NHS Devon

NHS Devon Clinical Policy Recommendation Committee

Annual Report

2022-23

One Devon

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Dr Glen Allaway – Chair's Introduction

At the time of writing, it is just over 9 months since the legal formation of the Integrated Care Board and Partnership model of organisation of the NHS, and their central role in the leadership of the health and care system and its component parts.

Whilst this appears a relatively big change in the organising structures, in reality it represents a continuation of the direction of travel over the last few years. During this transition the core role of the now subtly renamed, Clinical Policy Recommendation Committee (CPRC) was reaffirmed as the means through which clinical policy relating to funding of treatments would be progressed. This sits within a supporting governance infrastructure which is similar to that which existed in the predecessor organisation.

As a result, the members of the committee should have noticed little perceptual change. This of course reflects that the central challenges have not changed. This annual report, the first as CPRC, but the 10th as a continuation of the Clinical Policy Committee provides a narrative of the reasons for the committee's existence and the practical output it has achieved in the 3 meetings held during this reporting cycle. Committee members have continued to demonstrate their abilities to appraise the evidence and how it might apply clinically, take into account specialist viewpoints and consider value for money, resulting in rational, well-reasoned, defensible policy positions.

This task is not easy and at times has been very challenging with a diverse range of subjects considered and opinions voiced. However, if the NHS in Devon is to continue to rise to the challenge of using its resources wisely by applying these principles, it is essential that existing members are supported and that the new NHS structures that are forming around us, encourage other clinicians to join and help shape future clinical policy. The planned continuation of meetings to be held largely over MS Teams following a survey of members and recent attendees (summarised in this report) should help busy front line clinicians' ability to engage with this process.
I would like to give my heartfelt thanks to all those who played their part in this vital role over the past year, and I would like to give strong encouragement to those interested, to come forward and join our ranks and enable us to continue this important work on behalf of the patients we serve.

Dr Glen Allaway
Chair, Clinical Policy Recommendation Committee

Introduction

Through the Clinical Policy Recommendation Committee NHS Devon Integrated Care Board (ICB) discharges its responsibilities for making local decisions about the funding of medicines and treatments in the NHS.

The commissioning organisation has 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.

The Committee makes recommendations to the ICB Executive Committee, or appropriate group with delegated authority, for ratification following discussion of the clinical effectiveness, cost effectiveness and budgetary impact issues.

The Committee makes recommendations to members of the ICB on whether specific treatments represent good value, appropriate, evidence-based choices for adoption into primary care treatment plans via the Formulary and clinical management pathways.

This annual report gives an account of the activity and governance of the Clinical Policy Recommendation Committee in 2022-2023, from the period NHS Devon ICB was established on 1 July 2022.

The process

Committee process and meeting arrangements

The ICB Clinical Policy Recommendation Committee builds on the previous CCG arrangements for clinical policy making, which provide strong governance and assurance that a high-quality process has been followed, with robust evaluation, engagement, visibility, and documented record keeping, to withstand scrutiny and potential legal challenge.

Existing CCG clinical commissioning policies were grandfathered across to the ICB from the date of its establishment on 1 July 2022.

The process and organisation of the committee is run by the Clinical Effectiveness Team, NHS Devon and is guided by the National Prescribing Centre principles and rationale for local decision making [now part of the National Institute for Health and Care Excellence (NICE)].

The Terms of Reference of the Committee are included in **Appendix 1**.

With the transition to the ICB, the previous Committee membership has been retained. Additionally, the Terms of Reference now refers to registered ‘clinical’ professionals (rather than specifically medical) to reflect a changing context in the legislation which

refers to clinical leadership and sets out an aspiration to include a wider range of professionals. The wording of the Terms of Reference permits a wider group membership, potentially including both medical and non-medical clinical colleagues. Individuals will however need to satisfy the competencies required to fulfil the functions of the role described in the Terms of Reference.

There is also provision for additional secondary care advisory members, who may be drawn from across all secondary care providers who are part of the Devon Integrated Care System (ICS) and could include any clinical speciality (both medical and non-medical).

Three meetings of the Committee have been convened since 1 July 2022, the agendas for which are shown in **Appendix 2**.

The Committee members' attendance 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, and those attending in the capacity as an observer.

Declaration of Interests

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

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, treatment or technology due to be considered along with details of any comparative products, and the respective pharmaceutical company or manufacturer. It also seeks to capture any interests relating to particular clinical areas where non-drug items are due to be discussed.

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

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.

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.

Members of the Committee should also observe the Nolan Principles of Public Life, as set out in the Constitution.

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**.

Survey of attendance and participation in meetings

As part of the transition to the ICB, a review of Committee meeting arrangements was undertaken to understand how best to support attendance at, and participation in, future meetings.

Committee members and those who regularly support the Committee were invited to complete a short survey, together with specialists who have attended meetings over the past two years.

The questions asked sought to understand individuals' views on the advantages and disadvantages of holding meetings via Microsoft Teams, the impact on their attendance and participation, specialists' attendance/engagement and any other pertinent points or comments. In summary:

- Nearly all responders stated that attending meetings via Microsoft Teams was easier, with half saying their participation in meetings was about the same.
- Advantages identified included that time, travel, and parking costs were saved, meetings are easier to attend and there is better attendance, and it supports the green agenda. It was stated that clinical commitments are supported, as is flexible working to enable childcare and personal commitments to be maintained. Administrative benefits for the secretariat were also noted.
- Disadvantages identified included a lack of networking opportunities and being unable to pick up 'nuances' of the discussion and 'read the room' or others' body language. It was commented that virtual meetings may inhibit participation or discussion, together with participants having less focus or being distracted. It was also noted some had experienced technical issues and overall meetings were less formal.
- In respect of the impact on specialist attendance, it was comment that it is easier for specialists to attend and it increased availability. There is less impact on clinical time as participants can dial in for discussion of their item only; attendance is less onerous and there is less of a feeling of being 'summoned' to attend. Virtual meetings were also felt to be helpful in supporting attendance across trusts in Devon as distance is not a barrier.

Taking into account the views of responders, there was generally agreement that virtual meetings via Microsoft Teams should continue, with good chairing and meeting etiquette key to ensuring their success and reducing some of the potential disadvantages identified. The secretariat will provide support to anyone experiencing any particular technical issues or challenges with joining or participating in meetings.

There was a suggestion that once a year a face-to-face meeting may take place and that this could be combined with training and the opportunity for networking. This would need to be planned in advance with consideration given to the COVID-19 situation, timing, room booking availability and workload/lightness of the agenda.

Changes to membership and current vacancies

Susan Masters, Deputy Chief Nursing Officer joined the Committee in July 2022 to replace Lorraine Webber who had previously fulfilled this role.

Two voting member vacancies remain following the departures of Dr Andrew Harrison and Dr Simon Jones in March 2021 and May 2022 respectively. There are also outstanding secondary care advisory member vacancies. To date there has been no success in attracting expressions of interest to fulfil these vacancies, despite approaches via trust Medical Directors and the Associate Medical Director for Primary Care to facilitate this.

Public Involvement and the Clinical Policy Engagement and Consultation Panel

The Committee has two voluntary lay public members, who help to ensure 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.

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

Meeting approximately three weeks following the 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 policy recommendation.

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

Regular updates are reported to the Clinical Policy Recommendation Committee as a standing agenda item. In addition, the Committee received the Clinical Policy Engagement and Consultation Panel (CPEC) Annual Report 2021-2022.

It was noted that:

- The panel has continued to support the organisation in determining the need for any further engagement or formal public consultation on clinical policy recommendations made by the Committee, prior to a final decision being taken by the organisation.
- Four panel meetings were held, considering 16 clinical policy recommendations across a range of topics. The panel were satisfied that no further engagement or formal public consultation was needed, however on consideration of the proposed update to the FreeStyle Libre policy for glucose monitoring in diabetes it was recommended that there was some communication support to

relay the message about its availability for patients with diabetes and a learning disability. This resulted in development of an easy read leaflet co-produced by Living Options and Devon Link up following consultation with service users which was made available alongside the policy to support those with learning disabilities.

- With the transition to the ICB it was agreed that the existing process should be replicated within the new organisation. The ongoing role of the panel was supported, with its core role and purpose in supporting the organisation's clinical policy process unchanged. The terms of reference were refreshed to reflect this.

Quality and Equality Impact Assessment (QEIA)

All Clinical Policy Recommendation Committee policy recommendations are subject to a Quality and Equality Impact Assessment (QEIA), which is reviewed and approved by the ICB's QEIA Panel, as an integral step in the process of policy formation

The QEIA tool assesses the impact on quality from the perspective of the patient (Safety/ Effectiveness/ Experience); seeks to review and consider system and other impacts as a result of the proposed change and considers Equality as part of the NHS's statutory duty of healthcare delivery.

A flowchart showing the clinical policy governance and approval process is included in **Appendix 5**.

Reporting

The Committee makes clinical policy recommendations to the ICB Executive Committee, or appropriate group with delegated authority, for approval following discussion of the clinical effectiveness, cost effectiveness and budgetary impact issues.

Ratification of any other formal matters arising from the Committee, including changes to terms of reference or process, is similarly undertaken by the ICB Executive Committee, or appropriate group with delegated authority.

Reporting of any identified risks is undertaken by the Clinical Effectiveness Governance Manager in accordance with the organisation's risk reporting procedures.

Appeals process

The Committee operates an appeals process as set out in **Appendix 6**.

The grounds for appeal are (1) whether fair process has been followed by the Clinical Policy Recommendation Committee in making its 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.

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.

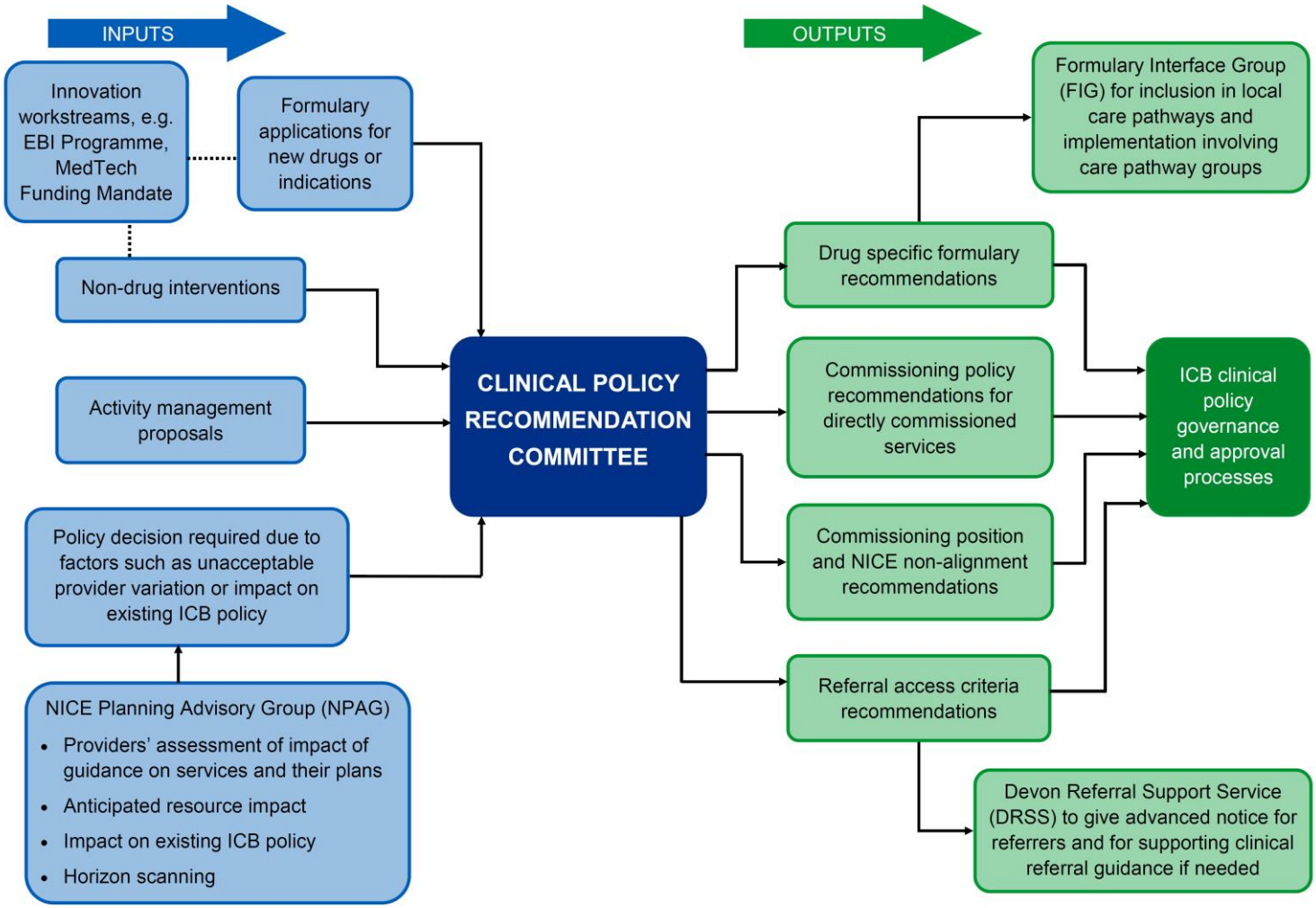
Appeals which are upheld, by a panel of people independent of the original decision, are referred back to the Committee for reconsideration of the original application and the findings of the panel. No appeals have been received during 2022-2023.

The work programme

The work programme of the Clinical Policy Recommendation Committee is managed by the Clinical Effectiveness Team, NHS Devon.

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

Figure 1: Clinical Policy Recommendation Committee inputs and outputs



Academy of Medical Royal Colleges Evidence Based Interventions (EBI) Guidance

The Committee work programme has continued to respond to the Academy of Medical Royal Colleges (AoMRC) Evidence Based Interventions (EBI) guidance, with 2 policy recommendations having been developed with regard interventions included in list 2 during 2022-23.

The Clinical Effectiveness Team has engaged with the consultation on the proposals for list 3 of the EBI programme, and subsequent opportunities to be involved with the EBI Commissioner Forum which has been established as a source of commissioner advice to both NHS England and the AoMRC.

Taking on board feedback, the list 3 proposals have been revised for publication in early 2023. A new approach has also been developed with a plan for future releases of a smaller amount of guidance, by specialty, on a continuous cycle. It is anticipated that this will be an ongoing workstream which will contribute to the work programme of the Committee where clinical policy development is an appropriate output.

NICE Planning Advisory Group (NPAG) updates and annual report

The Committee has continued to receive regular updates as a standing agenda item from the ICB's NICE Planning Advisory Group (NPAG) process. This includes receipt of the minutes and verbal reports from the Chair on the commissioning implications of published Technology Appraisals guidance and other guidelines.

The Committee received and noted the 2021-2022 NICE Planning Advisory Group (NPAG) Annual Report, in particular that:

- It provides assurance of how the organisation, via NPAG, fulfils its statutory commissioning responsibilities in respect of mandatory NICE Technology Appraisals and Highly Specialised Technologies and considers the resource and service implications for newly published NICE guidance and guidelines.
- Over the past year, NICE published 230 new and updated guidelines. This represents an increase of 135% since NPAG was formed in 2013-14.
- NPAG routinely considers NICE forward plans of guidance expected to be issued over the next three months and highlights those with the potential to have a significant resource, cost implication or other impact, such as on existing commissioning policy or other commissioning workstreams
- There has been engagement with providers via the NPAG process to understand their position and uptake of the technologies included in the MedTech Funding Mandate policy, and to share this information with commissioning colleagues to support conversations with providers seeking to implement these. The Clinical Policy Recommendation Committee has subsequently developed a policy recommendation and reviewed an existing policy in respect of two urology technologies which were included in the MedTech Funding Mandate policy 2022-23.

- The NPAG process has supported the organisation's response to the Evidence Based Interventions (EBI) programme. For 10 of the 31 interventions in wave two of the EBI programme there was corresponding NICE guidelines on which the EBI recommendations had largely been based. Providers were contacted to assess their local position in respect of these NICE recommendations, with the responses informing the organisation's EBI working group as well as NPAG.
- Work was undertaken to investigate the usefulness of the NHS Digital Innovation Scorecard which reports on the use of medicines in the NHS in England which have been positively appraised by NICE. Further analysis of two drugs included on the scorecard revealed that it has several limitations as an 'overview' resource. The data requires careful interpretation and should be used in conjunction with other indicators and information from other sources that together form a holistic view of use of medicines. However, it may have some benefit if there is a specific medicine that one wishes to explore further.

Devon Formulary Interface Group (FIG) annual report

The Committee received the Devon Formulary Interface Group (FIG) Annual Report 2021-2022, noting that:

- The FIG delivers the Devon Formulary to promote prescribing which is safe, clinically appropriate, and cost-effective in both primary and secondary care by providing guidance on locally recommended treatment choices. It is also responsible for deciding whether a medicine requires formal "Shared Care" guidelines and for agreeing the clinical content of those guidelines.
- The former South & West and North & East Devon FIGs merged in February 2021 to form a single Devon-wide FIG, providing a greater opportunity for consistent Devon-wide recommendations by allowing a single group to explicitly consider whether recommendations need to differ between areas.
- The FIG considered and agreed a range of new or updated local clinical guidelines and individual treatment recommendations. This provided opportunities to harmonise existing recommendations across Devon, ensure appropriate use of antibiotics, support the uptake of new technologies, and promote opportunities for significant cost savings.
- The FIG has considered the environmental impact of recommendations; where possible taking steps to promote options with a lower carbon footprint, or which may reduce wastage.
- The FIG agreed the appropriate point in the clinical pathway for the four treatments which the Committee had recommended, as well as any additional guidance to support their safe and appropriate use. In addition the Formulary was amended to reflect the withdrawal of a commissioning policy.
- In order to demonstrate compliance with the organisation's statutory obligation to fund and resource medicines and treatments recommended by NICE guidance; 87 Technology Appraisals and 3 Highly Specialised Technologies were added to the Devon Formulary during the period of the annual report.

- The Formulary Team has continued to support the development and dissemination of COVID-19 related guidance from various local and national groups.
- The Formulary also plays an important role in supporting safe use of medicines. The FIG considered advice for treatments in MHRA Drug Safety Updates and in letters and drug alerts sent to Healthcare Professionals.
- The volume of traffic on the Formulary and Referral website continues to grow.

Communication

Commissioning policies

All commissioning policies are made publicly available on the NHS Devon website.

Existing clinical commissioning policies were grandfathered across to the ICB from the date of its establishment on 1 July 2022.

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.

This operates in accordance with the principles previously agreed with the Planned Care Control Centre to ensure clarity of the respective routes and responsibilities for communication across the local health community.

The approach ensures effective internal communication with relevant colleagues to plan communications, and promotes a consistency of approach to ensure accuracy, clarity, timeliness, and the appropriateness of information shared.

The agreed communication process also ensures that the NHS Devon patient experience team is fully aware of the 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

Full details of the Clinical Policy Recommendation Committee including governance documentation is publicly accessible via the NHS Devon website. This includes minutes of meetings, the terms of reference, the appeals process and annual reports.

Commissioning recommendations

Recommendations made by the Clinical Policy Recommendation Committee in 2022-23 and approved by the ICB are as detailed below:

Topic	Date of CPRC recommendation	Date of publication	Final commissioning decision
Continuous glucose monitoring (CGM) in diabetes	20 July 2022 21 September 2022	7 December 2022	Confirms the circumstances in which continuous glucose monitoring in diabetes is routinely commissioned in Devon *Review and update of previous policies for continuous glucose monitoring and FreeStyle Libre in light of updated NICE recommendations in NG18, NG17, NG28 on type 1 and type 2 diabetes in children and young people and in adults.*
Rezum for treating lower urinary tract symptoms (LUTS) secondary to benign prostatic hyperplasia (BPH)	21 September 2022	31 October 2022	The routine commissioning of Rezum is accepted in Devon for the treatment of patients with lower urinary tract symptoms (LUTS) caused by benign prostatic hyperplasia (BPH). *Review and update of previous policy in light of NICE MTG49 on Rezum for treating LUTS secondary to BPH and the MedTech Funding Mandate policy 2022.*
Bipolar transurethral resection of the prostate (bTURP) for lower urinary tract symptoms (LUTS) secondary to benign prostatic hyperplasia (BPH)	21 September 2022	31 October 2022	The routine commissioning of bipolar transurethral resection of the prostate (bTURP) is accepted in Devon for the treatment of patients with lower urinary tract symptoms (LUTS) caused by benign prostatic hyperplasia (BPH). *Policy developed with regard to NICE MTG53 on the PLASMA system for transurethral resection and haemostasis of the prostate and the MedTech Funding Mandate policy 2022.*
Lumbar discectomy for the management of sciatica	21 September 2022	4 November 2022	Confirms the circumstances in which lumbar discectomy is routinely commissioned in Devon for the management of sciatica *Policy developed with regard to Academy of Medical Royal Colleges Evidence Based Interventions Guidance for CCGs on lumbar discectomy.*

Topic	Date of CPRC recommendation	Date of publication	Final commissioning decision
Assisted Conception	21 September 2022	11 November 2022	Confirms the circumstances in which assisted conception is commissioned in Devon. *Update to the relationship criterion wording under the eligibility criteria for NHS funded assisted reproduction techniques.*
Nefopam for the management of chronic pain	16 November 2022	3 January 2023	The routine commissioning of nefopam is **not accepted** in Devon for the management of chronic pain.
Otigo for acute otitis media	16 November 2022	3 January 2023	The routine commissioning of Otigo ear drops is **not accepted** in Devon for the treatment of acute otitis media. *Policy developed with regard to recommendations in NICE NG91 on Otitis media (acute): antimicrobial prescribing.*
Guanfacine for the management of attention deficit hyperactivity disorder (ADHD) in children and adolescents	16 November 2022	26 January 2023	The commissioning of guanfacine is accepted in Devon for the management of attention deficit hyperactivity disorder) in children and adolescents aged 6 to 17 years, where previous treatment with stimulants *AND* previous treatment with atomoxetine, is ineffective *OR* not tolerated *OR* these treatments are not suitable. *Review of previous policy in light of updated NICE recommendations in NG87 on the management of ADHD.*
Ear wax removal	16 November 2022	6 February 2023	Confirms the circumstances in which ear wax removal in secondary care is routinely commissioned in Devon.
Surgical interventions for chronic rhinosinusitis	16 November 2022	6 February 2023	Confirms the circumstances in which surgical intervention for chronic rhinosinusitis (CRS) is routinely commissioned in Devon. *Policy developed with regard to Academy of Medical Royal Colleges Evidence Based Interventions Guidance for CCGs on referral to specialists and surgical treatment of CRS*
Certolizumab for ankylosing spondylitis	16 November 2022	Policy withdrawn	*Policy superseded by NICE Technology Appraisal guidance TA383 on TNF-alpha inhibitors for ankylosing spondylitis and non-radiographic axial spondyloarthritis.*

Conclusion

Through the Clinical Policy Recommendation Committee, NHS Devon ICB has discharged its responsibility for making local decisions about the funding of medicines and treatments for patients in Devon since it was established on 1 July 2022.

It builds on the previous CCG arrangements for clinical policy making, which provide strong governance and assurance that a high-quality process has been followed, with robust evaluation, engagement, visibility, and documented record keeping, to withstand scrutiny and any potential legal challenge.

The Committee has considered evidence assessments resulting in 10 new or updated commissioning policy recommendations in 2022-23, plus the withdrawal of one existing policy which had been superseded by mandatory NICE Technology Appraisal guidance.

The Terms of Reference reflect the changing context in the legislation which refers to clinical leadership and sets out an aspiration to include a wider range of professionals. They permit a wider group membership, potentially including both medical and non-medical clinical colleagues. There is also provision for additional secondary care advisory members, who may be drawn from across all secondary care providers who are part of the Devon ICS and could include any clinical speciality (both medical and non-medical).

However there remain some significant challenges in filling the outstanding vacancies on the Committee, despite approaches via trust Medical Directors and the Associate Medical Director for Primary Care to facilitate expressions of interest. This poses a risk to the resilience and quoracy of the Committee and therefore its ability to fulfil its functions on behalf of the ICB.

Appendix 1

NHS Devon

Clinical Policy Recommendation Committee Terms of Reference

Purpose

The Clinical Policy Recommendation Committee exists to enable the Integrated Care Board (ICB) for Devon to discharge its responsibilities for making local decisions about the funding of medicines and treatments in the NHS.

The commissioning organisation has 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.

Role

To make policy recommendations to the ICB Executive Committee, or appropriate group with delegated authority, for ratification following discussion of the clinical effectiveness, cost effectiveness and budgetary impact issues.

Responsibilities

- To make recommendations to the to the ICB Executive Committee, or appropriate group with delegated authority, on whether specific treatments represent good value, appropriate, evidence-based choices for adoption into primary care treatment plans via the formulary and clinical management pathways.
- To provide a written rationale for the determination of commissioning decisions and recommendations.
- To establish processes for the dissemination of commissioning decisions and recommendations, including the publication of decisions on publicly accessible websites.
- To make recommendations for commissioned services in the context of non-alignment with non-mandatory National Institute for Health and Care Excellence (NICE) guidelines.

- To note reports from the NICE planning processes on the commissioning implications of published Technology Appraisals and Clinical Guidelines.
- To note reports from the Devon Formulary Interface Group.

Membership

The committee will comprise 20 members as follows:

- Registered Clinical Professionals (x8) appointed by the ICS
- Lay Public Members (x2)
- Nursing and Quality (x1)
- Public Health (x1)
- Contracting (x1)
- Devon ICB Head of Clinical Effectiveness (x1)
- Devon ICB Head of Medicines Optimisation (x1)
- Secondary Care Clinician (x4) from NHS trusts in Devon
- Secondary Care Chief Pharmacist (x1)

The eight nominated Registered Clinical Professionals will act with delegated executive authority to make commissioning recommendations (voting members).

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

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

Chair

A Chair shall be nominated by the ICS Medical Director.

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 (now part of the National Institute for Health and Care Excellence (NICE)), whilst recognising that the scope of the Clinical Policy Recommendation Committee extends beyond that of medicines. Members will be expected to contribute the competency sets summarised in Appendix 1.

Quorum

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

Attendance and deputies

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.

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.

When the Chair anticipates being absent, they 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.

Committee members are expected to aim to attend all meetings. Attendance will be monitored on a rolling annual basis by the secretariat and any identified low attendance (less than ⅔) highlighted to the Chair to follow up with the member.

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.

Administration

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

Meetings may be held face-to-face or virtually via Microsoft Teams.

A secretariat from the Clinical Effectiveness Team 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.

Minutes will be produced and published on the website following approval at the subsequent meeting.

Declarations of Interest

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 the nature and extent of any potential conflicts of interest.

The Chair has responsibility for agreeing how to manage any conflict of interest in the context of the meeting. Possible actions may include, but are not limited to:

- Asking conflicted individuals to leave the meeting when the relevant matter(s) are being discussed.

- Allowing conflicted individuals to participate in some of the discussion but excluding them from developing recommendations and decision-making on the matter(s). For example, this may be appropriate where the individual has important relevant knowledge and experience of the matter(s) under discussion, which it would be of benefit for the meeting to hear.
- Noting the interest but allowing the individual to remain and participate in both the discussion and in any decision-making.

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 secretariat.

Observers

The committee is not a public meeting and as such is not open to general members of the public and commercial representatives. Observers are welcomed in their capacity as a healthcare professional, or an individual otherwise involved in supporting the local health community, to enhance their understanding of the committee for the benefit of their role.

Attendance at a committee meeting as an observer is by prior agreement with the secretariat, and it is expected that this would be at the request of, and accompanying, a committee member.

Conduct of business

Decision making will comprise two stages:

- All members of the committee 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 Clinical Professionals with delegated executive authority (voting members). Where the Chair is a voting member, they have the option to retain their vote or to delegate this. This is to be declared at the start of the meeting. 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. In the absence of a majority view further debate will continue until a majority view can be obtained. At the Chair's discretion a secret ballot may be held.

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

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 Group (FIG) directly about inclusion or exclusion of the product. Deletions from the formulary which would cause a tension with NICE guidance, existing clinical commissioning policy, NHS England policies or result in inequity of access across Devon to specific pharmacologically active therapies should be referred to the Clinical Policy Recommendation Committee.

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.

Clinical policy decisions are effective from the date of publication.

Appeals

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.

Accountability and Reporting

The committee will make its policy recommendation to the ICB Executive Committee, or appropriate group with delegated authority, for ratification and acceptance as commissioning policy of NHS Devon ICB.

The committee will report to the ICB Executive Committee, or appropriate group with delegated authority.

Review

The Terms of Reference will be reviewed annually.

Appendix 1: Roles and Responsibilities

Specific responsibilities of members of the Clinical Policy Recommendation Committee

Committee Role	Responsible Functions
Chair	**Facilitates decision making process** Agreeing agenda. Ensuring appropriate range of competency exists within the Committee. Draws together differing expertise and opinions. Communicates complex decisions in a manner that reflects Committee responsibility using language understood by all audiences. **Committee (internal) communication** Communicates within the Committee 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 Devon Integrated Care Board.
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.
Secondary care clinicians	Bring an understanding of the general processes of care across the broad range of secondary care clinical specialisms and support services. Understanding of secondary care internal operational mechanisms and how they interface with primary care. Facilitation of communication between the committee and its secretariat with clinical specialists in secondary care. The promotion of secondary care clinical specialist participation in the process of clinical commissioning policy formation. The promotion of commissioning decisions into practice at secondary level and their monitoring.
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.
Nursing 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.
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 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. Brings an appreciation of 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	**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** Summarises 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	**Administration** Administers the decision-making process to ensure the Committee 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 Committee. 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.

(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)

Appendix 2

NHS Devon

Clinical Policy Recommendation Committee Agenda

Wednesday 20 July 2022, 09.30-11.30
via Microsoft Teams

No.	Item	Lead	Appendix	Time
1	Welcome and announcements • Apologies • Confirmation of voting members • Declarations of Interests • Notification of Any Other Business	Glen Allaway	Verbal	09.30
2	Approval of previous minutes Review of actions and matters arising	Glen Allaway	Appendix 1	09.35
Items for commissioning recommendation				
3	Continuous Glucose Monitoring for Diabetes	Nic Perrem	Appendix 2	09.40
Other items for consideration				
4	Update from Clinical Policy Engagement and Consultation Panel	Mac Merrett	Appendix 3	10.20
5	Clinical Policy Committee Annual Report 2021-22	Rebecca Owen	Appendix 4	10.25
6	Outcome of member survey	Rebecca Owen	Verbal	10.35
7	Update from NICE Planning Advisory Group (NPAG)	Chris Roome	Appendix 5	10.45
8	Devon Formulary Interface Group Annual Report 2021-22	Darren Wright	Appendix 6	10.55
9	Any Other Business		Verbal	11.10
Meeting close				

NHS Devon

Clinical Policy Recommendation Committee Agenda

Wednesday 21 September 2022, 09.30-12.00
via Microsoft Teams

No.	Item	Lead	Appendix	Time
1	Welcome and announcements • Apologies • Confirmation of voting members • Declarations of Interests • Notification of Any Other Business	Glen Allaway	Verbal	09.30
2	Approval of previous minutes Review of actions and matters arising	Glen Allaway	Appendix 1	09.35
Items for commissioning recommendation				
3	Assisted Conception: 'relationship' eligibility criterion for assisted reproduction techniques	Hilary Pearce	Appendix 2	09.40
4	CGM (Continuous Glucose Monitoring) for Diabetes	Nic Perrem	Appendix 3	10.00
Break (5 minutes)				
5	Rezum and PLASMA (bi-polar TURP) for treating lower urinary tract symptoms secondary to benign prostatic hyperplasia	Nic Perrem	Appendices 4a, b and c	10.30
6	Lumbar discectomy for the management of sciatica	Amy Rice	Appendix 5	11.00
Other items for consideration				
7	Update from NICE Planning Advisory Group (NPAG)	Chris Roome	Appendix 6	11.25
8	NICE Planning Advisory Group (NPAG) Annual Report 2021-22	Rebecca Owen	Appendix 7	11.35
9	Any Other Business		Verbal	11.45
Meeting close				

Clinical Policy Recommendation Committee Agenda

Wednesday 16 November 2022, 09.30-12.30
via Microsoft Teams

No.	Item	Lead	Appendix	Time
1	Welcome and announcements • Apologies • Confirmation of voting members • Declarations of Interests • Notification of Any Other Business	Glen Allaway	Verbal	09.30
2	Approval of previous minutes Review of actions and matters arising	Glen Allaway	Appendix 1	09.35
Items for commissioning recommendation				
3	Guanfacine for the management of ADHD in children and adolescents	Amy Rice	Appendix 2	09.40
4	Nefopam for the management of chronic pain	Amy Rice	Appendix 3	10.10
Break (5 minutes)				**10.40**
5	Ear wax removal in secondary care	Nic Perrem	Appendix 4	10.45
6	Surgical interventions for chronic rhinosinusitis	Amy Rice	Appendix 5	11.05
7	Otigo for acute otitis media	Nic Perrem	Appendix 6	11.25
Other items for consideration				
8	Certolizumab for ankylosing spondylitis	Rebecca Owen	Appendix 7	11.45
9	Update from NICE Planning Advisory Group (NPAG)	Chris Roome	Appendix 8	11.50
10	Update from Clinical Policy Engagement and Consultation Panel (CPEC)	Chris Roome	Appendix 9	11.55
11	Clinical Policy Engagement and Consultation Panel Annual Report	Rebecca Owen	Appendix 10	12.00
12	Any Other Business		Verbal	12.10
Meeting close				

Appendix 3

ATTENDANCE OF COMMITTEE MEMBERS

Name	Role	Organisation	Meetings attended
Dr Glen Allaway	Chair and Voting Member	NHS Devon	3 / 3
Dr Kay Brennan	Voting Member	NHS Devon	2 / 3
Paul Foster *(as delegate)*	Clinical Director of Pharmacy and Prescribing	Torbay & South Devon NHS Foundation Trust	1 / 1
Dr Andrew Craig	Voting Member	NHS Devon	2 / 3
Chris Roome *(as delegate)*	Head of Clinical Effectiveness	NHS Devon	1 / 1
Richard Croker	Deputy Director for Medicines Optimisation	NHS Devon	0 / 3
Iain Carr *(as representative)*	Interim Head of Medicines Optimisation	NHS Devon	1 / 1
Dr Tawfique Daneshmend	Consultant Gastroenterologist & Hepatologist	Royal Devon University Healthcare NHS Foundation Trust	0 / 3
Paul Foster	Clinical Director of Pharmacy and Prescribing	Torbay & South Devon NHS Foundation Trust	3 / 3
Dr Lucy Harris	Voting Member	NHS Devon	2 / 3
Paul Foster *(as delegate)*	Clinical Director of Pharmacy and Prescribing	Torbay & South Devon NHS Foundation Trust	1 / 1
Dr Claire Hooper	Voting Member	NHS Devon	3 / 3
Barbara Jones	Head of Contracting	NHS Devon	0 / 3
Susan Masters	Director of Nursing & Quality / Deputy Chief Nursing Officer	NHS Devon	3 / 3
Dr Paul Melling	Voting Member	NHS Devon	1 / 3
Chris Roome *(as delegate)*	Head of Clinical Effectiveness	NHS Devon	2 / 2
Mac Merrett	Lay Public Member		3 / 3
Chris Roome	Head of Clinical Effectiveness	NHS Devon	3 / 3
Mark Taylor	Lay Public Member		2 / 3
Dr Emily Youngman	Consultant in Public Health Medicine	Devon County Council	2 / 3

ADDITIONAL ATTENDEES (EXPERTS, GUESTS, SECRETARIAT AND OBSERVERS)

Name	Role	Organisation
Dr Umesh Acharya	Consultant in reproductive medicine	Centre for Reproduction & Gynaecology Wales and the West (CRGW) Fertility Centre, Plymouth
Dr Somnath Bagchi	Consultant in Pain Medicine	University Hospitals Plymouth NHS Trust
Pauline Budge	Lead Diabetes Clinical Nurse Specialist	Royal Devon University Healthcare NHS Foundation Trust
Mr Nick Burns-Cox	Consultant Urological Surgeon Trust Clinical lead for the Devon, Cornwall and Somerset Urology area network	Somerset NHS Foundation Trust
Dr Kathryn Davies	Consultant in Pain Medicine	Royal Devon University Healthcare NHS Foundation Trust
Mr Ian Donaldson	Consultant Urologist	Royal Devon University Healthcare NHS Foundation Trust
Mr Jamie Dunn	Consultant Urologist	University Hospitals Plymouth NHS Trust
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NHS Devon
Dr Patrick English	Consultant Physician	University Hospitals Plymouth NHS Trust
Dr Fernanda Garcia-Costas	Consultant Psychiatrist-CAMHS	Livewell Southwest
Amanda Gulbranson	Lead Pharmacist	Children and Family Health Devon
Dr Andrew Gunatilleke	Consultant in Pain Medicine	Torbay & South Devon NHS Foundation Trust
Matt Howard	Clinical Evidence Manager	NHS Devon
Peter Kelly	Lead Diabetes Nurse	University Hospitals Plymouth NHS Trust
Dr Nick Keysell	DRSS GP Planned Care Lead	NHS Devon
Rebecca Lowe	Joint Formulary Pharmacy Technician	NHS Devon
Grace McMahon	Clinical Effectiveness Support Officer	NHS Devon
Rebecca Owen	Clinical Effectiveness Governance Manager	NHS Devon
Hilary Pearce	Clinical Effectiveness Pharmacist	NHS Devon

Name	Role	Organisation
Nic Perrem	Healthcare Evidence Reviewer	NHS Devon
Dr Leighton Phillips	Consultant Paediatrician	Royal Devon University Healthcare NHS Foundation Trust
Amy Rice	Clinical Effectiveness Pharmacist – Commissioning Projects Lead	NHS Devon
Dr Iryna Roshko	Consultant Gynaecologist and Clinical Lead for Reproductive Medicine	Exeter Fertility Centre
Tina Marie Sanders	Clinical Nurse Manager and Senior CNS - Diabetes and Endocrinology	Royal Devon University Healthcare NHS Foundation Trust
Dr Becky Smith	Consultant Paediatrician and Service Line Director for Acute Paediatrics	University Hospitals Plymouth NHS Trust
Dr Jamie Smith	Consultant Physician in Diabetes and Endocrinology	Torbay & South Devon NHS Foundation Trust
Mr Mark Stott	Consultant Urologist	Royal Devon University Healthcare NHS Foundation Trust
Dr Neil Walker	Consultant	Royal Devon University Healthcare NHS Foundation Trust
Dr Roderick Warren	Consultant Physician	Royal Devon University Healthcare NHS Foundation Trust
Darren Wright	Joint Formulary Specialist Pharmacy Technician	NHS Devon

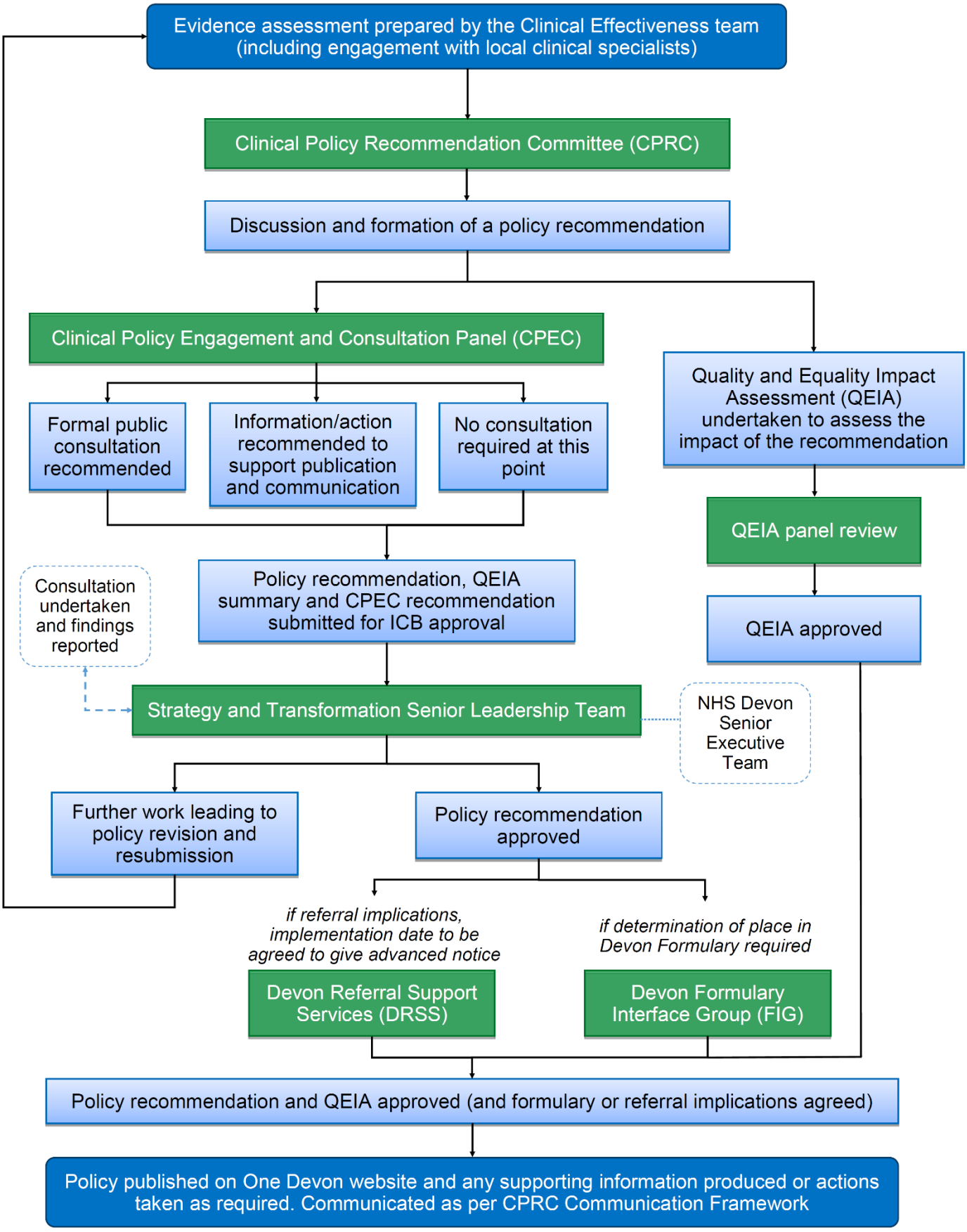
Appendix 4

REGISTER OF INTERESTS DECLARED

Name	Role	Capacity of attendance	Declared interest
Dr Somnath Bagchi	Consultant in Pain Medicine	Guest Specialist	16.11.2022 - Received travel and accommodation from Medtronic for attending meeting on intrathecal pumps
Mr Nick Burns-Cox	Consultant Urological Surgeon Trust; Clinical lead for the Devon, Cornwall and Somerset Urology area network	Guest Specialist	21.09.2022 - I am a director in Taunton innovations which has a urinary collection device which could have a role in urine collection and testing for UTI. It is not commissioned etc but might in the future have a role in the NHS or other healthcare providers.
Peter Kelly	Lead Diabetes Nurse	Guest Specialist	20.07.2022 - In receipt of lecture fee. Provided four education sessions to primary care staff on use of the Abbott Libre device.
Rebecca Lowe	Joint Formulary Pharmacy Technician	Observer	21.09.2022 and 16.11.2022 - Second job as bank pharmacy technician at HMP Channings Wood
Mac Merrett	Lay Public Member	Committee member	16.11.2022 - Both my wife and myself receive regular microsuction from secondary care for the removal of earwax
Dr Iryna Roshko	Consultant Gynaecologist and Clinical Lead for Reproductive Medicine	Guest Specialist	21.09.2022 - Member of British Fertility Society
Dr Becky Smith	Consultant Paediatrician and Service Line Director for Acute Paediatrics	Guest Specialist	20.07.2022 - We were a participating centre in the FLASH study (awaiting publication) looking at the impact of the use of the freestyle libre system on diabetes care in children and young adults. I was principal investigator for our site but the study has been run by Bristol. I received no personal funding for this.
Dr (Jonathan) Neil Walker	Consultant	Guest Specialist	20.07.2022 - Received £100 for facilitating a break out group on Libre download interpretation. 21.09.2022 - I have spoken at 2x sponsored conference regarding the use and interpretation of flash glucose monitoring.

Appendix 5

Clinical policy governance and approval process



Appendix 6

NHS Devon

Clinical Policy Recommendation Committee Appeals process

Introduction

This appeals process applies to the operation of the Clinical Policy Recommendation Committee of NHS Devon Integrated Care Board (ICB).

Grounds for appeal

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.

The grounds for appeals are limited to the following:

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

  The ICB is 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.**

Appeals panel

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 the Clinical Policy Recommendation Committee and the Head of Clinical Effectiveness, NHS Devon ICB. The majority view of the independent members will decide the final outcome of the appeal.

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

The administration of the appeals panel will be managed by the Clinical Policy Recommendation Committee secretariat on behalf of NHS Devon ICB.

Process

Appeals should be submitted within two months of notification of the final policy decision of NHS Devon ICB following consideration of the Clinical Policy Recommendation Committee recommendation.

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

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. Please contact the secretariat via d-icb.clinicaleffectiveness@nhs.net for an appeal submission form.

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

Decision of the appeals panel

If the appeal is rejected the original policy decision will stand.

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

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

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 NHS Devon ICB standard complaints procedure.

Reconsideration of applications by the committee

Where an appeal is upheld and the original application referred back to the Clinical Policy Recommendation 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

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.

The outcome of the committee's reconsideration will be communicated to the appellant and, following approval by the ICB, to the local health community as per the Clinical Policy Recommendation Committee communication framework.

Complaints

Complaints about the operation of the Clinical Policy Recommendation Committee will be dealt with in line with the standard complaints procedure of NHS Devon ICB.

An appeal decision cannot be overturned through the complaints process.

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.