissioning decision
The specialist management of abdominal wall hernia in adults	26 July 2017 27 September 2017 21 March 2018	*Pending completion of CCGs governance and approval processes*	Final decision not yet taken. The proposed revised policy contains a revised definition of significant functional impairment for this policy; and the inclusion of a statement to clarify that the routine commissioning of surgical repair is not accepted in Devon for divarication of recti/diastasis of abdominal muscle (without herniation).

4. Costs

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

Clinical Policy Committee meeting costs 2017-18

Meeting date	Venue	Cost
24 May 2017	Committee Room, County Hall, Exeter	£39.60
26 July 2017	The Watermark, Ivybridge	£84.00
27 September 2017	Committee Room, County Hall, Exeter	£36.00
29 November 2017	Committee Room, County Hall, Exeter	£50.40
24 January 2018	Committee Room, County Hall, Exeter	£41.40
21 March 2018	The Watermark, Ivybridge	£112.80

4.2 Meetings are usually 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.

4.4 Where alternative meeting locations have been necessary, the meeting facilities at The Watermark have been used. These are operated by Ivybridge Town Council.

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 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**.

5.3 This operates in accordance with the Planned Care Control Centre communications and engagement plan which 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.

5.4 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.

5.5 The agreed communication 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 any other relevant or supporting information to enable them to be prepared and best able to respond to any patient or public queries.

Governance documentation

5.6 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

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

5.8 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

6.1 A committee development session was held in January 2018. This sought to build on the previous development session where it was suggested that it would be helpful to look back at previous decisions made by the committee.

6.2 To inform this discussion, the Clinical Effectiveness team undertook work to assess the impact of published commissioning policies. Information was collated and presented to summarise the impact on prescribing and procedures carried out in Devon of around half of the commissioning policies published as a result of the Clinical Policy Committee.

6.3 It was noted that a number of confounding factors may influence prescribing or activity levels; the true impact of the policies may therefore not always be reflected in the data and caution should be exercised in attributing a direct causal link between the policies and the data. However a number of themes and learning points were identified from the discussions, including the effect of supported implementation of policies, understanding the use of drugs outside of policy criteria, the drivers for policy development, the impact of identifying and raising areas for discussion, the important of engagement, and limitations in data and coding.

6.4 It was felt that that the data collated had provoked interesting and useful discussion, the themes of which should be captured and reported to the CCGs' executive groups to enhance their understanding of the wider contextual issues around clinical policy development.

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 15 evidence assessments in 2017-18 resulting in commissioning recommendations and has updated or unpublished three previous decisions in light of the publication of mandatory NICE Technology Appraisal 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 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.

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) from NHS trusts in Devon
- 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 Chair's 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 24th May 2017, 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 January 2017 and matters/actions arising	Jo Roberts	Appendix 1	9.35
Items for commissioning recommendation				
3	Sodium oxybate for narcolepsy with cataplexy	Matt Howard	Appendix 2	9.45
4	Leicicarbon A suppositories for constipation	Hilary Pearce	Appendix 3	10.15
Other items for consideration				
5	Annual Report 2016-17	Rebecca Heayn	Appendix 4	10.40
6	Update from NICE Planning Advisory Group (NPAG)	Chris Roome	Appendices 5a & 5b	10.55
7	Update from Clinical Policy Engagement and Consultation Panel	Mac Merrett	Appendix 6	11.10
8	Date of next meeting **note change of venue and start time**	Rebecca Heayn	Verbal	11.20
9	Any Other Business		Verbal	11.25
Meeting close				

Northern, Eastern and Western Devon
Clinical Commissioning Group

South Devon and Torbay
Clinical Commissioning Group

Clinical Policy Committee

Wednesday 26th July 2017, 10.00-12.30

The Watermark, Ivybridge PL21 0SZ

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	10.00
2	Minutes of the meeting held on 24th May 2017 and matters/actions arising • Letter to NHS England re sodium oxybate policy position	Jo Roberts	Appendix 1 Appendix 2	10.05
Items for commissioning recommendation				
3	Safinamide (Xadago®) for mid- to late-stage fluctuating Parkinson's Disease	Naomi Scott	Appendix 3	10.15
4	Tiotropium bromide monohydrate and olodaterol hydrochloride (Spiolto® Respimat®) combination inhaler for chronic obstructive pulmonary disease (COPD)	Hannah Jones/ Matt Howard	Appendix 4	10.45
5	Review: Policy for the specialist management of abdominal wall hernia in adults	Matt Howard	Appendix 5	11.15
Other items for consideration				
6	NICE Planning Advisory Group (NPAG) Annual Report 2016-17 Summary	Chris Roome	Appendix 6	11.45
7	Update from NICE Planning Advisory Group (NPAG)	Chris Roome	Appendix 7	11.50
8	Clinical Policy Engagement and Consultation Panel Annual Report 2016-17	Rebecca Heayn	Appendix 8	11.55
9	Update from Clinical Policy Engagement and Consultation Panel	Mac Merrett	Appendix 9	12.05
10	Joint Formularies Annual Report 2016-17	Fiona Dyroff	Appendix 10	12.15
11	Any Other Business		Verbal	12.25
Meeting close				

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

Clinical Policy Committee

Wednesday 27th September 2017, 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 26th July 2017 and matters/actions arising	Jo Roberts	Appendix 1	9.35
Items for commissioning recommendation				
3	Cryopreservation policy	Hilary Pearce	Appendix 2	9.45
4	Access to Assisted Conception for users of e-cigarettes and nicotine replacement therapy (NRT)	Hilary Pearce	Appendix 3	10.15
5	Assisted Conception policy: proposed updates	Hilary Pearce	Appendix 4	10.45
Other items for consideration				
5	Policy for the specialist management of abdominal wall hernia in adults	Matt Howard	Appendix 5	11.15
6	Certolizumab for psoriatic arthritis	Rebecca Heayn	Appendix 6	11.35
7	Dexamethasone intravitreal implant (Ozurdex®) for treating non-infectious posterior uveitis	Rebecca Heayn	Appendix 7	11.40
8	Collagenase injection (Xiapex®) for treating Dupuytren's contracture	Rebecca Heayn	Appendix 8	11.45
9	Update from NICE Planning Advisory Group (NPAG)	Chris Roome	Appendix 9	11.50
10	Update from Clinical Policy Engagement and Consultation Panel	Mac Merrett	Appendix 10	12.00
11	Any Other Business		Verbal	12.10
Meeting close				

Northern, Eastern and Western Devon
Clinical Commissioning Group

South Devon and Torbay
Clinical Commissioning Group

Clinical Policy Committee

Wednesday 29th November 2017, 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 27th September 2017 and matters/actions arising	Jo Roberts	Appendix 1	9.35
Items for commissioning recommendation				
3	Azelastine hydrochloride and fluticasone propionate (Dymista®) for allergic rhinitis	Hannah Jones	Appendix 2	9.45
4	Fluticasone furoate and vilanterol trifenatate (Relvar® Ellipta®) combination inhaler for asthma	Hannah Jones	Appendix 3	10.15
5	Biological agents for psoriatic arthritis	Hilary Pearce	Appendix 4	10.45
Other items for consideration				
6	Update from NICE Planning Advisory Group (NPAG)	Chris Roome	Appendix 5	11.30
7	Update from Clinical Policy Engagement and Consultation Panel	Mark Taylor	Appendix 6	11.40
8	Any Other Business		Verbal	11.50
Meeting close				

Northern, Eastern and Western Devon
Clinical Commissioning Group

South Devon and Torbay
Clinical Commissioning Group

Clinical Policy Committee

Wednesday 24th January 2018, 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 November 2017 and matters/actions arising	Jo Roberts	Appendix 1	9.35
Items for commissioning recommendation				
3	FreeStyle Libre device for interstitial glucose monitoring in diabetes	Naomi Scott	Appendix 2	9.40
4	Management of Meibomian cysts (chalazia)	Matt Howard	Appendix 3	10.25
Other items for consideration				
5	Update from NICE Planning Advisory Group (NPAG)	Chris Roome	Appendix 4	10.45
6	Update from Clinical Policy Engagement and Consultation Panel	Mark Taylor	Appendix 5	10.50
7	Any Other Business		Verbal	10.55
Break				
PART TWO – COMMITTEE DEVELOPMENT SESSION (Teign Room, Annexe, County Hall)				
	Impact of commissioning policies	Chris Roome/ Matt Howard		11.00
Meeting close				

Northern, Eastern and Western Devon
Clinical Commissioning Group

South Devon and Torbay
Clinical Commissioning Group

Clinical Policy Committee

Wednesday 21st March 2018, 10.00-12.30

The Watermark, Ivybridge PL21 0SZ

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	10.00
2	Minutes of the meeting held on 24th January 2018 and matters/actions arising	Jo Roberts	Appendix 1	10.05
Items for commissioning recommendation				
3	Bevacizumab for radiation maculopathy	Hilary Pearce	Appendix 2	10.10
4	Bevacizumab for rubeosis iridis and neovascular glaucoma	Hilary Pearce	Appendix 3	10.25
5	Bevacizumab for CNV-related conditions not including wet AMD and pathological myopia (item deferred)	Hilary Pearce	Appendix 4	10.40
6	Bevacizumab for proliferative vascular retinopathies non-responsive to panretinal laser photocoagulation (item deferred)	Hilary Pearce	Appendix 5	10.55
7	Midodrine for orthostatic hypotension due to autonomic dysfunction	Naomi Scott	Appendix 6	11.10
8	The specialist management of abdominal wall hernia in adults	Matt Howard	Appendix 7	11.35
Other items for consideration				
9	Update from NICE Planning Advisory Group (NPAG)	Chris Roome	Appendices 8a & 8b	12.00
10	Update from Clinical Policy Engagement and Consultation Panel	Mark Taylor/ Mac Merrett	Appendix 9	12.10
11	Any Other Business		Verbal	12.20
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	5 / 6
Dr Glen Allaway VOTING MEMBER	GP Clinical Commissioner	NEW Devon CCG	4 / 6
Richard Croker (as delegate)	Head of Medicines Optimisation	NEW Devon CCG	2 / 2
Dr Mick Braddick VOTING MEMBER	GP Clinical Commissioner	NEW Devon CCG	6 / 6
Dr Andrew Craig VOTING MEMBER	GP Clinical Commissioner	NEW Devon CCG	4 / 6
Chris Roome (as delegate)	Head of Clinical Effectiveness	NEW Devon CCG	1 / 1
Dr Andrew Gunatilleke (as delegate)	Consultant in Pain Management & Anaesthesia	Torbay and South Devon NHS Foundation Trust	1 / 1
Richard Croker	Head of Medicines Optimisation	NEW Devon CCG	3 / 6
Dr Tawfique Daneshmend	Consultant Gastroenterologist & Hepatologist	Royal Devon & Exeter NHS Foundation Trust	4 / 6
Miles Earl	Contract Accountant	NEW Devon CCG	0 / 6
Paul Foster	Chief Pharmacist	Torbay and South Devon NHS Foundation Trust	2 / 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	2 / 6
Dr Peter Rowe (as delegate)	Consultant Nephrologist	Plymouth Hospitals NHS Trust	1 / 1

Name	Role	Organisation	Meetings attended/ possible
Dr Lucinda Harris VOTING MEMBER	GP Clinical Commissioner	South Devon and Torbay CCG	5 / 6
Chris Roome (as delegate)	Head of Clinical Effectiveness	NEW Devon CCG	1 / 1
Barbara Jones	Head of Locality Contracting	NEW Devon CCG	3 / 6
Rob Cowdry (as delegate)	Contracts Governance Manager Commissioning	NEW Devon CCG	1 / 1
Mac Merrett	Lay Public Member		5 / 6
Simon Polak	Deputy Chief Nursing Officer	NEW Devon CCG	2 / 6
Sara Wright (as delegate)	Head of Nursing and Quality	NEW Devon CCG	1 / 1
Tracey Polak	Assistant Director/ Consultant of Public Health	Devon County Council	3 / 6
Emma Kain (as delegate)	Specialty Registrar in Public Health	Devon County Council	1 / 1
Anna Richards (as delegate)	Consultant in Public Health	Devon County Council	2 / 2
Chris Roome	Head of Clinical Effectiveness	NEW Devon CCG	6 / 6
Dr Alison Round VOTING MEMBER	GP Clinical Commissioner	NEW Devon CCG	6 / 6
Mark Taylor	Lay Public Member		5 / 6
Dr Ben Waterfall VOTING MEMBER	GP Clinical Commissioner	NEW Devon CCG	4 / 6
Richard Croker (as delegate)	Head of Medicines Optimisation	NEW Devon CCG	1 / 1
Chris Roome (as delegate)	Head of Clinical Effectiveness	NEW Devon CCG	1 / 1

ADDITIONAL ATTENDEES (EXPERTS, GUESTS AND SECRETARIAT)

Name	Role	Organisation
24 May 2017		
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
Hannah Jones	Healthcare Evidence Reviewer	NEW Devon CCG
Chris Oppong	Consultant Colorectal Surgeon	Plymouth Hospitals NHS Trust
Hilary Pearce	Clinical Effectiveness Pharmacist	NEW Devon CCG
Naomi Scott	Healthcare Evidence Reviewer	NEW Devon CCG
Adam Zeman	Professor of Cognitive and Behavioural Neurology	University of Exeter Medical School/ Royal Devon & Exeter NHS Foundation Trust
26 July 2017		
Jacob Akoh	Consultant Surgeon	Plymouth Hospitals NHS Trust
Robert Bethune	Consultant Colorectal Surgeon	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
Matt Howard	Clinical Evidence Manager	NEW Devon CCG
Hannah Jones	Healthcare Evidence Reviewer	NEW Devon CCG
William Knight	Consultant Neurologist/ Honorary Consultant Neurologist	Torbay and South Devon NHS Foundation Trust/ Plymouth Hospitals NHS Trust
Anthony Lambert	Consultant Surgeon	Plymouth Hospitals NHS Trust
David Sanders	Consultant Surgeon	Northern Devon Healthcare NHS Trust
Naomi Scott	Healthcare Evidence Reviewer	NEW Devon CCG
Karl Trimble	Associate Medical Director & Consultant Orthopaedic Surgeon	Plymouth Hospitals NHS Trust
Rob Turner	GP	NEW Devon CCG

Name	Role	Organisation
27 September 2017		
Umesh Acharya	Consultant Gynaecologist	Plymouth Hospitals NHS Trust
Sally Doidge	Principal Embryologist	Plymouth Hospitals NHS 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
Lisa Joels	Consultant Gynaecologist	Royal Devon and Exeter NHS Foundation Trust
Hilary Pearce	Clinical Effectiveness Pharmacist	NEW Devon CCG
Joanne Wilson	Senior Clinical Embryologist	Royal Devon and Exeter NHS Foundation Trust
29 November 2017		
Lee Dobson	Consultant in Respiratory Medicine	Royal Devon and Exeter NHS Foundation Trust
Susie Earl	Consultant Rheumatologist	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
Hannah Jones	Healthcare Evidence Reviewer	NEW Devon CCG
Stuart Kyle	Consultant Rheumatologist	Northern Devon Healthcare NHS Trust
Siân Ludman	Consultant Paediatrician	Royal Devon and Exeter NHS Foundation Trust
Kirsten Mackay	Consultant Rheumatologist	Torbay and South Devon NHS Foundation Trust
Hilary Pearce	Clinical Effectiveness Pharmacist	NEW Devon CCG
24 January 2018		
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
Fiona Irvine	Consultant Ophthalmologist	Royal Devon and Exeter NHS Foundation Trust
Naomi Scott	Healthcare Evidence Reviewer	NEW Devon CCG
Parag Thaware	Consultant in Endocrinology and Diabetes	Torbay and South Devon NHS Foundation Trust
Neil Walker	Consultant Physician	Royal Devon and Exeter NHS Foundation Trust

Name	Role	Organisation
21 March 2018		
Tomas Cudrnak	Consultant Ophthalmic Surgeon	Plymouth Hospitals NHS 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
Naomi Scott	Healthcare Evidence Reviewer	NEW Devon CCG
Graham Simpole	Joint Formularies Support Pharmacist	NEW Devon CCG
Stephen Turner	Consultant Ophthalmic Surgeon	Torbay and South Devon NHS Foundation Trust

APPENDIX 4

DECLARATIONS OF INTEREST REGISTER (APRIL 2017 – MARCH 2018)

Declarations of interest made by committee members

Name of attendee	Role	Meeting Date	Declared interest
Dr Mick Braddick VOTING MEMBER	GP Clinical Commissioner	26 July 2017	Attended meetings sponsored by Teva with supper provided, presentation by local respiratory physicians and medicines optimisation pharmacists.

Additional Declarations of Interest (Experts, Guests and Secretariat)

Name of attendee	Role	Meeting Date	Declared interest
Umesh Acharya	Consultant Gynaecologist	27 September 2017	In past five years have been to two meetings with travel and accommodation being paid by Ferring and Pharmasure. Also paid by Merck for giving a talk.
Robert Bethune	Consultant Colorectal Surgeon	26 July 2017	Provides management of private patients with hernia.
Rob Cowdry	Contracts Governance Manager	27 September 2017	Family member with a medical condition related to one of the policies under discussion. Took no part in this discussion.
Tomas Cudrnak	Consultant Ophthalmologist	21 March 2018	Allergan UK – paid lectures, multiple sponsorship to attend national and international meetings Allimera Sciences Ltd – paid lectures, sponsorship to attend one international meeting. Baush and Lomb – 2 educational dinners over the last 3 years. Novartis Pharmaceuticals – paid lectures, educational grants, travel grants to attend national and international meetings and honoraria to attend advisory boards Bayer Plc - educational grants, travel grants to attend international meetings and honoraria to attend one advisory board

Name of attendee	Role	Meeting Date	Declared interest
Lee Dobson	Consultant in Respiratory Medicine	29 November 2017	Has delivered sponsored lectures to Primary care over the 3 last years for a variety of the companies – TEVA, GSK, Chiesi. Has attended meetings supported by these companies and sponsorship to attend educational meetings. Has also coordinated the regional training days for the Respiratory SPRs and part of remit deals with the pharma sponsorship for these days which involves all of the companies listed.
Susie Earl	Consultant Rheumatologist	29 November 2017	Given an educational presentation for Novartis on the treatment of psoriatic arthritis. Has attended a medical advisory board for UCB.
Rebecca Heayn	Clinical Effectiveness Governance Manager	26 July 2017	A family member has been diagnosed with Parkinson's disease.
Lisa Joels	Consultant Gynaecologist and Person Responsible for Fertility Centre.	27 September 2017	Work in Fertility Exeter, an IVF clinic which is part of the RD&E. Do not undertake any private practice but decisions about IVF treatment could affect the workload and referral patterns to the clinic.
William Knight	Consultant Neurologist	26 July 2017	Honorarium for Advisory board participation Bial Pharma 2017. In receipt of transport/hospitality to attend international meeting (EAN2017) Bial Pharma.
Stuart Kyle	Consultant Rheumatologist	29 November 2017	Has received honoraria from Norvartis and speaker fees and sponsorship for a conference from Celgene. Is co-investigator on MAXIMIZE an interventional study of Secukinumab in axial psoriatic arthritis.
Siân Ludman	Consultant Paediatrician	29 November 2017	Meda (due to their adrenaline autoinjector) was one of several sponsors of the Exeter University/RD&E and Derriford Hospital Allergy study day last June. No personal sponsorship or interation.

Name of attendee	Role	Meeting Date	Declared interest
Kirsten Mackay	Consultant Rheumatologist	29 November 2017	Work as paid advisor: Has attended/participated in Adboards for: • Roche – discussing phase 3 trials for a possible new molecule – Bruton's Tyrosine Kinase Inhibitor (in context fo RA and possibly SLE) • Roche – use of Tocilizumab for difficult to treat GCA • UCB – treatment of patients with RA who wish to become pregnant In receipt of an educational/research grant for self or department: • AbbVie have provided an educational grant to allow us to organise a Peninsular Symposium on Rheumatology for GPs and GP trainees –this is a regional meeting and many of my consultant rheumatology colleagues also lecture at this meeting (I organise the symposium and run some workshops) • Novartis provided an educational grant to our department so we could organise a meeting to update our specialist Has taken part in a drug trial: Is a PI for many research trials including those sponsored by UCB, ROCHE, Novartis, Jansesen (and in the past MSD). Transport/hospitality to attend national or international conference • Attended an international 2 day conference - update in immunology organised by UCB. • Attended an international 2 day conference - update in rheumatology organised by AbbVie. • Attended 2 national meetings sponsored by Novartis: o Advanced Business Planning. o Advanced Communication. Lecture fees: Chaired a meeting in December 2016 when we were discussing the published data on Apremilast and a regional audit.

Name of attendee	Role	Meeting Date	Declared interest
Chris Oppong	Consultant Colorectal Surgeon	24 May 2017	Aspire provided lunch for Pelvic Floor MDT during product launch. Aspire provided lunch during BSUG accreditation.
David Sanders	Consultant Surgeon	26 July 2017	In receipt of £1,000 fee for attending advisory Board meeting.
Parag Thaware	Consultant in Diabetes and Endocrinology		I have attended one study event on Freestyle Libre device organised by Abbott Laboratories Limited (refreshments were provided free of cost). An offer to reimburse travel expense and overnight stay was made by the company which I did not avail of. I have previously received equipment for continuous glucose monitoring free of cost from Medtronic Limited for a research study personally conducted by me. I have previously received equipment for capillary glucose monitoring free of cost from Roche Limited for a research study personally conducted by me. I have previously attended one study event that included discussion on Medtronic real time CGM system (refreshments were provided free of cost). I have previously attended one study event on Dexacom real time CGM system (refreshments were provided free of cost). I have previously met the representative from Abbott Laboratories Limited in order to support and educate patients who wanted to try the Freestyle Libre device or use it long term through private funding. I have not spoken to any representatives from Abbott Laboratories Limited since the receipt of the CPC review document.
Adam Zeman	Professor of Neurology	24 May 2017	While I have no material interest as defined above, UCB sometimes sponsor a meeting of which I am the course director (The British Neuropsychiatry Association Training Weekend for Specialist Registrars in Neurology and Psychiatry).

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

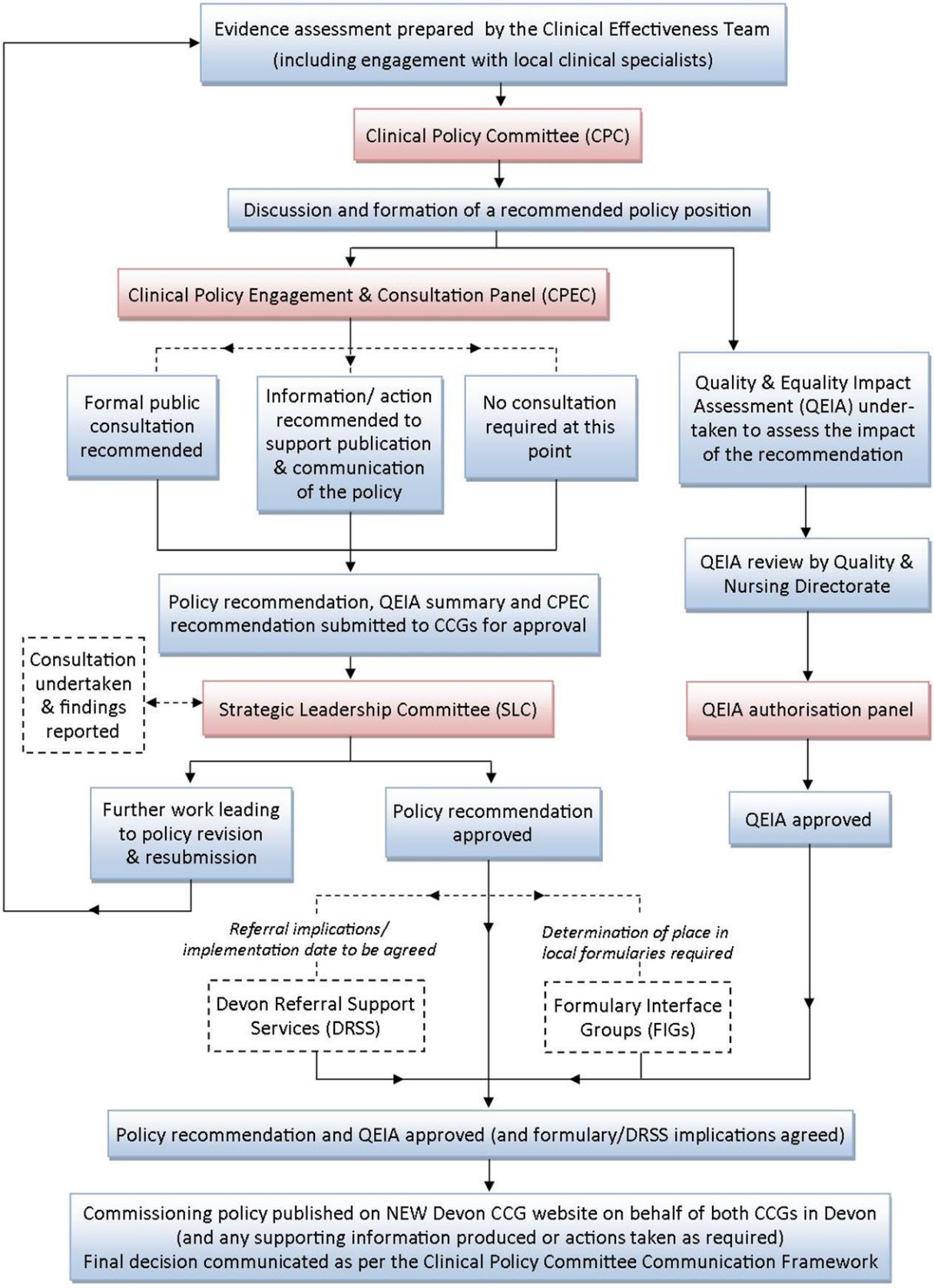
Name of attendee	Role	Details of contact	Date recorded
Dr Jo Roberts VOTING MEMBER	Chair GP Clinical Commissioner	Meeting with Merck	April 2017
		Meeting with Astra Zeneca	May 2017
		Meeting Merck Sharp Dohme Limited	May 2017
		Advisory meeting with Helicon health re AF app	June 2017
		Meeting with Ibsen Ltd	June2017
		Meeting with GlaxoSmithKline UK	June 2017
		Respiratory meeting presentation by MyCOPD	June 2017
		Meeting to discuss app for diabetes support Merck Sharp Dohme Limited	June 2017
		Roche Products Limited diagnostics meeting to support AF education	August 2017
		Meeting with Pfizer and Chiesi regarding COPD project group	August 2017
		Meeting with Bayer plc	August 2017
		Meeting with Astra Zeneca	August 2017
		Medical education grant to support AF work £20,000 Pfizer	August 2017
		Demonstration of Optimisation Rx	August 2017
		Discussion with Novartis Pharmaceuticals UK Limited regarding project on asthma management	August 2017
		Meeting with Boehringer Ingelheim Limited regarding PRIMIS software	September 2017

		Meeting with Teva	September 2017
		Meeting with Astra Zeneca	September 2017
		Meeting with GlaxioSmithKline	September 2017
		Nestle discussion regarding VLCD for peri diabetic patient	September 2017
		Novartis Pharmaceuticals Limited asthma project meeting	October 2017
		Pfizer and Chiesi COPD project group meeting	October 2017
		Boerhringer Ingelheim Limited meeting	November 2017
		Meeting with Mylan Products Limited	November 2017
		Meeting with Astra Zeneca regarding diabetes	November 2017
		GlaxoSmithKline update meeting	November 2017
		Meeting with Roche Products Limited regarding diagnostics/CRP project	December 2017
		Respiratory meeting - demo of MyCOPD	December 2017
		Meeting with Pfizer regarding e-smoking cessation project	February 2018
Dr Mick Braddick VOTING MEMBER	GP Clinical Commissioner	Dermatology update presented by Dr Chris Bower on 21.11.17. Food funded by Galderma – no presentation by or discussion with pharma representatives. Attended two presentations on hand surgery at Nuffield Hospital in Exeter. Supper provided by the hospital.	29 November 2017

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

Name of attendee	Role	Details of interests	Date recorded
Mac Merrett	Lay public member	Chair RD&E Cancer User Group. Vice Chair Peninsular Cancer Group. Sit on various Cancer groups within the Peninsular. Parish Councillor. Representative on the Cancer Alliance.	23/08/2015 amended 11/10/2016; 07/06/2017
Mark Taylor	Lay public member	Albany Medical Clinic (GP Practice Newton Abbot), member of Patient Participation Group. Foundation Trust member: • Royal Devon & Exeter • Torbay and South Devon • Devon Partnership • Royal Brompton and Harefield Vice-chair Step One Charity (incorporates St Loye's and Community Care Trust SW)	03/05/2017

Clinical policy engagement/consultation and communication process (Jan 2018)



APPENDIX 6

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

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