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

Clinical Policy Committee

Annual Report

2018-19

Date: 31 March 2019

Contents

Dr Jo Roberts
Chair's introduction

This is the sixth annual report of the Clinical Policy Committee. Those who have read previous reports will have a sense of familiarity with the content of the report which goes some way to underlining the enduring requirement to take the difficult decisions on commissioning of drugs and treatments. This year in particular seems to have encompassed a wide range of interventions, including new drugs in common conditions such as asthma and diabetes, specialist interventions such as fertilisation failure in assisted conception, and commissioning criteria for a range of common surgical interventions.

This year also saw the committee develop a role that was wider than its previous policy recommendations on single interventions by helping the CCGs form its commissioning intentions for the Devon health system. We reviewed in a single process multiple existing and new interventions for benign prostatic hyperplasia and the implications for service configurations. We also considered the options for and impacts of commissioning a service for monitoring for hydroxychloroquine retinopathy. These felt like a natural extension to the committee's remit, making use of the considerable expertise that exists on the committee for reviewing evidence, assessing value, considering the opinions of specialist clinicians and having regard to the patient impacts.

It is noteworthy that during a period of arranging to merge the two CCGs in Devon and the consequent reconfiguration of committee structures, the CPC remained a constant and is planned to continue, although recognising that it needs to align with the STP's agenda and offer support to their clinical decision-making process. Of course in some respects the CPC was ahead of the game in that it has had a Devon-wide (joint CCG) remit to its work since its inception in 2013.

The future of CPC is probably one of further development and extension of role that will continue to evolve with the structures of the health service in Devon. In my view the need for CPC to continue remains, but as ever it needs to evolve to meet the demands of a changing commissioning landscape.

I know that the clinical effectiveness team that supports CPC and the committee members themselves have the skills and commitment to support any necessary evolution. I would like to thank them for their professionalism and dedication without which my job would be impossible

As a final note this will be my last chairman's introduction to the annual report as I have announced my intention to step down during the forthcoming year having chaired the committee for six years. I am confident that the committee will be a key component of decision making on the availability of drugs and treatments for the local population within the new landscape of the NHS in Devon.

Dr Jo Roberts
Chair, Clinical Policy Committee
Clinical Lead for Medicines Optimisation
NEW Devon and South Devon and Torbay CCGs

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.

1.4 This annual report gives an account of the activity and governance of the Clinical Policy Committee in 2018-19.

1.5 It is acknowledged that from 1 April 2019 NHS Northern, Eastern and Western (NEW) Devon CCG and South Devon and Torbay CCG are formally merging to become a single organisation, NHS Devon CCG. However the Clinical Policy Committee has operated Devon-wide since the inception of the CCGs in 2013.

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 Medicines Optimisation for NEW Devon and South Devon and Torbay CCGs. In his absence, voting member Dr Nick D'Arcy has deputised as chair to ensure the smooth and continued operation of the committee and to avoid important discussions being deferred.

2.4 Five committee meetings were held in 2018-19, 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

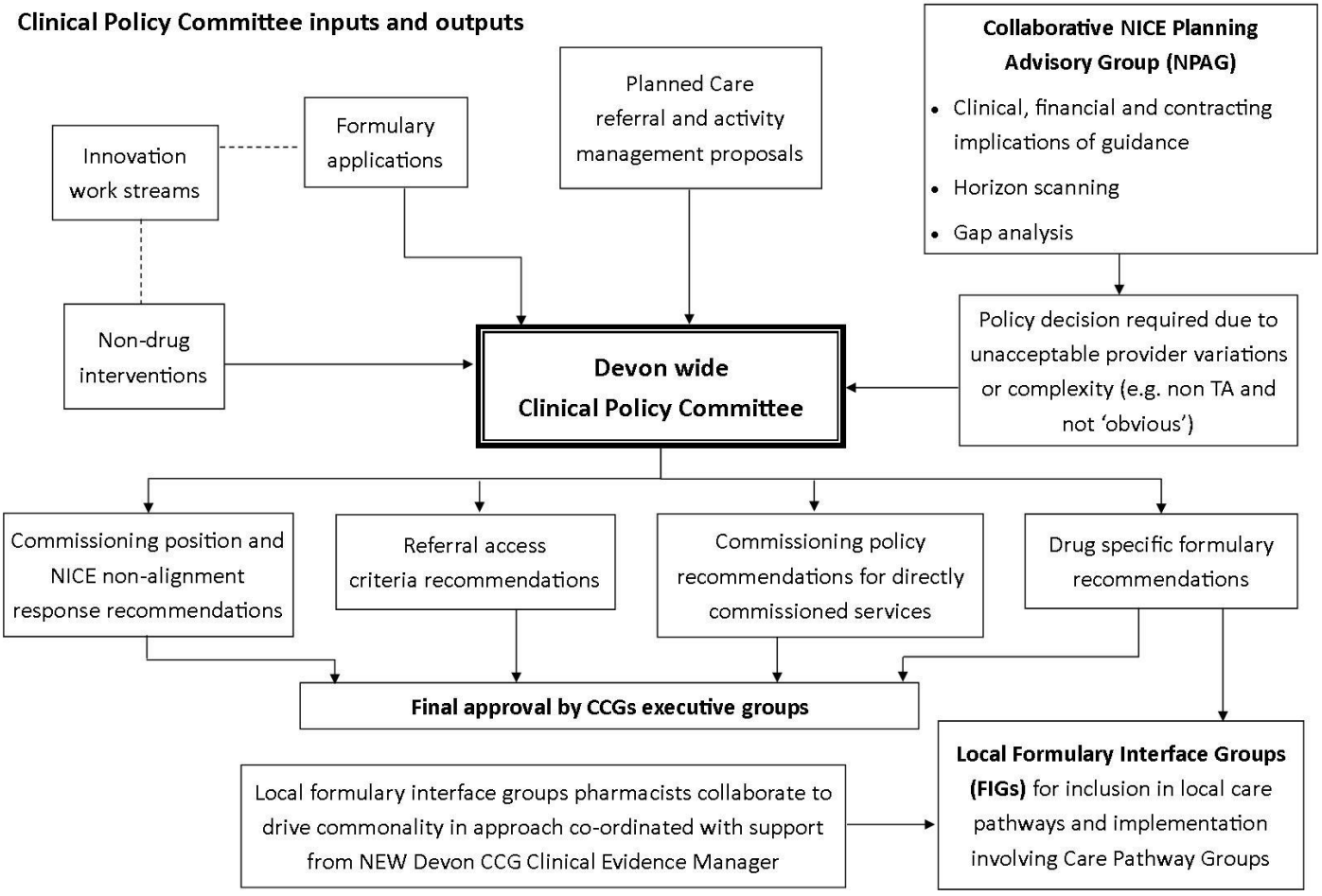
2.6 The work programme of the Clinical Policy Committee is managed by the Clinical Effectiveness Team, NEW Devon CCG.

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
- Hilary Pearce, Clinical Effectiveness Pharmacist
- Naomi Scott, Healthcare Evidence Reviewer
- Graham Simpole, Joint Formulary Support Pharmacist

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 Dr Nick D'Arcy and Dr Andrew Harrison were welcomed as two new voting members to the committee, joining in May 2018 and July 2018 respectively, to fill an existing vacancy plus the vacancy resulting from Dr Mick Braddick stepping down from the committee due to retirement in March 2018.

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 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

2.19 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.

2.20 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.

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

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

2.23 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)

2.24 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.

2.25 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.

2.26 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.

2.27 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.

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

Reporting

2.29 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.

2.30 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.

2.31 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

2.32 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.

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

2.34 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.

2.35 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.

2.36 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.

2.37 The Appeals panel has not been required to address any appeals during 2018-19.

NICE Planning Advisory Group (NPAG) updates

2.38 The Clinical Policy Committee has continued to receive regular updates during 2018-19 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) report

2.39 The Clinical Policy Committee received the 2017-18 Annual Report of the Devon Formulary Interface Groups (FIGs).

2.40 The aim of the Devon Formulary 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 Formulary is delivered through the two FIGs which reflect natural healthcare communities. Representatives from both primary and secondary care sit on each FIG.

2.41 The content of the Devon formulary continues to be reviewed and updated by the two FIGs with agreement reached by consensus. The FIGs represent the collaboration of representatives from both the Devon CCGs, the four major hospitals in Devon, Devon Partnership Trust, and Livewell Southwest.

2.42 Relevant local specialists are invited to engage in the review process and attend meetings to join in discussions. This enables the Devon formulary recommendations to reflect local clinical practice and service provision.

2.43 The formulary remains broadly consistent across the county, whilst allowing variation to reflect and support the different needs of the local healthcare communities clustered around the major hospitals.

2.44 It was noted that:

- In order to demonstrate compliance with the CCGs' statutory responsibilities 72 NICE TAs and three HSTs were added to the Devon formulary during the period of this annual report.
- The diligence and quality of documentation produced by the Clinical Effectiveness Governance team in supporting the FIGs was acknowledged and commended.
- In terms of reviewing and updating formulary content, sections are identified by in-house horizon scanning and stakeholder requests, and a few examples have been noted in the report to give a flavour of the breadth and depth of topics that were discussed
- The FIGs considered a range of product applications for new formulations, or combinations of existing formulary medicines, preferred brands, and new dressings; as well as changes to product status or prescribing advice. In addition, the output of the Clinical Policy Committee is reflected in the formulary.
- The FIGs utilise a virtual eFIG process to progress some decisions at pace, or to free up face to face time for more complex discussions. Several decisions were taken using this process during the period of this report.

- The FIGs also considered national guidance from NHS England on low value items that should not be routinely prescribed in primary care. 12 of the 18 items were considered by the FIGs during the period of this report, with the formulary updated where necessary.
- Use of the formulary and referral website increased by approximately 15% over the previous year, with over 1.2 million page views in 2017-18.
- The accompanying app was downloaded 2,198 times in that time, taking total downloads since launch to around 7,000 by the end of March 2018
- At the end of 2017 the Clinical Effectiveness Formulary Team undertook a user survey in an effort to understand and improve user experience and satisfaction. Two hundred and eleven responses were received which were generally very positive, however a number of next steps were identified including some technical updates for improved functionality. Work is ongoing in this area.

3. Meeting arrangements

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

3.2 It was previously 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.

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

4. Commissioning recommendations

4.1 Recommendations made by the Clinical Policy Committee in 2018-19 for approval by the CCGs' executive group 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
Lurasidone for schizophrenia	23 May 2018	25 June 2018	The routine commissioning of lurasidone is not accepted for patients with schizophrenia.
Fluticasone furoate and vilanterol trifenatate (Relvar® Ellipta®) combination inhaler for asthma	23 May 2018	25 July 2018	The routine commissioning of Relvar® Ellipta® combination inhaler is accepted for the regular treatment of asthma in adults and adolescents aged 12 years and older.
Bevacizumab for diabetic macular oedema	23 May 2018	Existing policy unpublished	There are three drugs which have received recommendations in NICE technology appraisals (TAs), two drugs with a similar mechanism of action to bevacizumab – ranibizumab (Lucentis®) TA274 and aflibercept (Eylea®) TA346 – and an implant of the corticosteroid dexamethasone (Ozurdex®) TA349. These are well established in practice and therefore the rationale for the existing policy now lacks clinical relevance.
Opicapone for Parkinson's Disease	18 July 2018	3 October 2018	The routine commissioning of opicapone for Parkinson's disease is accepted for patients who have not been able to tolerate entacapone.
Fluticasone furoate, umeclidinium and vilanterol (Trelegy® Ellipta®) combination dry powder inhaler for COPD	26 September 2018	15 November 2018	The routine commissioning of Trelegy® Ellipta® is accepted for maintenance treatment in adult patients with moderate to severe chronic obstructive pulmonary disease (COPD).
Insulin Degludec (Tresiba®) for use in patients with type 2 diabetes	26 September 2018	15 November 2018	The routine commissioning of Insulin degludec is not accepted in Devon for the treatment of type 2 diabetes.

Topic	Date of CPC recommendation	Date of publication*	Final commissioning decision
Insulin Degludec (Tresiba®) for use in patients with type 1 diabetes	26 September 2018	15 November 2018	The commissioning of Insulin Degludec (Tresiba®) for patients with Type 1 diabetes is accepted for patients who fulfil one of the following criteria despite optimised treatment with another long acting insulin analogue: • Children and adolescents who have a history of diabetic ketoacidosis and/or hyperglycaemia (blood glucose exceeding 14.0 mmol/L) with capillary blood ketones exceeding 1.5 mmol/L • Adults who experience frequent or severe hypoglycaemia
Cosmetic treatments	26 September 2018	22 November 2018	Cosmetic treatment is not routinely commissioned.
Reversal of male and female sterilisation	26 September 2018	22 November 2018	The reversal of male and female sterilisation is not routinely commissioned.
Assisted conception (update)	26 September 2018	7 January 2019	Amendments to the existing policy relating to fertilisation failure and eligibility criteria for assessment and treatment, for clarity and consistency.
Adult Snoring Surgery (in the absence of Obstructive Sleep Apnoea)	30 January 2019	8 March 2019	Surgical procedures in adults to remove, refashion or stiffen the tissues of the soft palate are not routinely in the management of simple snoring. Policy position adopted from NHS England Evidence-Based Interventions Guidance for CCGs.
Knee arthroscopy for patients with osteoarthritis	30 January 2019	8 March 2019	Arthroscopic knee washout (lavage and debridement) is not routinely commissioned as a treatment for osteoarthritis. Referral for arthroscopic lavage and debridement should not be offered as part of treatment for osteoarthritis, unless the person has knee osteoarthritis with a clear history of mechanical locking. Policy position adopted from NHS England Evidence-Based Interventions Guidance for CCGs.

Topic	Date of CPC recommendation	Date of publication*	Final commissioning decision
Dilatation and curettage for heavy menstrual bleeding in women	30 January 2019	8 March 2019	Dilatation and curettage is not routinely commissioned for diagnosis or treatment for heavy menstrual bleeding in women. Policy position adopted from NHS England Evidence-Based Interventions Guidance for CCGs.
Injections for nonspecific low back pain without sciatica	30 January 2019	8 March 2019	Spinal injections of local anaesthetic and steroid are not routinely commissioned for patients with non-specific low back pain. Policy position adopted from NHS England Evidence-Based Interventions Guidance for CCGs.
Arthroscopic shoulder decompression for subacromial shoulder pain	30 January 2019	8 March 2019	Arthroscopic subacromial decompression surgery for pure subacromial shoulder impingement should only be offered for patients who have persistent or progressive symptoms, in spite of adequate non-operative treatment. Policy position adopted from NHS England Evidence-Based Interventions Guidance for CCGs.
Trigger finger release in adults	30 January 2019	31 March 2019	Trigger finger surgery should only be offered in specific cases according to NICE accredited guidelines by the British Society for Surgery to the Hand, where alternative measures have not been successful and persistent or recurrent triggering, or a locked finger occurs. Policy position adopted from NHS England Evidence-Based Interventions Guidance for CCGs.
UroLift for the treatment of lower urinary tract symptoms caused by benign prostatic hyperplasia	30 January 2019	*Pending completion of CCGs governance and approval processes*	Recommendation that the routine commissioning of UroLift is accepted for the treatment of patients with lower urinary tract symptoms caused by benign prostatic hyperplasia.

Topic	Date of CPC recommendation	Date of publication*	Final commissioning decision
GreenLight XPS for the treatment of lower urinary tract symptoms caused by benign prostatic hyperplasia	30 January 2019	*Pending completion of CCGs governance and approval processes*	Recommendation that the routine commissioning of GreenLight XPS is accepted for the treatment of patients with lower urinary tract symptoms caused by benign prostatic hyperplasia.
Holmium laser enucleation of the prostate for the treatment of lower urinary tract symptoms caused by benign prostatic hyperplasia	30 January 2019	*Pending completion of CCGs governance and approval processes*	Recommendation that the routine commissioning of Holmium Laser Enucleation of the Prostate (HoLEP) is accepted for the treatment of patients with lower urinary tract symptoms caused by benign prostatic hyperplasia who have a large prostate that, due to its size, would only otherwise be suitable for treatment with an open prostatectomy.
Aquablation for the treatment of lower urinary tract symptoms caused by benign prostatic hyperplasia	30 January 2019	*Pending completion of CCGs governance and approval processes*	Recommendation that Aquablation (transurethral water jet ablation) for the treatment of lower urinary tract symptoms caused by benign prostatic hyperplasia is not accepted for routine commissioning.
Rezum for treatment of lower urinary tract symptoms caused by benign prostatic hyperplasia	30 January 2019	*Pending completion of CCGs governance and approval processes*	Recommendation that Rezum for the treatment of lower urinary tract symptoms caused by benign prostatic hyperplasia is not accepted for routine commissioning.
Monitoring for hydroxychloroquine retinopathy	30 January 2019	No policy output; recommendations used to develop the detail of the commissioning pathway and any associated specifications	The provision of a service for monitoring for hydroxychloroquine retinopathy within Devon was discussed following consideration of the Royal College of Ophthalmologists (RCO) guidance for hydroxychloroquine retinopathy updated in 2018. The committee agreed that the current situation of providing no monitoring for patients was not acceptable; appropriate high-risk patients should be referred to ophthalmologists to decide the appropriate pathway. Local rheumatologists' approach regarding use in rheumatoid arthritis and lupus was supported; further review of the place in therapy for hydroxychloroquine is not required.

Topic	Date of CPC recommendation	Date of publication*	Final commissioning decision
Breast reduction surgery	27 March 2019	*Pending completion of CCGs governance and approval processes*	Recommendation that breast reduction surgery is not routinely commissioned. This policy has been reached after consideration of guidance for breast reduction surgery published by NHS England.
The routine referral and specialist management of meibomian cysts (chalazia) (update)	27 March 2019	*Pending completion of CCGs governance and approval processes*	Sets out the circumstances under which the routine referral and specialist management of meibomian cysts is commissioned. Updated following consideration of NHS England Evidence-Based Interventions Guidance for CCGs
Semaglutide for type 2 diabetes	27 March 2019	*Pending completion of CCGs governance and approval processes*	Recommendation that the routine commissioning of semaglutide is accepted for patients with type 2 diabetes as described for GLP-1 mimetics in NICE guideline NG28.
FreeStyle Libre device for interstitial glucose monitoring in diabetes (update)	27 March 2019	*Pending completion of CCGs governance and approval processes*	A 6-month trial of FreeStyle Libre is routinely commissioned for patients with diabetes attending specialist secondary care clinics for their diabetes and who have been assessed by their specialist to meet one of the criteria described in the policy. This would be continued if the patient demonstrates the applicable continuation criteria at a 6-month clinic assessment. Updated following consideration of NHS England criteria for reimbursement.

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.

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 and Complaints 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.

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.

5.9 A new website is being launched following the merger of the CCGs from 1 April 2019. Content currently published on the NEW Devon CCG website, on behalf of both CCGs in Devon, will be migrated to the new website to ensure that this continues to be publicly accessible.

6. Reflective practice

6.1 The CCGs identified that the Clinical Policy Committee is a potential expert resource to help the organisations form its position regarding some aspects of the commissioning arrangements for clinical services, in addition to its existing role in the development of commissioning policy recommendations.

6.2 Two of the agenda items at the meeting in January 2019 were focused on this additional role of the committee:

- surgical treatment options for benign prostatic hyperplasia. The intention was that the committee considers a range of new treatment options together at one time and makes recommendations on which of these should form part of the commissioned services for this condition, together with any recommendations the committee can make regarding sub groups of patients, clinical scenarios, and the level of service provision that it would see as sensible within the Devon STP area. These recommendations would then be used in the discussions at senior level for this service across Devon.
- recommendations for monitoring patients for the development of hydroxychloroquine retinopathy. This was considered in response to the publication of new professional society guidelines which initial scoping revealed had the potential for far reaching consequences, both for decisions to adopt and also to not adopt. It was not intended to directly produce a policy but to use the recommendation of the committee to develop the detail of the commissioning pathway and any associated specifications.

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 It is acknowledged that from 1 April 2019 NHS Northern, Eastern and Western (NEW) Devon CCG and South Devon and Torbay CCG are formally merging to become a single organisation, NHS Devon CCG. However the Clinical Policy Committee has operated Devon-wide since the inception of the CCGs in 2013.

7.3 The Clinical Policy Committee has considered 16 evidence assessments in 2018-19 resulting in 24 commissioning policy recommendations. It has also unpublished one previous commissioning policy in light of changes in clinical practice as a result of NICE drug recommendations.

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

7.5 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 CCG website.

7.6 It is planned that the Terms of Reference, including membership and reporting arrangements, are reviewed in the context of the merger of the CCGs after 1 April 2019 and revised accordingly. Other supporting materials, such as the Communication Framework and Appeals process will also be refreshed.

7.7 Similarly, all current clinical commissioning policies will be rebranded with the NHS Devon CCG organisational logo from 1st April 2019 and migrated to the new website. There will be no changes to the content of the policies which are not being reviewed at this time.

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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 publicly accessible websites.

2.5 Make recommendations for commissioned services in the context of non-alignment with non-mandatory NICE guidelines.

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

3. Membership

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

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

3.3 The committee will comprise 18 members as follows:

- Registered Medical Professionals appointed by the Clinical Commissioning Groups (x8) [of whom 1 Chair]
- Lay Public Members (x2)
- Patient Safety and Quality (x1)
- Public Health (x1)
- Contracting (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 The eight (8) nominated Registered Medical Professionals will act with delegated executive authority from the Clinical Commissioning Groups' Governing Bodies to make commissioning recommendations (voting members).

3.5 The other committee members will contribute to the decision making process in an advisory capacity.

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

3.7 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.

3.8 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.

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

3.10 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.

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 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.

4.3 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 Registered Medical Professionals with delegated executive authority from the Clinical Commissioning Groups' Governing Bodies (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.

4.4 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 undertaken in relation to the intervention or service
- Cost effectiveness and resource impact

4.5 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.

4.6 The diversity of work managed by the Committee will require specialist input in order to cover all facets and interests. Therefore clinical specialists and service providers will be invited to attend the committee to present the case for commissioning and contribute to the decision making process.

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

4.8 Decisions are effective from the date of publication.

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

4.10 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 interests. The Chair will consider these and ensure that declarations are made known to the committee members to indicate any potential conflicts of interest.

7.2 All declarations of interests will be reported in the minutes, along with details of any resulting actions and how any identified conflicts were agreed to be managed within the context of the meeting. A register of all interests will 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.
Voting Members	Engage in and facilitate deliberative processes to support ethical judgement in decision-making. Make a population based commissioning decision based upon judgment and opinion formed in the deliberative processes. Ensure that commissioning decisions are recognised by the Clinical Commissioning Group governing body.
Patient safety and quality	Understands the principles of safe and effective commissioning. Understand the governance and safety arrangements that may be necessary to ensure the intervention or service is commissioned appropriately. Ability to summarise succinctly, with underpinning evidence, complex legislative, governance and safety implications to inform decision making. Understands the impact on quality of care, resources and expenditure that a proposal may have.

	Understands the NHS requirements for engagement with patients and the public and where appropriate the use of formal consultation.
Head of Clinical Effectiveness	Understand the assessment of evidence and issues important in the interpretation of clinical evidence and cost effectiveness information. Understands quantitative and qualitative research methodologies. Ability to engage in technical clinical discussions with clinicians. Ability to compare needs and benefits of treatments across groups of patients within the context of the health needs of the population. Understands the appropriate use of data sources used to inform the decision making process.
Head of medicines optimisation & Secondary care chief pharmacist	Specialist knowledge on range of procurements and supply systems for medicines. Specialist knowledge on the licensing, legislation and systems governing prescribing, supply and administration of medicines and treatments. Understands the principles and governance arrangements necessary for the safe and effective use of medicines.
Contracting	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 Public 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.

May 2018

APPENDIX 2

Northern, Eastern and Western Devon
Clinical Commissioning Group

South Devon and Torbay
Clinical Commissioning Group

Clinical Policy Committee

Wednesday 23rd May 2018, 09.30-12.30

Committee Suite, County Hall, Exeter EX2 4QL

AGENDA

Number	Item	Lead	Appendix	Time
1	Welcome and announcements • Apologies • Committee membership updates • 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 21st March 2018 and matters/actions arising	Jo Roberts	Appendix 1	9.35
Items for commissioning recommendation				
3	Fluticasone furoate and vilanterol trifenatate (Relvar Ellipta) combination inhaler for asthma	Matt Howard	Appendix 2	9.40
4	Lurasidone for schizophrenia	Graham Simpole	Appendix 3	10.00
Other items for consideration				
5	Bevacizumab for diabetic macular oedema policy unpublished	Rebecca Heayn	Appendix 4	10.30
6	Annual Report 2017-18	Rebecca Heayn	Appendix 5	10.40
7	Update from NICE Planning Advisory Group (NPAG)	Chris Roome	Appendix 6	10.55
8	Update from Clinical Policy Engagement and Consultation Panel	Mac Merrett	Appendix 7	11.05
9	Any Other Business		Verbal	11.15
Meeting close				

Northern, Eastern and Western Devon
Clinical Commissioning Group

South Devon and Torbay
Clinical Commissioning Group

Clinical Policy Committee

Wednesday 18th July 2018, 09.30-12.30

Committee Suite, County Hall, Exeter EX2 4QL

AGENDA

Number	Item	Lead	Appendix	Time
1	Welcome and announcements • Apologies • Committee membership updates • 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 23rd May 2018 and matters/actions arising	Jo Roberts	Appendix 1	9.35
Items for commissioning recommendation				
3	Rivaroxaban for the prevention of recurrent deep vein thrombosis and pulmonary embolism	Naomi Scott	Appendix 2	9.40
4	Opicapone for Parkinson's Disease	Graham Simpole	Appendix 3	10.10
Other items for consideration				
5	Update from NICE Planning Advisory Group (NPAG)	Chris Roome	Appendix 4	10.40
6	Update from Clinical Policy Engagement and Consultation Panel	Mac Merrett	Appendix 5	10.50
7	Clinical Policy Engagement and Consultation Panel Annual Report 2017-18	Rebecca Heayn	Appendix 6	11.00
8	Any Other Business		Verbal	11.15
Meeting close				

Northern, Eastern and Western Devon
Clinical Commissioning Group

South Devon and Torbay
Clinical Commissioning Group

Clinical Policy Committee

Wednesday 26th September 2018, 09.30-12.30

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 July 2018 and matters/actions arising	Jo Roberts	Appendix 1	9.35
Items for commissioning recommendation				
3	Assisted conception: fertilisation failure and abandoned cycles	Hilary Pearce	Appendices 2a, b, c & d	9.40
4	Assisted conception: eligibility criterion for "previous children"	Hilary Pearce	Appendices 3a, b & c	
5	Fluticasone furoate, umeclidinium and vilanterol (Trelegy® Ellipta®) combination dry powder inhaler for Chronic Obstructive Pulmonary Disease (COPD)	Graham Simpole	Appendix 4	10.40
6	Cosmetic treatments policy	Rebecca Heayn	Appendix 5	11.10
7	Reversal of male and female sterilisation policy	Rebecca Heayn	Appendix 6	11.20
8	Insulin Degludec (Tresiba®) for use in patients with type 1 diabetes	Naomi Scott	Appendix 7	11.30
9	Insulin Degludec (Tresiba®) for use in patients with type 2 diabetes	Naomi Scott	Appendix 8	
Other items for consideration				
10	Update from NICE Planning Advisory Group (NPAG)	Chris Roome	Appendices 9a & 9b	12.20
11	Update from Clinical Policy Engagement and Consultation Panel	Mac Merrett	Appendix 10	12.25
12	Any Other Business		Verbal	12.30
Meeting close				

Northern, Eastern and Western Devon
Clinical Commissioning Group

South Devon and Torbay
Clinical Commissioning Group

Clinical Policy Committee

Wednesday 30 January 2019, 09.30-12.30

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	Nick D'Arcy	Verbal	9.30
2	Minutes of the meeting held on 26th September 2018 and matters/actions arising	Nick D'Arcy	Appendix 1	
3	Format and structure of the meeting	Nick D'Arcy	Appendix 2	
Items for commissioning recommendation				
4	Monitoring for hydroxychloroquine retinopathy	Hilary Pearce	Appendix 3	9.45
5	Surgical treatment options for lower urinary tract symptoms caused by benign prostatic hyperplasia • Overview • Holmium laser enucleation of the prostate (HoLEP) • GreenLight system • UroLift system • Prostatic arterial embolisation (PAE) • Tranurethral water jet ablation (Aquablation) • Rezum system	Naomi Scott	 Appendix 4a Appendix 4b Appendix 4c Appendix 4d Appendix 4e Appendix 4f Appendix 4g	10.15
6	NHS England Evidence-Based Interventions Guidance for CCGs	Rebecca Heayn	Appendix 5	12.00

Continued over

Number	Item	Lead	Appendix	Time
Other items for consideration				
7	Update from NICE Planning Advisory Group (NPAG)	Chris Roome	Appendices 6a & 6b	12.10
8	Update from Clinical Policy Engagement and Consultation Panel	Mac Merrett	Appendix 7	12.20
9	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 27 March 2019, 09.30-12.30

Henlake Suite, 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	Nick D'Arcy	Verbal	9.30
2	Minutes of the meeting held on 30th January 2019 and matters/actions arising	Nick D'Arcy	Appendix 1	
Items for commissioning recommendation				
3	Semaglutide for the treatment of type 2 diabetes	Graham Simpole	Appendix 2	9.40
4	Review of FreeStyle Libre for interstitial glucose monitoring in diabetes	Naomi Scott	Appendix 3	10.10
5	Review: Policy for the referral and specialist management of meibomian cysts (chalazia)	Matt Howard	Appendix 4	10.40
6	Review: Policy for Breast reduction	Naomi Scott	Appendix 5	11.10
Other items for consideration				
7	Rebranding of current clinical commissioning policies from 1 April 2019	Rebecca Heayn	Appendix 6	11.40
8	Devon Formulary Interface Groups Annual Report 2017-18	Matt Howard	Appendix 7	11.50
9	Update from NICE Planning Advisory Group (NPAG)	Chris Roome	Appendix 8	12.00
10	Update from Clinical Policy Engagement and Consultation Panel	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	3 / 5
Dr Glen Allaway VOTING MEMBER	GP Clinical Commissioner	NEW Devon CCG	5 / 5
Dr Andrew Craig VOTING MEMBER	GP Clinical Commissioner	NEW Devon CCG	4 / 5
Richard Croker	Deputy Director for Medicines Optimisation	NEW Devon CCG	1 / 5
Dr Nick D'Arcy VOTING MEMBER	GP Clinical Commissioner	South Devon & Torbay CCG	4 / 5
Chris Roome (as delegate)	Head of Clinical Effectiveness	NEW Devon CCG	1 / 1
Dr Tawfique Daneshmend	Consultant Gastroenterologist & Hepatologist	Royal Devon & Exeter NHS Foundation Trust	2 / 5
Paul Foster	Chief Pharmacist	Torbay and South Devon NHS Foundation Trust	3 / 5
Tracey Foss (as delegate)	Chief Pharmacist	Royal Devon & Exeter NHS Foundation Trust	1 / 1
Dr Lucinda Harris VOTING MEMBER	GP Clinical Commissioner	South Devon and Torbay CCG	4 / 5
Chris Roome (as delegate)	Head of Clinical Effectiveness	NEW Devon CCG	1 / 1
Dr Andrew Harrison VOTING MEMBER	GP Clinical Commissioner	NEW Devon CCG	2 / 4
Barbara Jones	Head of Locality Contracting	NEW Devon CCG	3 / 5
Mac Merrett	Lay Public Member		5 / 5
Simon Polak	Deputy Chief Nursing Officer	NEW Devon CCG	1 / 5

Name	Role	Organisation	Meetings attended/ possible
Tracey Polak	Assistant Director/ Consultant of Public Health	Devon County Council	3 / 5
Chris Roome	Head of Clinical Effectiveness	NEW Devon CCG	5 / 5
Dr Alison Round VOTING MEMBER	GP Clinical Commissioner	NEW Devon CCG	4 / 5
Chris Roome (as delegate)	Head of Clinical Effectiveness	NEW Devon CCG	1 / 1
Dr Peter Rowe	Consultant Nephrologist	University Hospitals Plymouth NHS Trust	2 / 5
Mark Taylor	Lay Public Member		4 / 5
Dr Ben Waterfall VOTING MEMBER	GP Clinical Commissioner	NEW Devon CCG	5 / 5

ADDITIONAL ATTENDEES (EXPERTS, GUESTS AND SECRETARIAT)

Name	Role	Organisation
23 May 2018		
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG
Keith Gilhooly	Consultant Psychiatrist	Devon Partnership NHS Trust
Rebecca Heayn	Clinical Effectiveness Governance Manager	NEW Devon CCG
Matt Howard	Clinical Evidence Manager	NEW Devon CCG
Graham Simpole	Joint Formulary Support Pharmacist	NEW Devon CCG
Chris Sullivan	Pharmacist	Devon Partnership NHS Trust
18 July 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
William Knight	Consultant Neurologist	Torbay and South Devon NHS Foundation Trust
Naomi Scott	Healthcare Evidence Reviewer	NEW Devon CCG
Ray Sheridan	Consultant Physician	Royal Devon and Exeter NHS Foundation Trust
Graham Simpole	Joint Formulary Support Pharmacist	NEW Devon CCG
26 September 2018		
Umesh Acharya	Consultant in Obstetrics	University Hospitals Plymouth NHS Trust
Rebecca Cowie	Principal Embryologist	Royal Devon and Exeter NHS Foundation Trust
Sally Doidge	Principal Embryologist	University Hospitals Plymouth 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
Philip Hughes	Consultant Respiratory Specialist	University Hospitals Plymouth NHS Trust
Lisa Joels	Consultant Gynaecologist	Royal Devon and Exeter NHS Foundation Trust
Chris Moudiotis	Consultant Paediatrician	Royal Devon and Exeter NHS Foundation Trust
Hilary Pearce	Clinical Effectiveness Pharmacist	NEW Devon CCG
Naomi Scott	Healthcare Evidence Reviewer	NEW Devon CCG

Name	Role	Organisation
Graham Simpole	Joint Formulary Support Pharmacist	NEW Devon CCG
Roderick Warren	Consultant Physician	Royal Devon and Exeter NHS Foundation Trust
30 January 2019		
James Benzimra	Ophthalmologist Surgeon	Royal Devon and Exeter NHS Foundation Trust
Malcolm Crundwell	Consultant Urologist	Royal Devon and Exeter NHS Foundation Trust
Andrew Dickinson	Consultant Urologist	University Hospitals Plymouth NHS Trust
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG
Michael Foster	Consultant Urologist	Northern Devon Healthcare NHS Trust
Richard Guinness	Consultant Radiologist	Royal Devon and Exeter NHS Foundation Trust
Richard Haig	Consultant Rheumatologist	Royal Devon and Exeter NHS Foundation Trust
Rebecca Heayn	Clinical Effectiveness Governance Manager	NEW Devon CCG
Matt Howard	Clinical Evidence Manager	NEW Devon CCG
Richard Miles	Consultant Interventional Radiologist	University Hospitals Plymouth NHS Trust
Konstantinos Papadedes	Ophthalmologist Surgeon	Royal Eye Infirmary, University Hospitals Plymouth NHS Trust
Hilary Pearce	Clinical Effectiveness Pharmacist	NEW Devon CCG
Naomi Scott	Healthcare Evidence Reviewer	NEW Devon CCG
Richard Seymour	Consultant Radiologist	Torbay and South Devon NHS Foundation Trust
Stephen Turner	Ophthalmic Surgeon	Torbay and South Devon NHS Foundation Trust
Elizabeth Wilkinson	Medical Ophthalmologist	Northern Devon Healthcare NHS Trust
27 March 2019		
Patrick English	Consultant in Diabetes and Endocrinology	University Hospitals Plymouth 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
Naomi Scott	Healthcare Evidence Reviewer	NEW Devon CCG
Graham Simpole	Joint Formulary Support Pharmacist	NEW Devon CCG

APPENDIX 4

DECLARATIONS OF INTEREST REGISTER (APRIL 2018 – MARCH 2019)

Declarations of interest made by committee members

Name of attendee	Role	Meeting Date	Declared interest
Dr Andrew Craig	GP Clinical Commissioner VOTING MEMBER	27 March 2019	One of the GLP- manufacturers provided sandwiches at a Clinical Governance afternoon in the practice. I cannot remember which one.
Dr Jo Roberts	GP Clinical Commissioner VOTING MEMBER	26 September 2018	Pfizer and Chiesi – have provided Medical and Educational Goods and Services (MEGS) to support COPD management Advisory Board Meeting Novo Nordisk – paid regarding NHS landscape.
Dr Alison Round	GP Clinical Commissioner VOTING MEMBER	26 September 2018	Paid employee of Royal Devon and Exeter NHS Trust as a salaried GP
Dr Peter Rowe	Consultant Nephrologist/ Secondary Care Clinician	26 September 2018	One interview with representative from Pfizer about apixaban, one presentation on serum free light chain assay by medical scientific officer.

Additional Declarations of Interest (Experts, Guests and Secretariat)

Name of attendee	Role	Meeting Date	Declared interest
Dr Patrick English	Consultant in Diabetes and Endocrinology	27 March 2019	I was paid to chair and present at a meeting by NovoNordisk in March 2018. They have previously sponsored me to attend the America Diabetes Association Conference in the USA though this was outside the 3 year window in 2010.
Dr Keith Gilhooly	Consultant Psychiatrist	23 May 2018	On two occasions in the past three years had chaired educational meetings on LAIs on behalf of Lundbeck who make aripiprazole LAI. For each received £300, but for one occasion the fee was donated directly to charity.

Name of attendee	Role	Meeting Date	Declared interest
Rebecca Heayn	Clinical Effectiveness Governance Support Officer	18 July 2018	A family member has been diagnosed with Parkinson's disease.
Dr William Knight	Consultant Neurologist	18 July 2018	Honorarium for Advisory Board participation Bial Phama 2017. In receipt of transport/hospitality to attend international meeting (EAN2017) Bial Pharma.
Dr Ray Sheridan	Consultant Physician	18 July 2018	P.I. for Opicapone drug trial in Exeter - I receive NO funding or salary based on this.
Dr Roderick Warren	Consultant Physician	26 September 2018	2016 – Novo Nordisk advisory board meeting (paid).
Dr Elizabeth Wilkinson	Medical Ophthalmologist	30 January 2019	I run the National Diabetic Eye Screening Conference in conjunction with Public Health England at the Royal Society of Medicine annually which receives sponsorships from imaging companies including Heidelberg, Zeiss and Topcon as well as private screening companies including EMIS, Digital Healthcare and Health Intelligence. This sponsorship is arranged through the Royal Society of Medicine and goes toward bursaries for the meeting. I have not personal benefit. Diabetic Eye Screening in Devon will be transferring to a private provider (Health Intelligence) in April. It is likely that I will be employed by them as Clinical Lead from April.

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

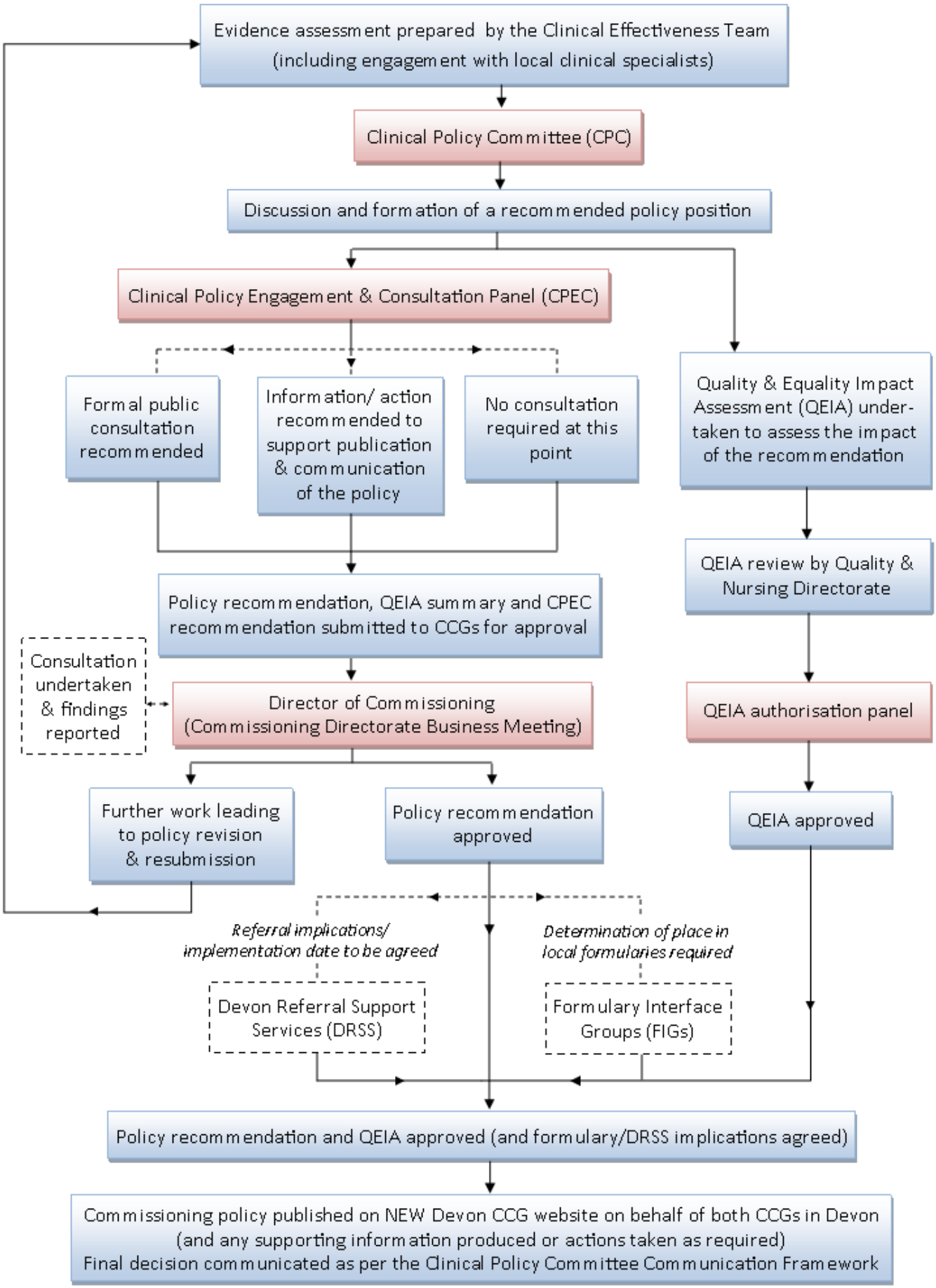
Name of attendee	Role	Details of contact	Date recorded
Dr Jo Roberts VOTING MEMBER	Chair GP Clinical Commissioner	Advisory meeting First Databank (FDB) re analyse Rx	April 2018
		Astra Zeneca diabetes outcomes- based pricing model	June 2018
		Was paid to attended advisory meeting for UCB pharmacy to discuss a drug called Romosozumab which has not yet been approved by the European Medicines Agency (EMA) or Food and Drug Administration (FDA). It will be assessed by NICE as part of a multiple technologies appraisal (MTA) of treaties for osteoporosis	
		Was paid to attend advisory meeting for Novo Nordisk This was almost entirely a discussion around changes in the NHS landscape including role of Sustainability and Transformation Partnerships (STPs) and commission moving forward some around Regional Medicines Optimisation Committee (RMOC). There was brief discussion about their Glucagon-like peptide 1 (GLP1) Semaglutide but I had to leave anyway at that point.	August 2018
		Attended Roche diagnostics meeting regarding C-reactive protein (CRP) project	October 2018
		Attended GSK update meeting	November 2018
		Attended GSK meeting regarding Medical and Educational Goods and Services (MEGS) for Chronic obstructive pulmonary disease (COPD) work	January 2019
		Was paid to attended Napp workshop regarding NHS landscape.	March 2019
		Attended Roche diagnostics meeting regarding CRP project.	
		Was paid to take part in webinar regarding change implementation in COPD Sponsored by GSK.	
		Was paid to attend GSK advisory board meeting regarding Trelegy.	

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

APPENDIX 5

Clinical policy engagement/consultation and communication process (October 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